



Population Health
Research Institute
HEALTH THROUGH KNOWLEDGE



WHAT CARDIOLOGY LEARNED LONG AGO: WHY COMPLEX DISEASES NEED MORE THAN ONE THERAPY

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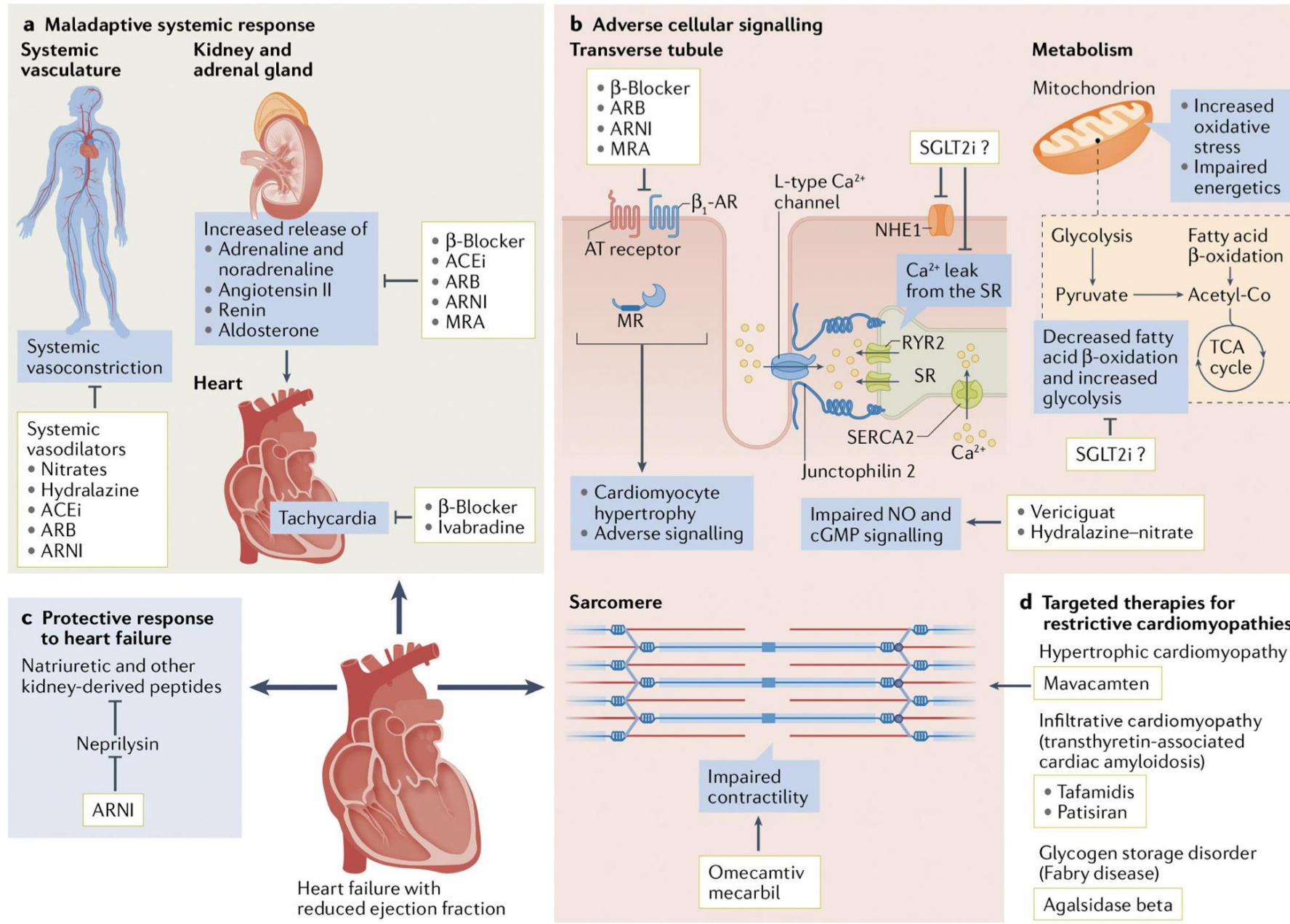
Division of Cardiology

McMaster University

September 3, 2026

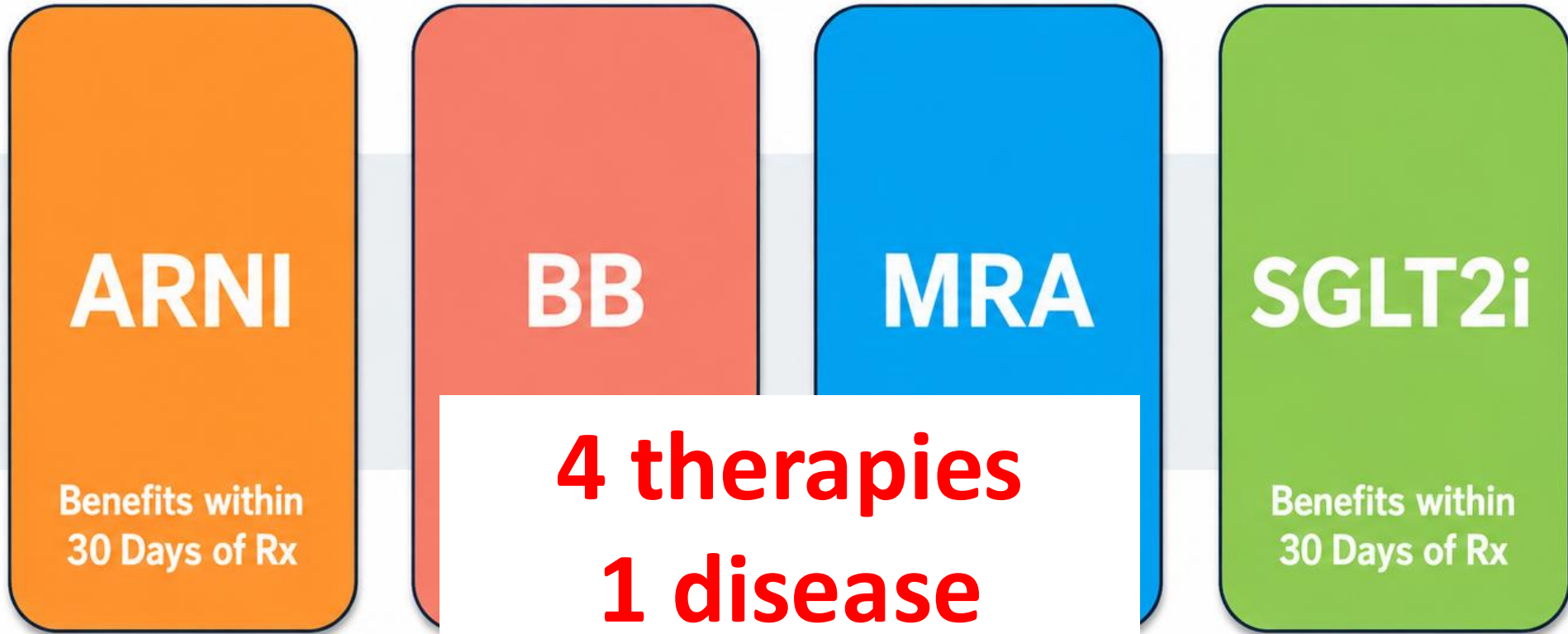
Nothing to disclose

Lesson 1: Complex diseases rarely have a single therapeutic target



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The Four Pillars of Survival Enhancing Medical Therapy for HFrEF



Cumulative risk reduction in all-cause mortality over 24 months if all evidence-based medical therapies are used: Relative risk reduction 72.9%, Absolute risk reduction: 25.5%, NNT = 3.9

Updated from Fonarow GC, et al. Am Heart J 2011;161:1024-1030 and Basile NS et al. JAMA Cardiol 2020.

Courtesy of GC Fonarow

Lesson 2: Combination therapy is not “failure”

Management of hypertension:

Lifestyle → ACEi/ARB → CCB → diuretic → additional Rx

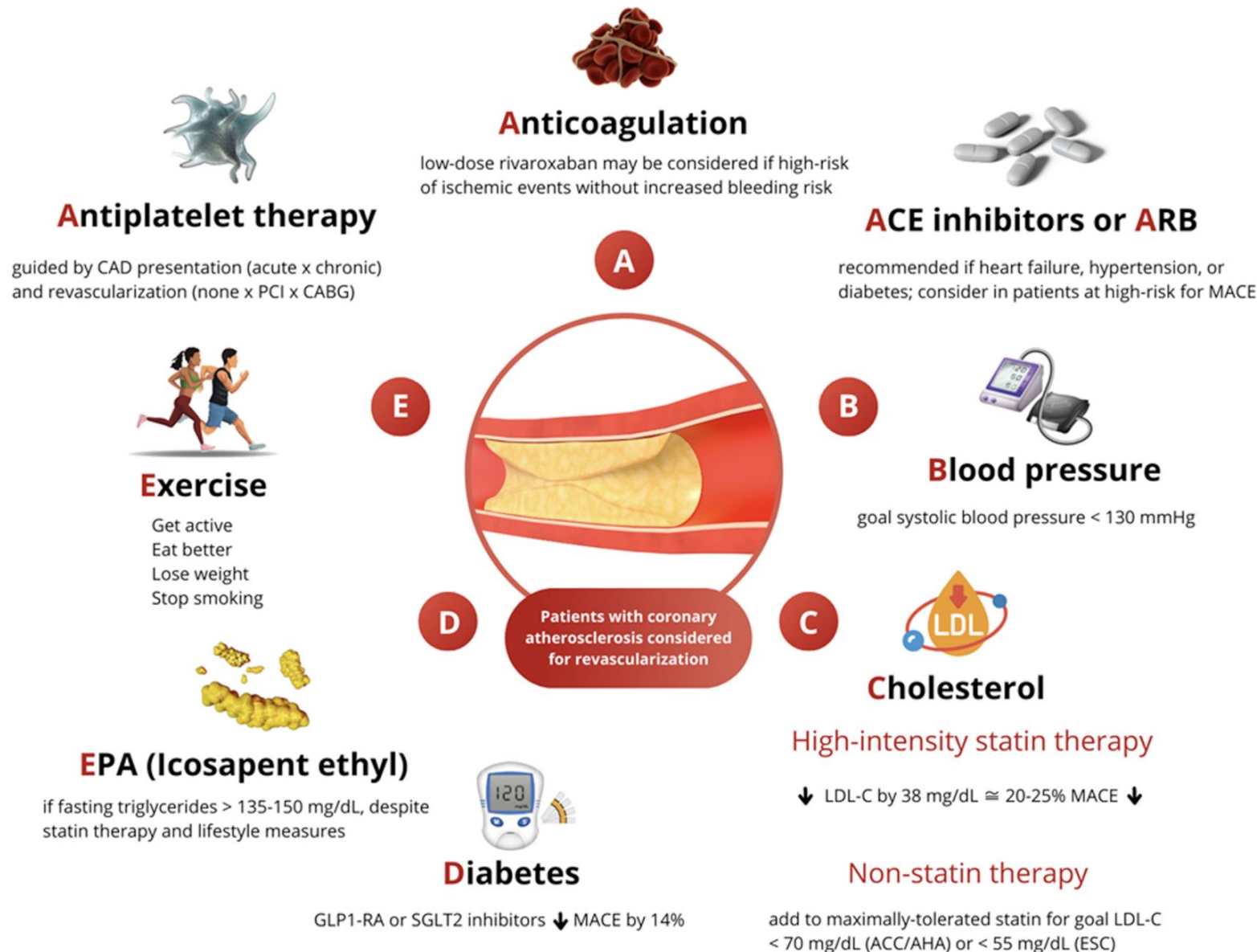
In obesity management:

~~Lifestyle vs. surgery~~

Why not:

Lifestyle ± pharmacotherapy ± surgery

Lesson 3: Procedures and medications are partners, not competitors



Why should metabolic surgery be different?

Why not:

MBS + pharmacotherapy when needed + nutritional care + physical activity + long-term follow-up

Lesson 4: Treatment is dynamic over a lifetime

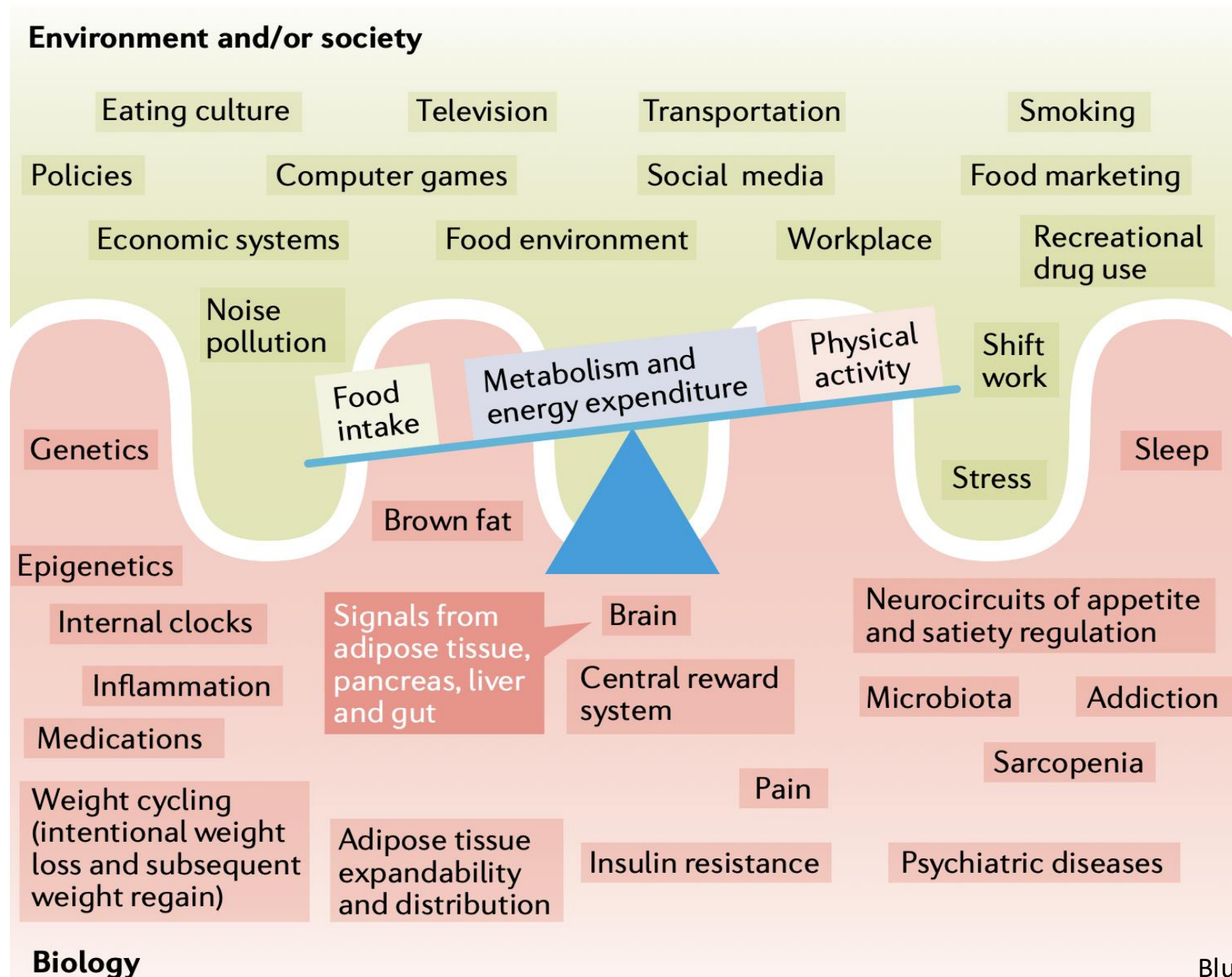
Approach to cardiovascular disease:

Diagnosis → initial therapy → response → progression → intensification → event → secondary prevention

Why can't we do the same for obesity:

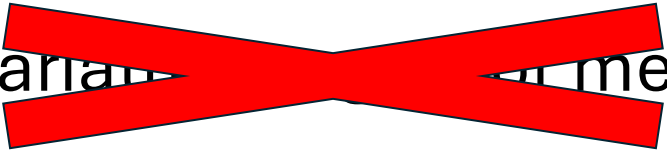
Lifestyle → AOM → MBS → AOM after MBS → revisional treatment → maintenance

Obesity is no less biologically complex



Are we asking the wrong question?

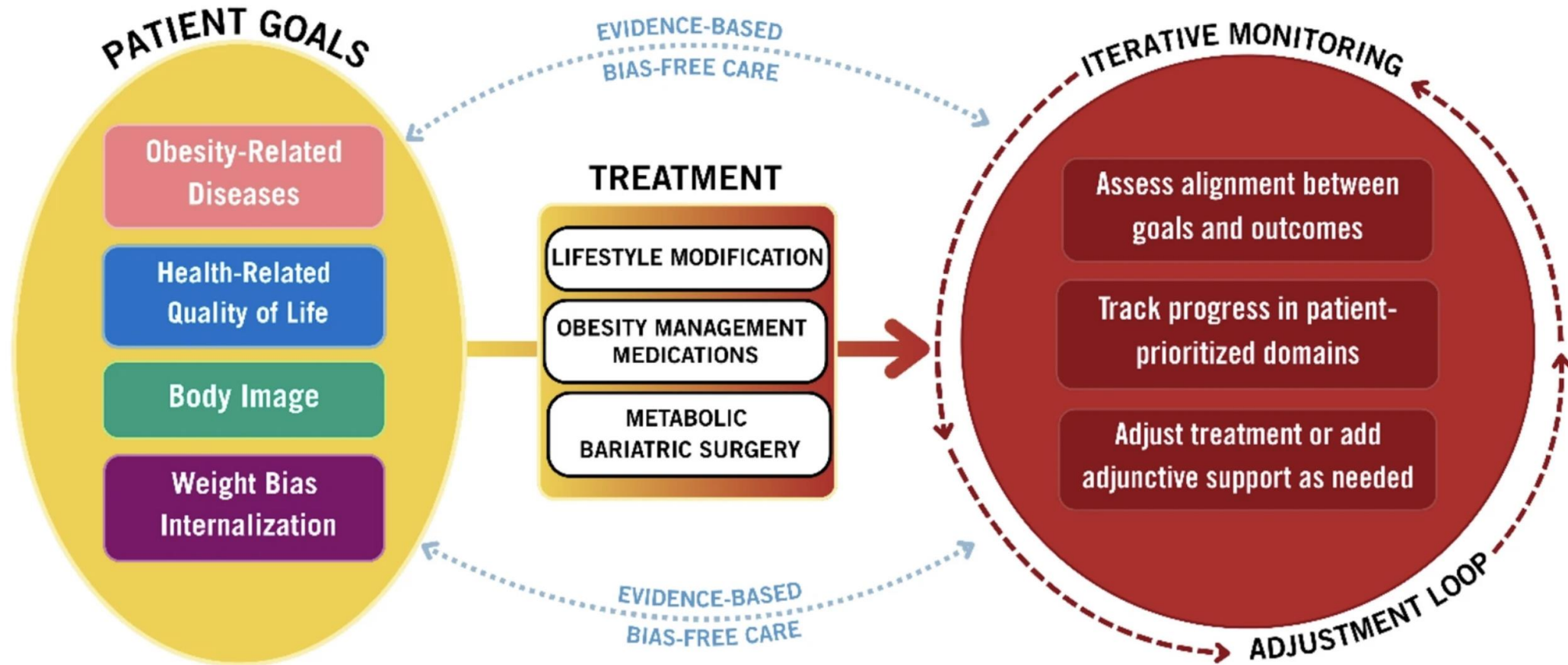
Now:

Metabolic Barriers  medications?

Why not ask:

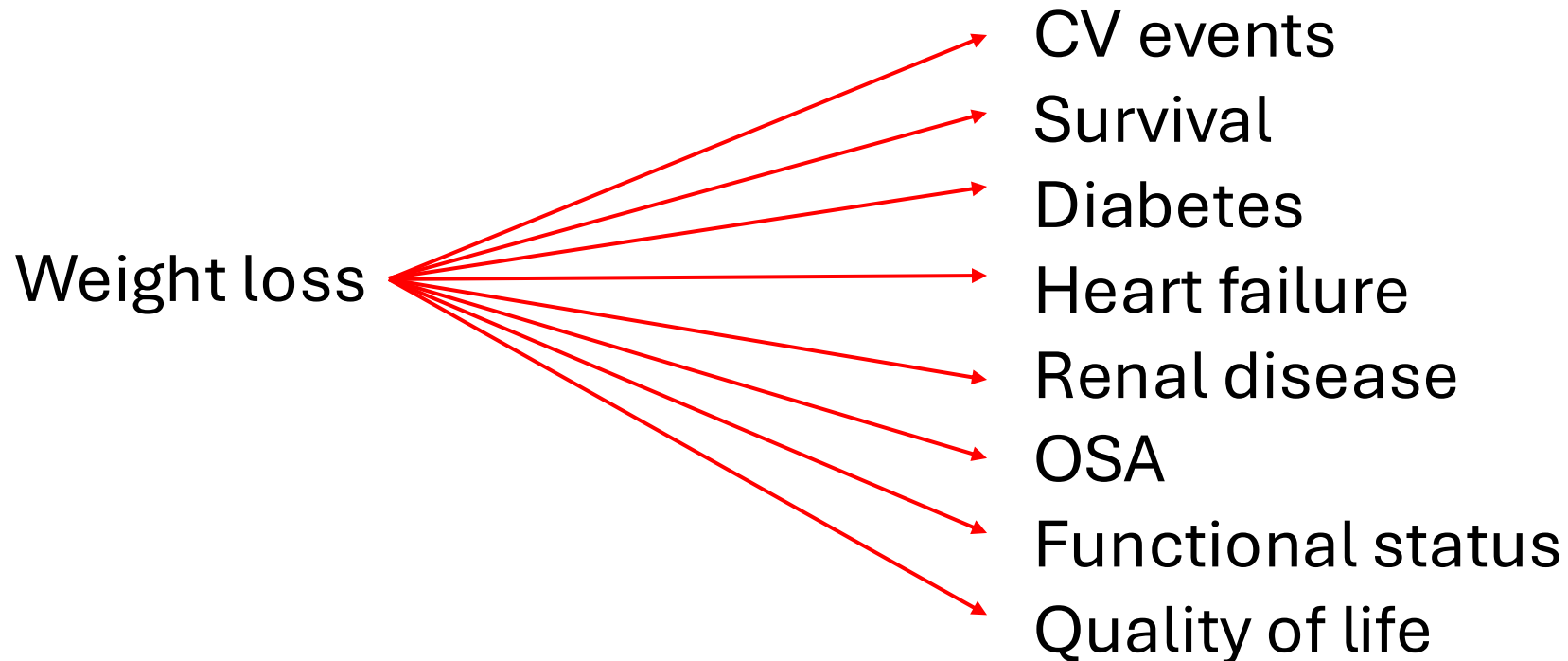
Which treatment strategy gives this patient the best long-term health?

Lesson 5: Build the strategy around the patient

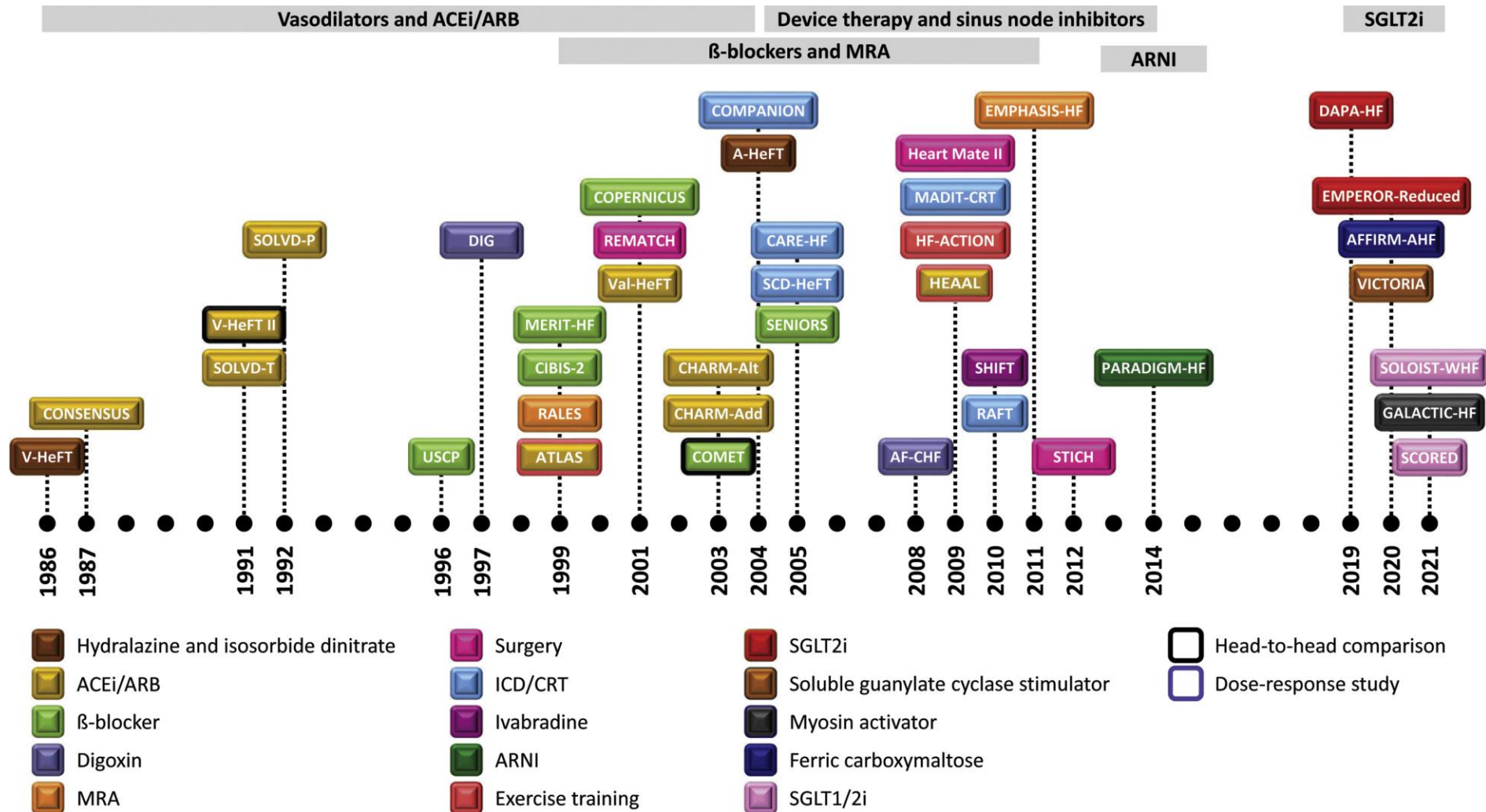


The goal is health

Treatment delivery is not the goal. Health is the goal.



Test strategies, not individual treatments



Which strategies?

- Obesity trials increasingly need to ask:
 - Surgery + medication?
 - Medication before surgery? Medication after surgery?
 - Who needs chronic combination therapy? who can de-escalate?
 - What do we do with partial response or recurrence?
 - which sequence maximizes long-term health?

Take home points

- 1. Complex disease requires multiple biological targets**
- 2. Adding therapy is not evidence of failure**
- 3. Procedures and medications are complementary, not competitors**
- 4. Treatments evolve across the patient's lifetime**
- 5. Build the strategy around the patient**

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