



DO OMMS/REVISIONAL MBS STAND THE TEST OF TIME?

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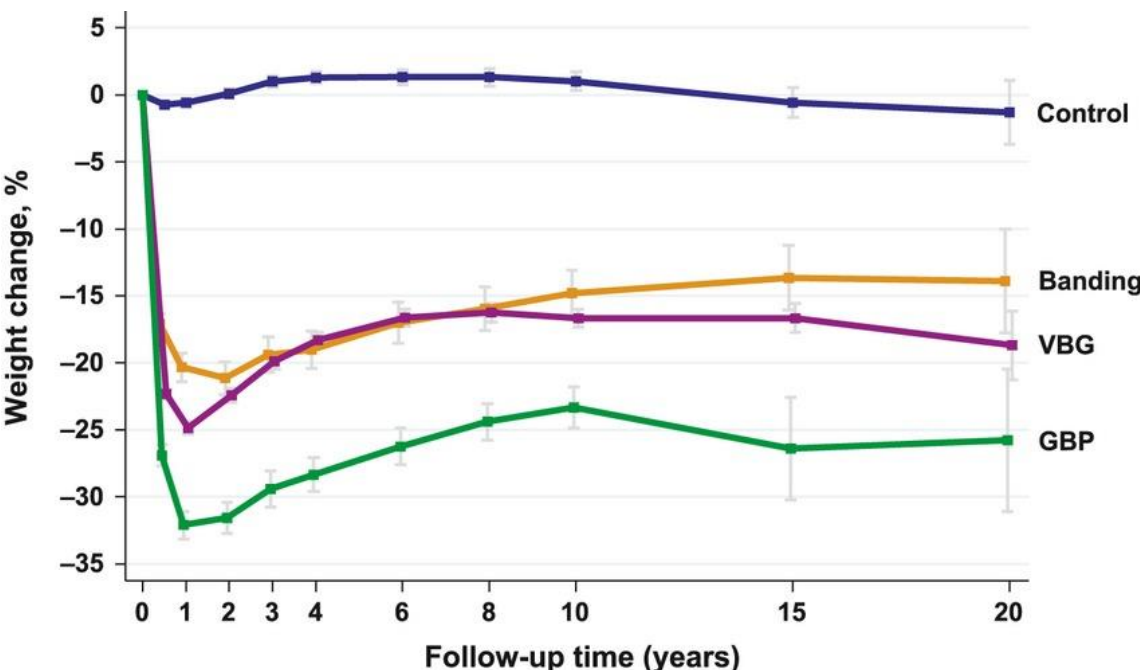
TORONTO 2026
The Future of Obesity Management:
From Weight Loss to Health Gain
ifso2026.org



Disclosures

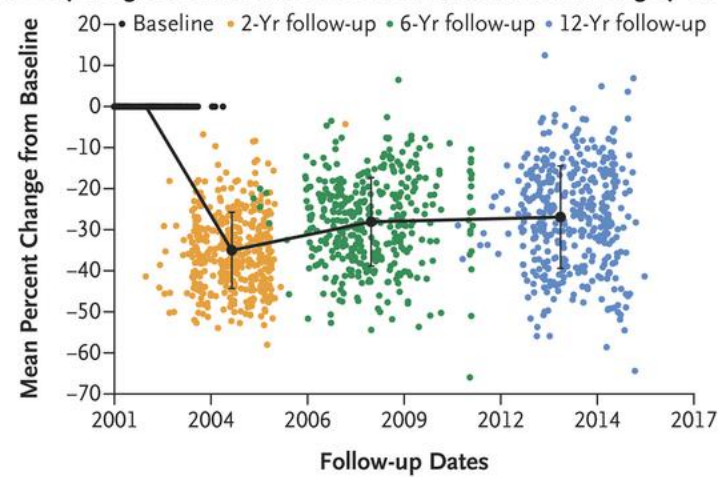
- Institutional funding (grants/commercial trial income) from NovoNordisk and Rhythm Pharmaceuticals
- Research funding from the National Institute for Health Research (NIHR), the Sir Jules Thorne Charitable Trust and the Society for Endocrinology (UK)
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What already stands the test of time in MBS?



No. examined		Follow-up time (years)					
Control	2037	1490	1242	1267	556	176	
Banding	376	333	284	284	150	50	
VBG	1369	1086	987	1007	489	82	
GBP	265	209	184	180	37	13	

A Mean Percent Change in Body Weight from Baseline to Years 2, 6, and 12 in the Surgery Group



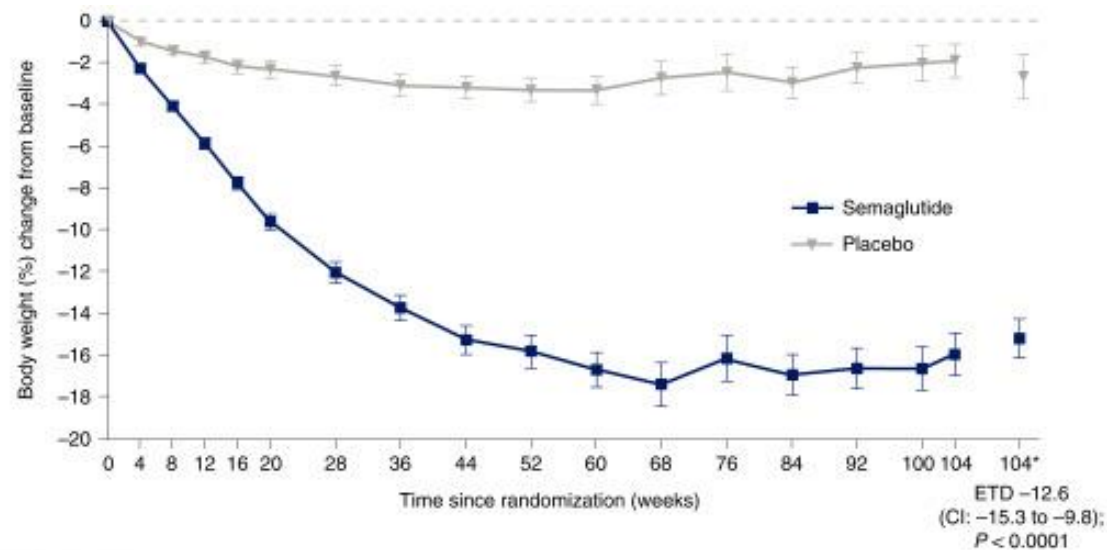
No. of Patients	Baseline	2 Yr	6 Yr	12 Yr
Surgery group	418	409	379	387
Deaths	—	3	9	14
Total	418	412	388	401

*RYGB
Adams et al., NEJM 2017

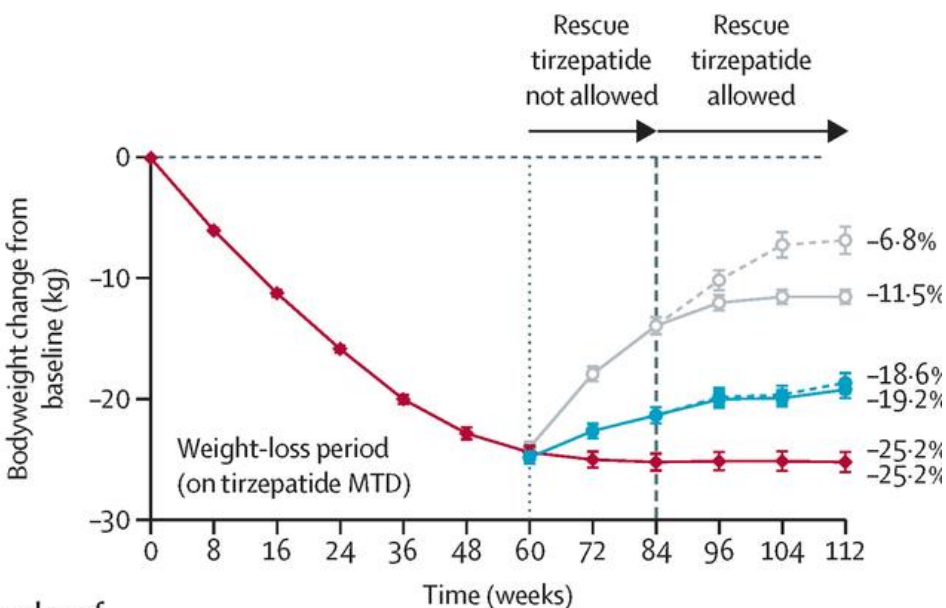
SOS. L. Sjöström *et al.* JIM 2012

What already stands the test of time in OMMs?

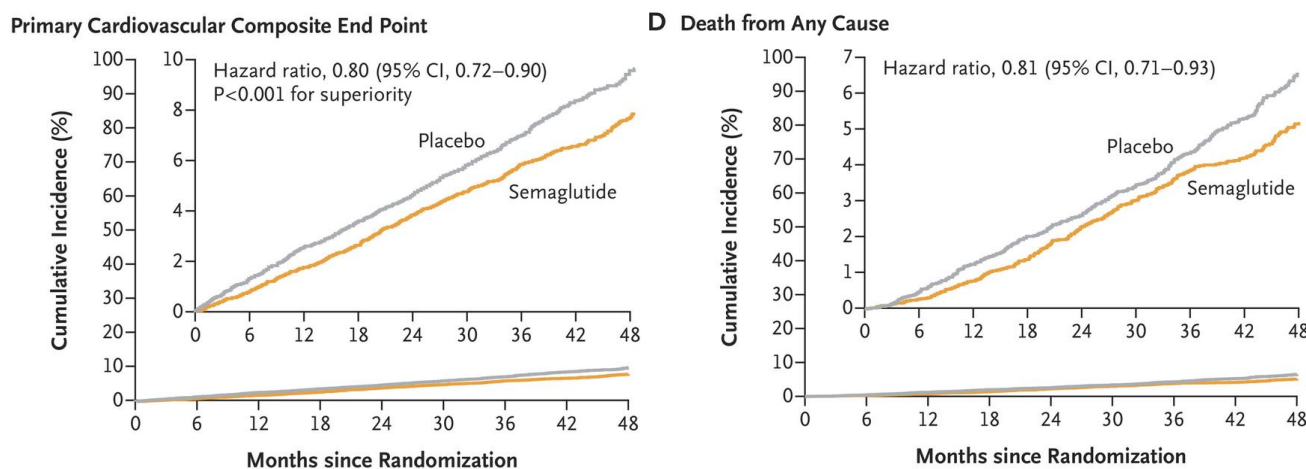
STEP 5 Garvey *et al.* Nat Med



SOURMOUNT-MAINTAIN Horn *et al.* Lancet. 2026



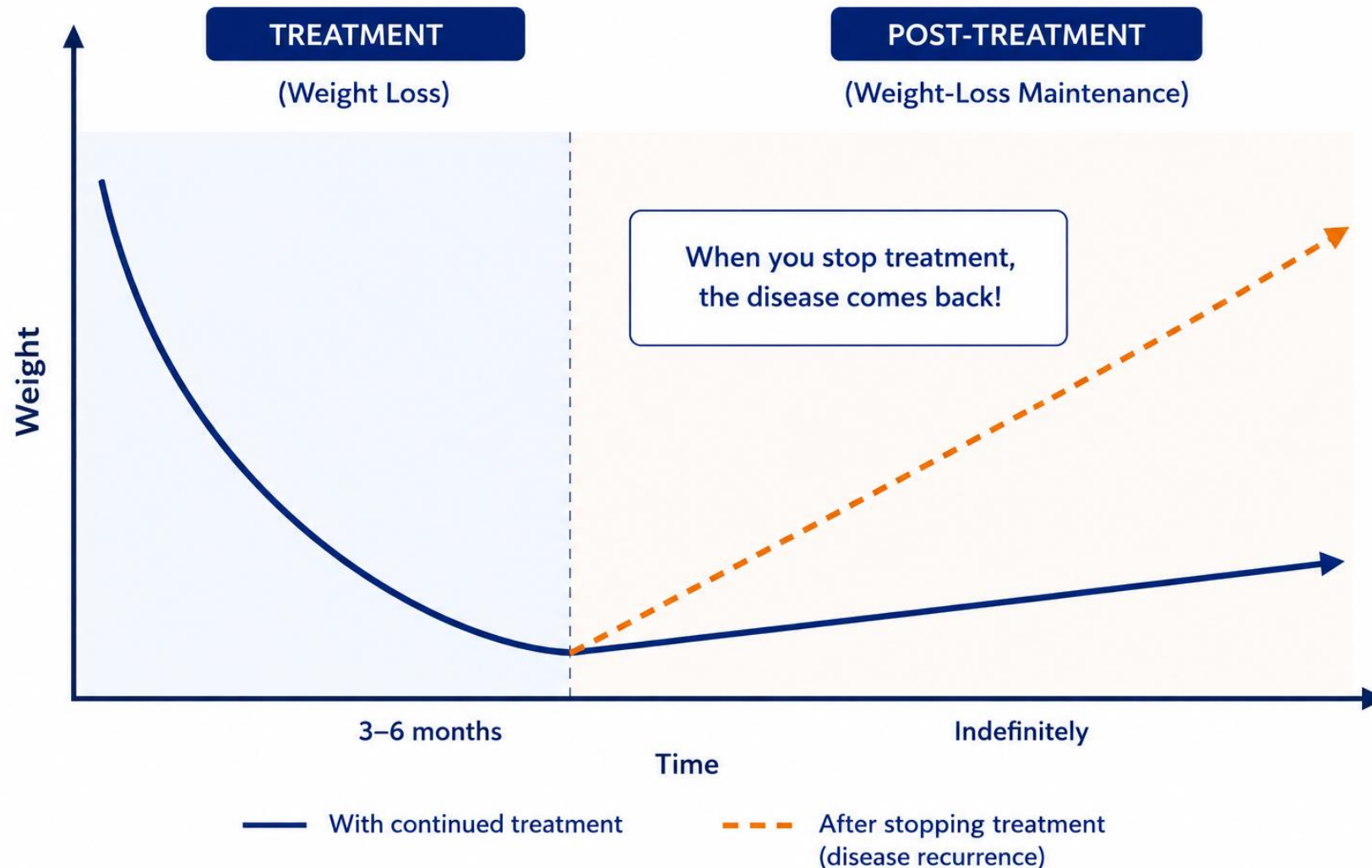
SELECT Lincoff *et al.* NEJM



Cumulative number of participants who recieved rescue tirzepatide

Tirzepatide MTD	..	..	..	..	..	..	..	2	5	11	..
10 mg or 15 mg group	..	..	..	..	..	..	..	19	30	35	..
5 mg tirzepatide group	..	..	..	..	..	..	..	41	56	60	..

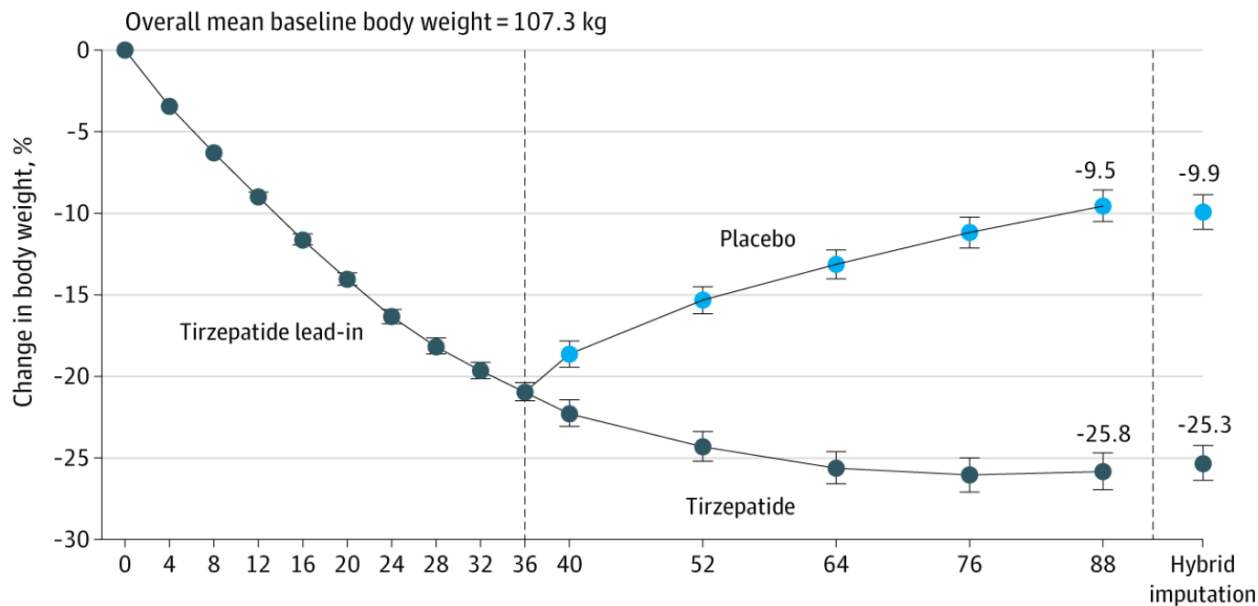
Obesity is a chronic disease and needs long-term treatment



Weight regain after discontinuation of OMMs

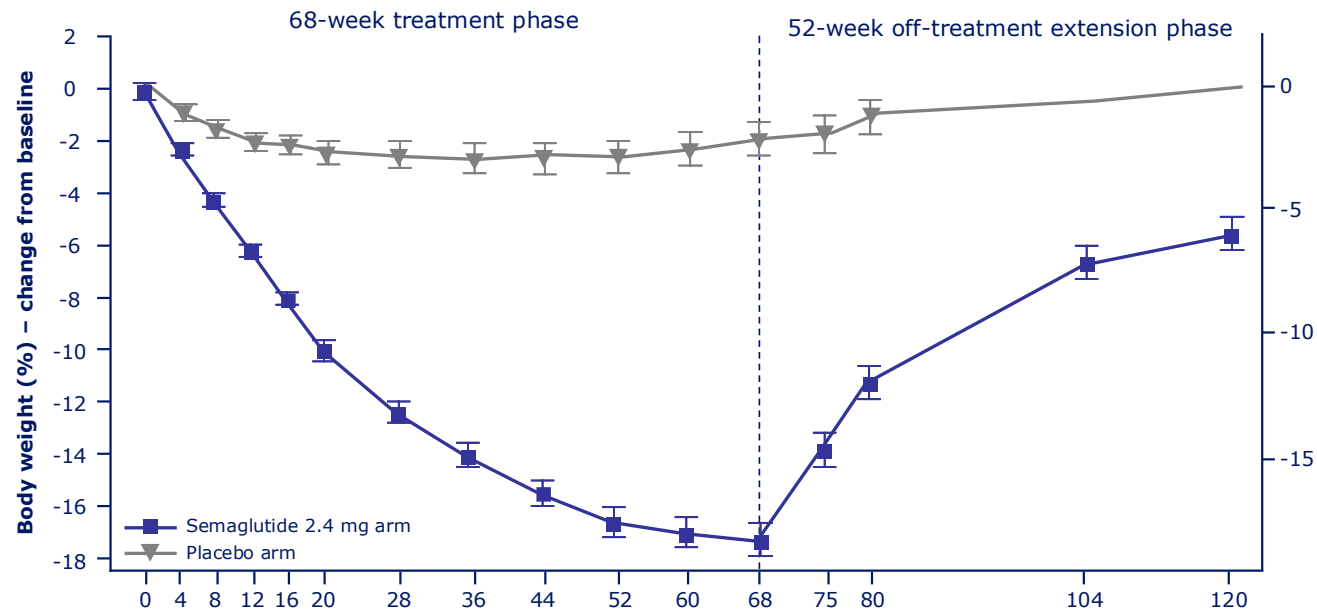
SURMOUNT-4

Percent change in body weight (week 0-88)



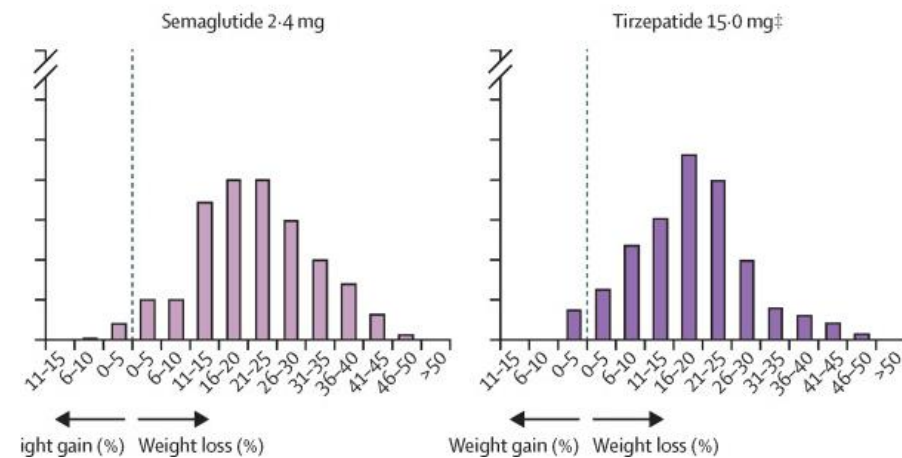
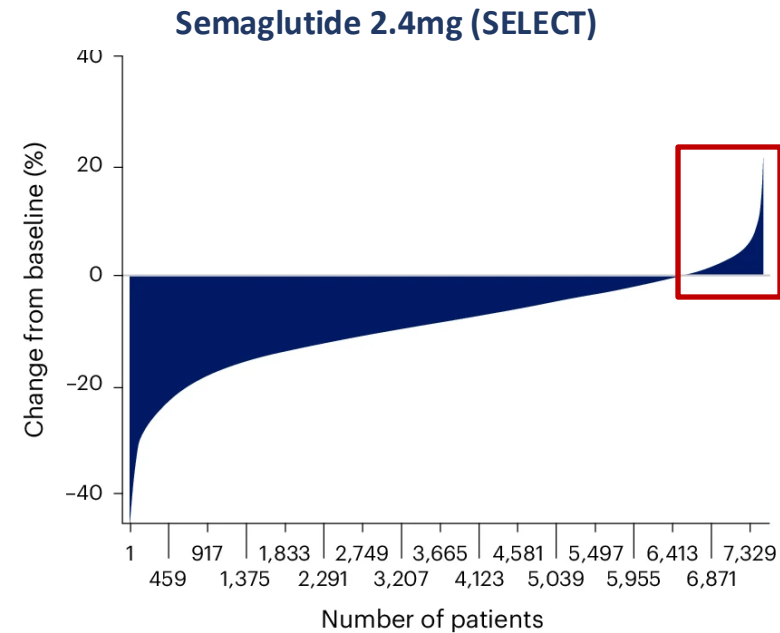
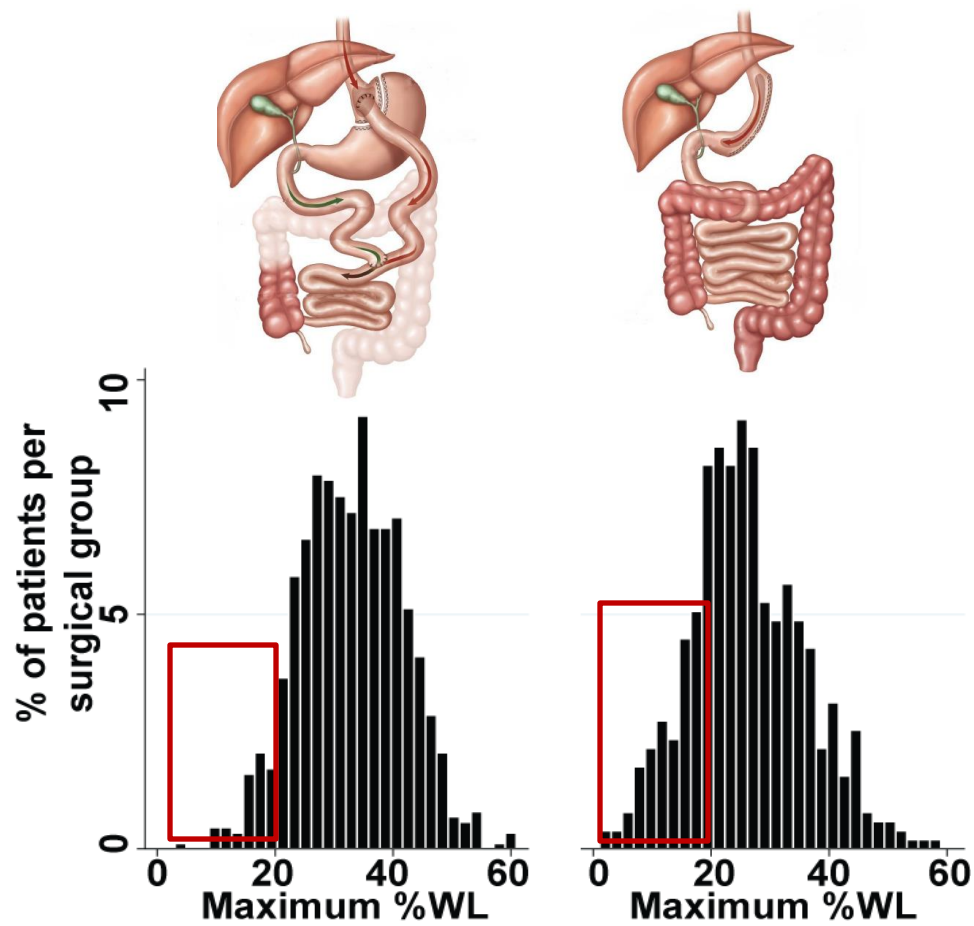
Arrone et al. JAMA. 2023

STEP-1 extension



Wilding JP, Diabetes Obes Metab. 2022

Background: Variation in Response



Revisional MBS: The evidence

Evidence	Population / comparison	Key findings	Clinical message
Bastos et al. Obes Surg 2024	28 observational studies n=2,213; >2-y follow-up	27.2% TWL • 54.8% EWL BMI ↓ 10.2 kg/m ²	Substantial medium/long-term weight loss; very low-certainty evidence.
Ataya et al. J Metab Bariatr Surg 2023	SG → RYGB vs OAGB Systematic review & meta-analysis	OAGB: greater weight loss and diabetes remission vs RYGB; higher risk of GERD	After failed SG, OAGB may favour weight/metabolic efficacy; RYGB may be preferable where reflux matters.
Nakanishi et al. Obes Surg 2024	SG → OAGB 20 studies; n=1,057	EWL 65.2% at 1 y • 71.1% at 2 y 71.6% at 5 y • T2D resolution 65.4%	Weight and metabolic benefit can persist to 5 years; observational evidence.
Chierici et al. Int J Surg 2022	39 studies after failed restrictive MBS	3-y additional TWL vs re-SG: BPD-DS +28.4 • SADI +19.1 • OAGB +13.1 RYGB +7.3 percentage points	Greater efficacy with BPD-DS/SADI, but trade-offs in morbidity/nutritional risk.
Salman et al. World J Surg 2024	31 studies after suboptimal response to SG	SADI achieved greater TWL than OAGB/RYGB; re-SG had highest significant-complication rate	Procedure choice should reflect indication, GERD, anatomy and nutritional risk.
Thomopoulos et al. Langenbecks Arch Surg 2024	7 studies; n=419 SG → SADI or RYGB; ≥5-y follow-up	SADI: comparable or potentially better long-term WL; RYGB superior for reflux/functional symptoms	≥5-y durability is achievable; SADI for weight-loss failure, RYGB for GERD.
Nasta et al. — BROAD Obes Res Clin Pract 2024	750 revisions 65 international centres	30-d morbidity 10.7% • mortality 0.3% Clavien–Dindo ≥III: 6.5%	Peri-operative risk is material and must be balanced against expected benefit.

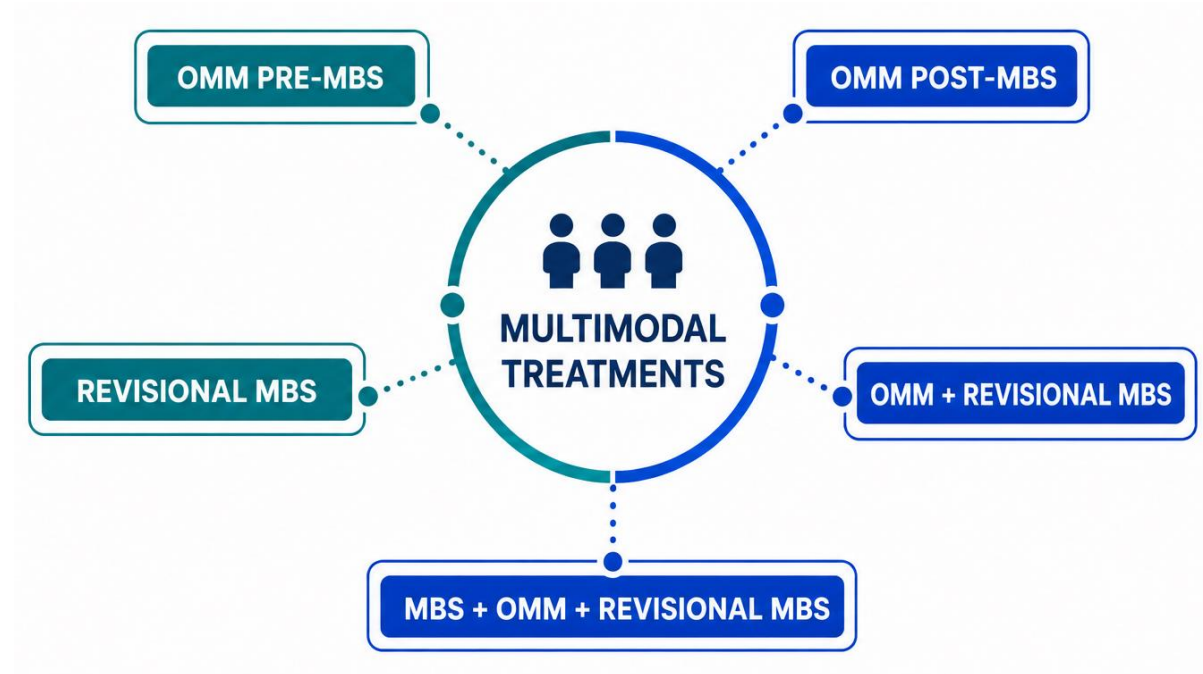
TWL, total weight loss; EWL, excess weight loss; SG, sleeve gastrectomy; OAGB, one-anastomosis gastric bypass; RYGB, Roux-en-Y gastric bypass; SADI, single-anastomosis duodeno-ileal bypass.

Revisional MBS

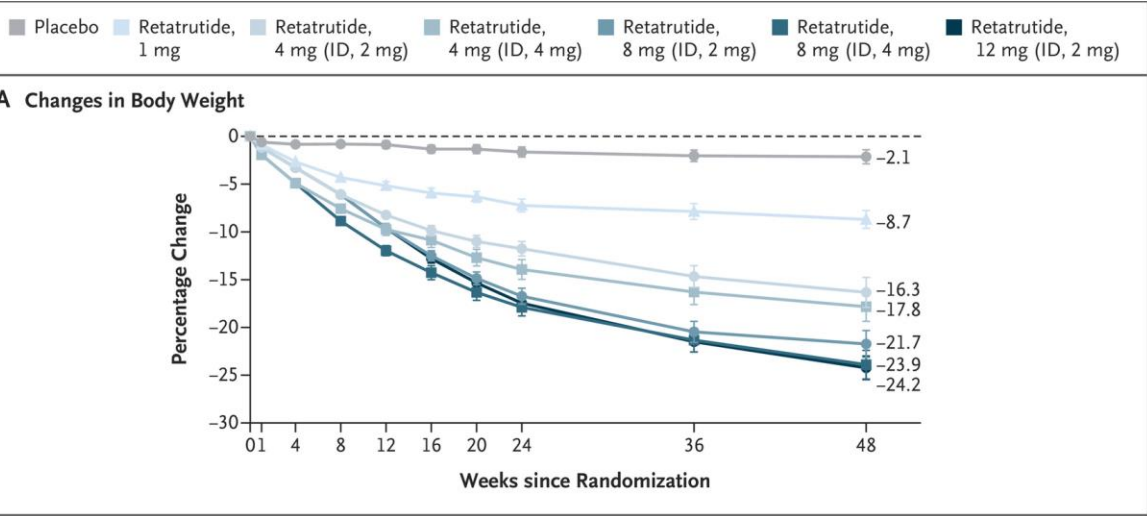
- High variability in response
 - Heterogeneity in data and outcomes
 - Low scalability
 - High complications/symptom burden
-
- Sustained weight loss and metabolic benefit outcomes in those with a good response

Future-proofing obesity treatments

- Better treatments?
- Better combinations of treatments?
- Better predictors and precision medicine?

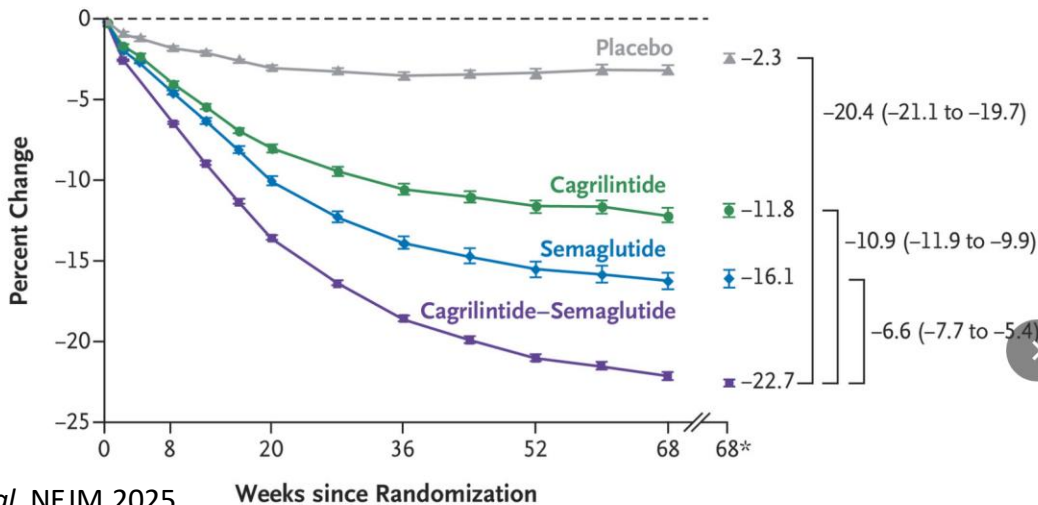


Future-proofing obesity treatments: pipeline



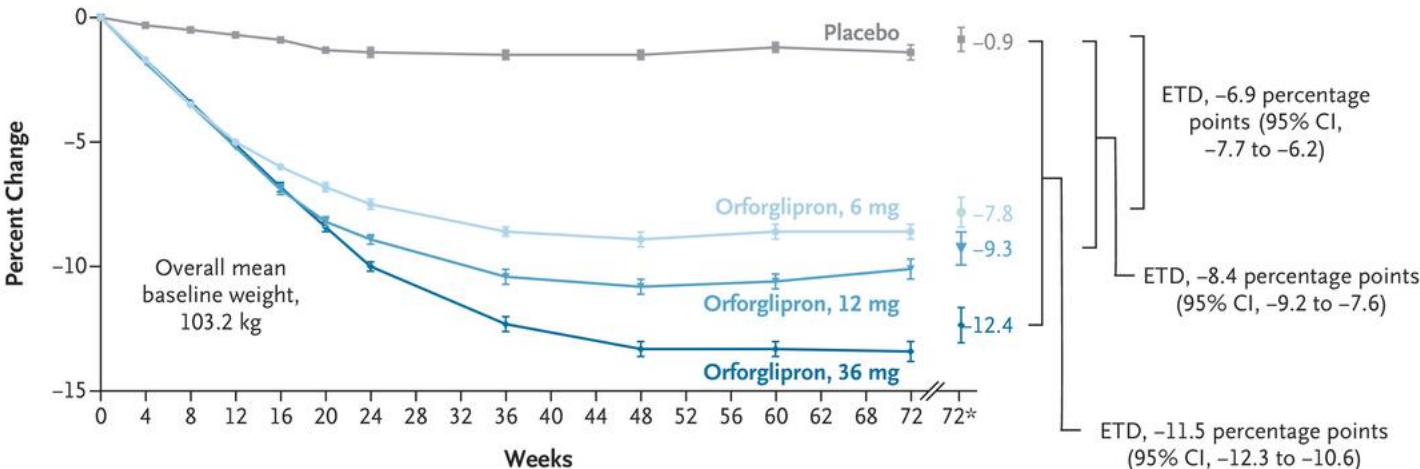
Jastreboff *et al.* NEJM 2023

B Change in Body Weight from Baseline to Week 68 (trial-product estimand)

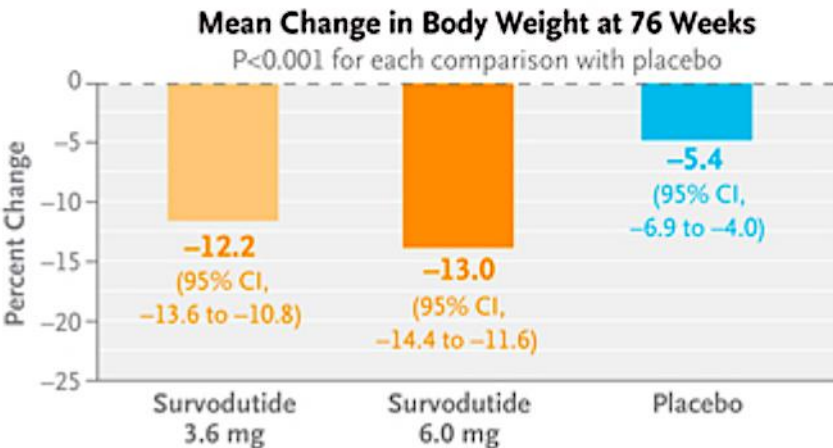


Garvey *et al.* NEJM 2025

B Change in Body Weight from Baseline to Week 72 (efficacy estimand)



Wharton *et al.* NEJM 2025



Le Roux *et al.* NEJM 2026

Future-proofing obesity treatments: Treat-to-target, tapering and rescue regimes

Full-dose indefinitely? → Lower maintenance dose? → Intermittent treatment? → Taper to cessation?

- Treat-to-target approaches and gradual tapering can be successful
- Treatment discontinuation possible for some individuals
- Severe clinical obesity → necessitates life-long treatment

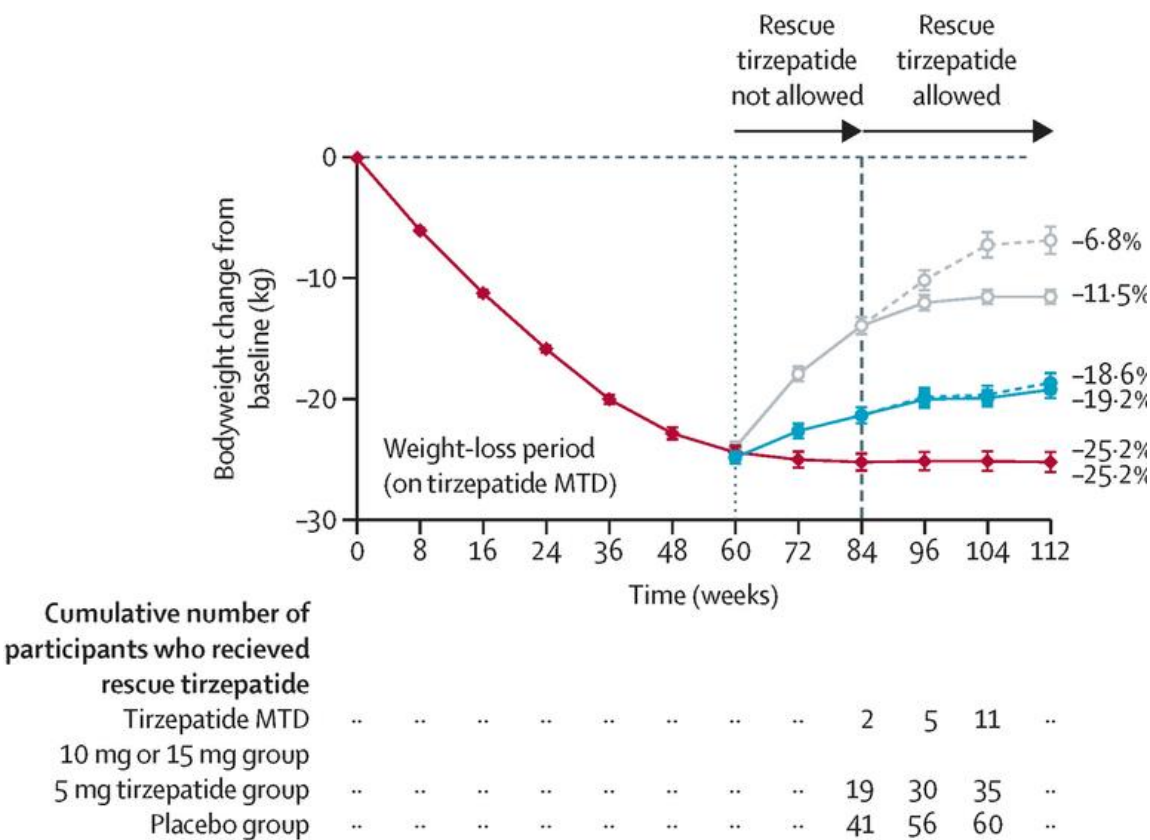
Received: 27 June 2025 | Revised: 19 August 2025 | Accepted: 27 August 2025
DOI: 10.1111/dom.70096

ORIGINAL ARTICLE

WILEY

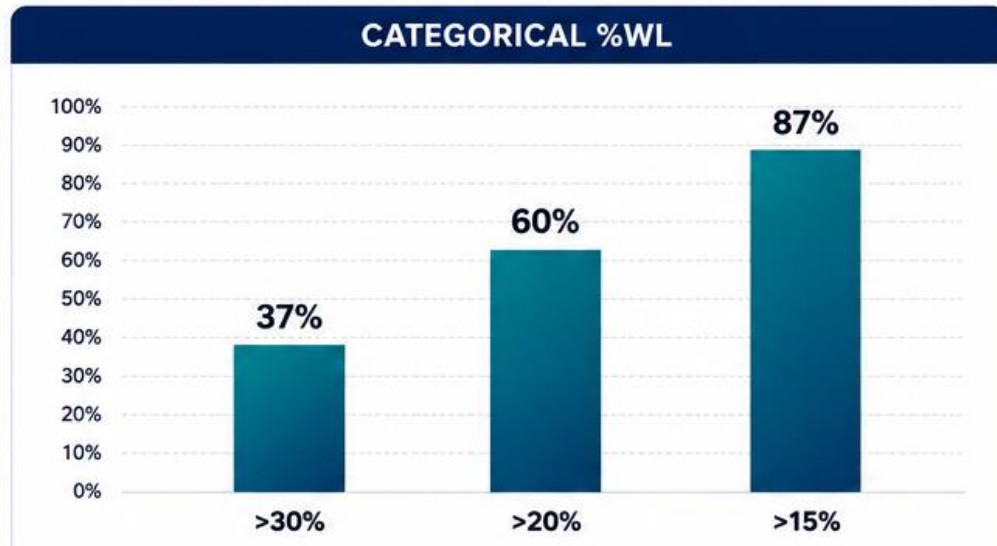
Treat to target in weight management with semaglutide: Real-world evidence from an eHealth clinic

Søren Seier MSc^{1,2} | Kine Stamp-Larsen MSc² | Simon Birk Kjær Jensen PhD¹ |
Signe Sørensen Torekov PhD¹ | Henrik Gudbergson PhD^{2,3}



Multimodal treatment: Adjuvant OMMs + MBS

- 12 months pre-op liraglutide 3.0mg
- Pre-operative weight loss: **12.7% $\pm$ 4.5**
- 6-month post-MBS weight loss (from day of surgery): **15.2% $\pm$ 2.7**



[Home](#) | [JAMA Surgery](#) | Vol. 160, No. 5

Research Letter

Neoadjuvant Semaglutide, Bariatric Surgery Weight Loss, and Overall Outcomes

Vasundhara Mathur, MD¹; Katherine Wasden, BA¹; Thomas H. Shin, MD, PhD¹; [et al](#)

[» Author Affiliations](#) | [Article Information](#)



Early data suggest that GLP-1-based OMMs prior to surgery does not alter post-operative WL trajectory



Improvement in metabolic health



Reduction in CV risk



Combination with OMMs pre-MBS is a treatment option for high-risk patients and can enable access to surgery

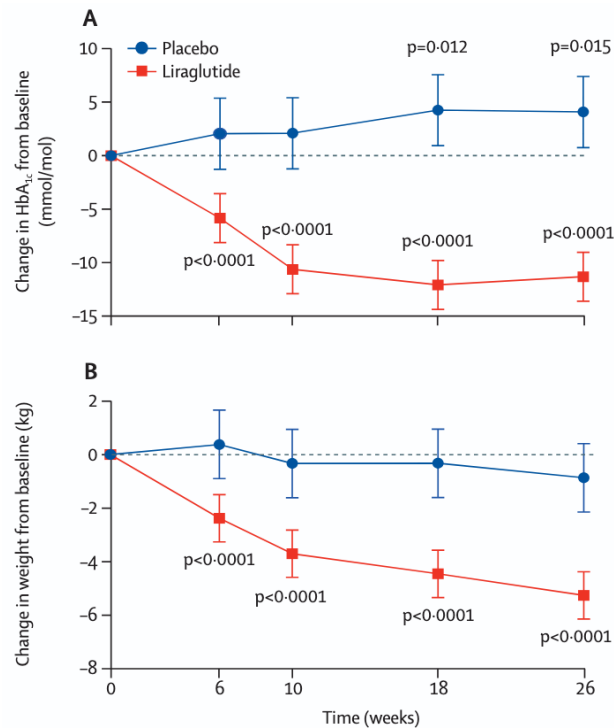


Early data to suggest post-OMM SG outcomes better compared to primary SG alone

Multimodal treatment: OMMs following MBS

Adjunctive liraglutide treatment in patients with persistent or recurrent type 2 diabetes after metabolic surgery (GRAVITAS): a randomised, double-blind, placebo-controlled trial

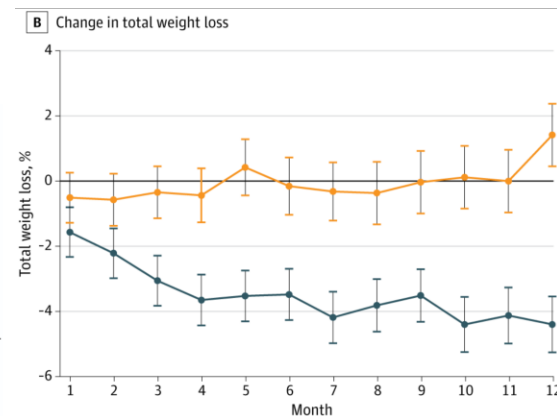
Alexander Dimitri Miras*, Belén Pérez-Pevida*, Madhawi Aldhwayan, Anna Kamocka, Emma Rose McGlone, Werd Al-Najim, Harvinder Chahal, Rachel L. Batterham, Barbara McGowan, Omar Khan, Veronica Greenlee, Ahmed R. Ahmed, Aviva Petrie, Samantha Scholtz, Stephen R. Bloom, Tricia M. Tan



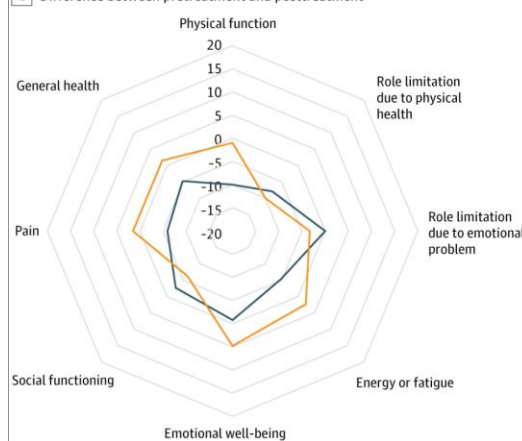
Original Investigation | Surgery

Liraglutide and Weight Loss Among Suboptimal Responders to Metabolic Bariatric Surgery: A Randomized Clinical Trial

Wendy A. Brown, PhD^{1,2}; Paul R. Burton, PhD^{1,2}; Cheryl Laurie, BHS^{1,2}; et al



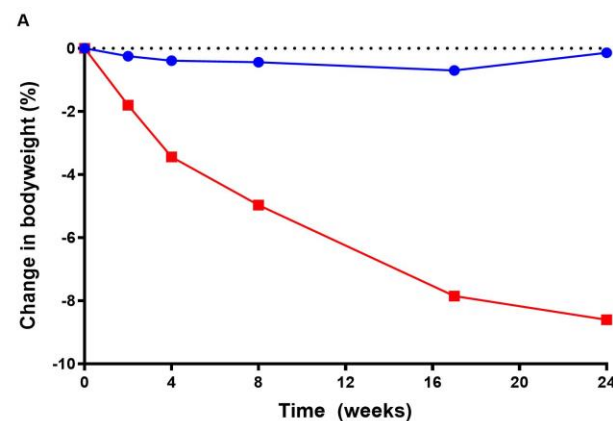
C Difference between pretreatment and posttreatment



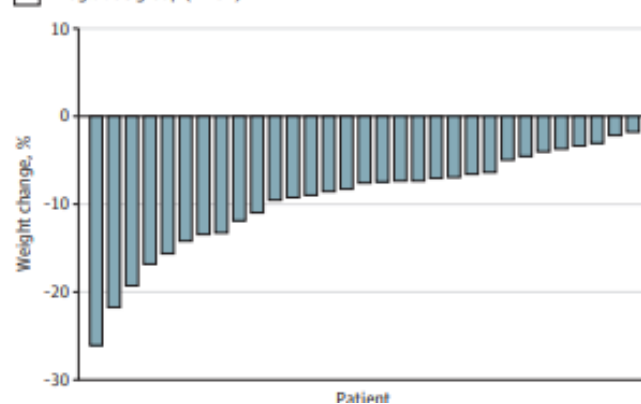
JAMA Surgery | Original Investigation

Safety and Efficacy of Liraglutide, 3.0 mg, Once Daily vs Placebo in Patients With Poor Weight Loss Following Metabolic Surgery: The BARI-OPTIMISE Randomized Clinical Trial

Jessica Mok, MBBS, MPhil; Mariam O. Adeleke, PhD; Adrian Brown, PhD; Cormac G. Magee, MBBChir, MA; Chloe Firman, MRes; Christwishes Makahamadze, MRes; Friedrich C. Jassil, PhD; Parastou Marvasti, PhD; Alisia Carnemolla, PhD; Kalpana Devalia, MBBS, MS; Naim Fakih, MD; Mohamed Elkalaawy, MRCSEd, MS, MD; Andrea Pucci, MD, PhD; Andrew Jenkinson, MBBS, MS; Marco Adamo, MD; Rumana Z. Omar, PhD; Rachel L. Batterham, MBBS, PhD; Janine Makaronidis, MBChB, PhD



B Liraglutide group (n = 32)

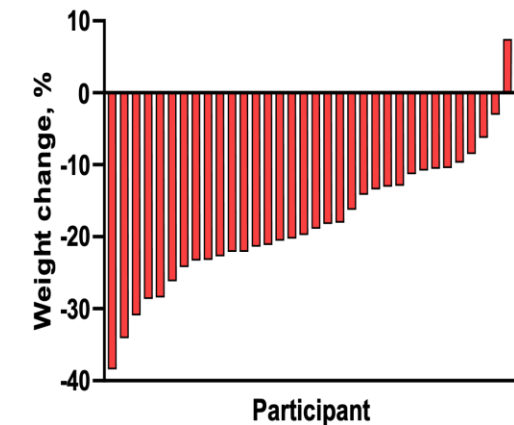
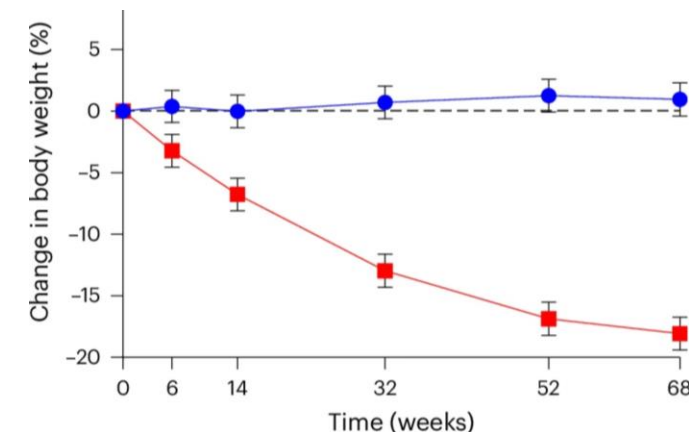


Article | Open access | Published: 22 May 2026

Semaglutide versus placebo in individuals with poor weight loss after bariatric surgery: a double-blinded, randomized, placebo-controlled trial

Chloe Stanley, Ritwika Mallik, Nausheen Hamid, Friedrich C. Jassil, Victoria Reuven, Tapiwa Ruwona, Samuel J. Dicken, Sulmaaz Qamar, Benjamin Norton, Helen Kingett, Andrea Pucci, Cormac Magee, David Boniface, Rachel L. Batterham, Kalpana Devalia, Jessica Mok, Mohamed Elkalaawy, John Loy, Andrew Jenkinson, Haris Markakis, Marco Adamo, Alanna Brown & Janine Makaronidis

Nature Medicine 32, 2662–2672 (2026) | Cite this article



Combination treatment: Long-terms success with revisional MBS in the OMM era

- Right patient, right time, right procedure
- High weight loss variability: 7.8% vs 37% (Ataya *et al.* 2023)
 - Identify predictors
 - Improve patient selection

Additional benefit to procedure selection: Reflux, hernia repairs

Multimodal treatment: MBS + OMM + Revisional MBS



Summary

- Cumulative evidence suggesting varied, effective treatments for obesity
- Combination therapies with medicine and surgery are needed for the long-term management of patients with severe obesity
- Revisional MBS has a role in long term obesity management, but patient selection is key
- Novel OMMs are safe and well tolerated in combination with MBS
 - Early evidence suggests a potential additive/synergistic effects
- Better predictors + better identifiers → improve timing and treatment choice



RIGHT TREATMENT. RIGHT TIME. RIGHT PATIENT. BETTER OUTCOMES.

Conclusion

“OMMs and revisional MBS, in the correct setting, with adequate patient selection and within a long-term treatment strategy will both stand the test of time”

Next question

“How can we optimise treatment combination and sequencing to achieve optimal long-term health outcomes for the treatment of obesity?”

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Patients and Trial Participants

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Previous clinical research participants

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Maggie Clinton

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