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Remission of clinical obesity and long-term survival after bariatric surgery: a prospective cohort study

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Lille University Hospital

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**The Future of Obesity Management:
From Weight Loss to Health Gain**



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Disclosures

☒	No, nothing to disclose
☐	Yes, please specify:



A new definition of obesity

The Lancet Diabetes & Endocrinology Commission

Definition and diagnostic criteria of clinical obesity



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Two different subtypes of obesity

Preclinical obesity

Excess adiposity alone



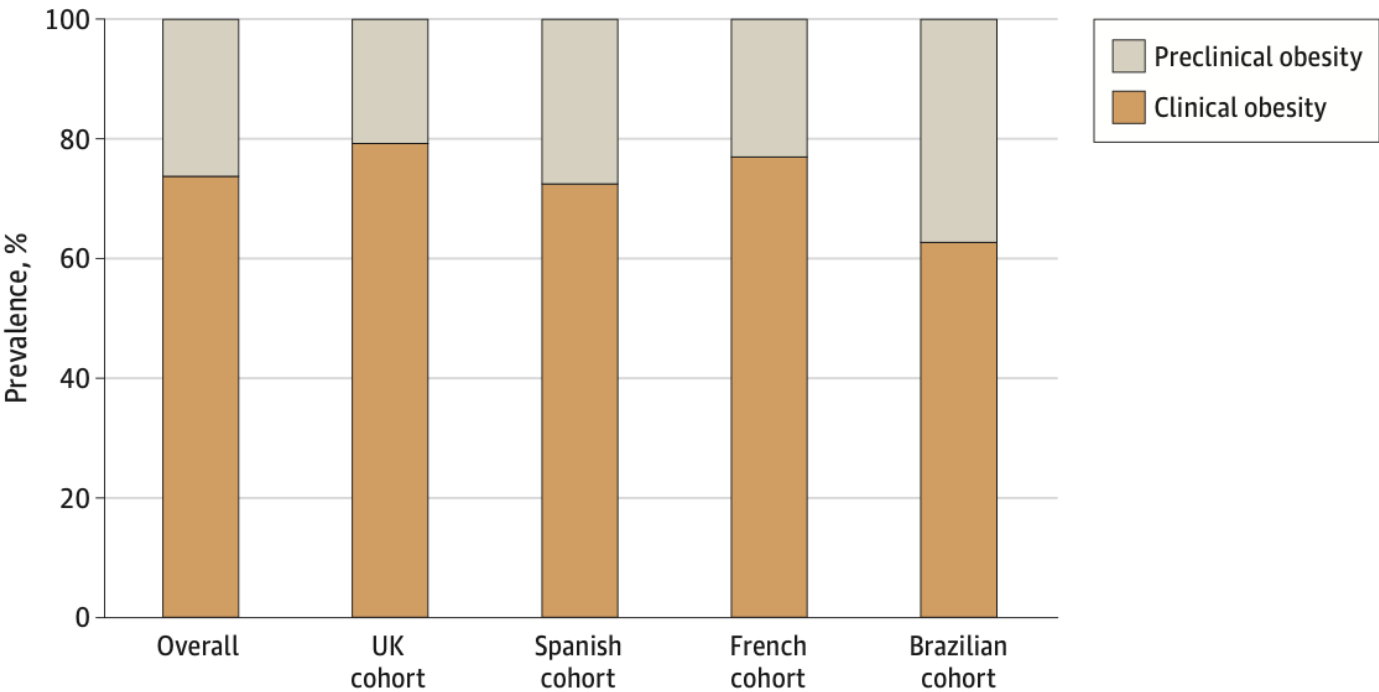
Clinical obesity

Excess adiposity + obesity related comorbidity

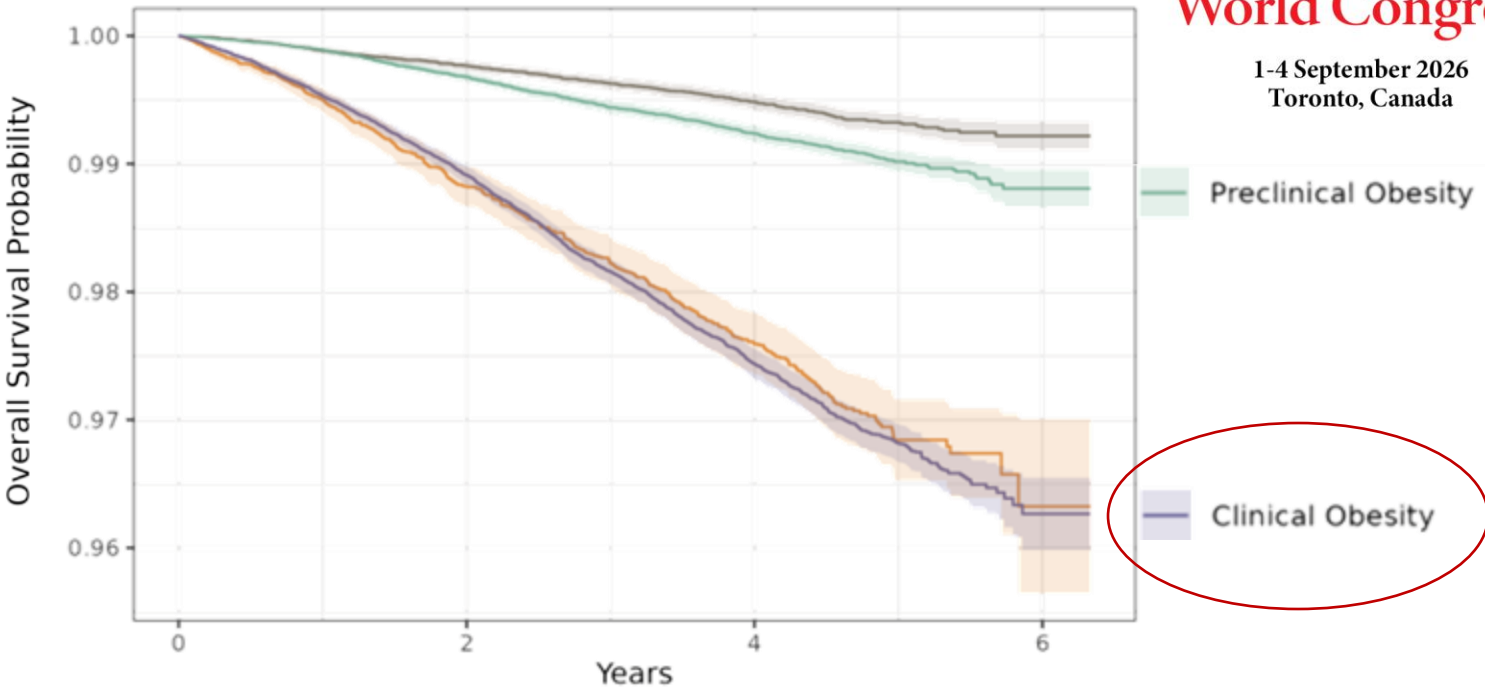


Clinical obesity is the most prevalent form in bariatric surgery

Figure 1. Bar Graph of Prevalence of Clinical and Preclinical Obesity Among Metabolic Bariatric Surgery Candidates Across International Metabolic Bariatric Surgery Centers

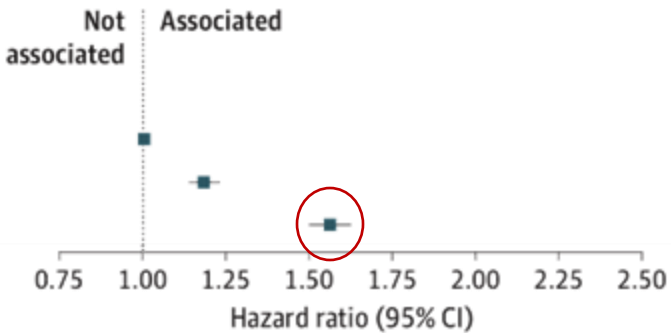


Clinical obesity is associated with increased mortality



A All-cause mortality

Classification	Hazard ratio (95% CI)
Lancet classification	
No obesity	1 [Reference]
Preclinical obesity	1.18 (1.14-1.23)
Clinical obesity	1.56 (1.50-1.63)



What happens when you treat clinical obesity?

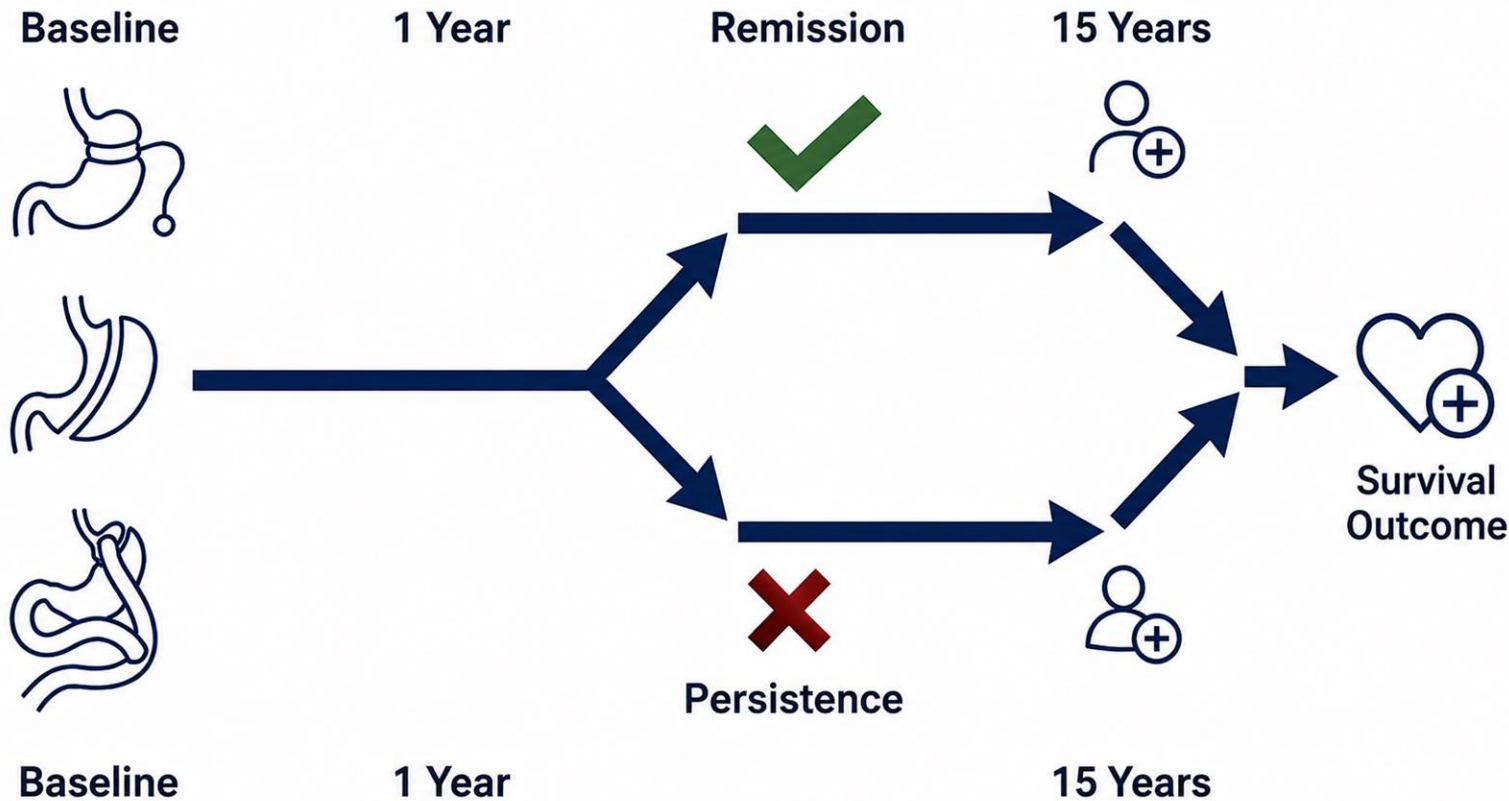
- Can we reduce this increased mortality risk?
- **Objective:** What is the impact of **remission of clinical obesity** 1 year after bariatric surgery on **long-term survival**?



Study design

Retrospective 1-year landmark study of the prospective ABOS cohort

Patients underwent bariatric surgery at Lille University Hospital between 2006 and 2024 + clinical obesity



Exclusion criteria

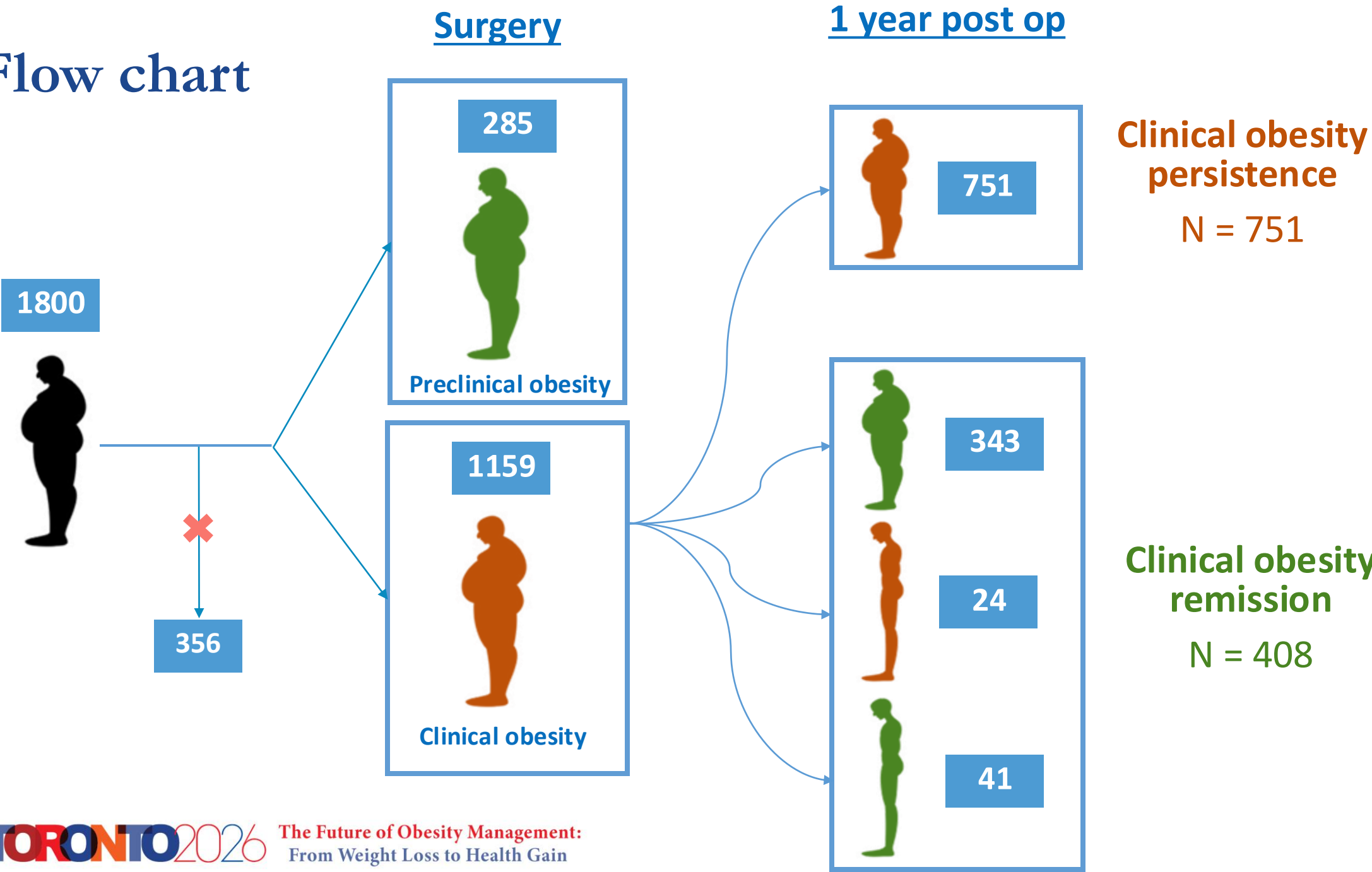
- Minors
- Revisional surgery
- Missing BMI/anthropometric data at 1 year
- Deaths within 1 year

Included comorbidities

- HTN
- Diabetes + dyslipidemia
- MASH + fibrosis
- OSA
- CKD



Flow chart



Comparision of groups 1 year after surgery

	1 YEAR AFTER SURGERY		
	Persistence n=751	Remission n=408	P
<i>Values are mean (SD) or n (%)</i>			
Female	474 (63)	318 (78)	<0.001
Age	49 (10)	40 (10)	<0.001
BMI [kg/m²]	37 (8)	32 (6)	<0.001
Diabetes	243 (32)	20 (4.9)	<0.001
Dyslipidemia	202 (28)	12 (3.1)	<0.001
eGFR	100 (27)	107 (24)	<0.001
Liver risk score	5.26 (1.27)	4.49 (0.69)	<0.001
Waist circumference [cm]	116 (16)	104 (16)	<0.001
Operation type	—	—	<0.001
Adjustable gastric banding	151 (20)	40 (9.8)	
RYGB	454 (60)	307 (75)	
Sleeve gastrectomy	146 (19)	61 (15)	

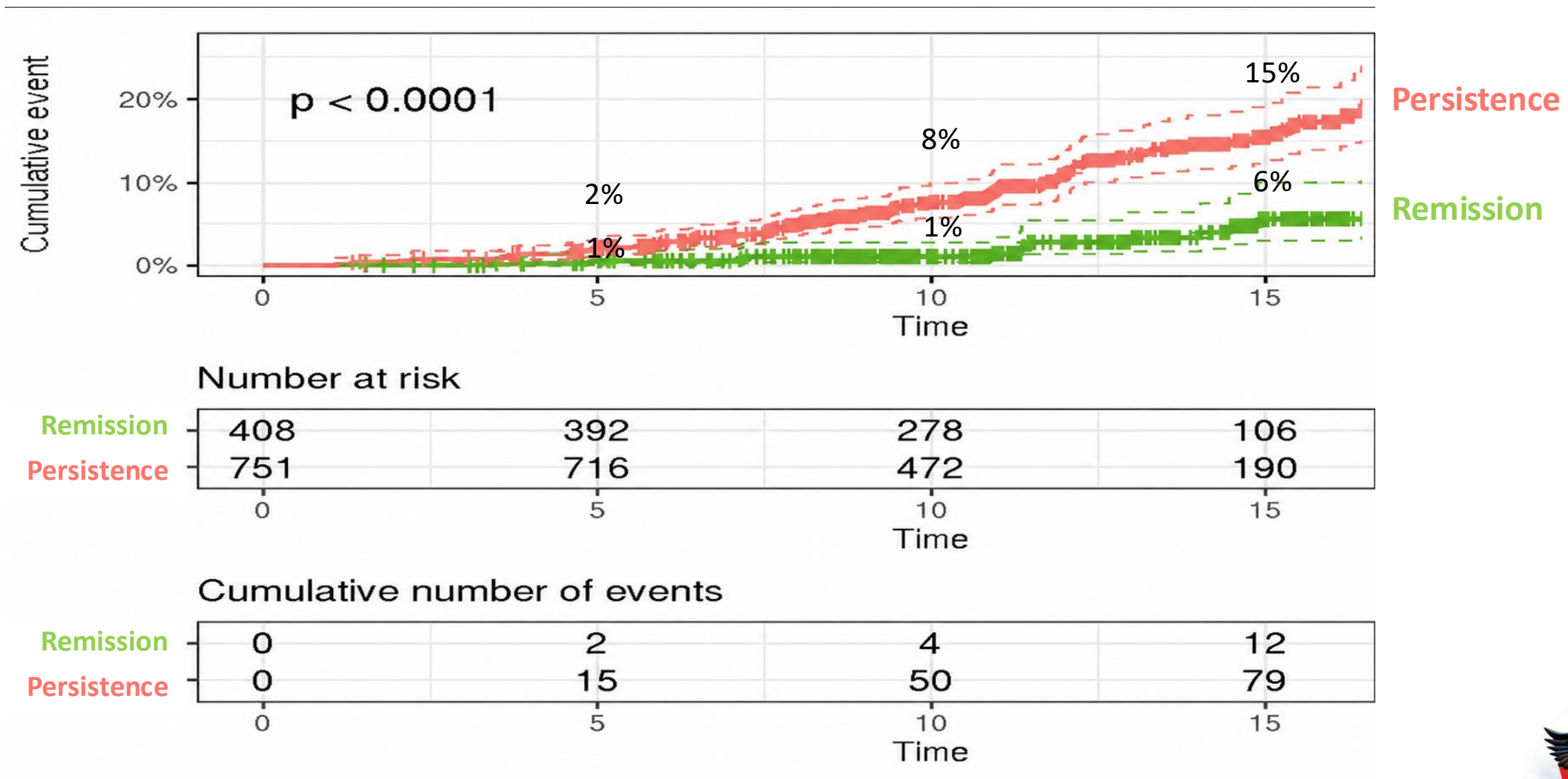


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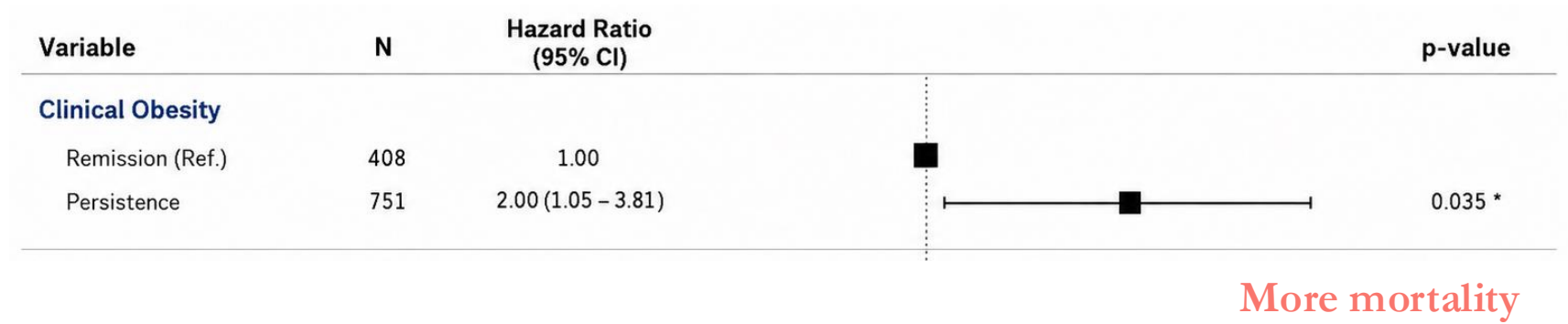
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Kaplan-Meier curves, univariate



Multivariate Cox model



Persistence of clinical obesity:
HR = 2.00 – independent predictor
of all-cause long-term mortality

In sensivity analysis: model
remained unchanged when
controlling for %TWL

Confounding variables

Sex

Female (Ref.)
Male

Age

Age (per year increase)

Diabetes

Diabetes (Ref.)
Glucose intolerance
Normoglycemic

Type of operation

RYGB (Ref.)
Sleeve
Gastric banding



Clinical significance at 15 years

- Absolute mortality risk reduction: 9%
- RMST: patients with **remission of clinical obesity** gain on average 8 months of life compared to the persistence group
- NNT: Each **10 patients treated** for their clinical obesity = 1 fewer death



Takehome messages

➤ A major prognostic factor

Remission of clinical obesity 1 year after bariatric surgery is associated with **increased long-term survival**, independant of weight loss

➤ A robust and clinically relevant new definition

Our results **support the clinical relevance** of the clinical obesity concept

➤ Redefining surgical success: a new paradigm

The goal after bariatric surgery should be the **resolution of physiological functions**, not just weight loss alone



Next steps

- **Integration into bariatric surgery guidelines**
We suggest **integrating the new definitions** into international bariatric follow-up guidelines
- **Health-resource allocation**
Prioritize access to bariatric surgery for people with clinical obesity
- **What should we do with non-responders?**
Treatment intensification for patients with persistence of clinical obesity at 1 year?



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Thank you for your attention

Questions?

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