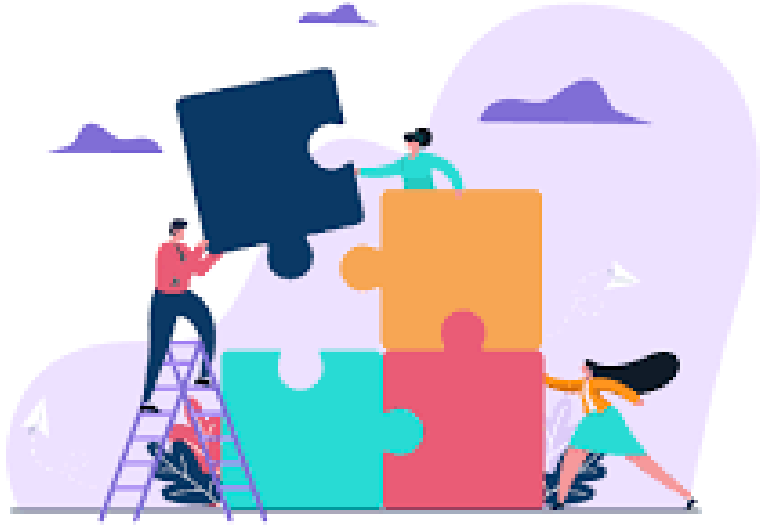
THE OBESITY AND
METABOLISM INSTITUTE

Do GLP-1 RA-based Therapies Make Post-Surgical Lifestyle Interventions Obsolete?



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Disclosures

I am currently or have recently been a consultant to the following companies and organizations:

- Altimmune
- Amgen
- AstraZeneca
- BaseCure Therapeutics
- Boehringer Ingelheim
- Dexcel Pharma
- Helicore
- Johnson & Johnson
- Kallyope
- Eli Lilly & Company
- MetaVia
- Neurogastrx
- Novo Nordisk
- Oxford Medical Products
- Perspectum
- Pfizer
- Protagonist Therapeutics
- Roche / Genentech
- Skye Bioscience
- SparkSeven Bio
- State 4 Therapeutics
- Structure Therapeutics
- The Last Food Fight
- Wave Life Sciences

What is obesity?

Obesity is a complex, chronic, heterogeneous, metabolic disease with numerous pathophysiological, physical, nutritional, psychological, social and economic complications

Among its many complications, obesity itself can have an adverse effect on:

Nutritional health
Mental health
Physical functioning

Treatment of obesity and its medical complications can have additional adverse effects on:

Nutritional health
Mental health
Physical functioning

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The future of obesity care

- **If obesity is truly a disease** (which it is), effective care needs to be available for **all** who seek it, just like for other diseases
  - **Access to care** needs to be **equitable**
- Given the high prevalence of obesity, however, its treatment needs to be **far more efficient, far less costly, and much easier to deliver** (for both the patient and the provider)
- Achieving these goals will require:
  - **less duplication of care**
  - **better definition of the goals of care**, and
  - **better differentiation of the roles of each clinician participating in the care**

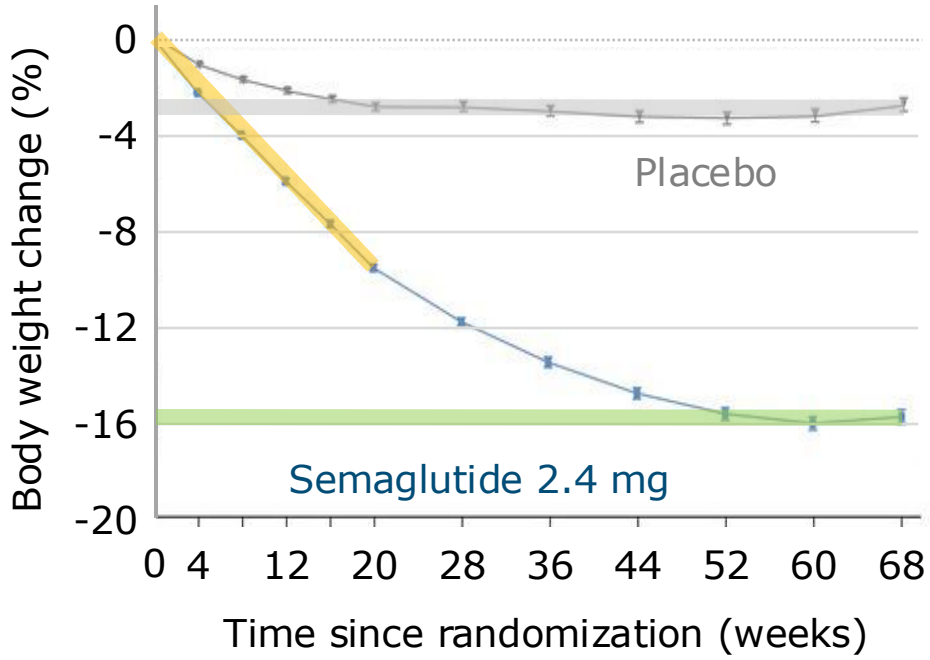
A model for care

- We don’t need to reinvent the wheel – an effective model for care of patients with complex disease already exists – **for cancer**
  - It is **well-organized** and **efficient**
  - It is **multidisciplinary**
  - It provides **personalized care**
  - It is **well-regarded by both patients and clinicians**
- **All necessary tools, skills and services are available** to each patient as needed, but **not all patients require each of the available services**
- Each member of the care team has a **distinct and well-defined role**
  - Some members of the team **treat the cancer**
  - Other, **equally important members of the team**, allow the patient to **benefit most from the cancer treatment**

Lifestyle-based interventions in the setting of modern obesity treatment

STEP 1 Trial

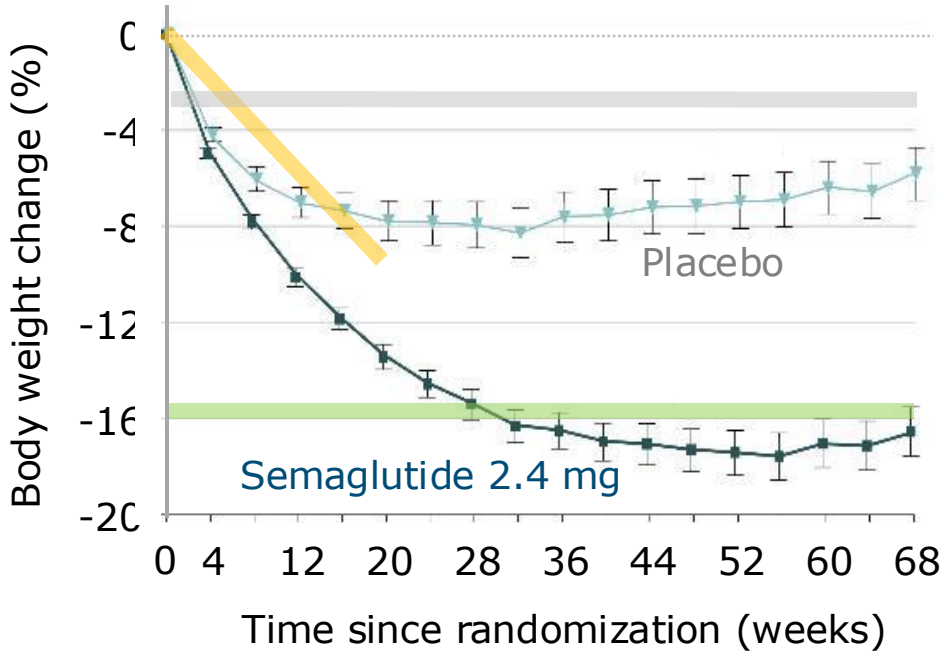
Subjects without Diabetes



STEP 3 Trial

Subjects without Diabetes

Intensive Behavioral Therapy



Adapted from Wilding JPH *et al.*, *NEJM* 2021 and Wadden TA *et al.*, *JAMA* 2021

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So …

Do GLP-1 RA-based therapies make post-surgical lifestyle interventions obsolete?

- ***"Obsolete"*** is a very strong term – I would prefer to ask whether these medications make lifestyle interventions **less useful**
  - And I would ask "**less useful for what purpose?**"
- If one means to ask, "**are they less useful for ensuring the overall physical, mental and nutritional health of the patient?**" I would have to give a resounding "**NO**"
  - With ever more powerful and effective obesity therapies from a combination of surgery and pharmacological interventions, lifestyle-based interventions have a **key role** in **allowing each patient to obtain the maximal benefit and minimal harm from treating the obesity** (just as with cancer treatment)

Do GLP-1 RA-based therapies make post-surgical lifestyle interventions obsolete?

- However, if one means to ask, "**are they less useful for enhancing weight loss, maintaining lost weight, or reversing weight regain?**" I would argue "**YES**"
  - The **true effectiveness** of lifestyle-based therapies **to treat obesity and its complications by inducing substantial long-term weight loss** has been far less than assumed, perceived – **or needed**
  - The true effectiveness of lifestyle-based therapies has been in two areas:
    - **Promoting health and well-being independent of the obesity** (e.g., decreasing the risk of diabetes, heart disease, and cancer with or without effective obesity management)
    - **Facilitating each patient's ability to seek, receive, tolerate, respond and benefit from** truly effective obesity treatments
  - For this purpose, patients with obesity need **strong support for their mental, physical and nutritional health** (just as with cancer)

Perhaps another, even more important question …

Are the professionals who provide lifestyle-based therapies now obsolete?

- This is a different question, for which my answer is also a resounding "**NO**"
- **Our patients still need lifestyle-based therapies and the professionals to deliver them**
- But the **goals** of those therapies need to change, from a focus on weight loss and maintenance to a focus on **supporting patients' nutritional, psychological and physical needs**
- Making this change will require **redesigning the education, training, and job description** of professionals who provide lifestyle-based interventions **in the setting of obesity management**
- Given the greater effectiveness of current and emerging therapies for the obesity itself, **redefining the use of lifestyle-based interventions** will make these therapies even more valuable, providing:
  - **greater clinical benefit to patients**
  - **greater success and job satisfaction for clinicians providing lifestyle-based care**, and
  - **greater overall value to the clinical care team**

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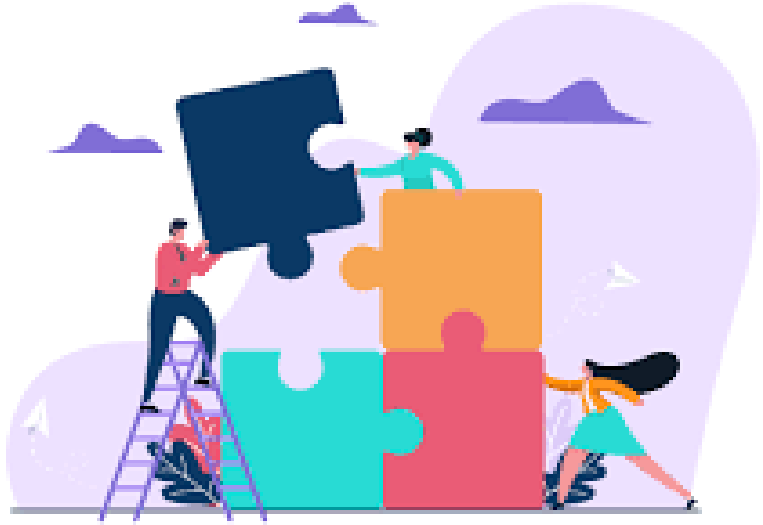

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