The Life long nature and side effect profile of obesity medications will ultimately INCREASE the number of bariatric procedures worldwide..... NO

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I have no disclosures

However, some disclosures without conflict of interest are :

Practicing as a Bariatric physician since last 22 years in at *Laparo Obeso Centre, India,* I do prefer to recommend bariatric surgery as first choice of treatment for severe obesity.

I respect Dr Higa as a very skilled surgeon, an excellent orator, a great human being and also the mentor for my Boss

The Funnel Argument
Pills are the new prevention!
Bariatric surgery would be only if there is failure of prevention

So, Medications will reduce and not increase the surgical candidates

2.5 billion overweight and only 2% qualify for surgery,

AOM induce 10 to 20% weight loss and would move millions to a *lower BMI*, below a BMI of 40 or 35

AOM would also prevent *progression of BMI* in those below BMI of 35, so many would *not reach* the surgical threshold

You can’t scale surgery to a billion,
You can scale a pen

Indian context , for example:
200m with obesity, < 40000 bariatric surgeries/year

Capacity will never meet the demand for – trained surgeons, team, infrastructure

But Medications will meet the demand

So Millions will accept AOM

Medicines are the bridge to surgery for a ‘few’,
BUT
‘The alternative’ to surgery for many

AOM is becoming the ***first choice for recurrence of weight (WR)*** after bariatric surgery,
(Blunted PP GLP-1 response ? ?Weight Regain)

The number of ***revision*** *bariatric procedures* would drop

Given a choice, most patients would consider medication as the *first* choice.

Medications can be *adjusted, switched, combined to improve efficacy and tolerability*.

- **Dose adjusted verbally, break given temporarily,**
- **Alternative drug given if not suitable etc**

Surgery is all or none! – Anastomosis size? Pouch Size?

Life long medications is not a barrier

Obesity is a Chronic disease, we offer remission , not cure !

Examples: hypertension, diabetes, thyroid, etc.

Newer medications, oral options, once/week, once/ month options of AOM would ***improve adherence***. *Biosimilars & Generics* would beat the challenge of ***costs***.

Access and cost would favor AOM in 90% of the world

The more effective the medications become, the harder it would be to convince the patient to choose surgical option

Side effects !!!!

Both medications and surgery have side effects

However, immediate and long- term risks are more with surgery

Real world data from US/UK already suggests drop in bariatric surgery by 20 to 40% in 2023-2024.....

Argument:
Drop out from medication usage….not really a challenge

Drop out from one medication at the end of one or two years, does not mean that they would not take any other medication in future.

Newer options would be available and patients would continue to use one or the other medication.

Hence, some degree of weight loss would be achieved or maintained with meaningful benefits

The gatekeepers are changing preference from knife to pen

ASMBS, IFSO,ADA … have placed AOM before surgery for patients with BMI 30 to 35.

With the use of AOM, these patients may ***not reach the BMI for surgical threshold or take much longer to reach it***

Insurers and Govt may mandate use of AOM prior to bariatric surgery

To summarize

- **More patients will choose AOM**
- **Progression of BMI will be prevented/ delayed**
- **Hence, *Primary* bariatric procedure numbers would reduce**
- ***Revision* bariatric procedures would reduce in numbers**
- **More effective medications, oral AOMs, monthly doses, multiple options would continue to expand the reach of AOM globally**
- **Generic options would make it affordable**
- **Compliance and long-term adherence would improve over time with these options**
- **Govts , insurers would prefer AOMs primarily**

THANK YOU

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