

WELCOME

XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada



TORONTO2026

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





ROBERT THIRSK

SCOPINARO LECTURE:
“MISSION TO MARS”





Nicola Scopinaro

First President of IFSO 1996-1998





Dr. Robert Thirsk O.C.

Scopinaro Lecture
IFSO 2026



THE GLOBAL SURGERY ACCESS GAP

- 313 million surgical operations are performed each year
 - Only 6% take place in the poorest countries, home to over a third of the world's people
 - 143 million additional surgical procedures are needed in low- and middle-income countries every year to save lives and prevent disability
- Case-fatality stays high for treatable conditions (i.e. appendicitis, hernia, fractures, obstructed labour, and congenital anomalies)

THE HUMAN TOLL

16.9 million

Deaths a year from conditions needing surgery — a third of all deaths worldwide, more than HIV, TB, and malaria combined.

Where you are born still decides whether surgical care is within reach



ROBERT THIRSK

SCOPINARO LECTURE:
“MISSION TO MARS”



Mission to Mars

Robert Thirsk

Scopinaro Lecture

4 September 2026



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Artemis II

an audacious mission



Deep Space



Remote Communities

expansive, austere, isolated, underserved



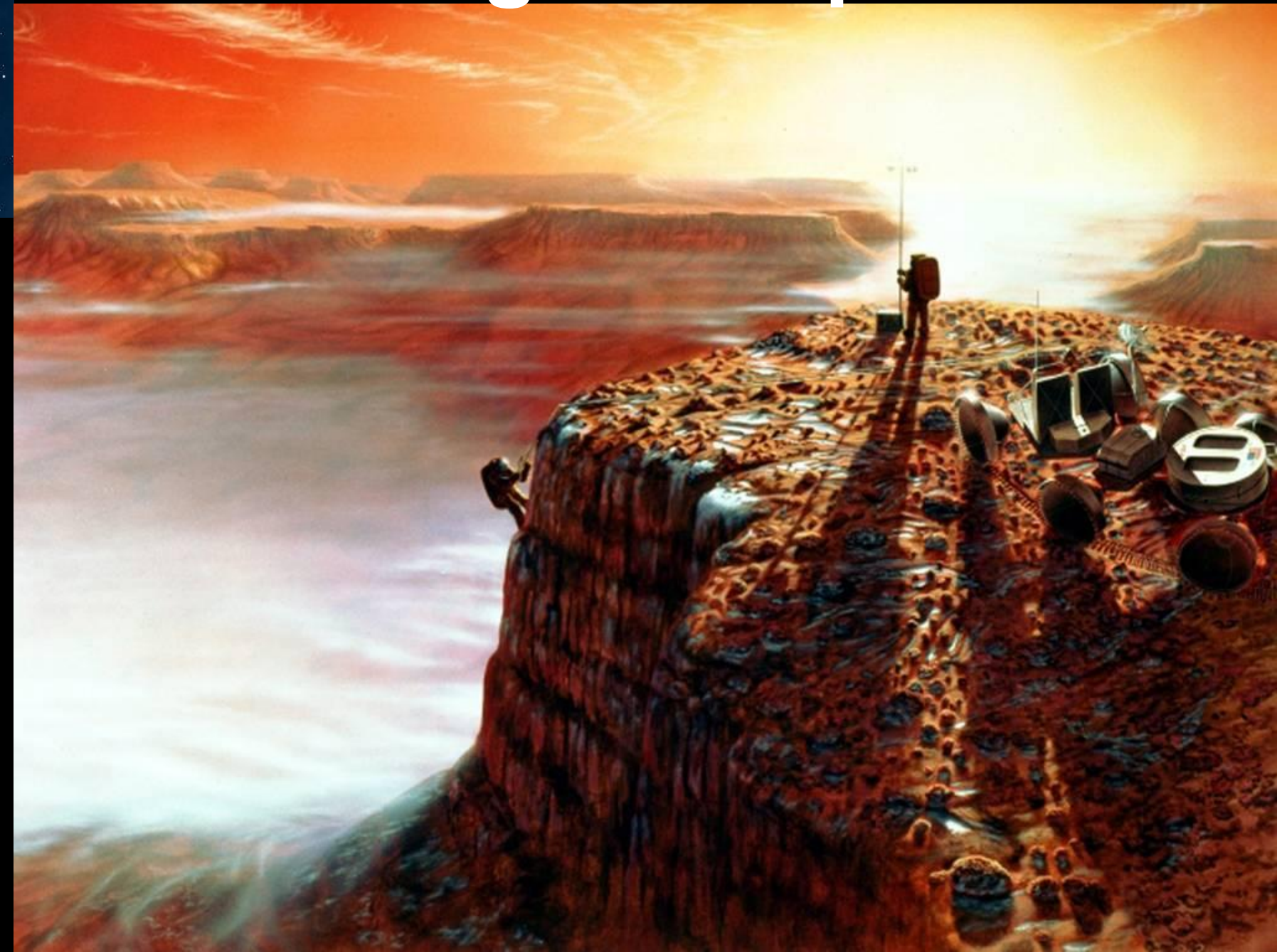
Why Go To Mars?



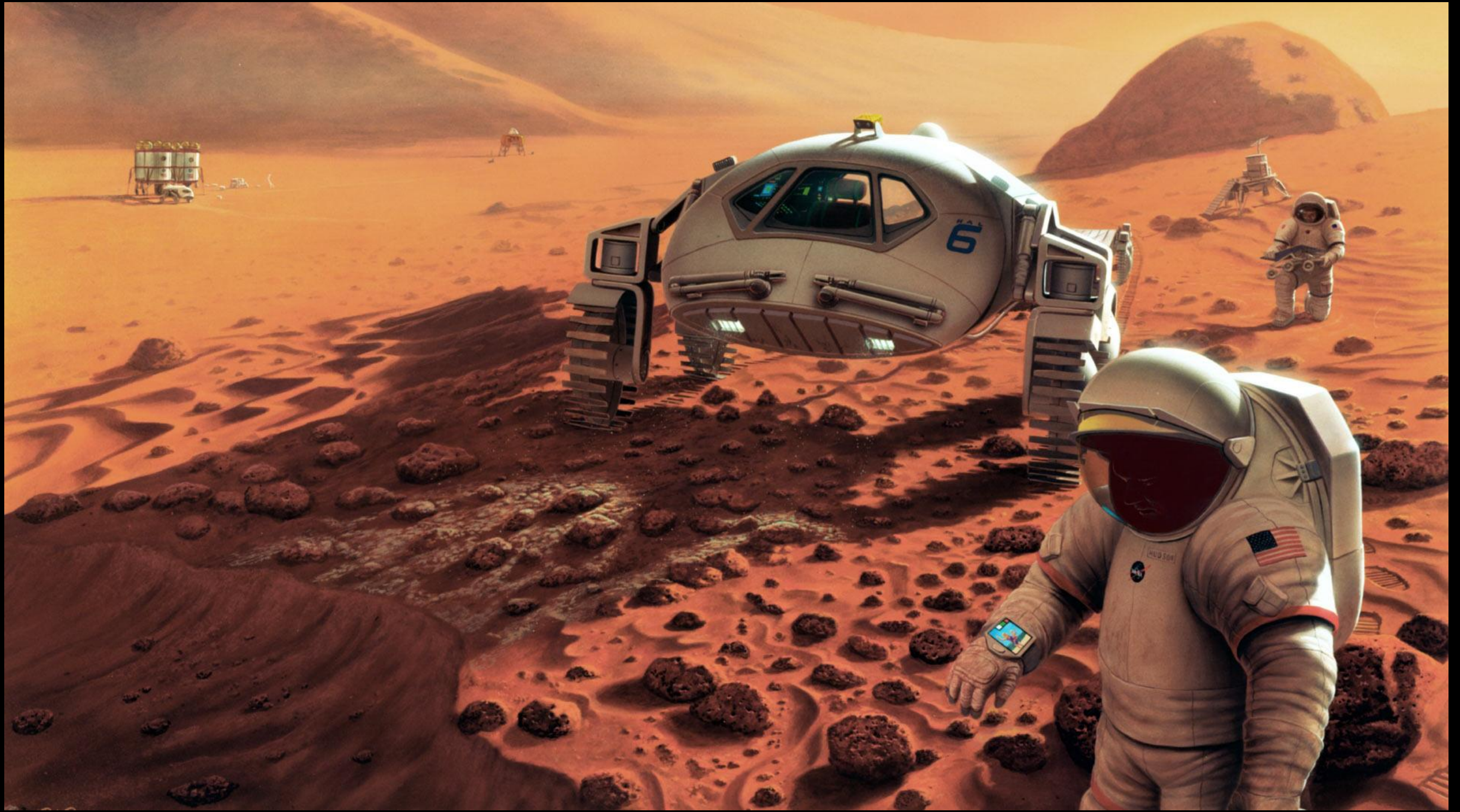
Smaller Size



Frigid Temperatures

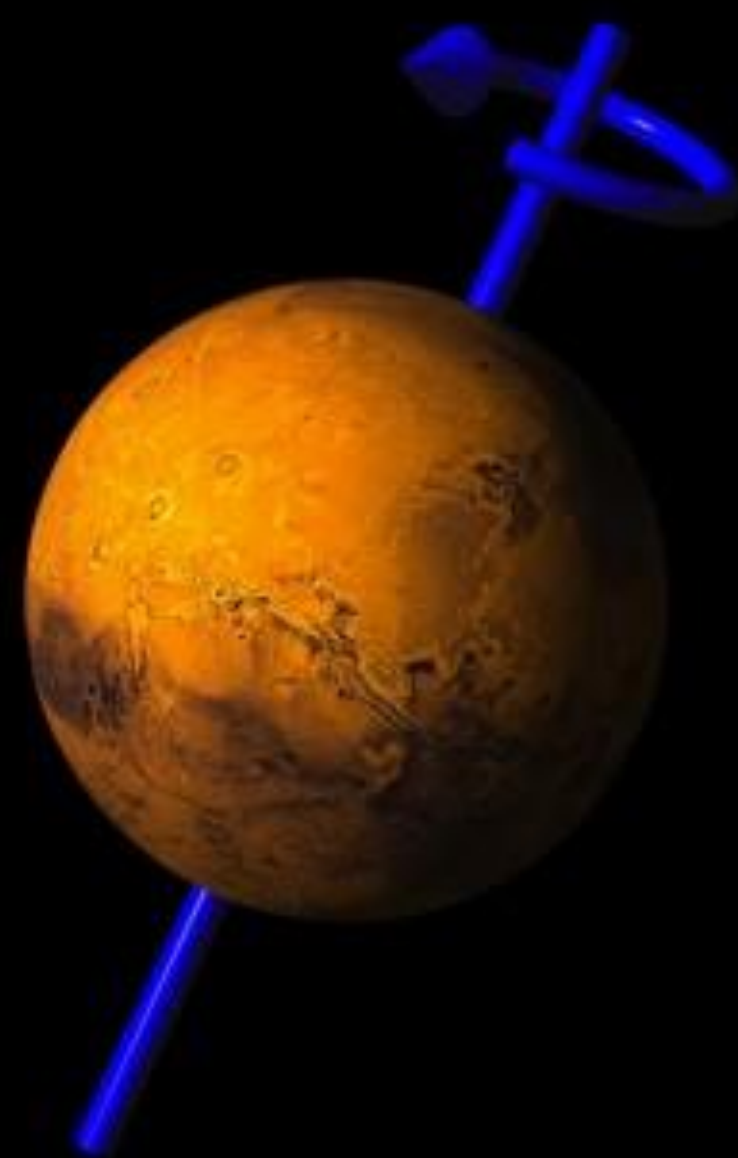


1/3 Gravity



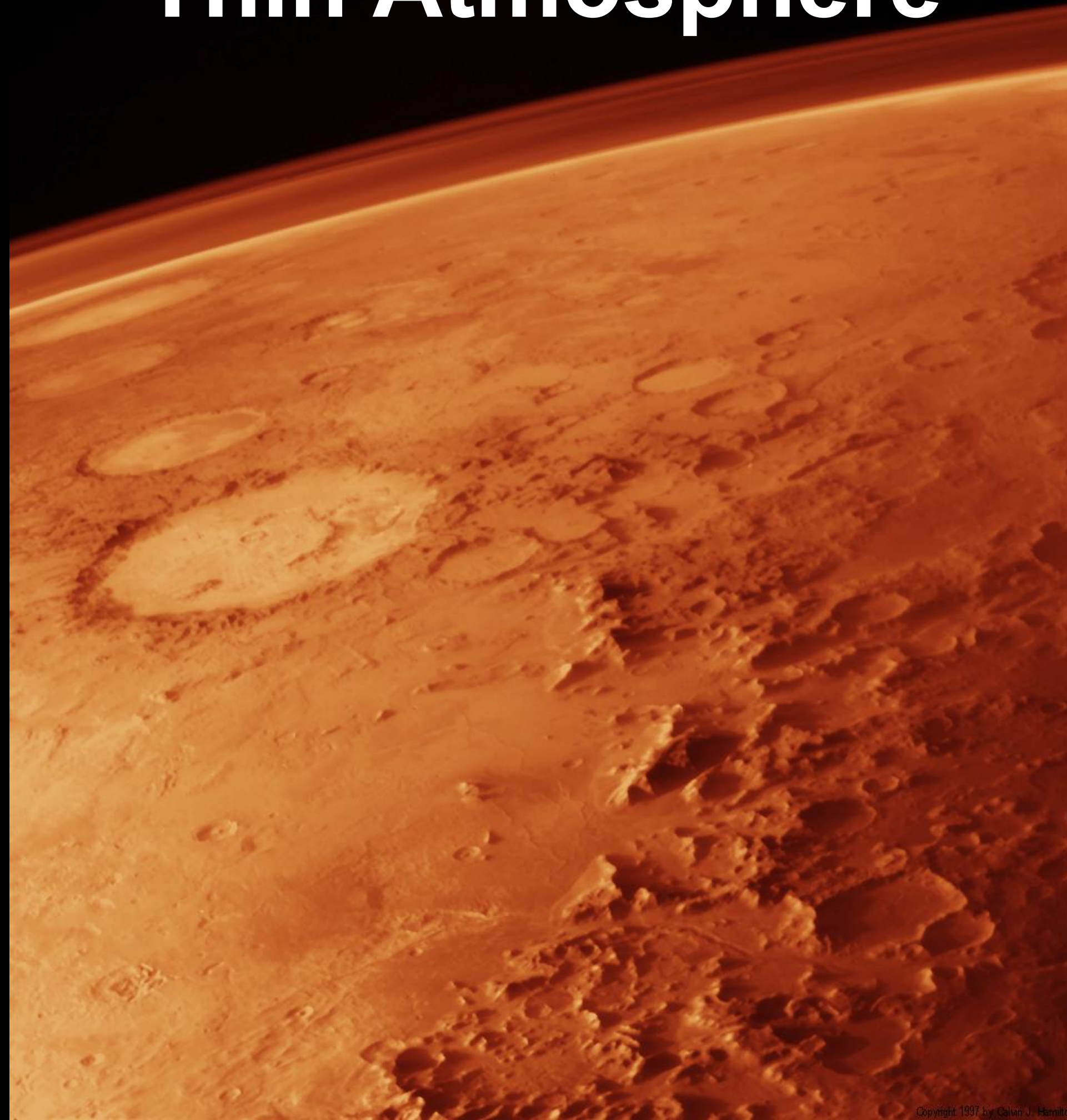


Earth
23°

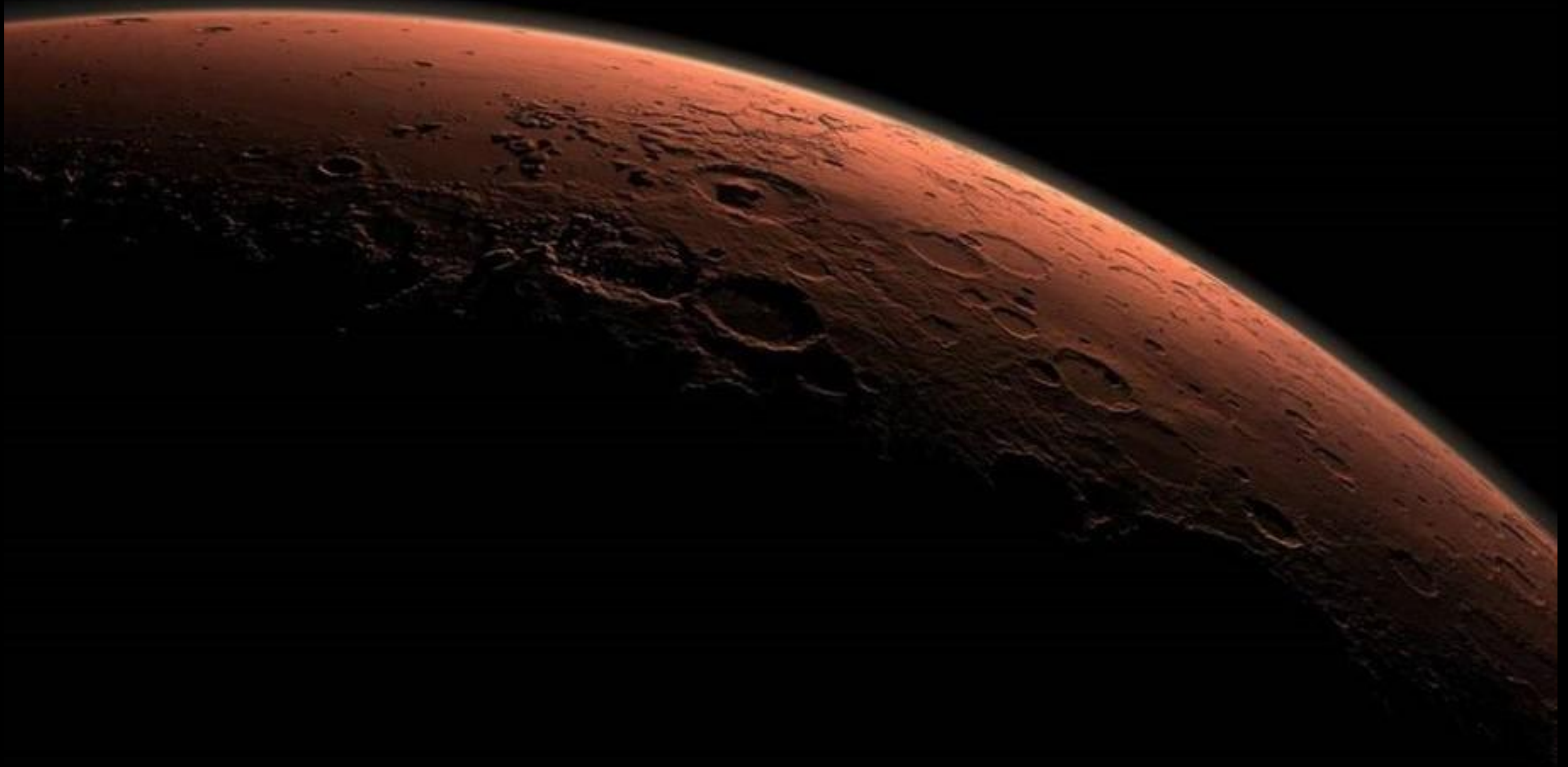


Mars
25°

Thin Atmosphere

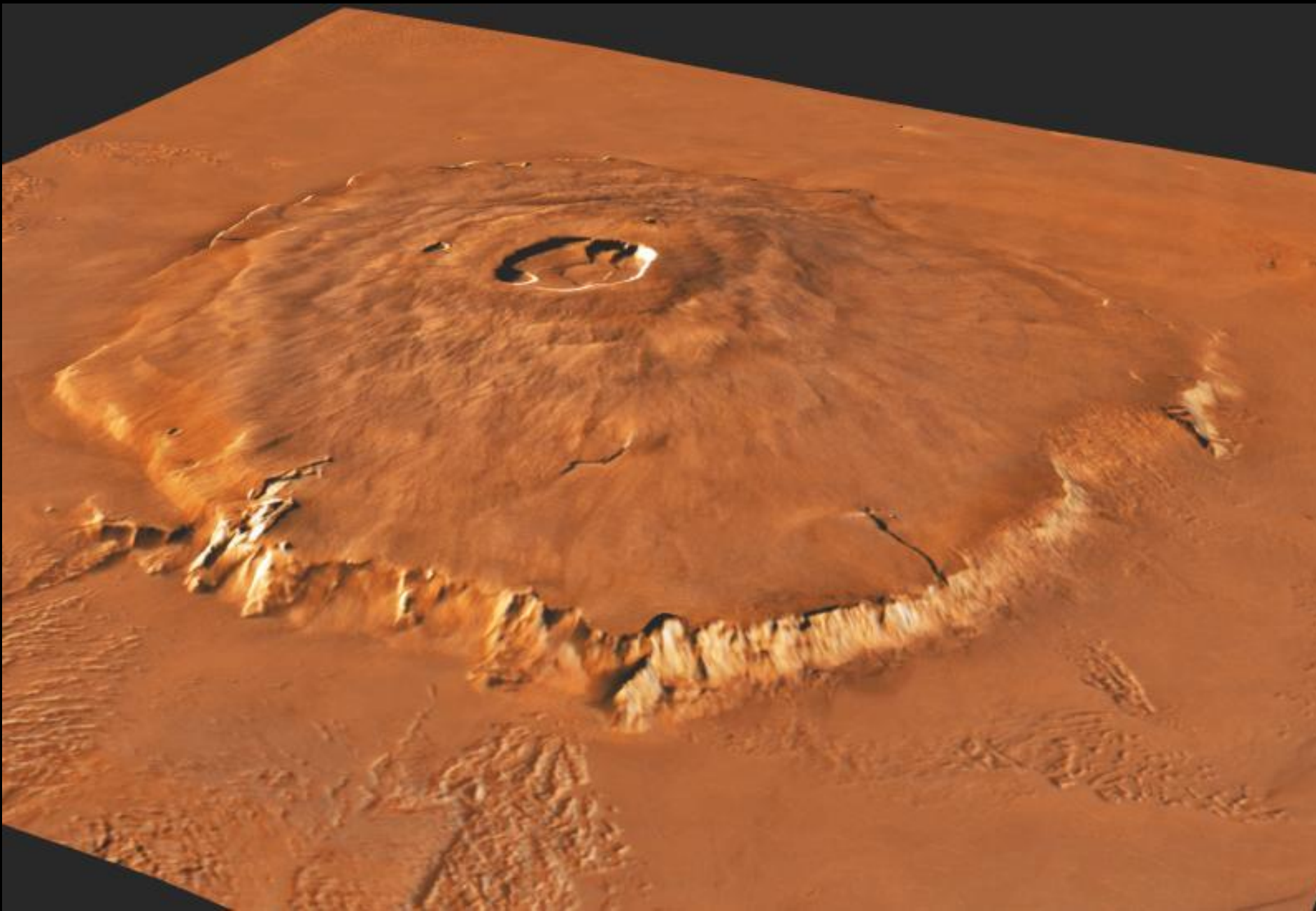


High Levels of Radiation



Interesting Geography

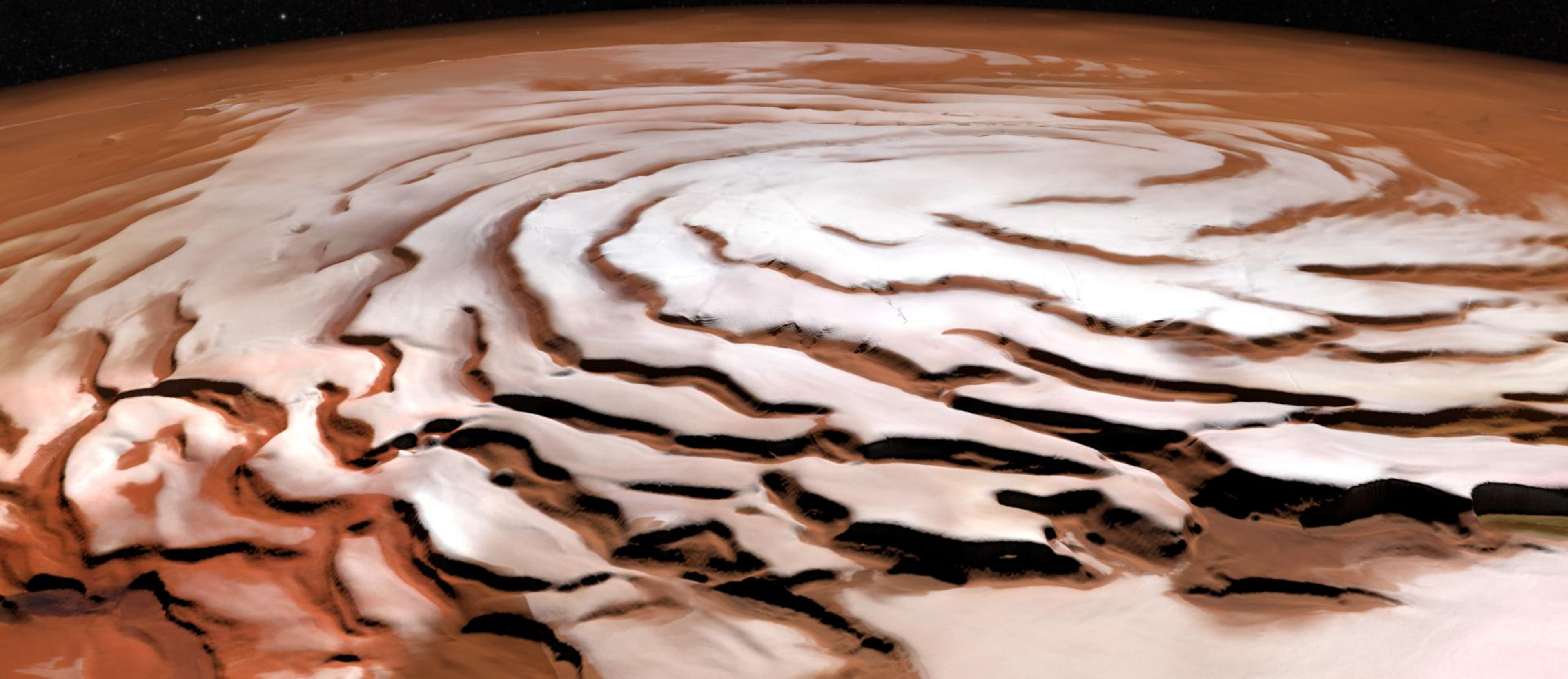
Olympus Mons



Valles Marineris

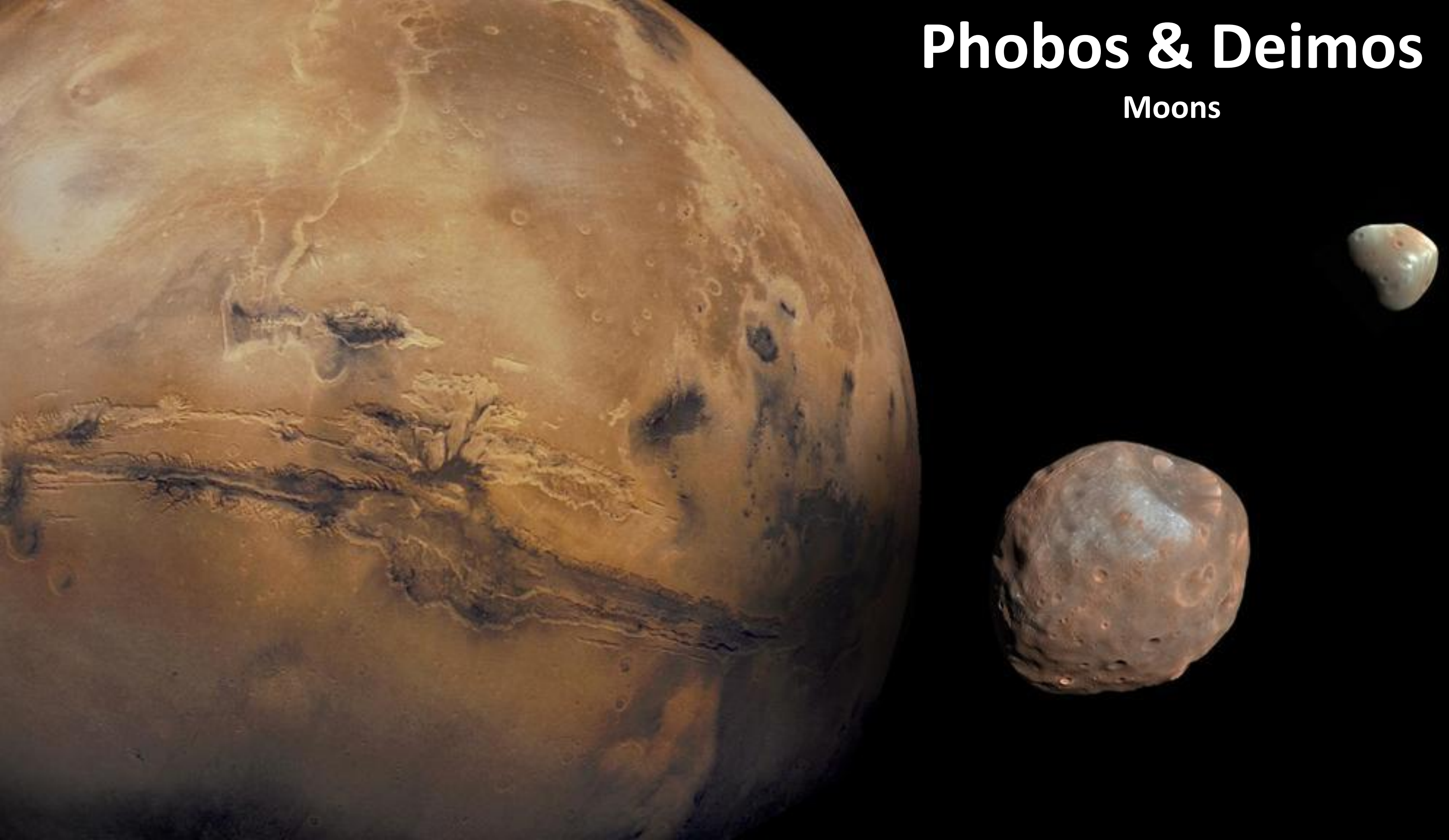


North Polar Ice Cap



Phobos & Deimos

Moons



International Space Exploration Coordination Group



International Space Exploration Coordination Group



GLOBAL EXPLORATION ROADMAP

AUGUST 2024



Mars

Design Reference Architecture

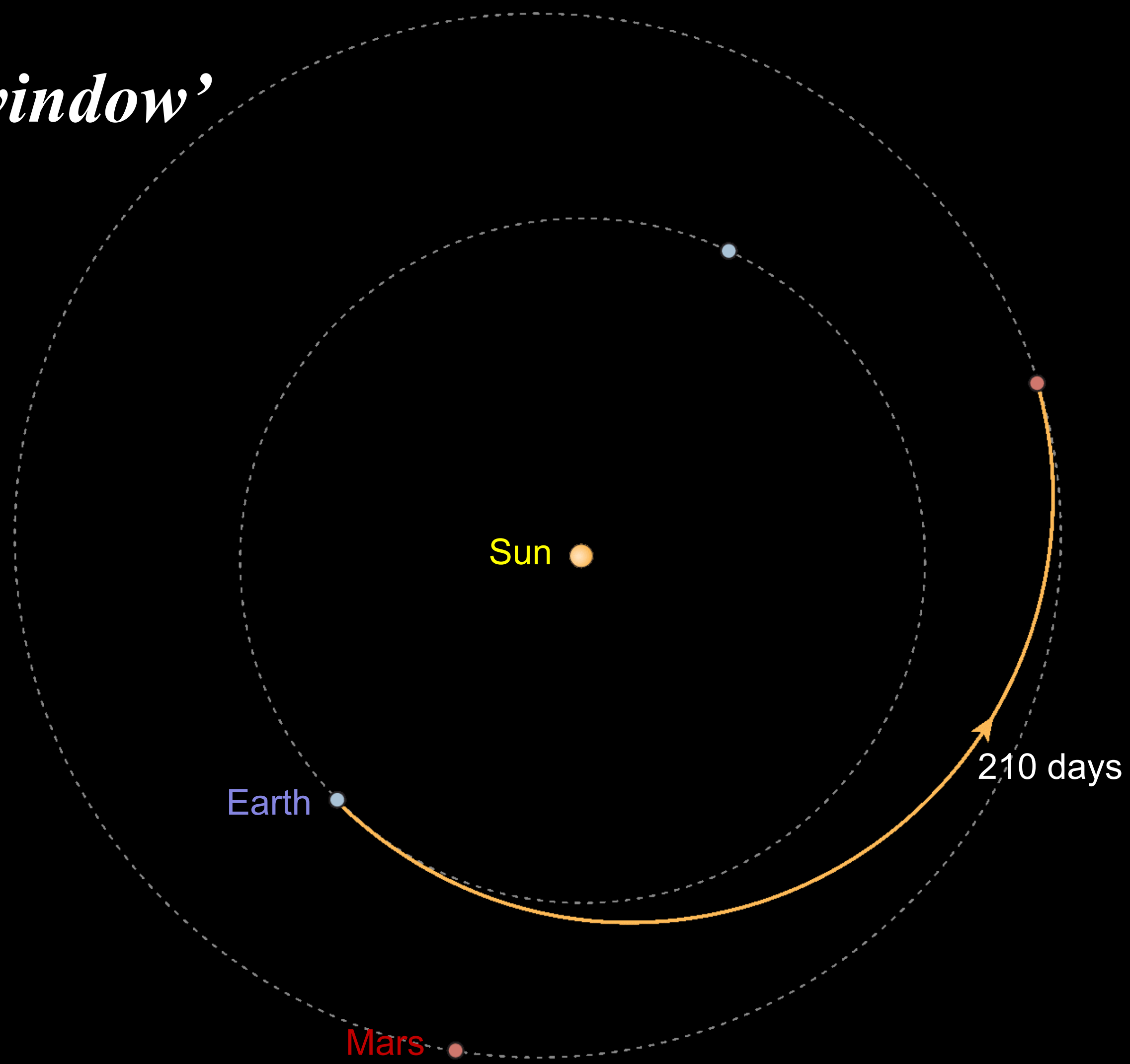


Pre-Deployed Cargo Vehicles

launched 26 months in advance of the crew



the 'launch window'



Cargo Vehicle #1

lands on Mars



Cargo Vehicle #1

produces oxygen propellant



Crew Launch from Earth

in the late 2030s



The Mars Astronauts

six extraordinary people



Mars Transfer Vehicle

departing Earth

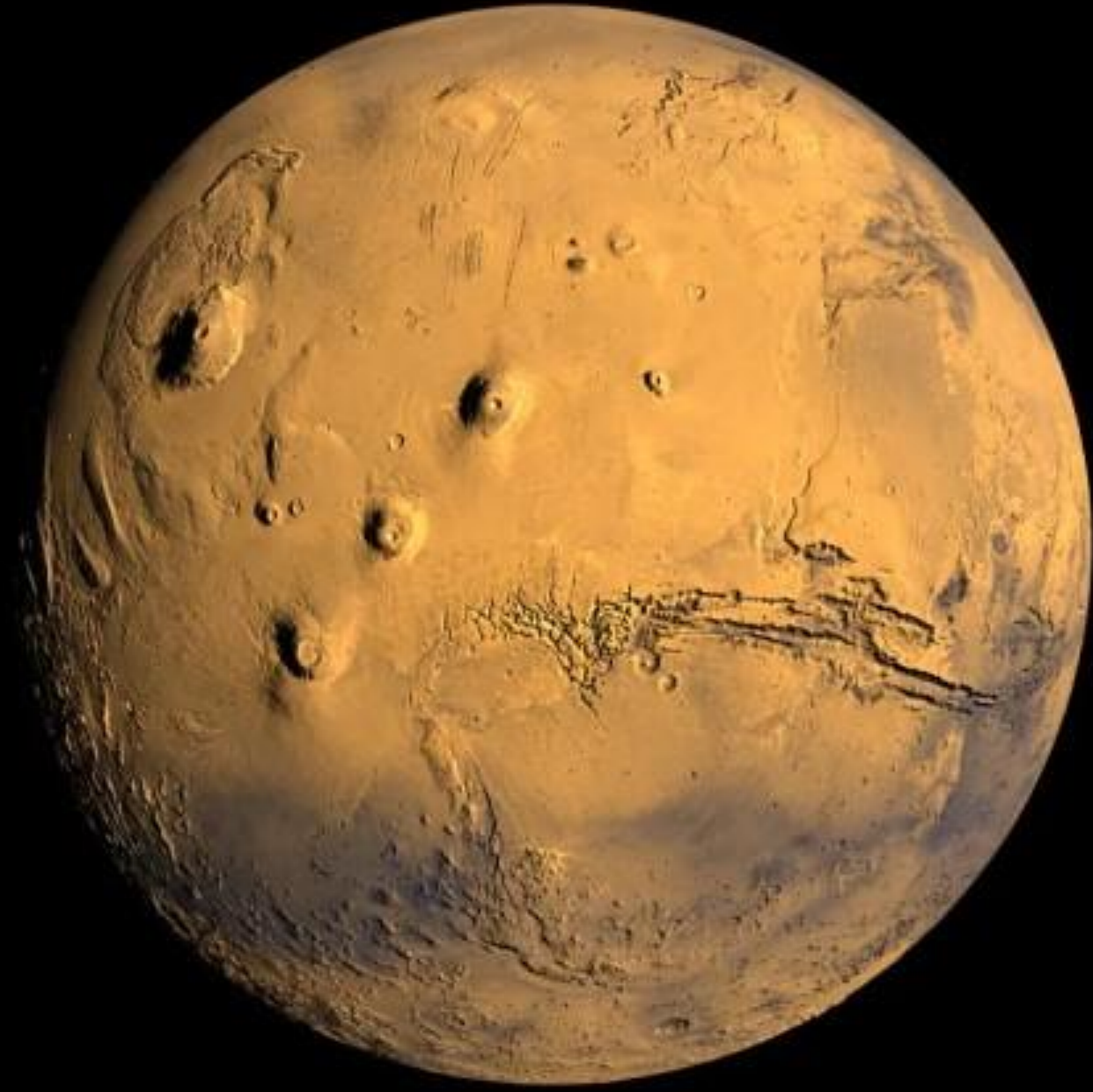


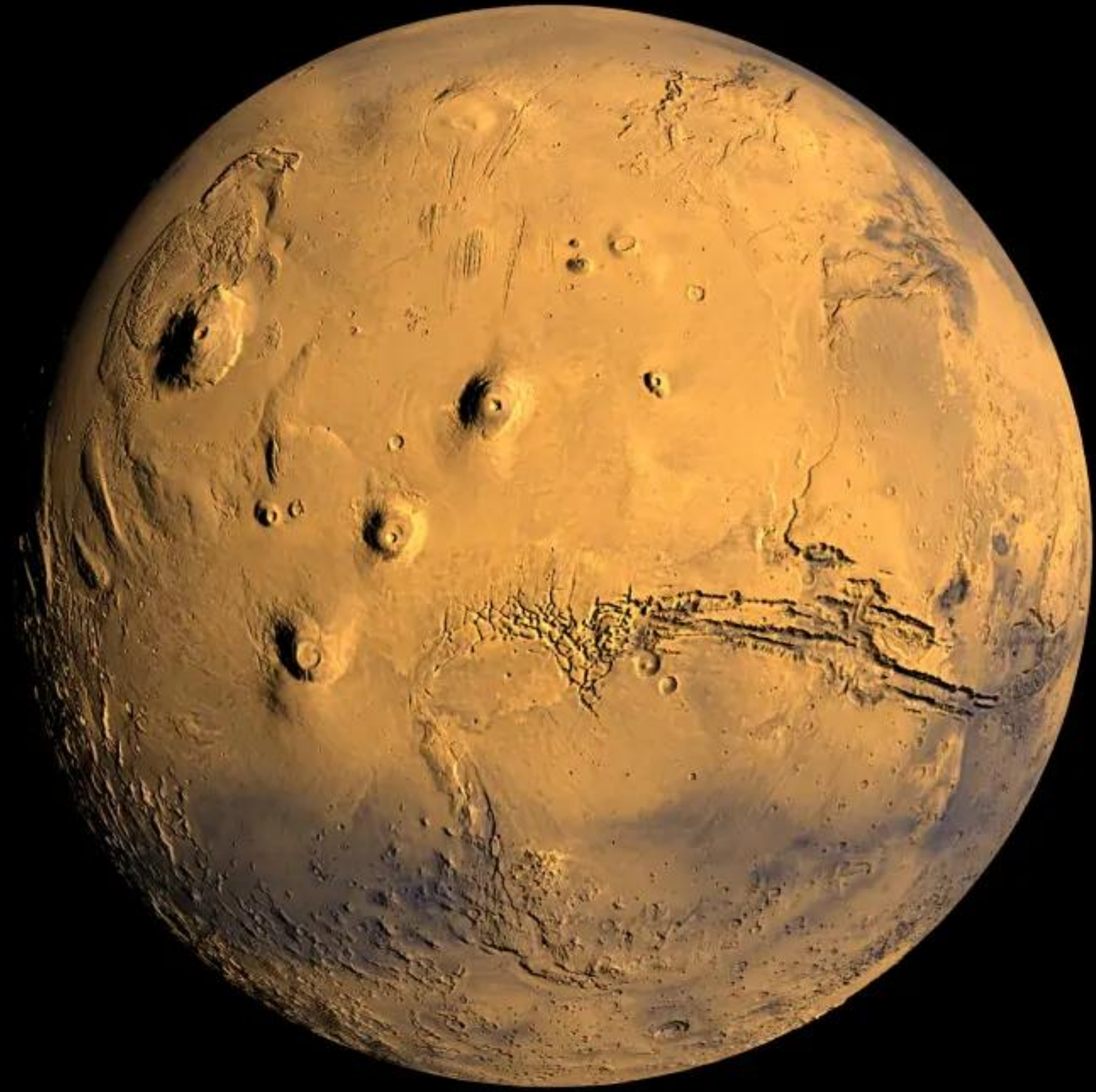






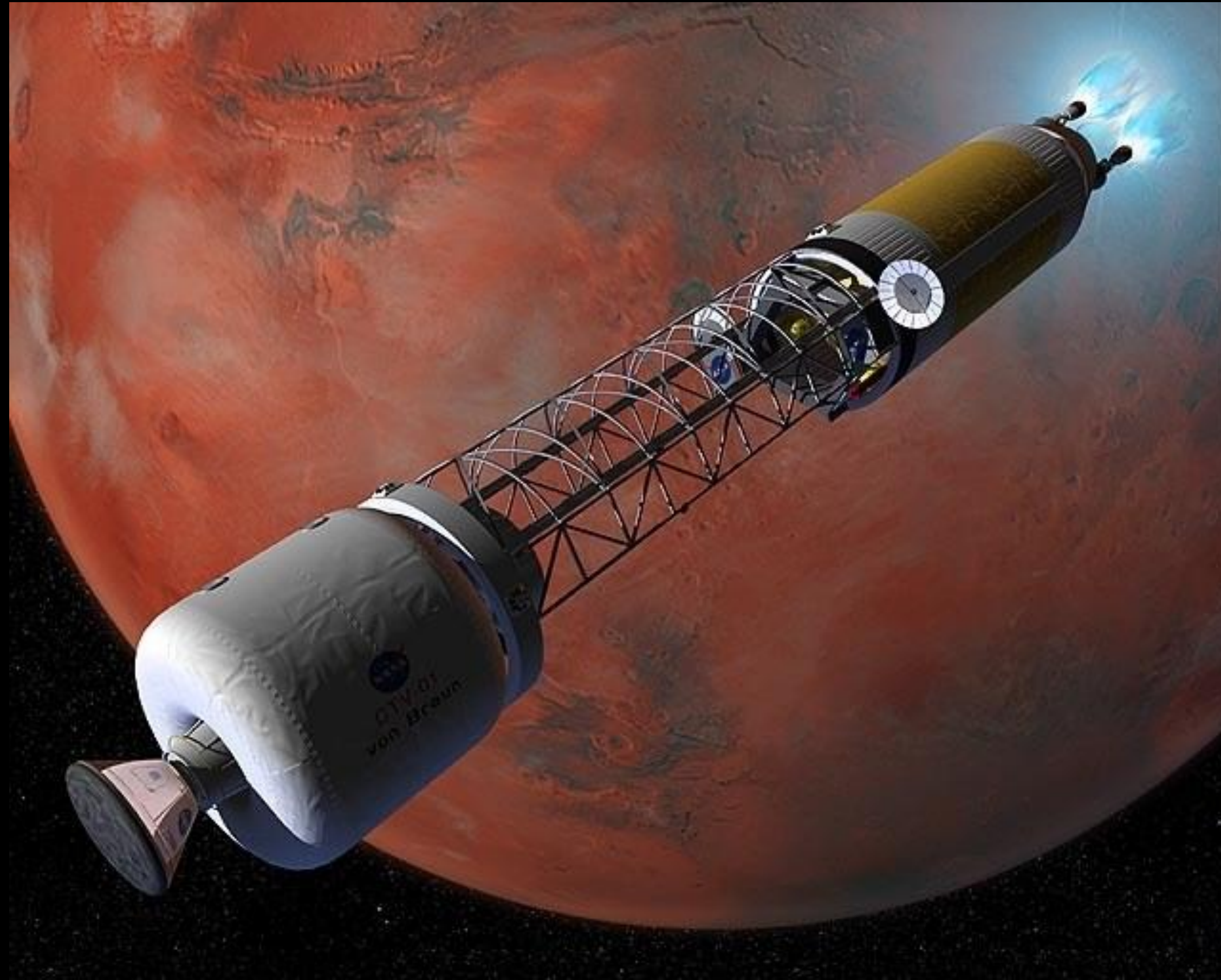






Mars Transfer Vehicle

arrival at Mars



Mars Base



Pressurized Rover



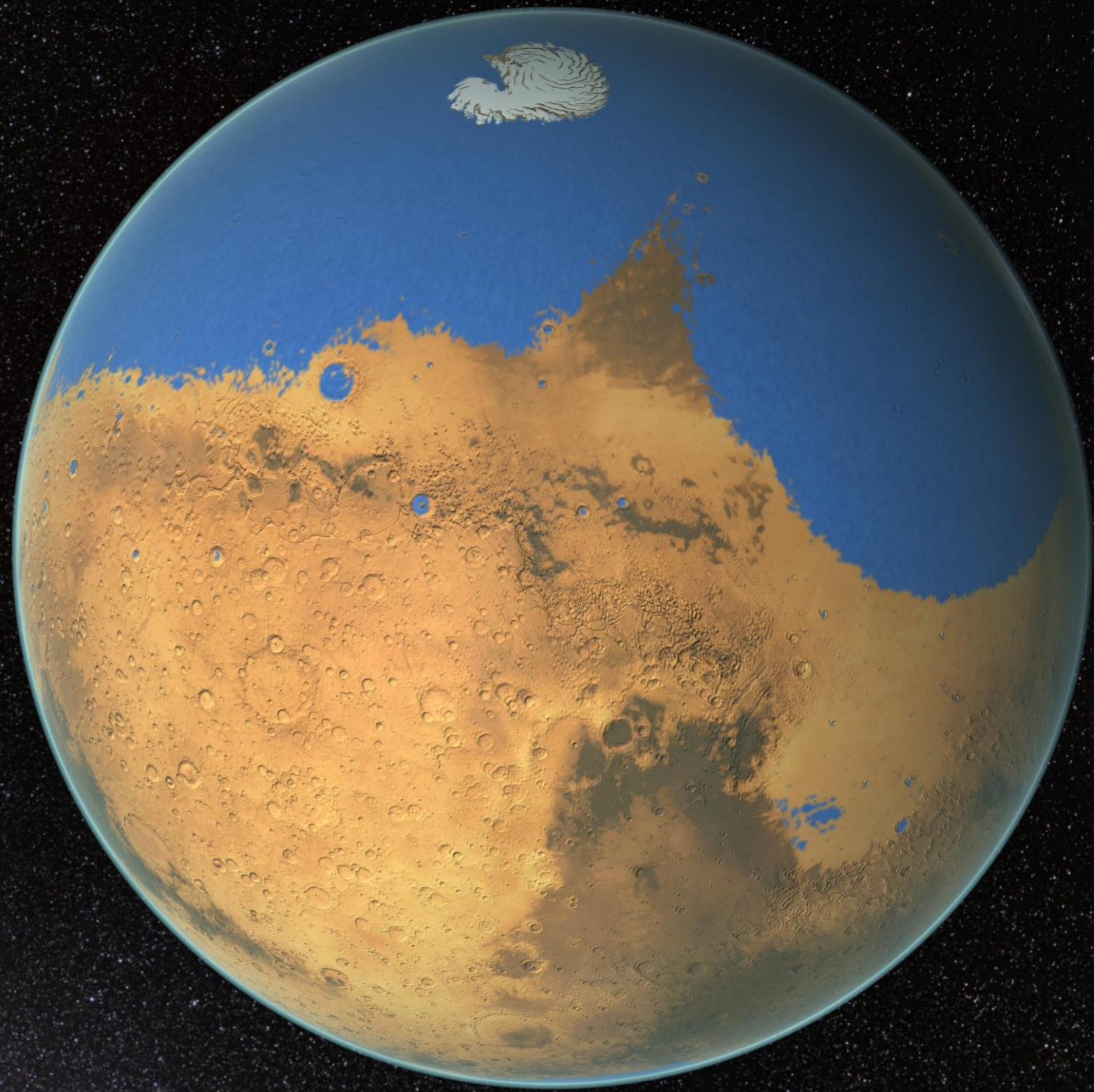
Crew Surface Explorations



Crew Surface Explorations



An Ancient Ocean



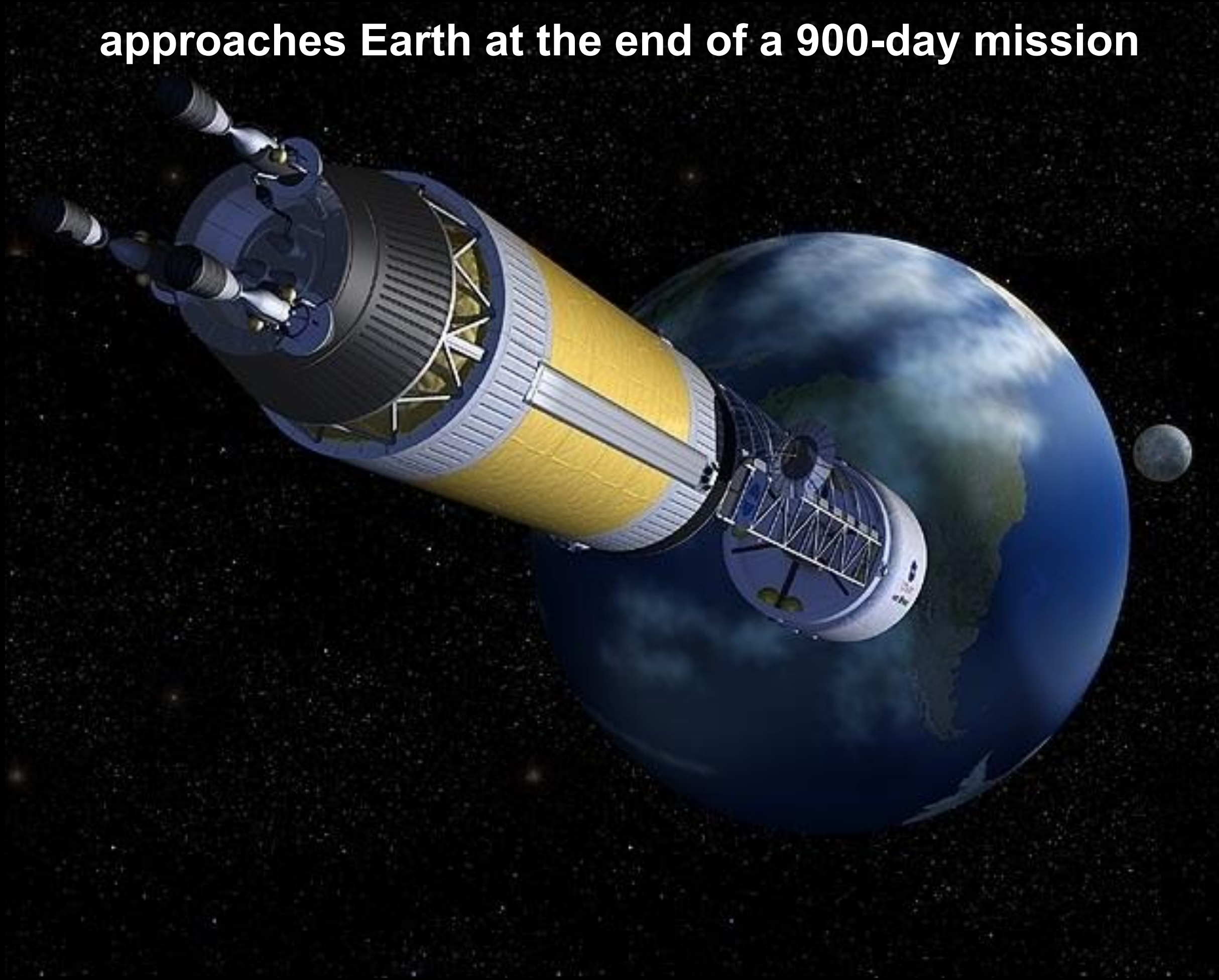
Mars Ascent Vehicle with Crew

lifts off from the cargo lander



Mars Transfer Vehicle

approaches Earth at the end of a 900-day mission



End of Mission

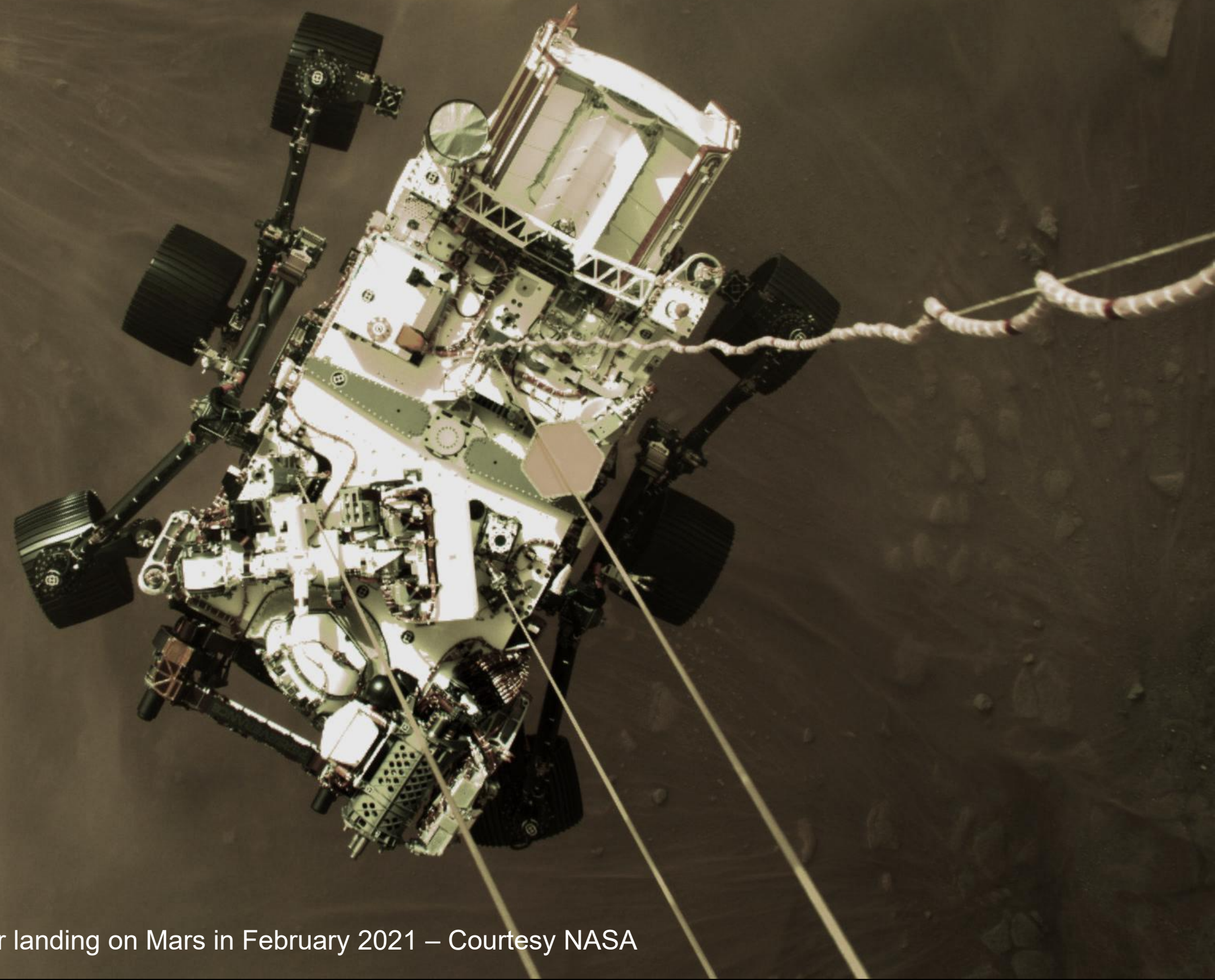
Orion Re-entry



10 Critical Technologies

- Mars Entry, Descent & Landing Technology
- Radiation Shielding
- In-Space Propulsion and Power Systems
- Heavy-Lift Launch Vehicles
- Mars Ascent Propulsion
- Life Support System
- Habitats for Crew
- Space Suits
- Crew Healthcare
- In-Situ Resource Utilization

Landing Heavy Payloads



Perseverance rover landing on Mars in February 2021 – Courtesy NASA

Ion Propulsion

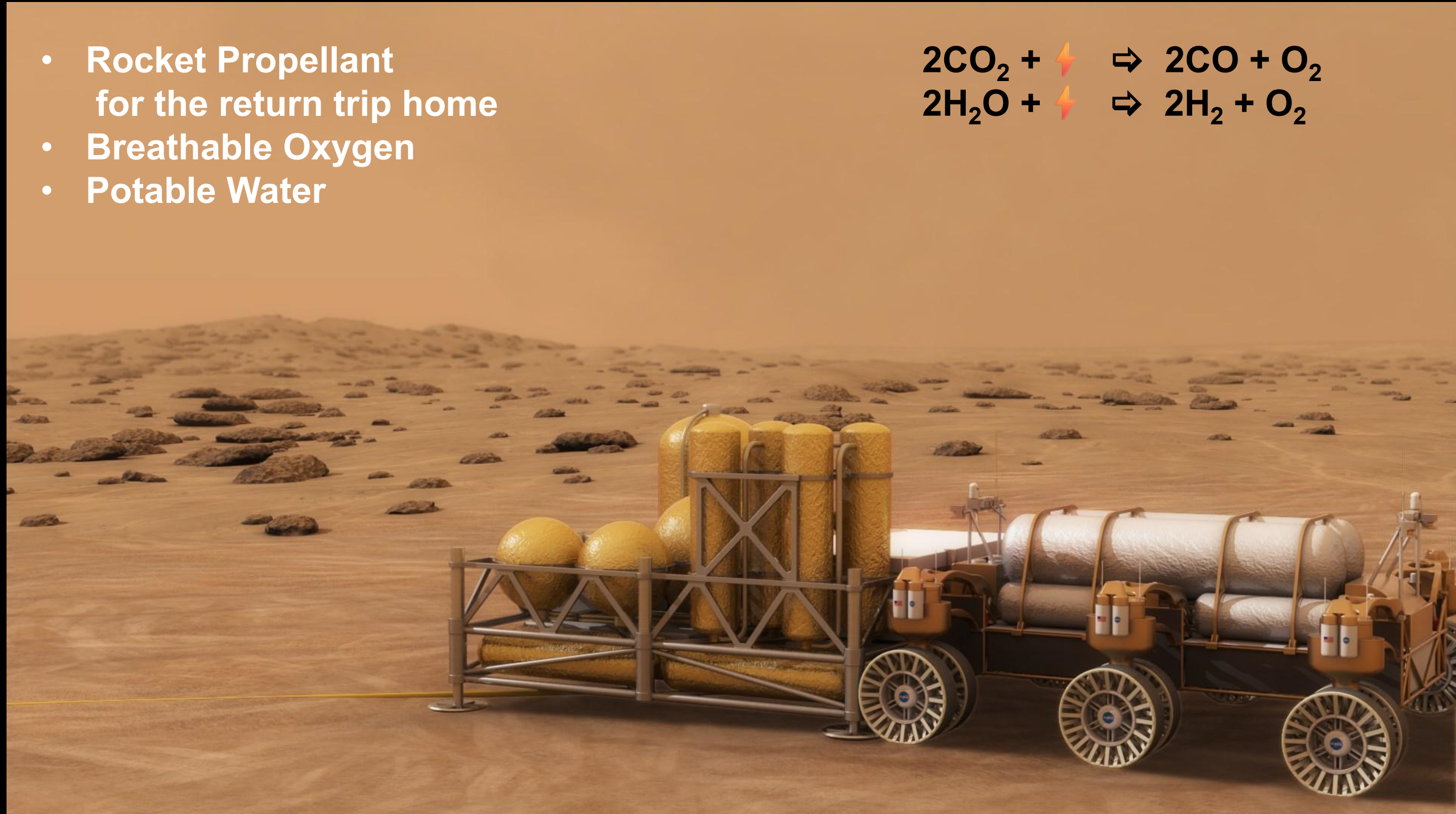
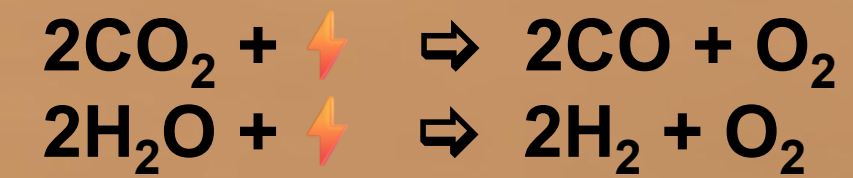
aka Solar Electric Propulsion



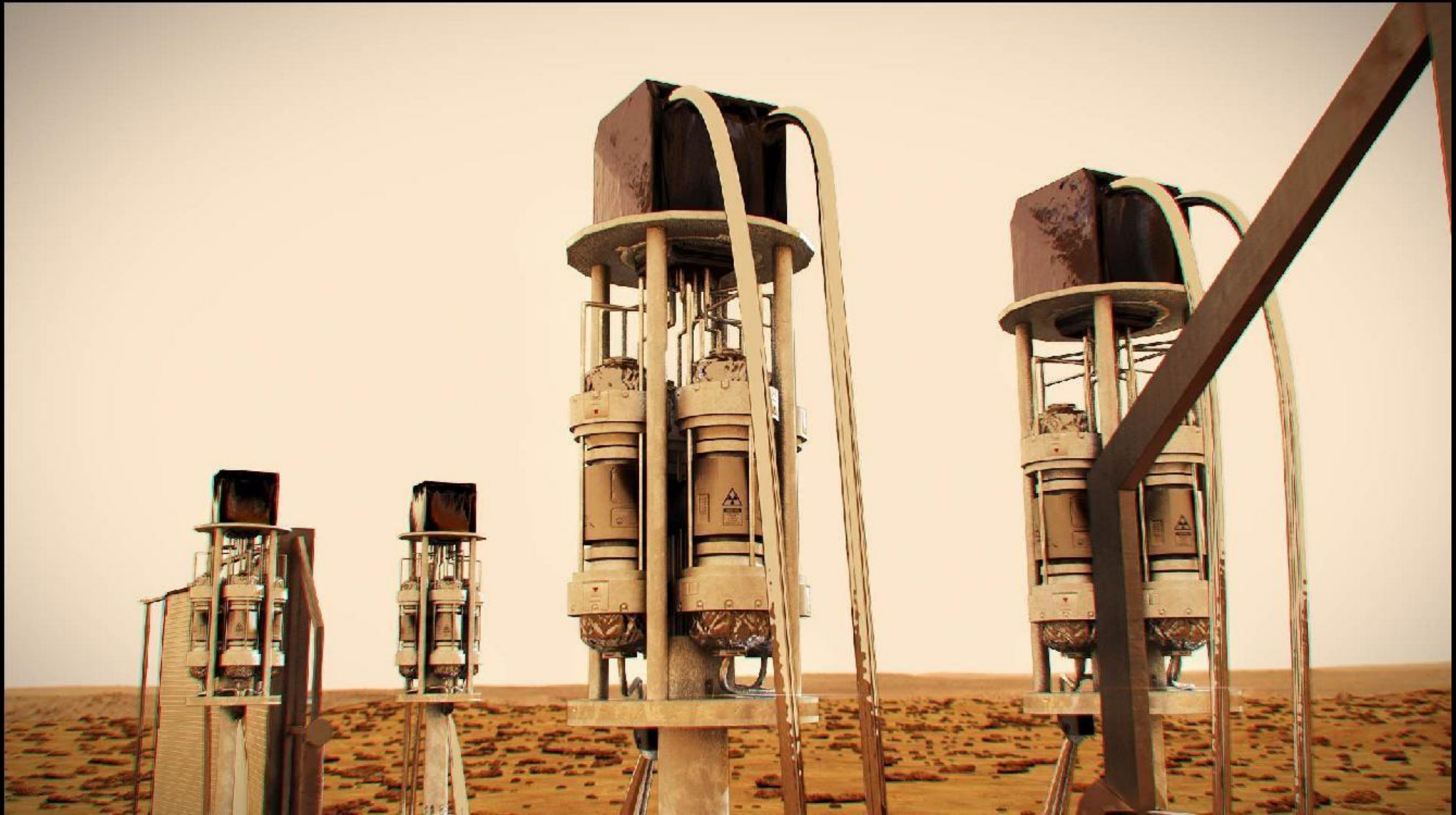
In-Situ Resource Utilization

“living off the land”

- Rocket Propellant for the return trip home
- Breathable Oxygen
- Potable Water



Nuclear Fission Power Systems





Earth

Earth as viewed from the Mars Curiosity rover

Operational Features

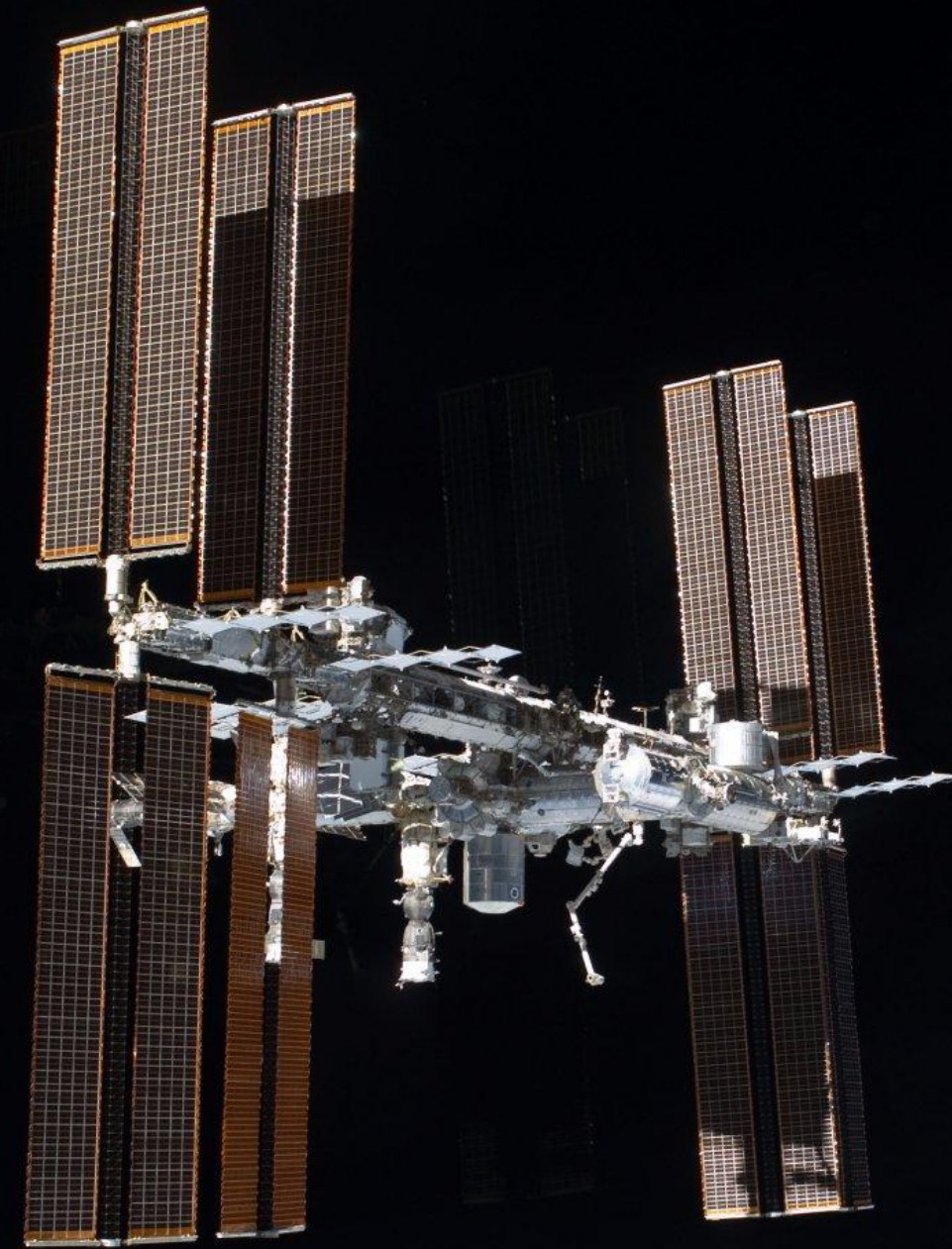
- **Increased distance from Earth**
- **Communication delays**
- **Reliable & robust systems**
- **Limited cargo resupply**

Operational Features

- Limited crew size
- Processed food
- Limited volume, mass & power
- Increased mission duration

LEO Concept of Medical Operations

Earth-Centric: 'Stabilize & Transport'



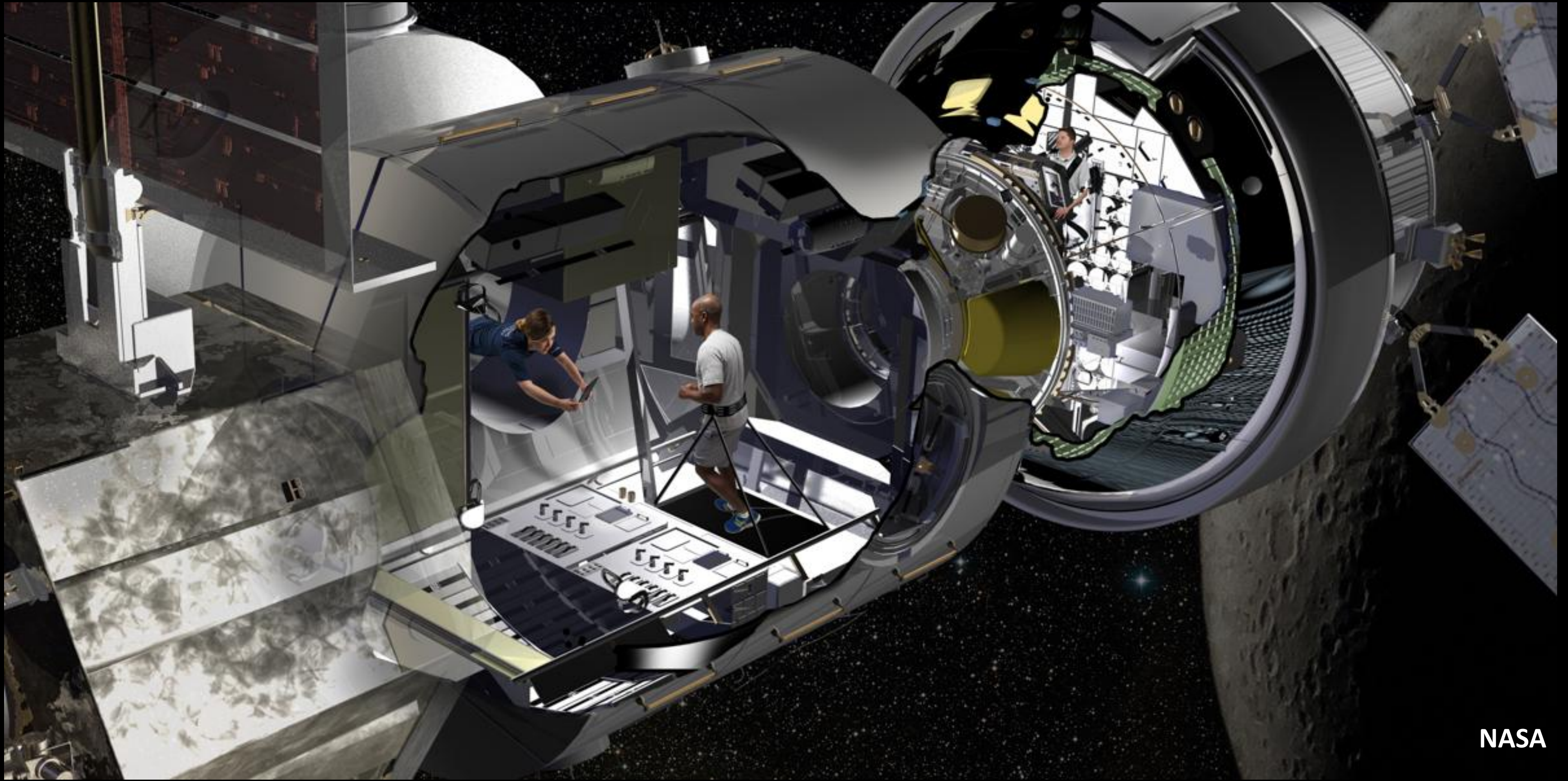
Deep Space Concept of Medical Operations

Earth-Independence

- Autonomous
- Patient-Centric
- Point-of-Care Delivery
- Augmented Reality, Simulation, Telementoring

Autonomous Medical Care

= the need for astronauts to operate independently from terrestrially-based medical support

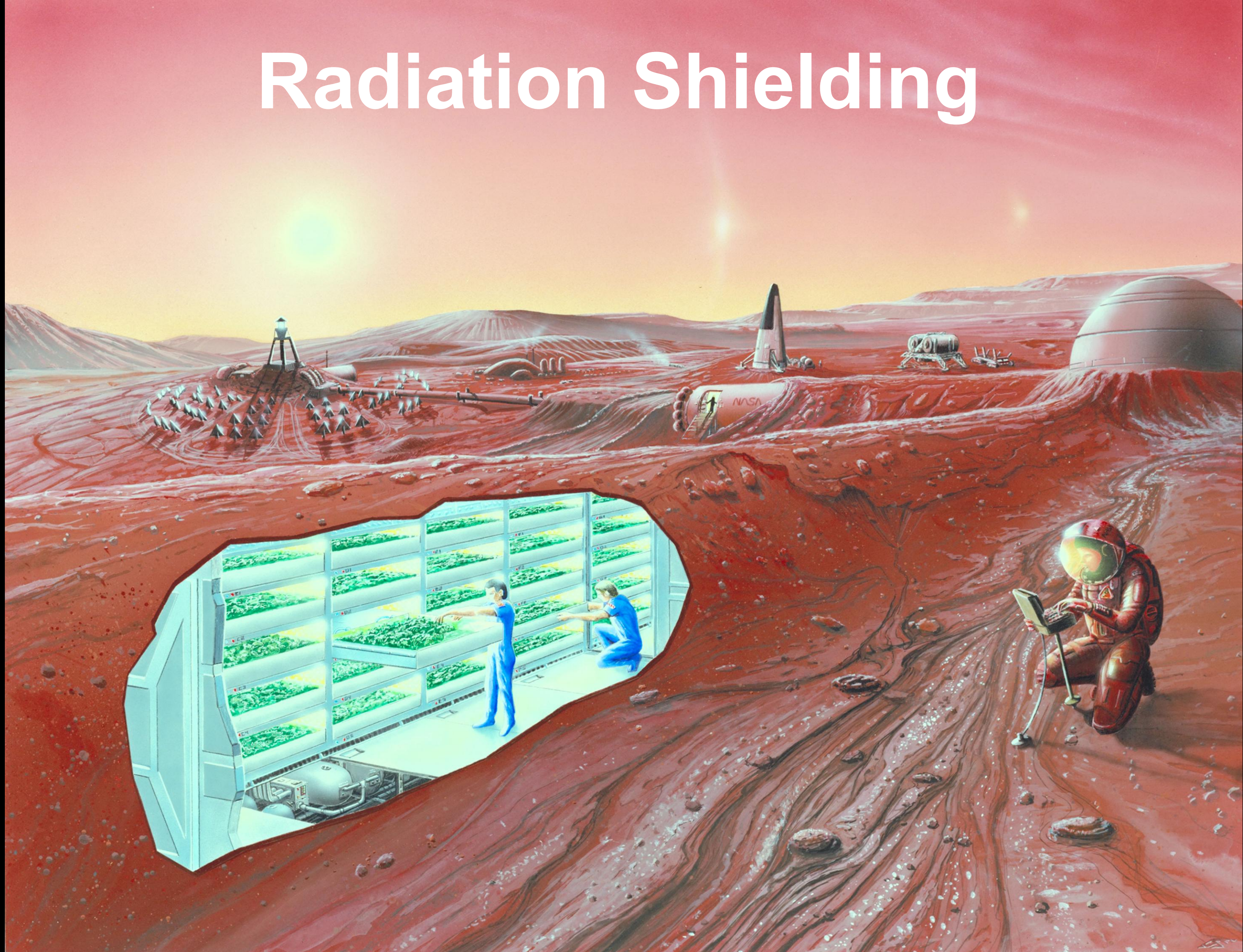


Deep Space Medical Conditions

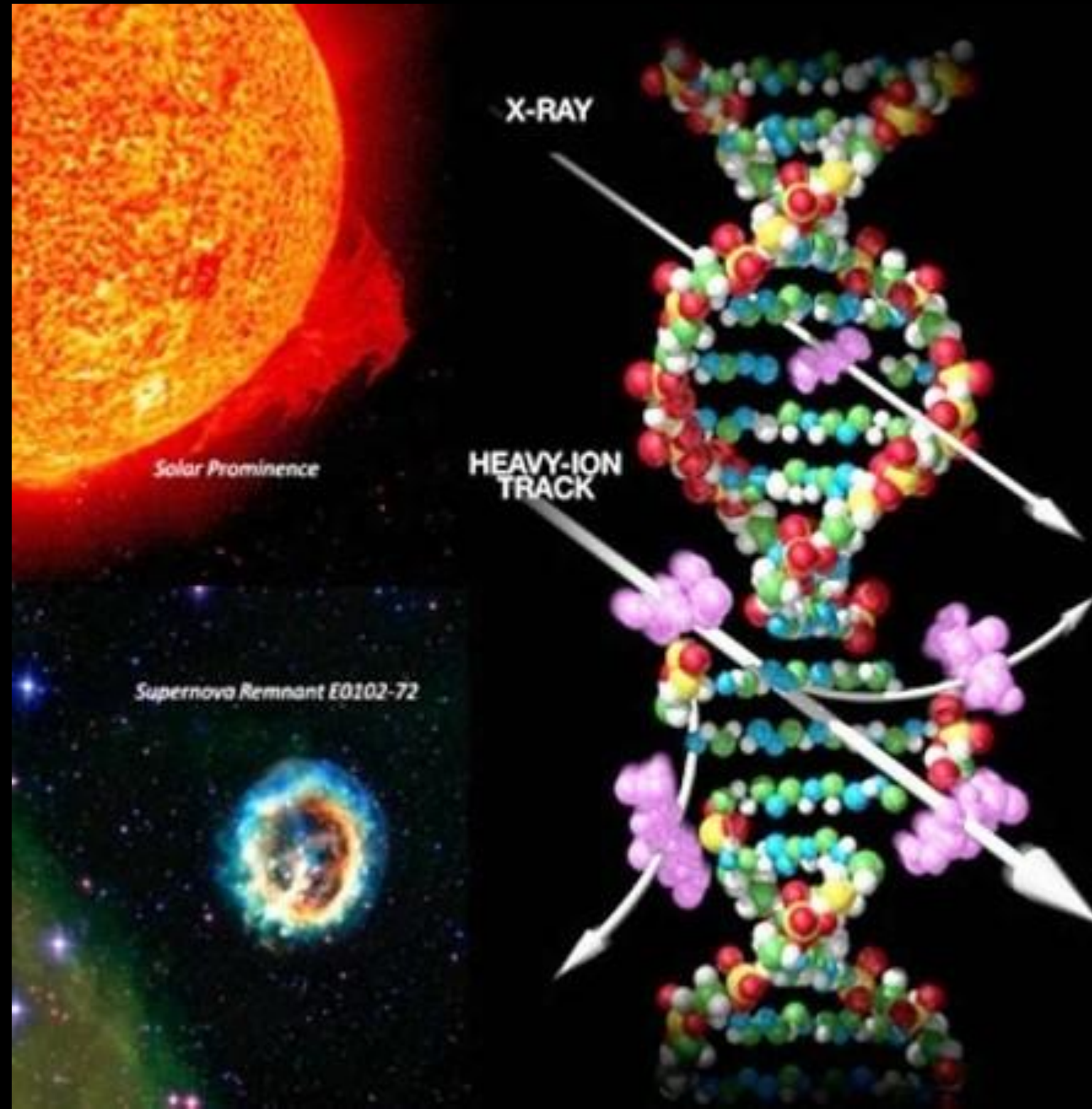
Anticipated

- Radiation Sickness
- Decompression Sickness
- Barotrauma
- Osteoporosis
- Seizure
- Anaphylaxis
- Anxiety, Depression
- Appendicitis
- Sepsis
- Trauma
- Haemorrhage
- Burns

Radiation Shielding



Radiation Countermeasures



Deep Space Medical Conditions

Anticipated

- Radiation Sickness
- Decompression Sickness
- Barotrauma
- Osteoporosis
- Seizure
- Anaphylaxis
- Anxiety, Depression
- Appendicitis
- Sepsis
- Trauma
- Haemorrhage
- Burns

Psychological Stressors

- Heterogeneous crews
- Isolation and confinement
- Privacy and habitability issues
- Family relationships at a distance
- Remote interactions with ground team





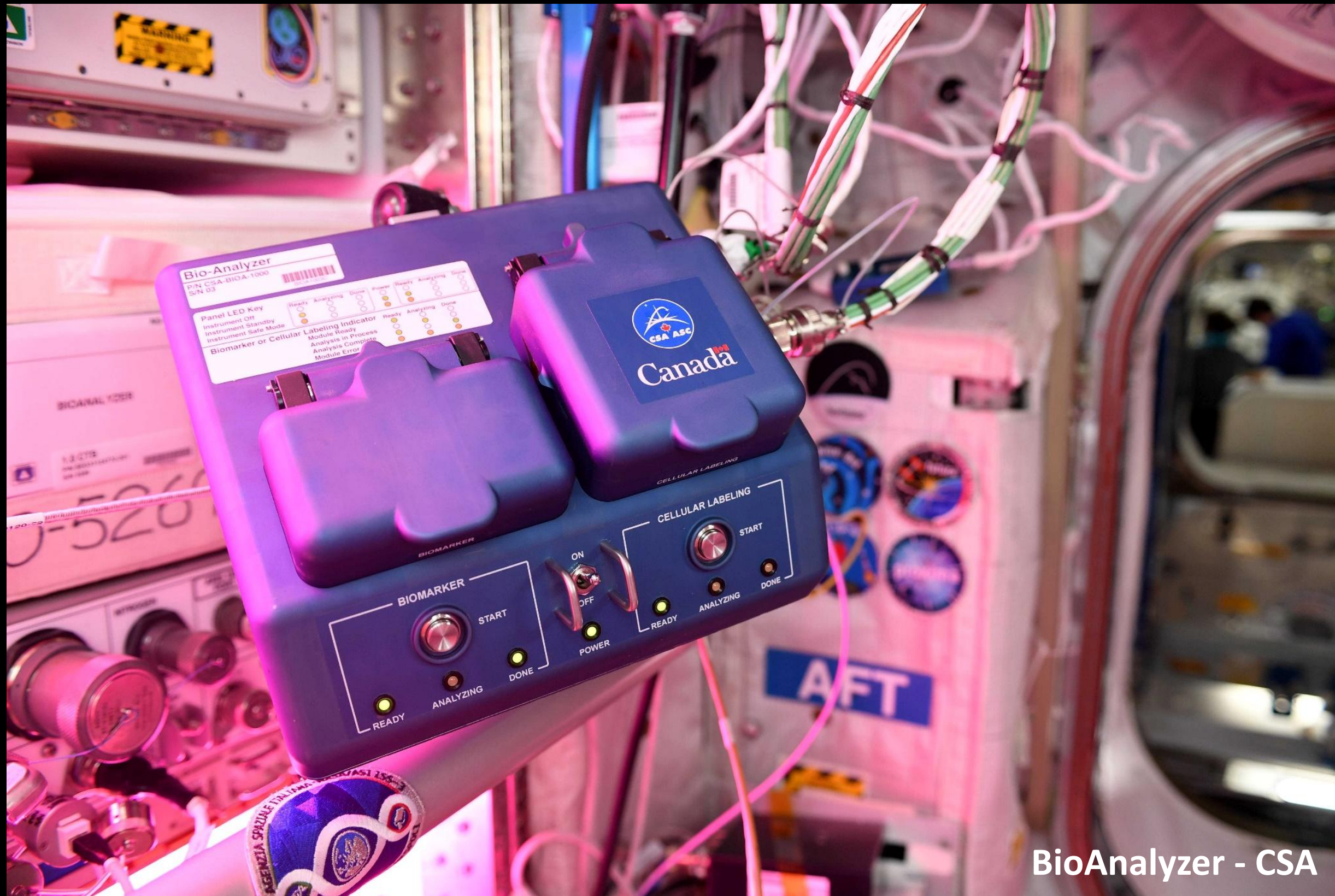
Patient-Centric

= deep space astronauts will be trained and resourced to take more responsibility for the management of their own health and well-being



Point-of-Care

= medical diagnostic investigations performed outside a clinical laboratory or tertiary-care centre, most often at the patient's bedside, or aboard a spacecraft



BioAnalyzer - CSA

Onboard Medical Clinic

- Health Maintenance
- Countermeasures
- Environmental Health



Leverage this vision of space exploration
by transforming healthcare delivery for medically underserved communities



Dual-Use Technologies



Image-Guided Autonomous Robot (IGAR)



Dual-Use Technologies



Dr. Mehran Anvari, OC
McMaster University &
St. Joseph's Healthcare,
Hamilton, Ontario



Telerobotic Suite at St. Joseph's
Hospital in Hamilton (2003)

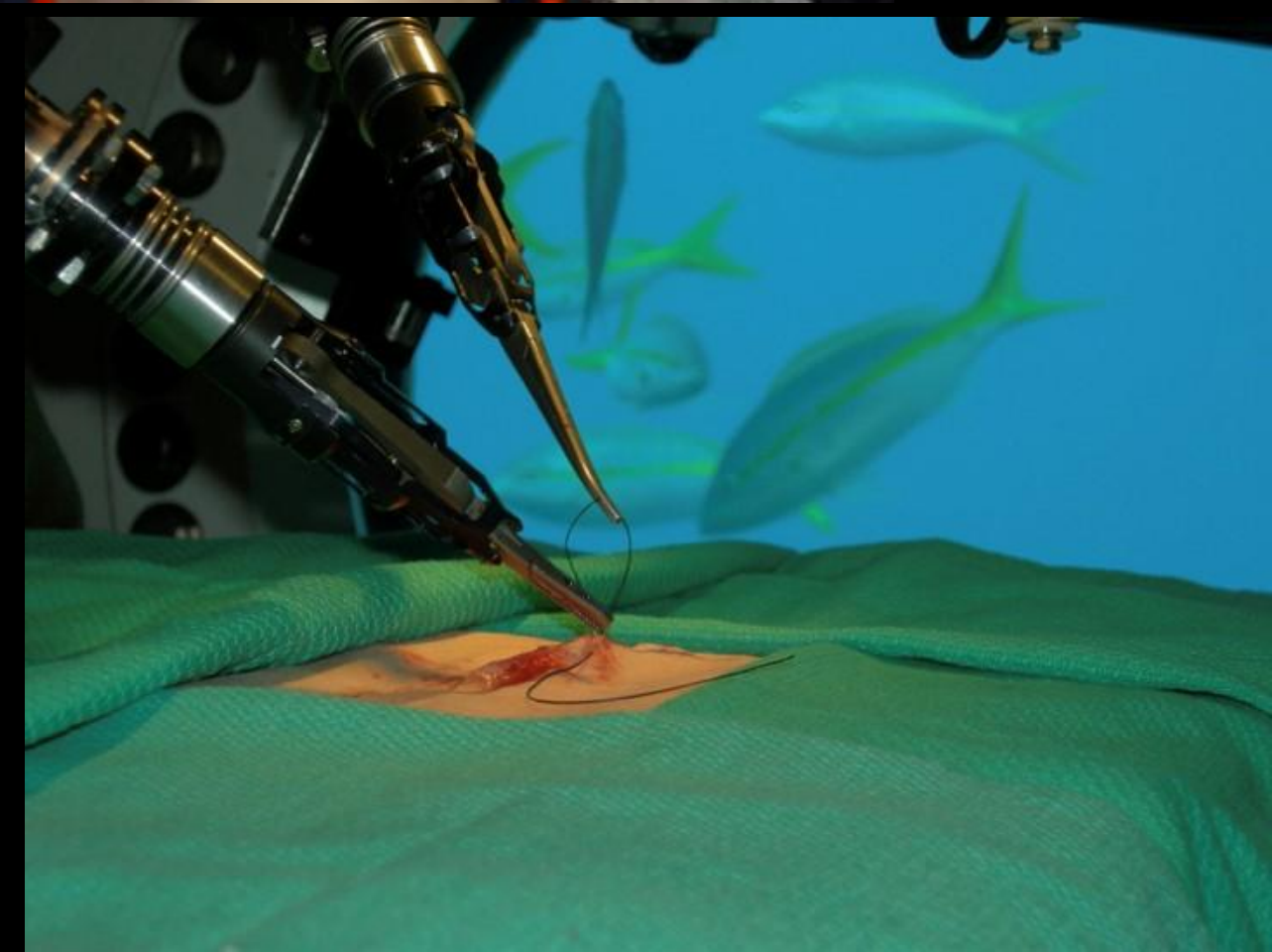
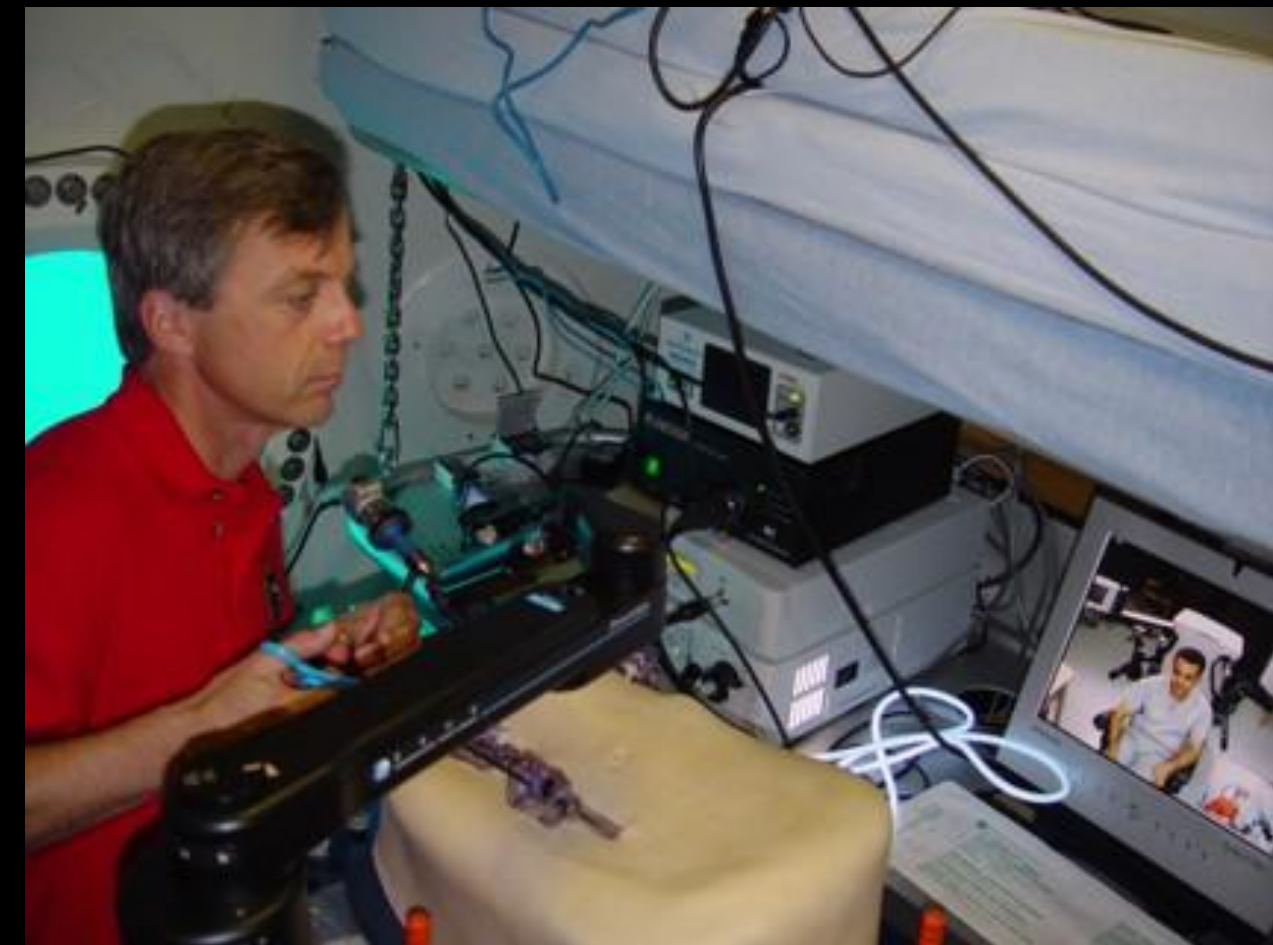


Robotic arm setup in the operating
room of North Bay General Hospital

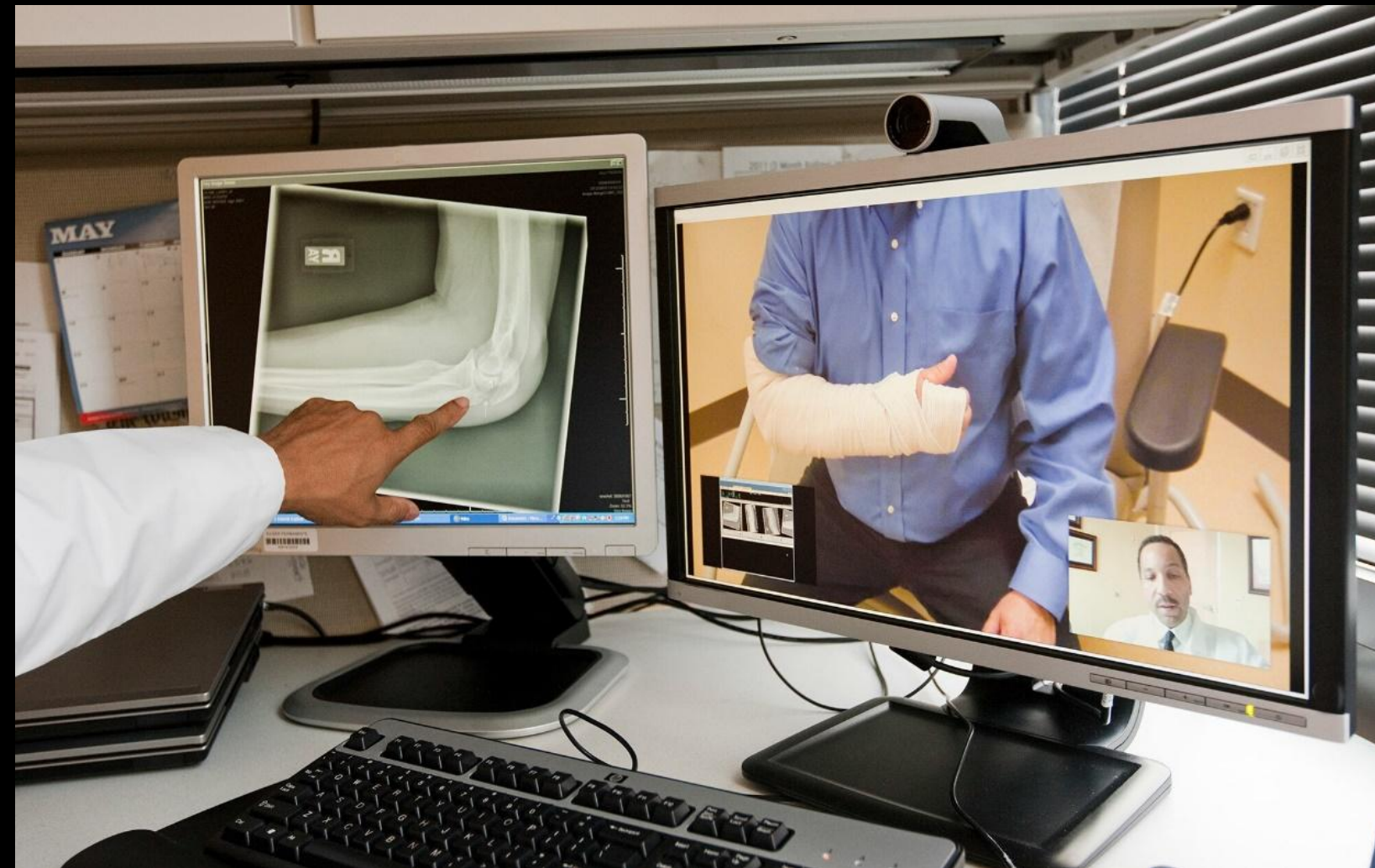
Dual-Use Technologies



Aquarius undersea habitat, Key Largo, Florida



Dual-Use Technologies



- Point-of-Care Analyzer
- Telementoring
- Health Monitoring & Injury Prevention
- Training/Simulation
- Vital Signs Monitoring
- Clinical Decision Support
- Imaging
- Additive Manufacturing



Artemis I

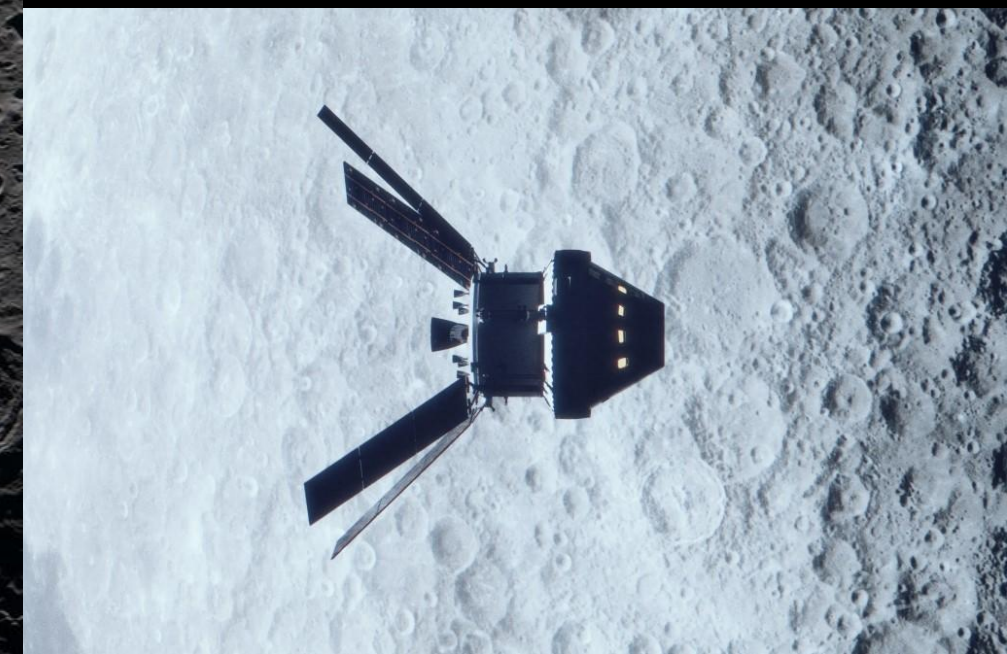
Uncrewed
2022



NASA/Cory Huston

Artemis II

Lunar Flyby
2026



Artemis IV

Landing
2028

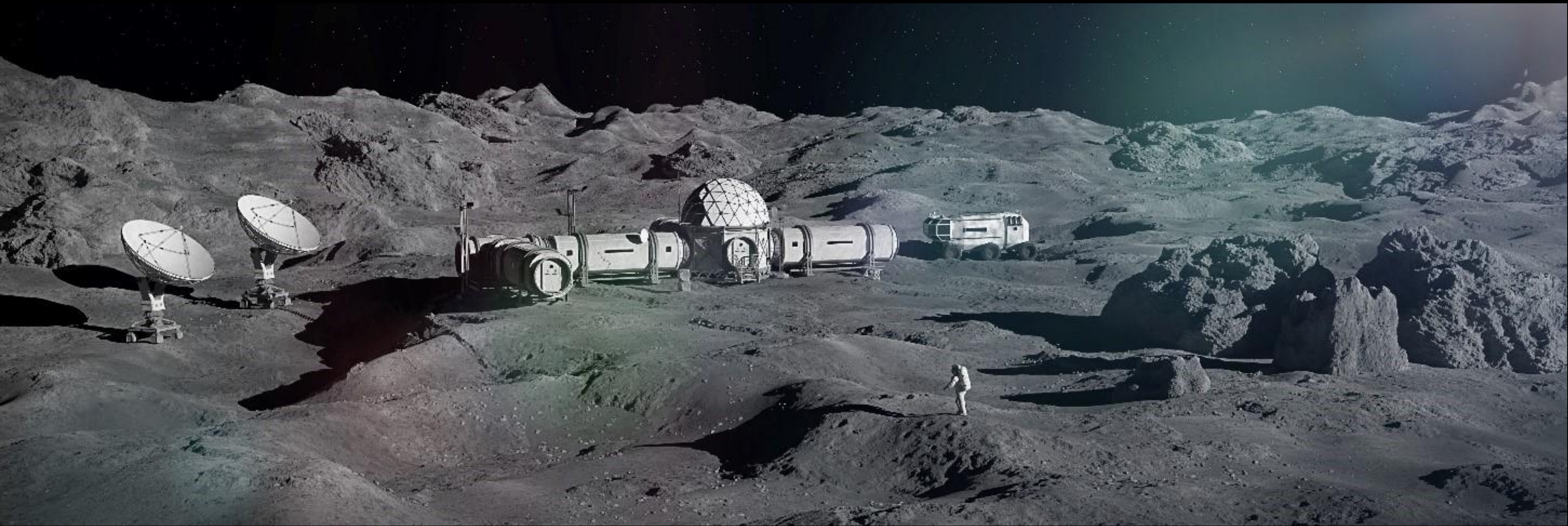


Artemis IV

Landing
2028



Lunar South Pole





Mission to Mars

Robert Thirsk

Scopinaro Lecture

4 September 2026



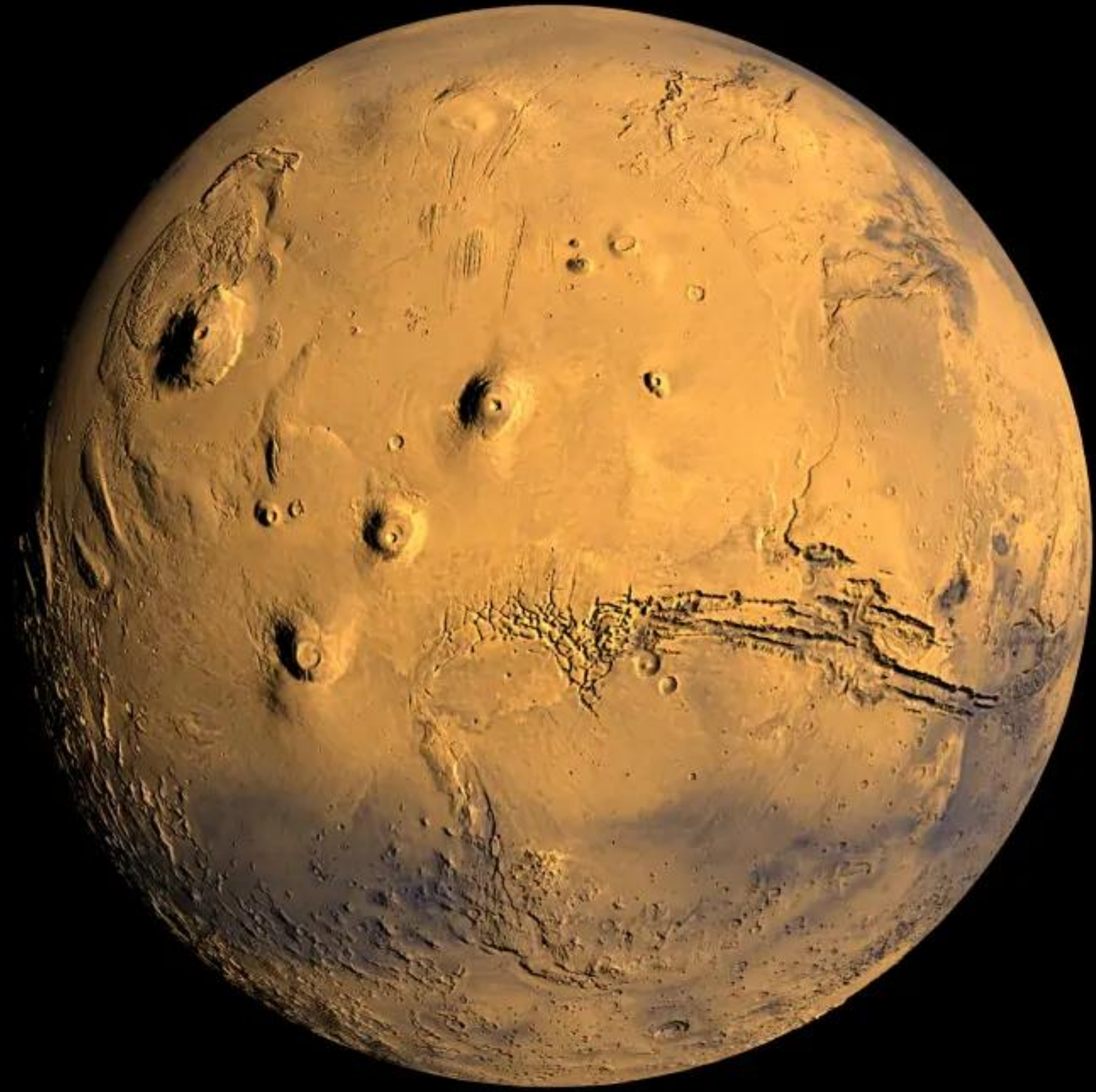
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**“We choose to go to
the moon ... not
because it is easy,
but because it is
hard.”**

- John F. Kennedy





Additional Reading

- **Clément, G (2025). Fundamentals of Space Medicine. 3rd Edition. Springer: New York**
- **Global Exploration Roadmap**
<https://www.globalspaceexploration.org/wp-content/isecg/GER2024.pdf>
- ***Health Beyond* - Report of the Advisory Council on Deep-Space Healthcare (2021)**
<https://www.asc-csa.gc.ca/pdf/eng/publications/health-beyond-report-advisory-council-deep-space-healthcare.pdf>



WALTER PORIES

IFSO LIFE MEMBERSHIP 2026





RACHEL BATTERHAM

IFSO HONORARY
MEMBERSHIP 2026





SCOTT SHIKORA

IFSO SCIENTIFIC EXCELLENCE AWARD

Professor of Surgery at Harvard Medical School and Director of the Center for Metabolic Bariatric Surgery at Brigham and Women's Hospital. He is a Past President of both the ASMBS and IFSO. Editor in Chief of Obesity surgery Journal Impact factor 3.4.

He has earned his medical degree from the Columbia University College of Physicians and Surgeons. He went on to complete his general surgical residency and a specialized clinical fellowship in Nutrition Support/Hyperalimentation at New England Deaconess Hospital.

Served for four years as a staff surgeon and Major in the United States Air Force. Renowned for bridging the gap between clinical science and surgical technology, Dr. Shikora pioneered critical research into electronic gastric and vagal nerve stimulation to treat severe obesity and type 2 diabetes. He has been a champion of rigorous randomized controlled trials for new surgical devices.

Created and chaired the annual Bariatric Summit and the International Diabetes and Metabolic Surgery Summit (IDMSS) authored or co-authored over 44 book chapters.

A great friend, colleague, hosting offers.





HENRY BUCHWALD

IFSO PIONEER IN METABOLIC BARIATRIC SURGERY AWARD

A pioneering Austrian-American metabolic surgeon, bioengineer, and researcher.

The literal father and co-author of the concept of "Metabolic Surgery".

Born in Vienna, Austria, in 1932. He and his mother fled the Nazi Anschluss in 1938, eventually settling in New York City.

From 1958 to 1960, he served as the Chief Base Flight Surgeon for the Strategic Air Command (SAC) Headquarters in the U.S. Air Force.

In 1960, he was recruited by the legendary Dr. Owen H. Wangensteen to the University of Minnesota. He became the longest-serving active surgeon from this historic "golden era" of American surgery.

He served as the Principal Investigator for the landmark Program on the Surgical Control of the Hyperlipidemias (POSCH) trial. Using his "partial ileal bypass" operation.

Bioengineering & Inventions: Holding over 20 patents, Dr. Buchwald co-invented the Infusaid implantable infusion pump (used for insulin delivery and chemotherapy), the first infusion port, specialty vascular catheters, and peritoneovenous shunts.

Metabolic Bariatric Leadership: He dedicated decades to destigmatizing obesity as a medical disease and performed over 4,000 Metabolic Bariatric Surgeries. He published the first major meta-analysis on co-morbid outcomes following Metabolic Bariatric Surgery.

Past president of both IFSO and ASMBS and also the past editor of Obesity surgery journal with Nicola Scopinaro.

Dr. Henry Buchwald has authored, co-authored, or edited 11 books and contributed to over 100 book chapters

A towering titan of academic literature, Dr. Buchwald has authored over 300 peer-reviewed manuscripts and highly cited medical textbooks, including Surgical management of obesity and Buchwald's Atlas of Metabolic Bariatric Surgical Techniques. His paradigm-shifting 2004 systematic review and meta-analysis on metabolic bariatric surgery published in JAMA remains one of the most heavily cited papers in the history of our specialty, amassing thousands of citations and serving as the definitive clinical proof used worldwide to convince governments and insurance companies of the efficacy of metabolic interventions

Dr. Buchwald's work completely shifted the paradigm of our specialty from simple "weight loss" to systemic metabolic manipulation. His decades of advocacy secured metabolic bariatric surgery its rightful place within the American College of Surgeons (ACS), providing an academic foundation that continues to educate generations of surgeons globally





KELVIN HIGA

IFSO PIONEER IN METABOLIC BARIATRIC SURGERY AWARD

Clinical Professor of Surgery at the UCSF Fresno Medical Education Program and CEO of the ALSA Medical Group. He is a Past President of both the ASMBS and IFSO, and recipient of the prestigious ASMBS Lifetime Achievement Award. Globally recognized as a premier authority on the laparoscopic Roux-en-Y gastric bypass. His academic research focuses on refining difficult internal anatomy constructs, establishing technical safety parameters, and pioneering innovative techniques for complex bariatric revisions.

Dr. Higa has sat on the National Faculty for Bariatric Surgery for the American College of Surgeons. Through his live surgical broadcasts and masterclasses, he has demystified the learning curve of complex laparoscopy, dramatically lowering complication rates for practicing metabolic bariatric surgeons across the Americas and the world.

Teach your competition so that patients get better care.





NATAN ZUNDEL

IFSO PIONEER IN METABOLIC BARIATRIC SURGERY AWARD

An internationally acclaimed pioneer, educator, and innovator in laparoscopic and metabolic bariatric surgery. A dual citizen of Colombia and the United States.

Medical degree from Pontifical Xavierian University in 1982, later completing residencies in Colombia and at West Penn Hospital in the U.S. He embraced advanced laparoscopy and performed his first laparoscopic adjustable gastric band procedure in 1996.

IFSO president, ASMBS Executive Council, and as a Clinical Professor at the University at Buffalo and Florida International University.

A legendary educator who has served as a founder or honorary member of surgical societies in nearly 50 countries. As the long-time Executive Director of FELAC, he has personally shaped the training and educational standards for over 30,000 general surgeons across Latin America, bridging international borders through hands-on education. IFSO Bariatric fellowship committee Chair, 2022 The IFSO LAC (Latin American Chapter) Fellowship Program. 10 Latin American nations participate 1-year, full-time, exclusive dedication program.

He has received over 44 global honors, including the IFSO Lifetime Outstanding Achievement Award (2022), the ASMBS Master Educator and Surgical Innovation awards, and Master of Colombian Surgery (2021). Three international operating rooms have been named in his honor. Edited 10 books and serves on editorial boards for major publications including *SOARD*, *Obesity Surgery*, and *Bariatric Times*.





MOUSA KHOURSHEED

IFSO PIONEER IN METABOLIC BARIATRIC SURGERY AWARD

Professor of Surgery at Kuwait University and Senior Consultant Surgeon at Al-Adan Hospital. He is a core leader within the IFSO Middle East and North Africa (MENA) chapters.

One of few surgeons in the middle east who started metabolic bariatric surgery in the 90s.

A leading academic voice on peri-operative care, laparoscopic techniques, and safety in metabolic bariatric surgery. He has pioneered specialized, culturally conscious research, including landmark studies on the management and fasting practices of Muslim bariatric patients during Ramadan.

Has been instrumental in driving the explosive progress of safe metabolic bariatric surgery in the Gulf and wider Middle East.

Through his extensive university teaching and organization of regional congresses, he has established standardized, evidence-based guidelines that ensure patient safety and long-term nutritional compliance in a region with some of the highest obesity rates in the world.





PHIL SCHAUER

IFSO PIONEER IN METABOLIC BARIATRIC SURGERY AWARD

A true global pioneer, one of the most heavily cited researchers in the field of metabolic bariatric surgery, Dr. Schauer has published over 400 peer-reviewed scientific papers and authored multiple textbook chapters. His landmark STAMPEDE clinical trials published in The New England Journal of Medicine (NEJM) have amassed tens of thousands of citations, fundamentally rewriting international endocrine and diabetes care algorithms.

He has authored or edited 4 definitive textbooks and contributed to over 75 textbook chapters. Professor of Metabolic Bariatric Surgery at the Pennington Biomedical Research Center and Director of the Metamor Metabolic Institute. He is a Past President of the American Society for Metabolic and Bariatric Surgery (ASMBS).

University of Pittsburgh Medical Center (1995–2004): Served as Associate Professor of Surgery, Director of Endoscopic Surgery, Director of Bariatric Surgery, and Director of the Mark Ravitch/Leon Hirsch Center for Minimally Invasive Surgery.

Cleveland Clinic (2004–2019): Held roles as Professor of Surgery at the Lerner College of Medicine and Director of the Bariatric & Metabolic Institute, leading major trials like STAMPEDE.

Past President of the American Society for Metabolic and Bariatric Surgery (ASMBS) and founder of the ObesityWeek.

Training Surgeons on laparoscopic bariatric surgery since the 90s. First in Pittsburgh and then Cleveland Clinic.





JULIE PARROTT

IFSO INTEGRATED HEALTH
EXCELLENCE AWARD



Lilly

A MEDICINE COMPANY

TALINE SARKISSIAN

IFSO CORPORATE
PARTNER AWARD 2026





CAMILO BOZA

IFSO CONGRESS
PRESIDENT'S AWARD





LUIS OCAÑA

IFSO EC CONGRESS
PRESIDENT AWARD 2026





LUIS ERNESTO LÓPEZ

IFSO LAC CONGRESS
PRESIDENT AWARD 2026





JANINE MAKARONIDIS

MASON LECTURE



BARI-STEP: A Double-blinded, Randomised, Placebo-controlled Trial of Semaglutide 2.4mg in Patients With a Sub-Optimal Clinical Response Following Metabolic/Bariatric Surgery

Ritwika Mallik^{1,2,3,4}, Chloe Stanley^{1,2}, Nausheen Hamid^{1,2}, Friedrich Jassil^{1,2,5,6}, Victoria Reuven^{1,2}, Tapiwa Ruwona^{1,2}, Sulmaaz Qamar^{1,2}, Benjamin Norton^{1,2}, Andrea Pucci^{1,2,6}, Rachel Batterham^{1,6}, Kalpana Devalia⁷, Jessica Mok^{1,7}, Mohammed Elkalaawy⁶, John Loy⁷, Haris Markakis⁶, Marco Adamo⁶, Alanna Brown^{1,2}, **Janine Makaronidis**^{1,2,3,4,7}

¹ Centre for Obesity Research, University College London, London, UK

² NIHR University College London Hospital Biomedical Research Centre, London, UK

³ Department of Diabetes and Metabolism, Barts Health NHS Trust, London, UK

⁴ Queen Mary University of London, UK

⁵ Geneva University Hospitals, Geneva, Switzerland

⁶ Bariatric Centre for Weight Management and Metabolic Surgery, University College London Hospital (UCLH), UK

⁷ Homerton University Hospitals, London, UK

Disclosures

Trial sponsorship and funding

- Investigator-led trial sponsored by University College London
- Funded via NovoNordisk ISS Scheme
- Co-funded by NIHR UCL/UCLH Biomedical Research Centre and the Sir Jules Thorne Charitable Trust

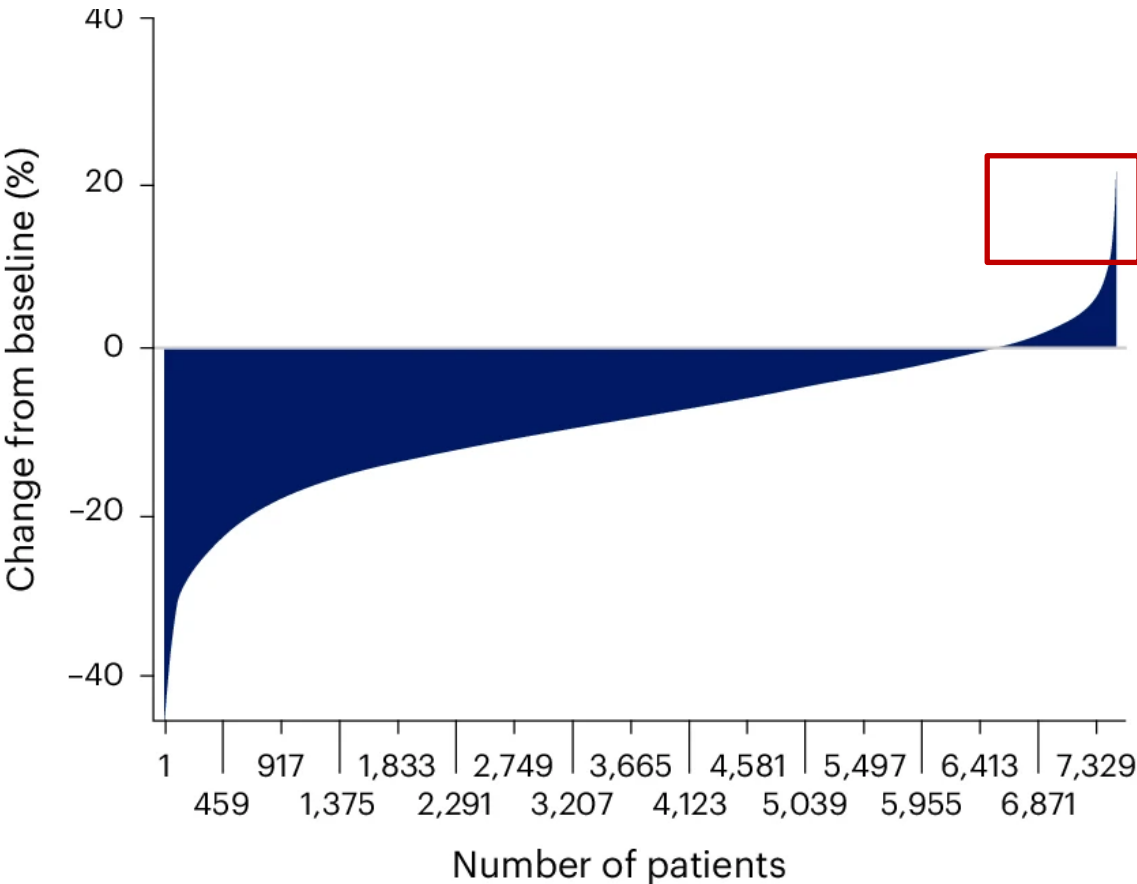
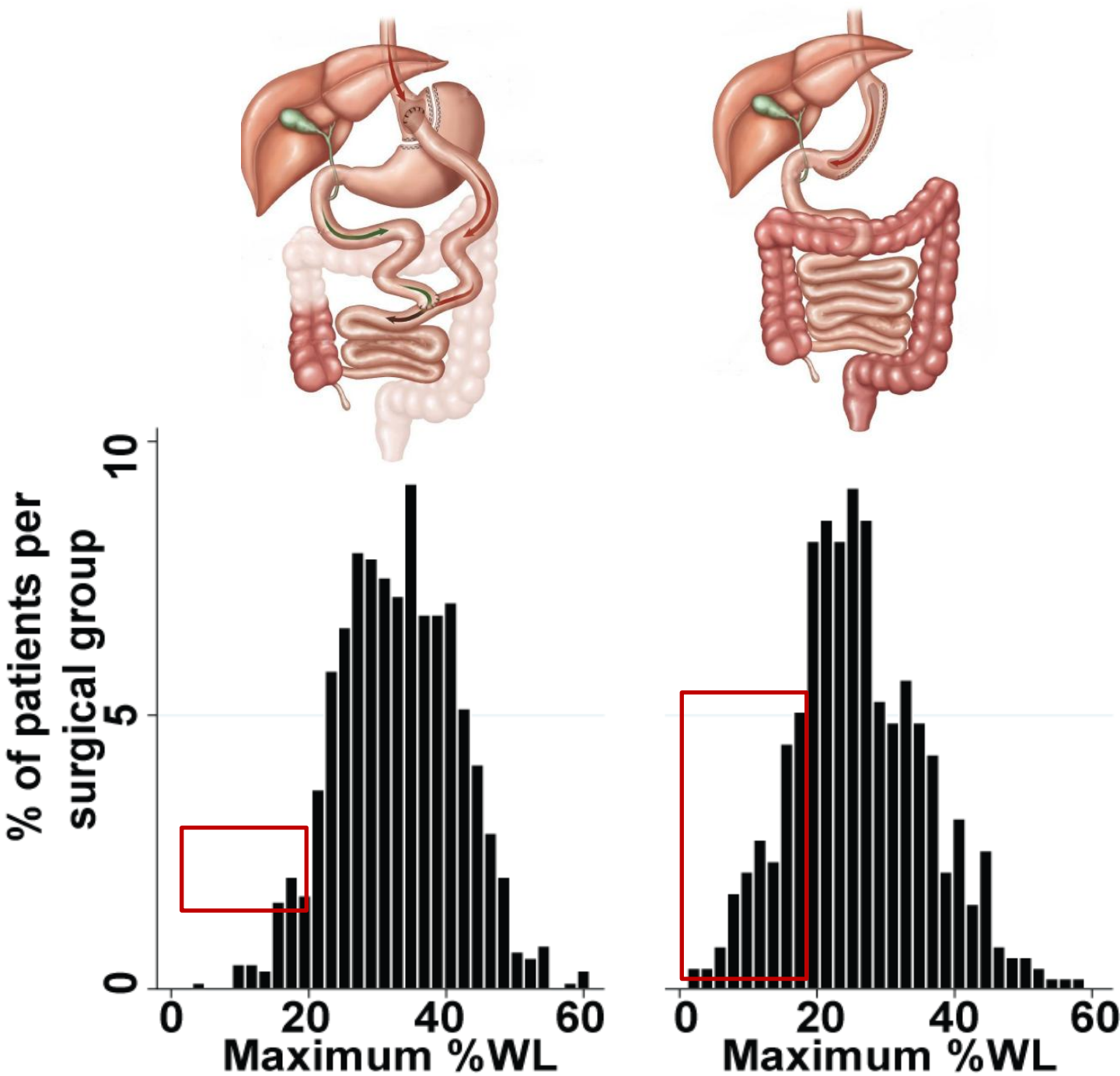
JM disclosures

- 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)
- Employed by the National Health Service (UK) with salary co-funding from the NIHR
- Conference attendance funding from NovoNordisk
- Obtained funding from commercial organisations for the purpose of organizing conference/educational events on behalf of the Association for the Study of Obesity (UK) in a voluntary role as the organization's sponsorship lead

Background: Variation in Response



Semaglutide 2.4mg (SELECT)



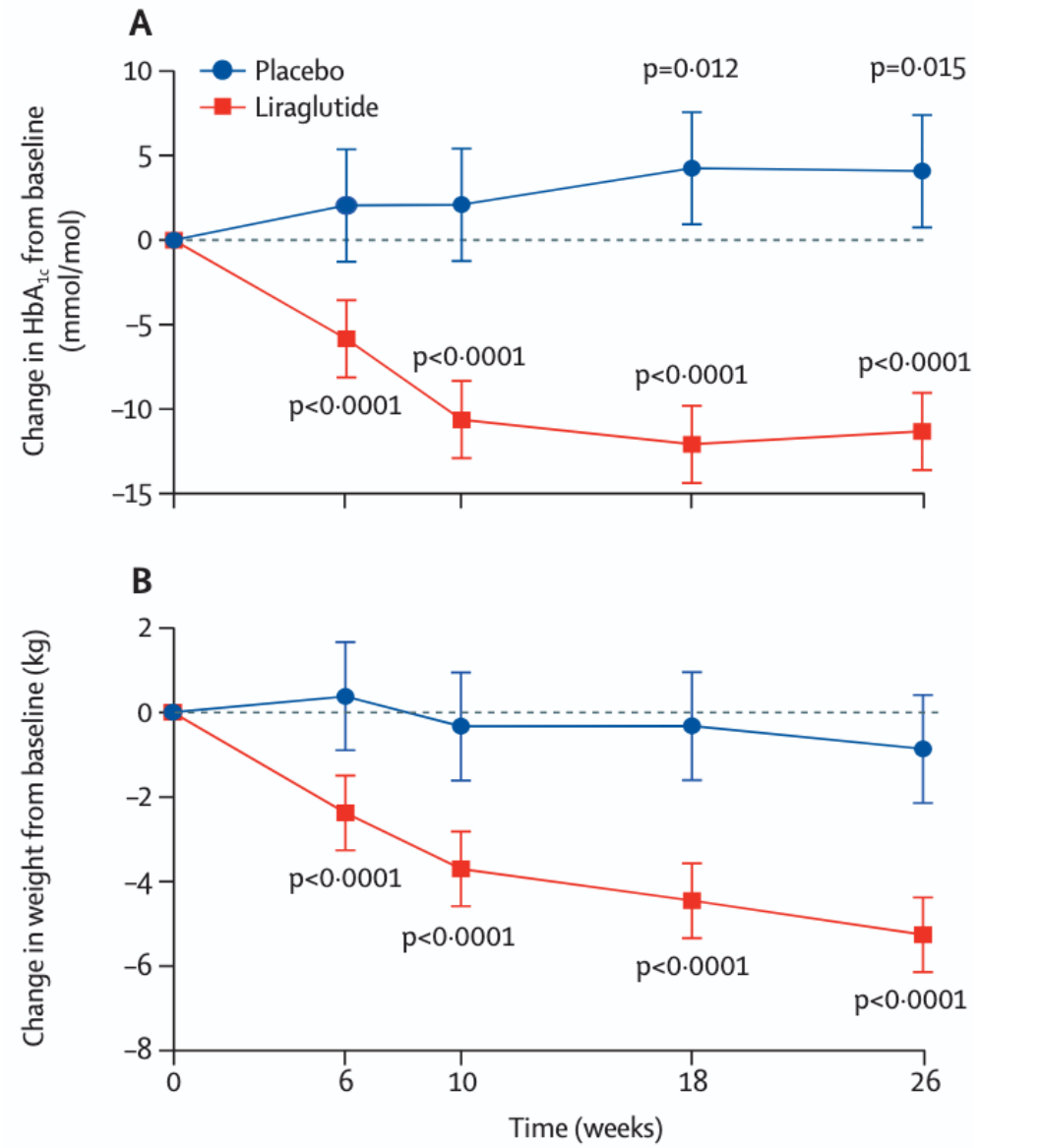
Manning, et al. Surg Endosc. 2015;29:1484–91

Ryan et al. Nat Med 30, 2049–2057 (2024).

Once-daily liraglutide following primary MBS

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

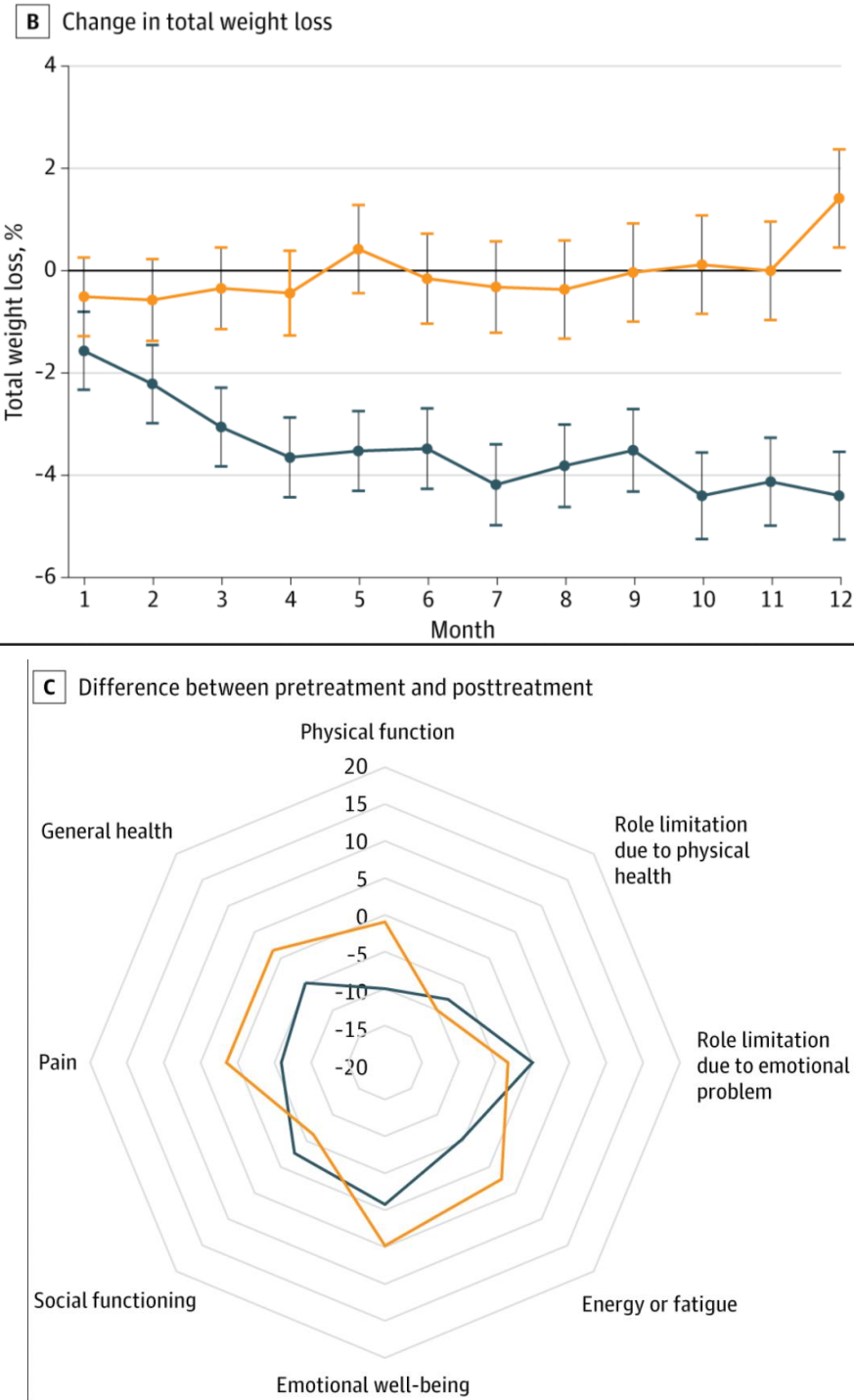
Alexander Dimitri Miras*, Belén Pérez-Pevida*, Madhawi Aldhwayan, Anna Kamocka, Emma Rose McGlone, Werd Al-Najim, Harvinder Chahal, Rachel L Batterham, Barbara McGowan, Omar Khan, Veronica Greener, Ahmed R Ahmed, Aviva Petrie, Samantha Scholtz, Stephen R Bloom, Tricia M Tan



Original Investigation | Surgery

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

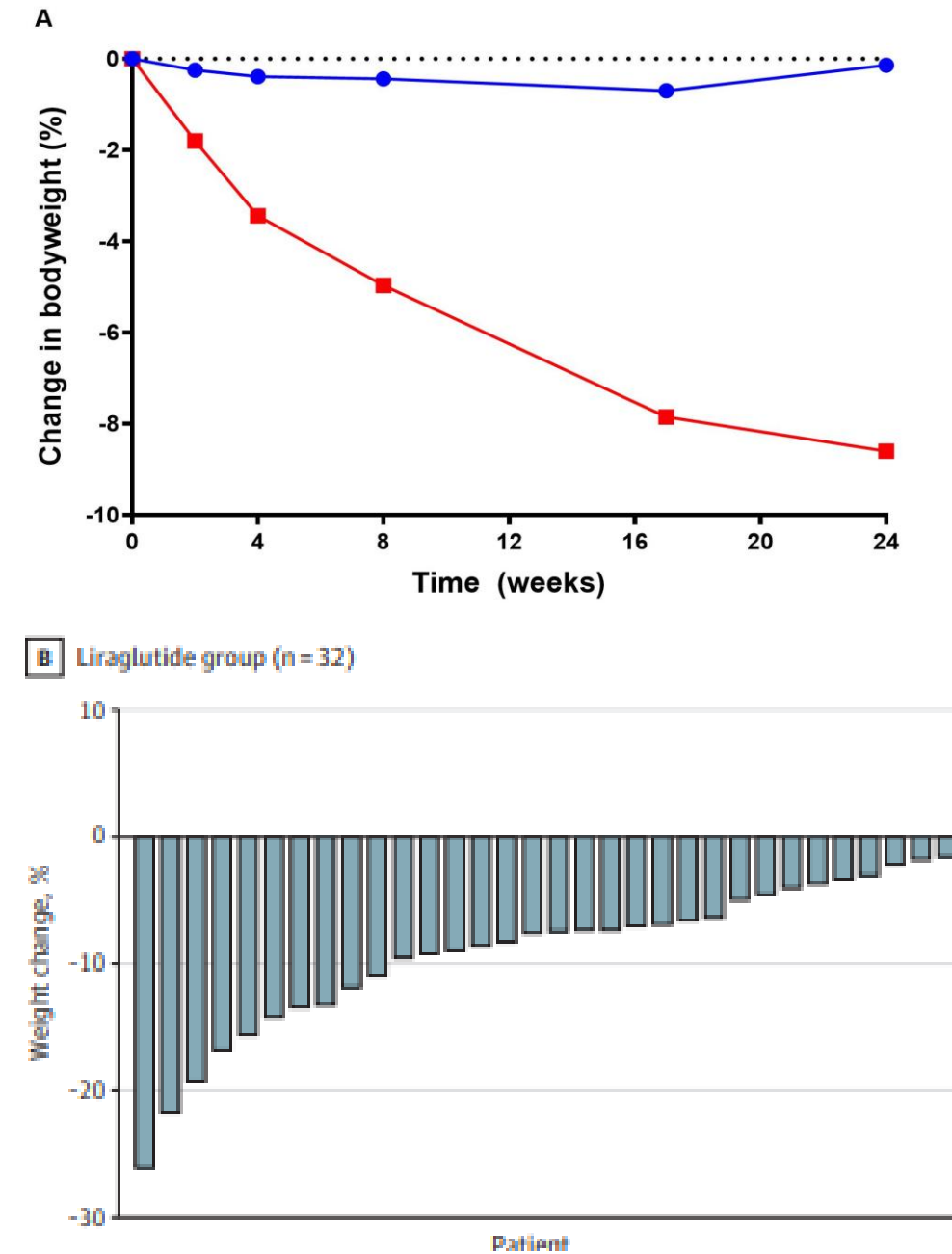
Wendy A. Brown, PhD^{1,2}; Paul R. Burton, PhD^{1,2}; Cheryl Laurie, BhHSc¹; et al



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, BMBS, 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

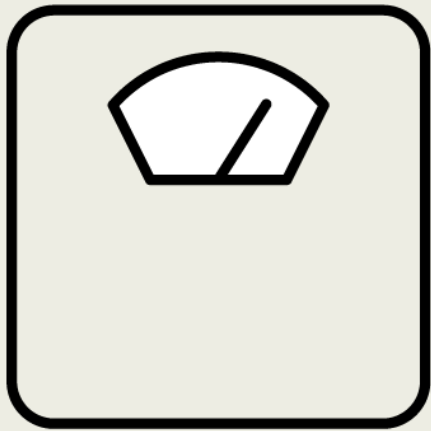


Background: BARI-OPTIMISE RCT

RCT: Safety and Efficacy of Liraglutide, 3.0 mg, Once Daily vs Placebo in Patients With Poor Weight Loss Following Metabolic Surgery

POPULATION

**18 Men,
52 Women**



Adults ≥ 1 y after metabolic surgery with poor weight loss ($\leq 20\%$) and a suboptimal GLP-1 response

Mean age, 47.6 y

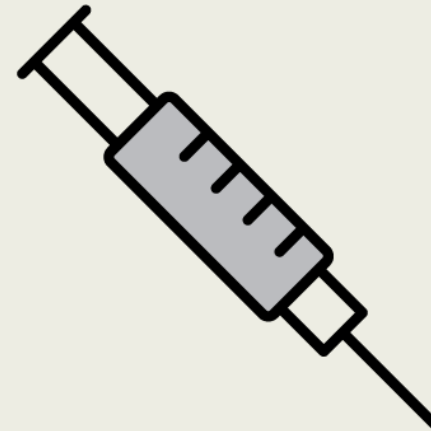
INTERVENTION

70 Patients randomized,
57 Analyzed



31 Liraglutide, 3.0 mg

Self-administration once daily of a subcutaneous injection of liraglutide, 3.0 mg, for 24 wk

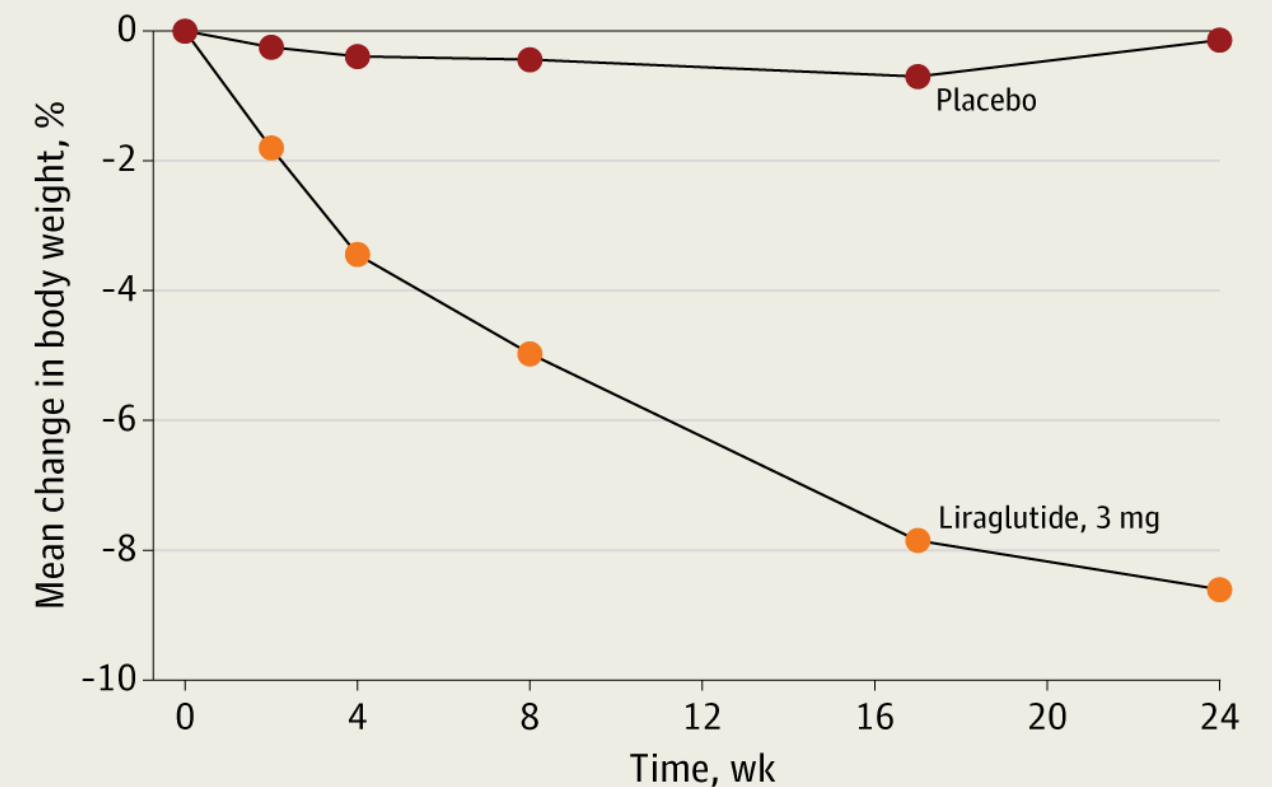


26 Placebo

Self-administration once daily of placebo saline solution for the same period

FINDINGS

Liraglutide, 3.0 mg once daily, resulted in a significantly greater reduction in body weight from baseline to week 24 compared with placebo



Mean difference: -8.0%; 95% CI, -10.4 to -5.7; $P < .001$

SETTINGS / LOCATIONS



**2 Hospitals in
London, United
Kingdom**

PRIMARY OUTCOME

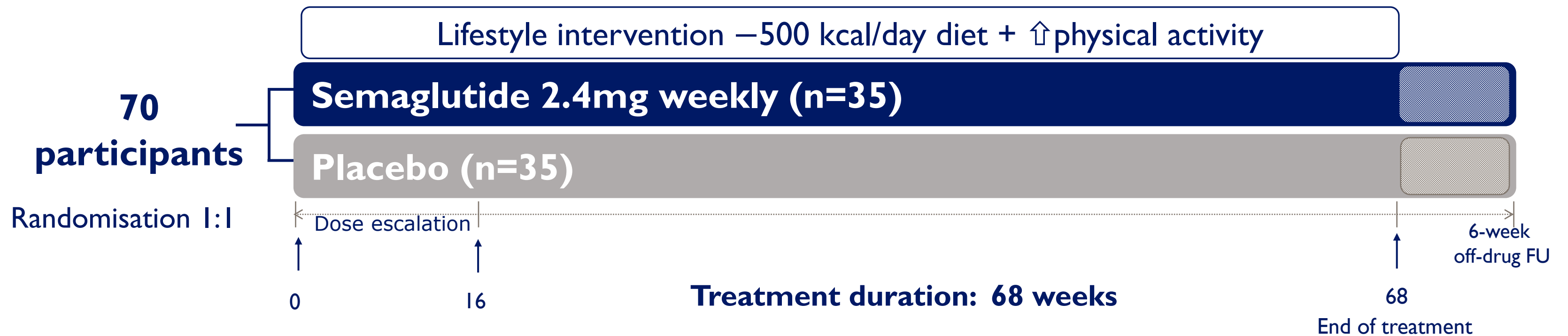
Change in percentage body weight from baseline to end of 24-wk study period

Semaglutide 2.4mg weekly (or maximal tolerated dose) will lead to greater weight loss and health improvements compared to placebo in individuals with a suboptimal clinical response following Gastric Bypass or Sleeve Gastrectomy.



Trial objective

To confirm superiority of semaglutide 2.4mg vs. placebo, as an adjunct to a lifestyle intervention (reduced-calorie diet and physical activity), on weight loss effectiveness in individuals with recurrent weight gain or suboptimal weight loss response following primary Gastric Bypass/SG



Trial information

- November 2023 to April 2025
- Two recruitment sites in London, UK
- **Randomised, placebo-controlled, double-blind trial**

Inclusion Criteria

- ≥ 1 year after primary Gastric Bypass or SG
- $< 20\%$ weight loss from day of surgery
- Weight stable
- Age 18-65 years

Primary Endpoint

- Change in body weight (%)

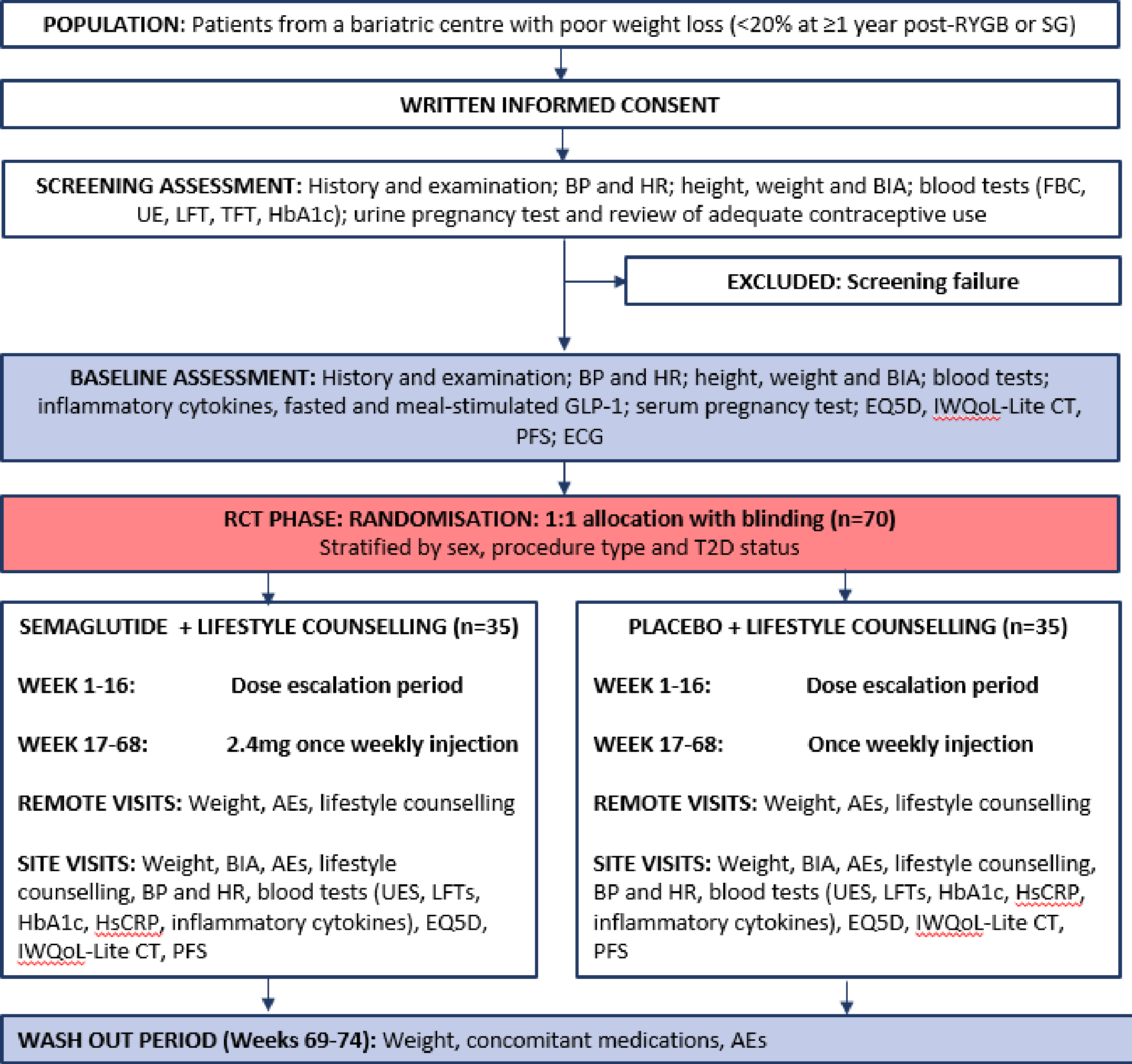
Key Exclusion Criteria

- Severe metabolic, renal, hepatic, psychiatric or cardiovascular disease
- Type 1 Diabetes Mellitus or Type 2 DM treated with insulin
- Concomitant use of GLP-1RA or DDP-IV inhibitors
- Chronic, recurrent or recent pancreatitis
- MEN-2, medullary thyroid carcinoma

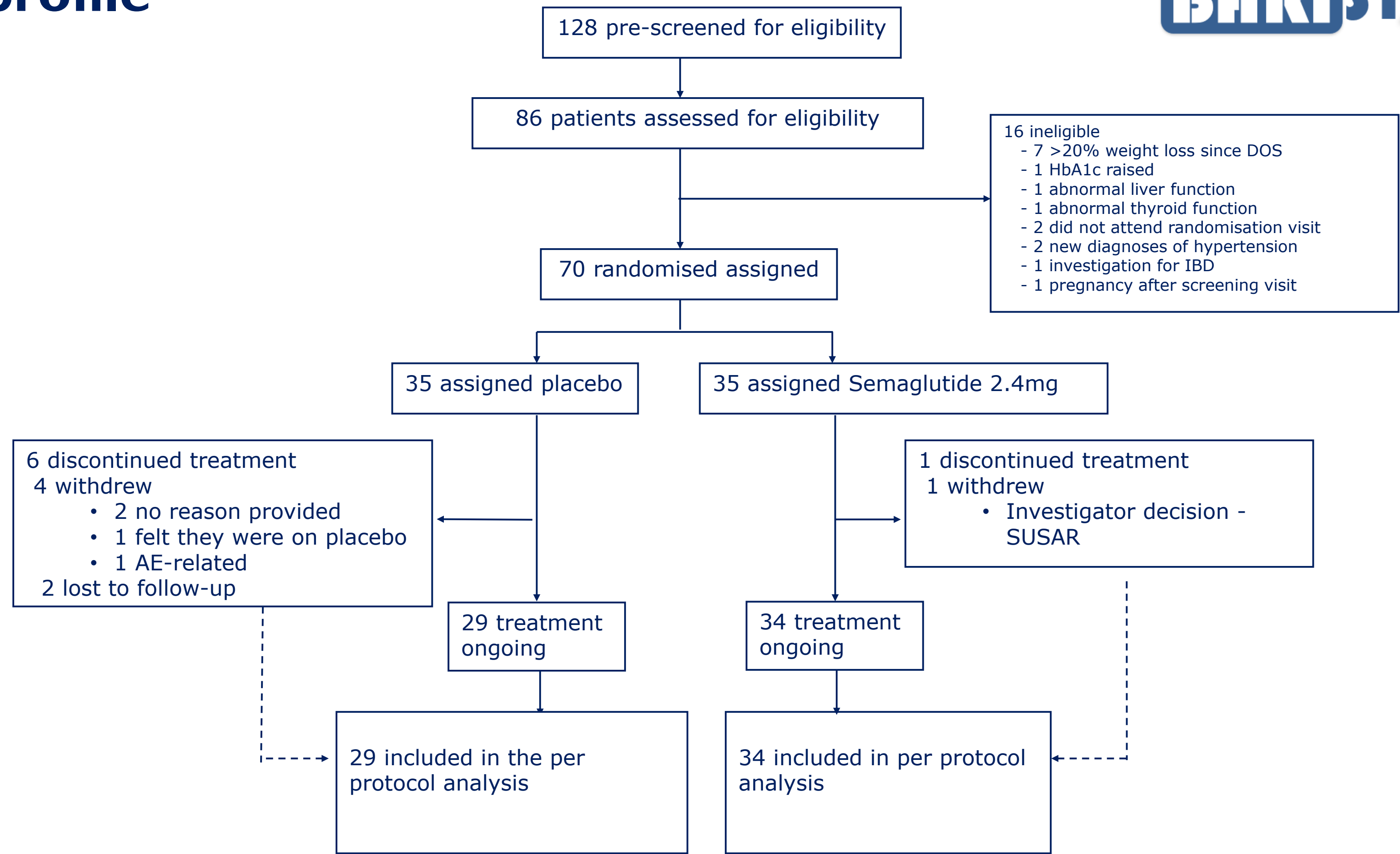
Secondary Endpoints

- % who achieve a body weight reduction $\geq 10\%$, $\geq 15\%$, $\geq 20\%$
- Body weight, body fat, lean body mass, bone density (BIA)
- HbA1c, BP, metabolic and inflammatory indices
- Relationship between GLP-1 levels at baseline and % WL
- Safety
- Health Related Quality of Life (HRQoL)

BARI-STEP: Flow Chart



Trial profile

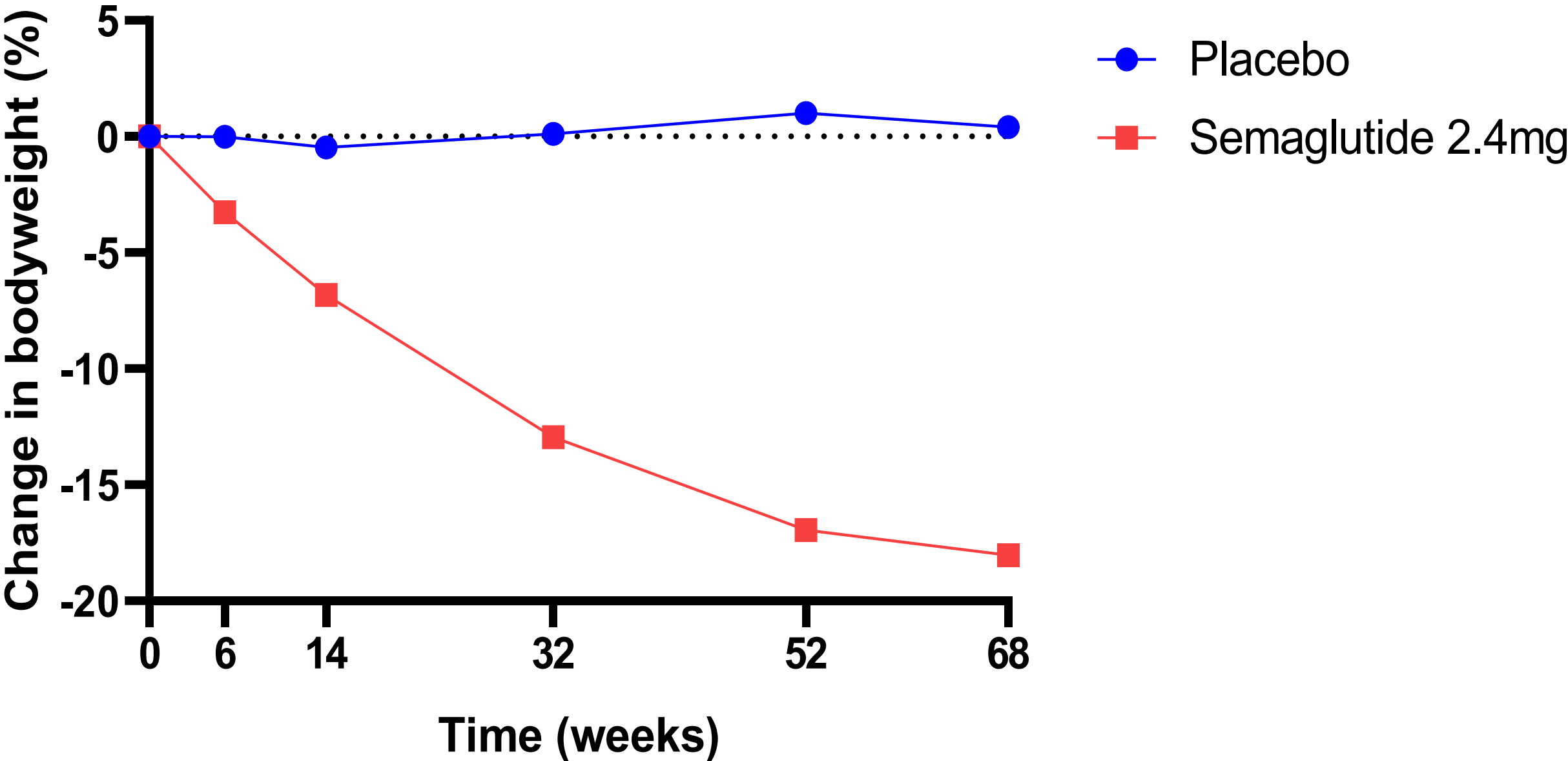


Baseline characteristics

	Placebo(n=35)	Semaglutide 2.4mg (n=35)
Sex: Female	28 (80%)	30 (85.7%)
Sex: Male	7 (20%)	5 (14.3%)
Age (years)	47.7 (10.3)	46.9 (10.4)
Ethnicity		
Asian	0 (0)	2 (5.7)
Black	10 (28.6)	6 (17.1)
White	21 (60)	26 (74.3)
Mixed/Other	4 (11.4)	1 (2.9)
Bodyweight (kg)	111.4 (19.3)	118.7 (23.3)
BMI (kg/m²)	40.2 (6.05)	42.8 (6.8)
Procedure type		
Sleeve Gastrectomy	28 (80%)	27 (77.1%)
Gastric Bypass	7 (20%)	8 (22.9%)
Time since surgery (months)	78.6 (34.2)	88.1(50.5)
Post-surgery % Weight Loss	9.2 (6.7)	5.8 (8.2)
HbA1c (mmol/mol)	38.9 (4.2)	37.1 (5.6)
Participants with Type 2 DM (n)	4 (11.4%)	3 (8.6%)
Blood pressure (mmHg)		
Systolic	131.2 (12.1)	134.1 (11.2)
Diastolic	72.2 (9.9)	75.1 (10.5)

Results: Change in bodyweight (%)

0-68 weeks



ETD = -19.1%* (-14.8 to -23.4)

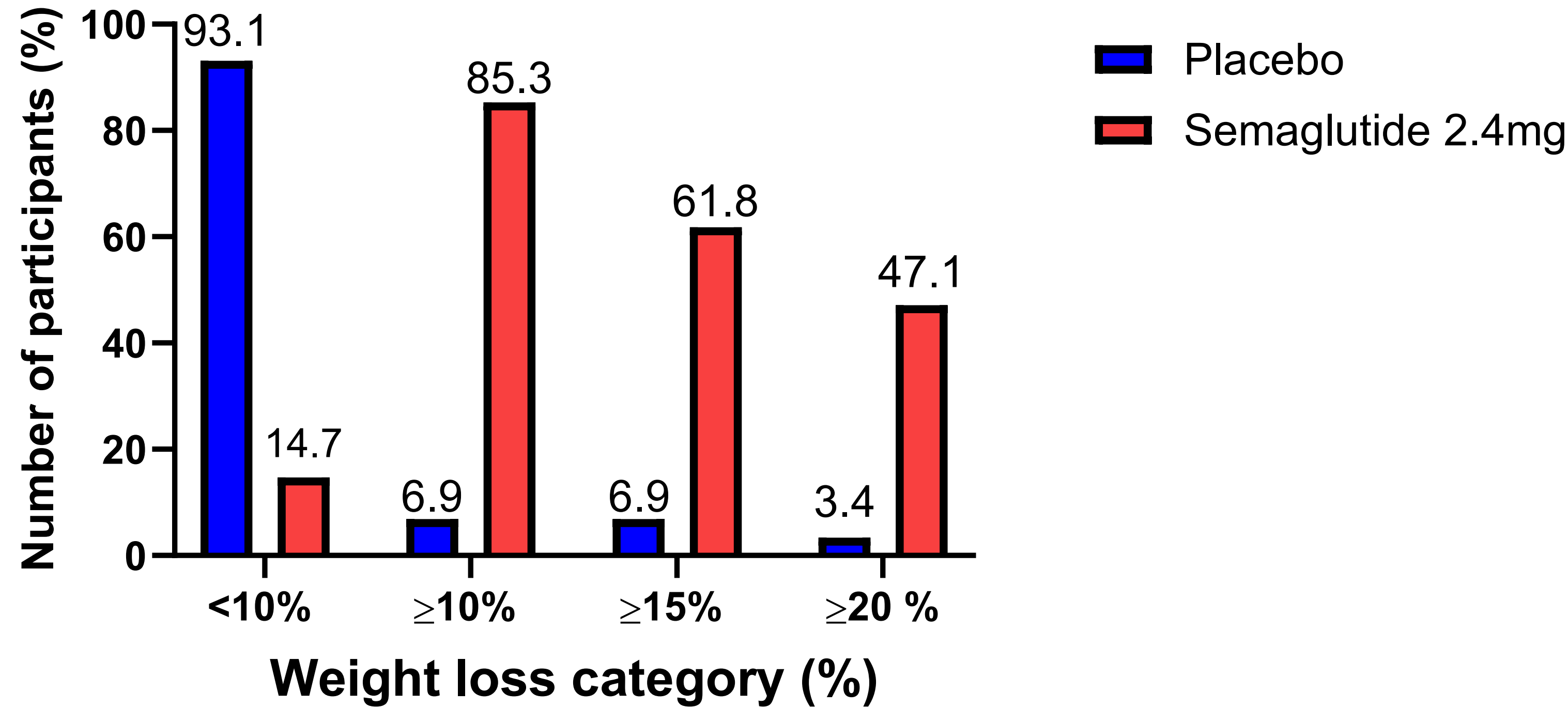
p<0.0001

Mean difference
Placebo: +0.4% (7%)
Semaglutide: -18.04% (9.2%)

*adjusting for the effects of surgery type, diabetes status, sex and baseline weight.

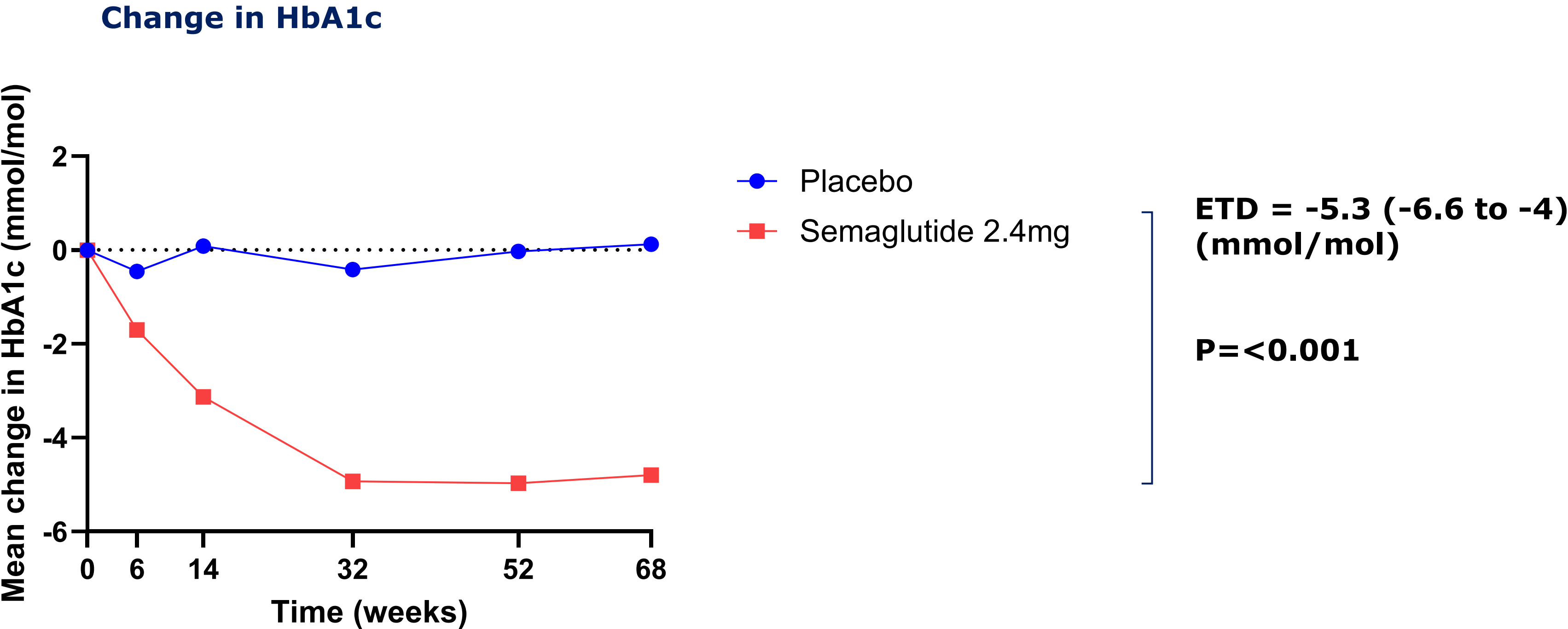
Categorical weight loss

0-68 weeks



Change in cardiometabolic parameters: HbA1c

0-68 weeks

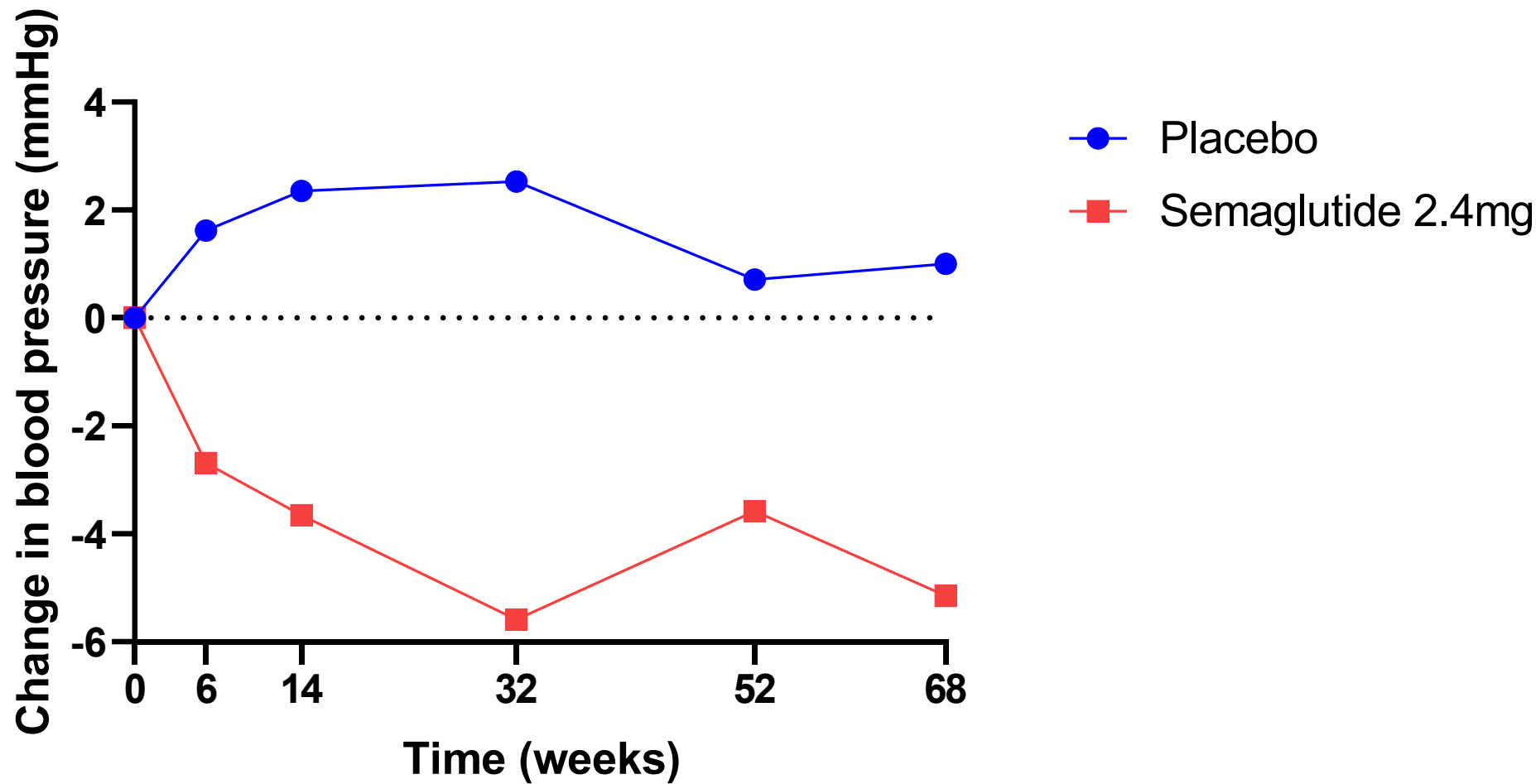


Change in cardiometabolic parameters

0-68 weeks

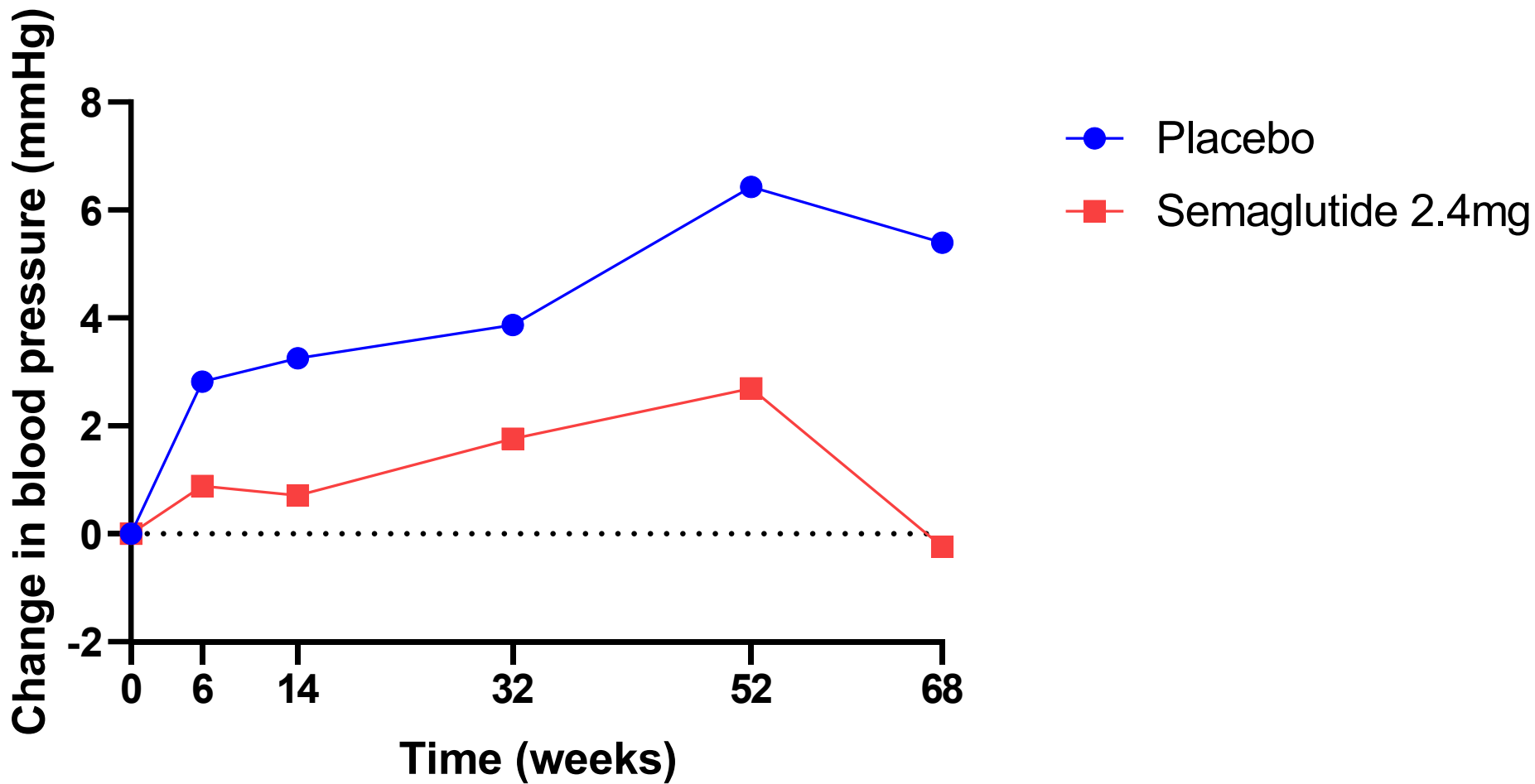


Systolic blood pressure



SBP ETD*: -5.99 mm/Hg (-12.0, 0.2) p=0.059

Diastolic blood pressure

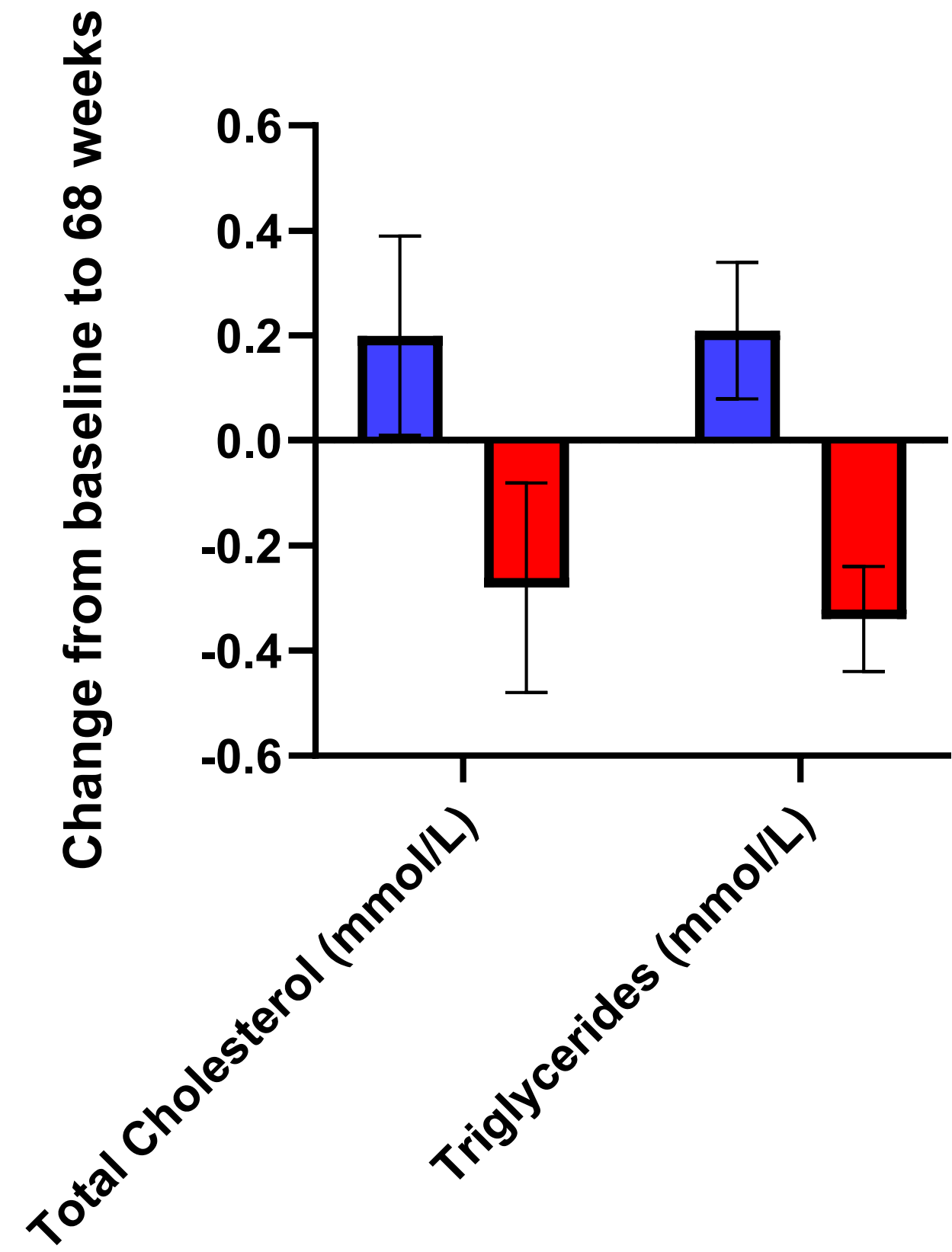


DBP ETD*: -4.2 mm/Hg (-8.8, 0.3) p=0.068

*Calculated from estimated marginal means from linear regression adjusted for Surgery, Diabetes, Sex, Baseline Weight (kg),

Change in cardiometabolic parameters

0-68 weeks: Total Cholesterol and Triglycerides



Placebo
Semaglutide 2.4mg

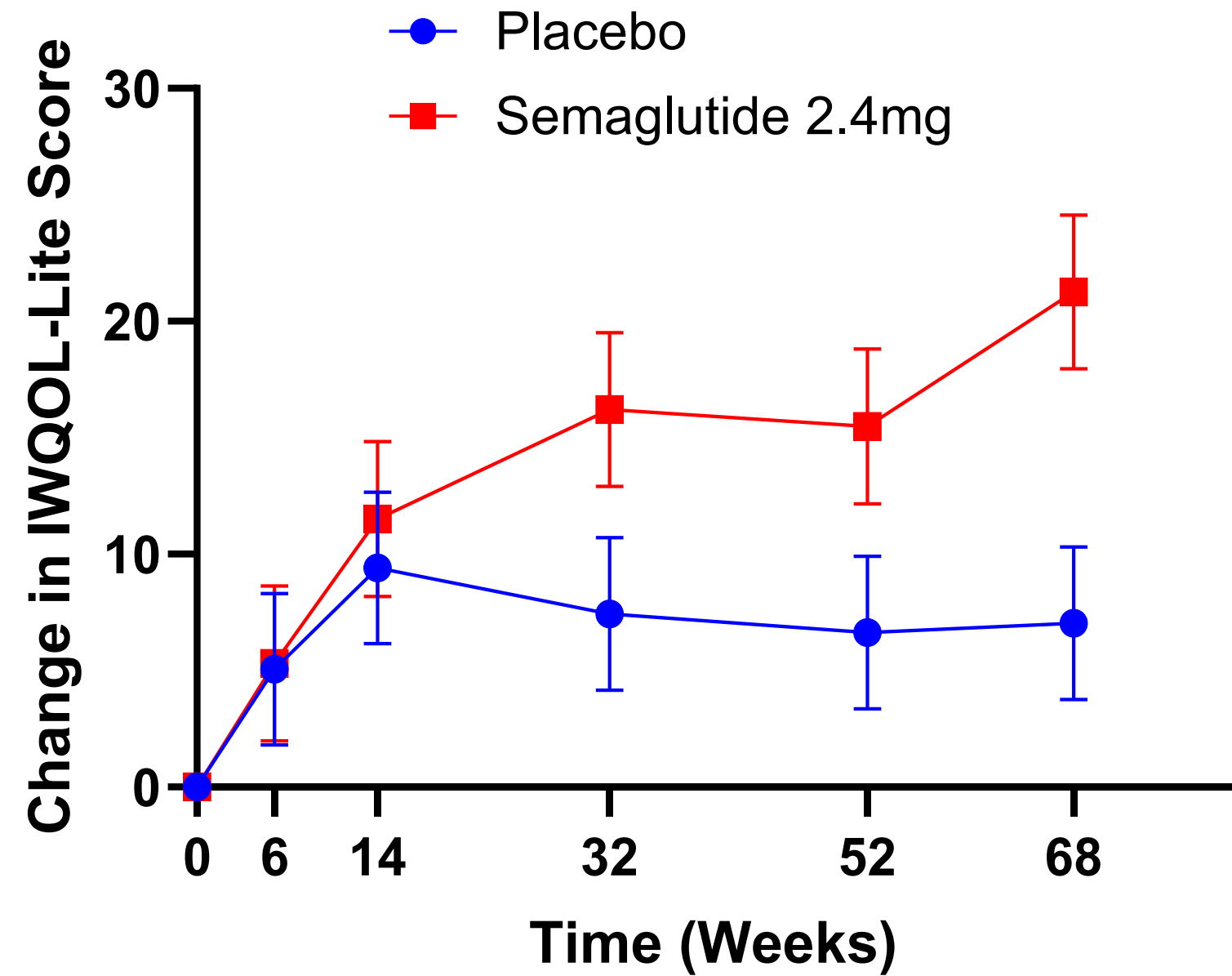
Total Cholesterol ETD* = -0.48 mmol/L (-0.9, -0.1)
p=0.014

Triglycerides ETD* = -0.54 mmol/L (-0.9, -0.3)
p<0.001

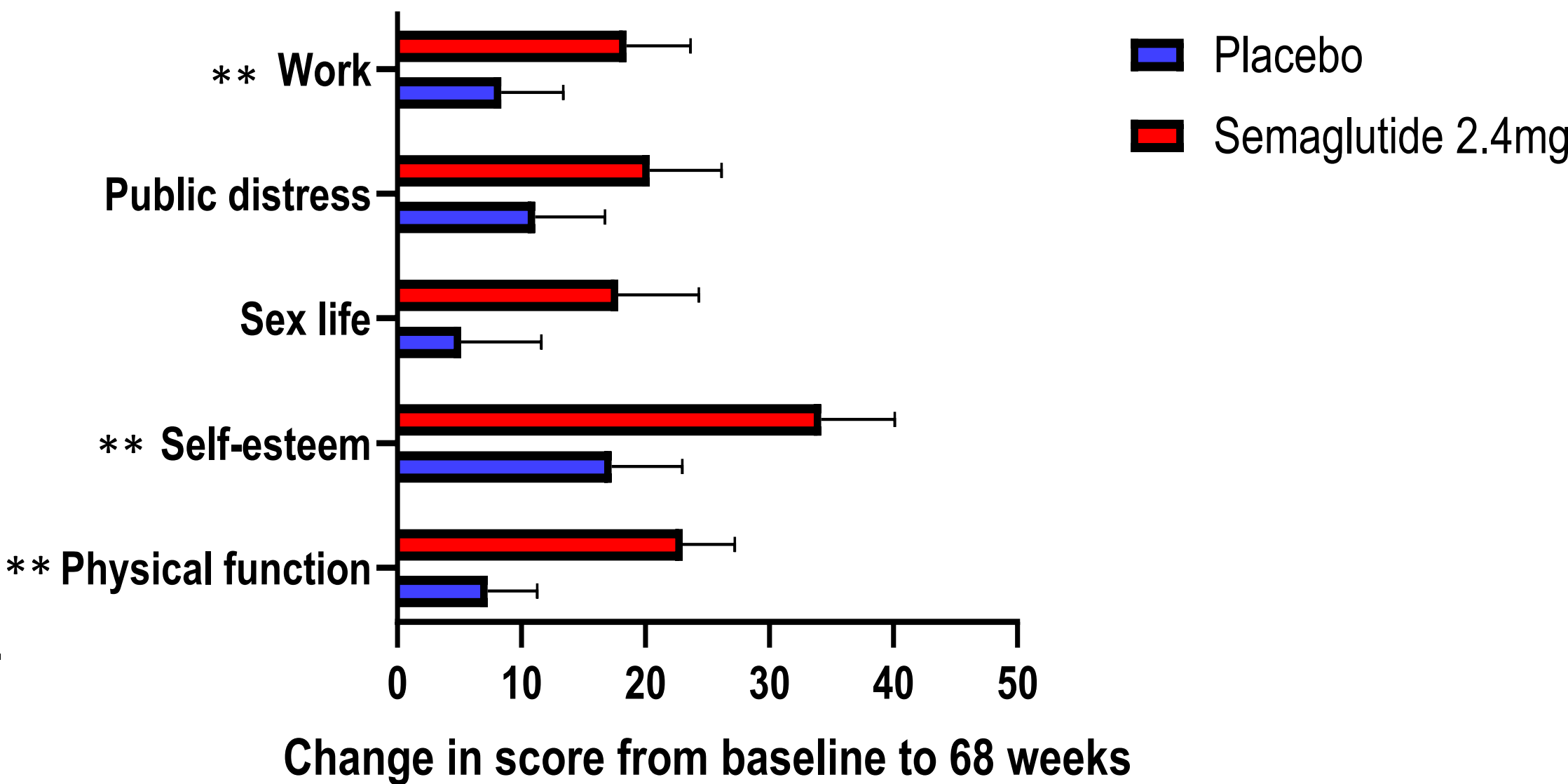
*Calculated from estimated marginal means from linear regression adjusted for Surgery, Diabetes, Sex, Baseline Weight (kg)

Change in IWQOL-Lite

0-68 weeks



* Higher scores indicate better quality of life



** significant improvements in adjusted component scores

Safety profile – most common AEs



	Placebo arm (n = 35)		Semaglutide 2.4mg arm (n = 35)		Total (n = 70)	
	Number of events	Number of patients (%)	Number of events	Number of patients (%)	Number of events	Number of patients (%)
Adverse events	126	33 (94.3)	218	34 (97.1)	344	67 (97.5)
Gastrointestinal						
Diarrhoea	17	14 (40)	28	21 (60)	45	35 (50)
Nausea**	10	8 (22.9)	27	24 (68.6)	37	32 (45.7)
Decreased appetite*	4	4 (11.4)	15	15 (42.9)	19	19 (27.1)
Vomiting	7	6 (17.1)	15	10 (28.6)	22	16 (32.9)
Constipation	8	8 (22.9)	14	13 (37.1)	22	21 (30)
Abdominal pain	5	5 (14.3)	10	10 (28.6)	15	15 (21.4)
Dyspepsia	5	5 (14.3)	9	9 (25.7)	14	14 (20)
Abdominal bloating	6	6 (17.1)	4	4 (11.4)	10	10 (14.3)
Gastritis	0	0 (0)	1	1 (2.9)	1	1 (1.4)
Cardiovascular events						
Dizziness	5	5 (14.3)	11	10 (28.6)	16	15 (21.4)
Palpitations	1	1 (2.9)	3	3 (8.6)	4	4 (5.7)
Chest pain	1	1 (2.9)	1	1 (2.9)	2	2 (2.9)
Hepatobiliary						
Cholelithiasis	1	1 (2.9)	1	1 (2.9)	2	2 (2.9)
Pancreatitis	2	1 (2.9)	0	0 (0)	2	1 (1.4)
Injection site reactions	11	9 (25.7)	10	10 (28.6)	21	19 (27.1)

**Nausea = p<0.01, *Decreased appetite = p<0.05

Additional AEs reported: headaches, general AEs, Infections – Stanley at al. Nature Med, 2026

BARI-STEP: Safety Review (SAEs/SUSAR)



Serious Adverse Events (SAEs)	Number (#)	Causality	Outcome	Treatment Allocation
Gastro-oesophageal reflux disease	1	Possibly related to IMP	Recovered	Placebo
Fractured patella and ligament rupture	1	Not related to IMP	Recovered	Placebo
Gallstone Pancreatitis	1	Possibly related to IMP	Recovered	Placebo
Spontaneous bruising	1	Not related to IMP	Recovered	Semaglutide
Acute Coronary Syndrome	1	Not related to IMP	Recovered	Placebo
Abdominal wall abscess	1	Not related to IMP	Recovered	Semaglutide
Ectopic pregnancy	1	Not related to IMP	Recovered	Placebo
Bradycardia	1	Not related to IMP	Recovered	Placebo

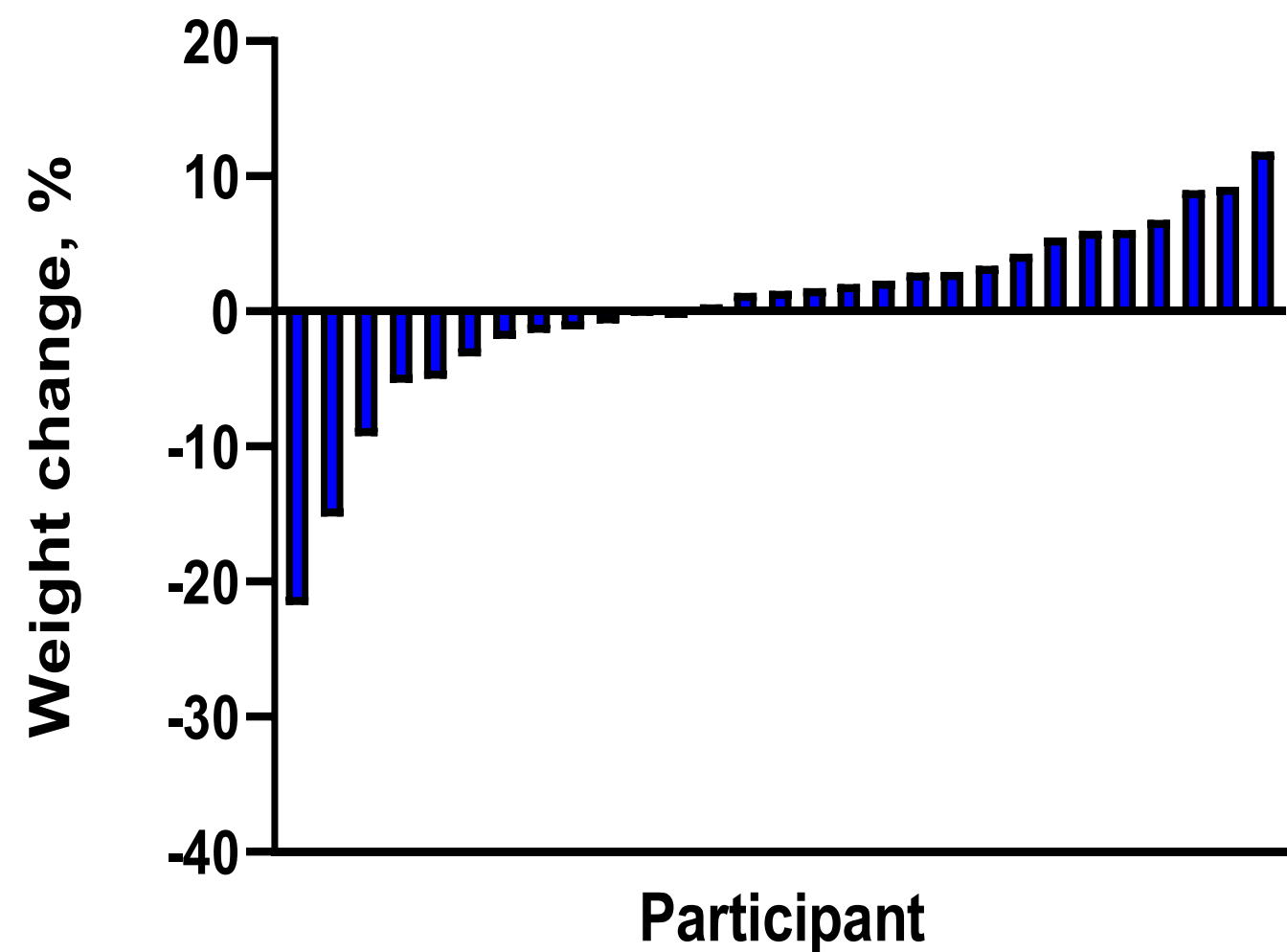
Suspected Unexpected Serious Adverse Reaction (SUSAR)

SUSAR	Number (#)	Causality	Outcome	Treatment Allocation
Eating disorder	1	Possibly related to IMP	Recovering	Semaglutide

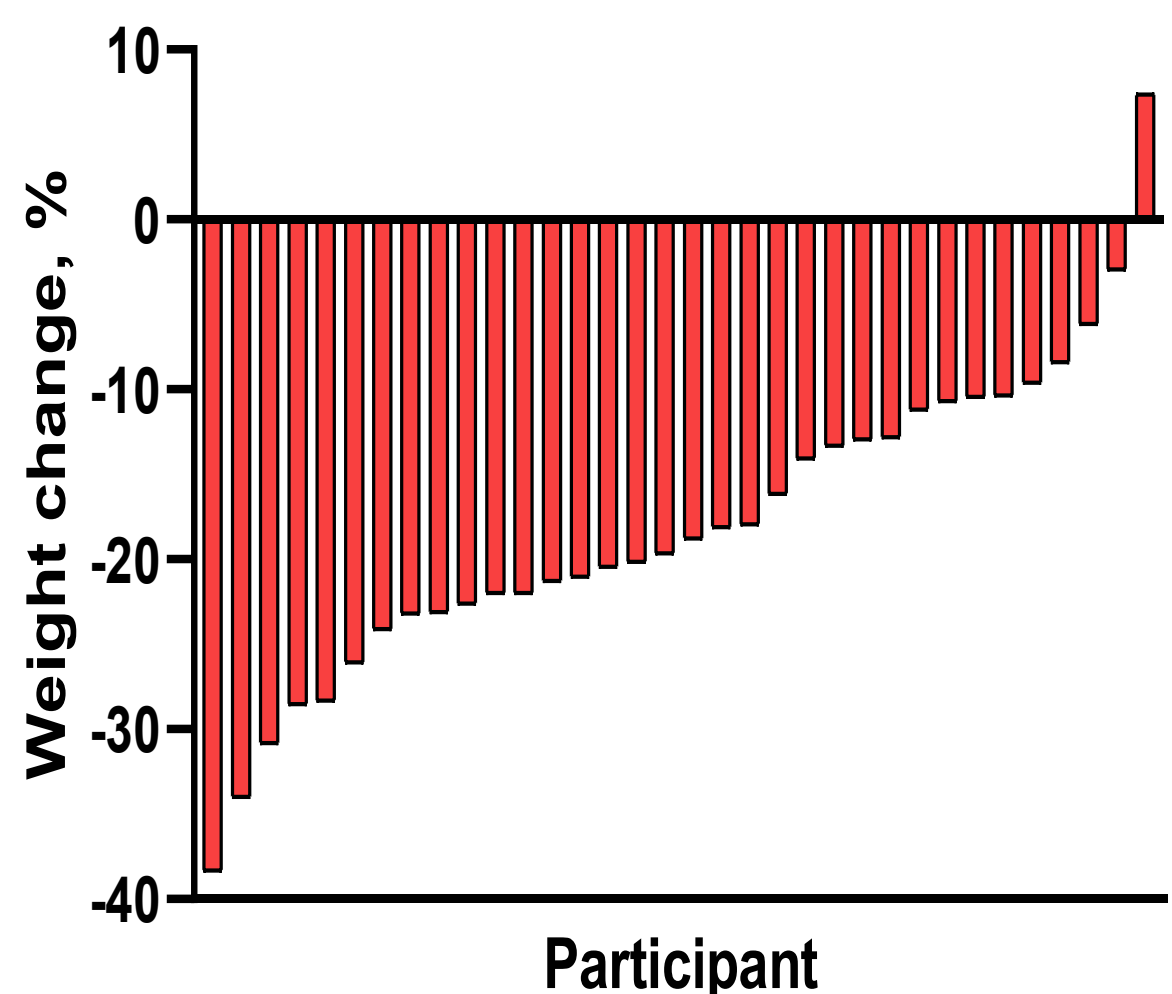
No deaths

Variation in response: weight loss (%)

0-68 weeks



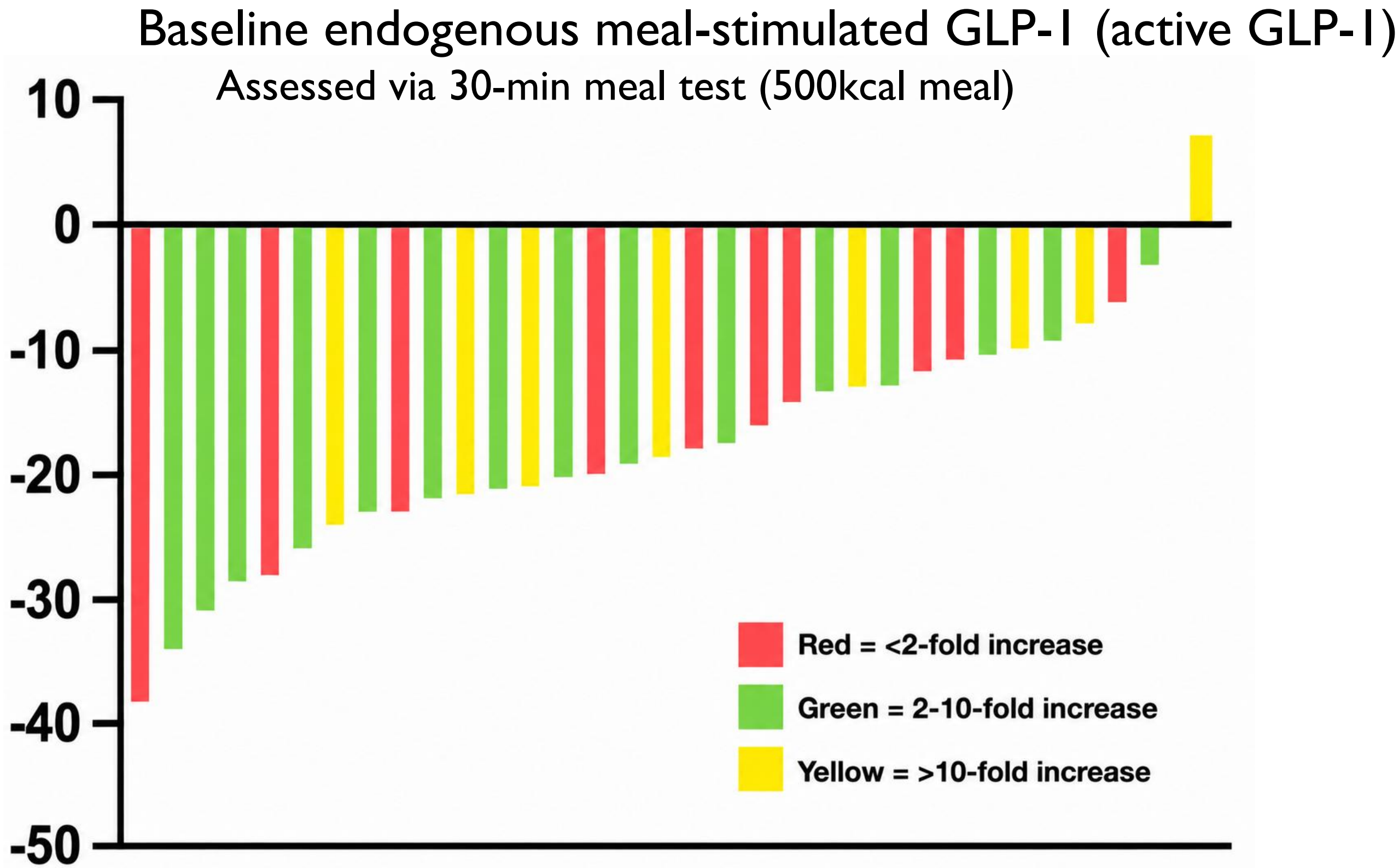
Placebo



Semaglutide 2.4mg

Weight loss (%) and relationship to GLP-I

0-68 weeks



Results: Relationship to %WL

- Meal-stimulated GLP-I
- Ethnicity
- Time since surgery
- Procedure type
- Suboptimal initial response vs recurrent weight gain
- Sex
 - Menopause status

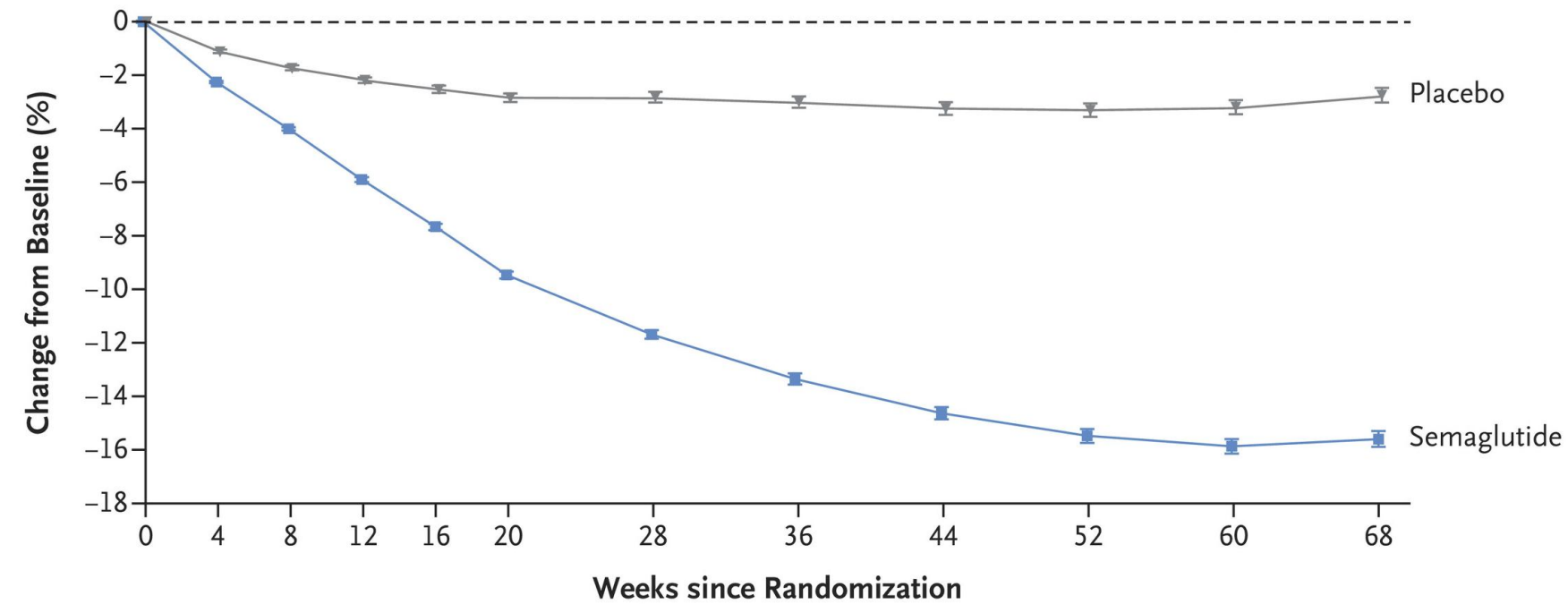


No relationship to % weight change

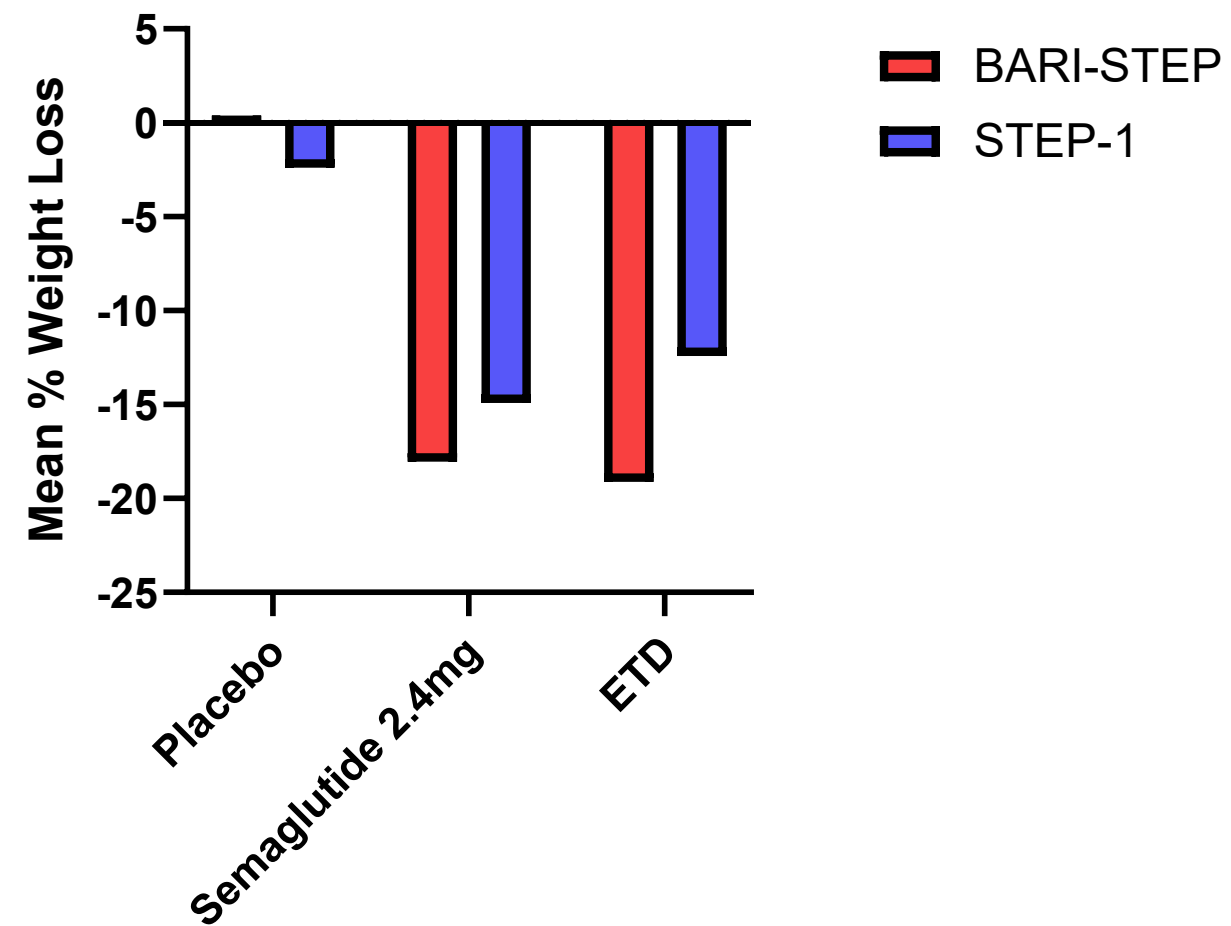
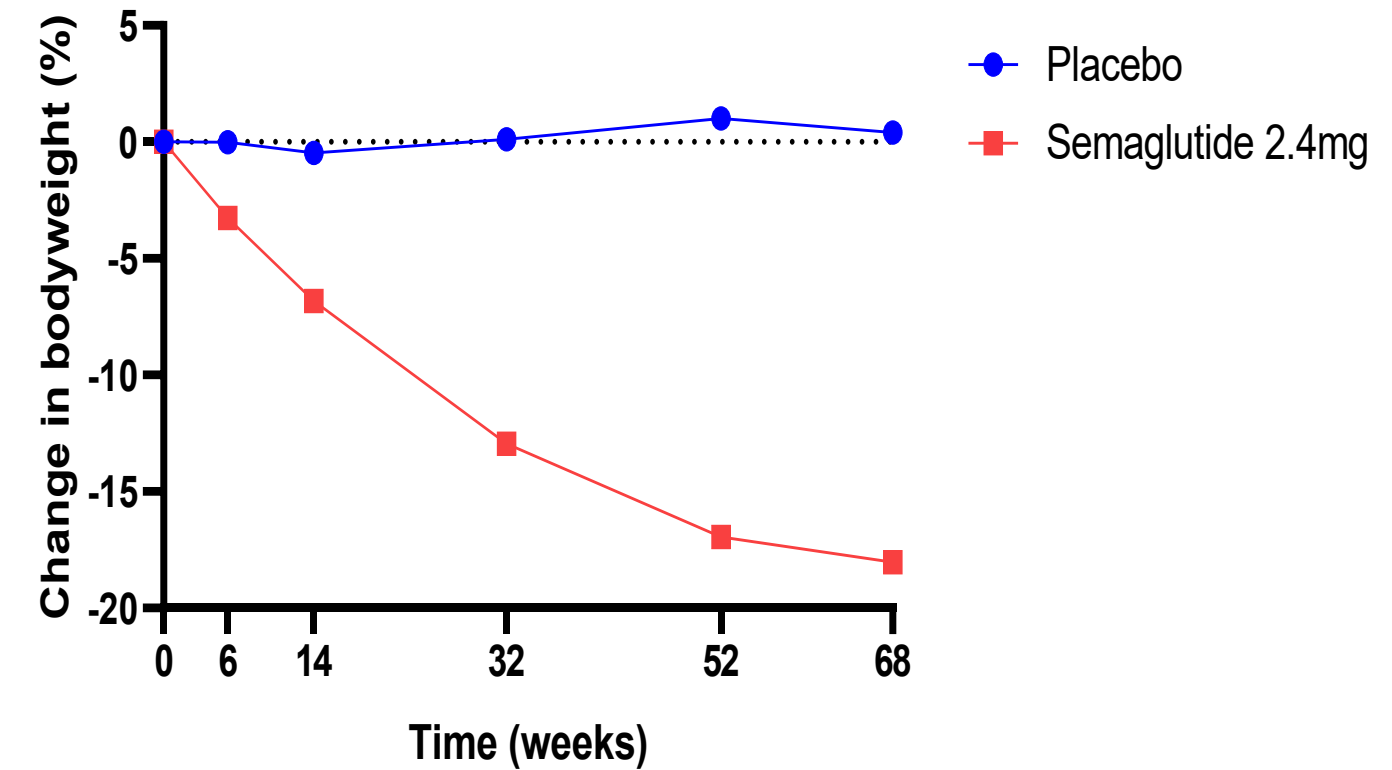
Comparison to STEP-1



Observed body weight change over time (STEP-1)



Observed body weight change over time (BARI-STEP)



Placebo: BARI-STEP [+0.4%], STEP-1 [-2.4%]

Semaglutide 2.4mg: BARI-STEP [-18.04%], STEP-1 [-14.9%]

ETD: BARI-STEP [-19.1%], STEP I [-12.4%]

Summary/conclusions

- Semaglutide 2.4mg weekly is safe and well tolerated in a population of patients with a suboptimal clinical response following primary MBS
- Nausea and decreased appetite were the most commonly reported adverse events
- 68 weeks of semaglutide 2.4mg or maximal tolerated dose, as an adjunct to diet and exercise, resulted in a clinically meaningful weight reduction (ETD -19.1%; -14.8 to -23.4 compared to placebo)
- Significant differences in Health Related Quality of Life (IWQOL-Lite) parameters at 68 weeks between Semaglutide 2.4mg and Placebo were observed.

Acknowledgements



BARI-STEP Trial Team:

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Maggie Clinton

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Bari-Step Trial Participants
UCL/UCLH BRC PPIE Network
Previous clinical research participants

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Andrew Jenkinson
Mohammed Elkalaawy

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Homerton University Hospital
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NIHR BRC
Sir Jules Thorn Charitable Trust



ANNE BROUWER

MASON LECTURE

Factors associated with postoperative hemorrhage in primary metabolic and bariatric surgery

A Nationwide analysis of patient characteristics, surgical- and stapling techniques

A.J. Brouwer, MD, PhD Student - Dutch Audit for Treatment of Obesity (DATO)
M. Kwakkelstein, MD, PhD Student - Franciscus Gasthuis & Vlietland

G. Vugts; J. Apers, M. Dunkelgrün; B.J. Noordman; R.S.L. Liem; S.W. Nienhuijs

Disclosures

Relevant disclosures

- > S.W. Nienhuijs has received an educational grant from Medtronic (paid to the institution).
- > R.S.L. Liem has received research funding from Medtronic (paid to the institution) and lecture fees from Johnson & Johnson, Medtronic, Olympus, and FitForMe.

None of these disclosures are related to this study.

Background

0.2–3.8%

Postoperative hemorrhages



Background

Previously reported associations

- > Male sex
- > Older age
- > Lower BMI
- > Comorbidities
- > DVT history
- > Anticoagulation or thromboprophylaxis
- > Revision surgery

Limited evidence

- > Surgical and stapling techniques
- > Tranexamic acid (TXA)
- > Thromboprophylaxis protocols

Background

Aim

Better identify the influence of patient characteristics, surgical and stapling techniques, thromboprophylaxis regimens and TXA use.

Methods

Inclusion criteria

Procedures

- > Sleeve gastrectomy
- > Bypass procedures
 - > One-Anastomosis
 - > Roux-en-Y



Timeframe

2015 – 2024

Data

> **DICA DATO**
Dutch Audit for Treatment of Obesity



Methods

Identify timeframes

- > Overview of changes per hospital between 2015-2024
- > Verification of stapling material timeframes per hospital by the manufacturers

Add specifications

- > Brand stapler
- > Powered/manual stapler
- > Staple line reinforcement
- > Omentopexy
- > Thromboprophylaxis regimen
- > TXA

Stapling device



Tranexamic acid (TXA) protocol

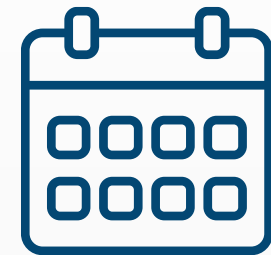


Methods

Outcome measures

Postoperative hemorrhages

Primary outcome



Secondary outcomes

Logistic regression analysis:

- > Clavien-Dindo grade ≥ 2 to include transfusions
- > Univariate analysis, multilevel analysis

Results

> Questionnaire completed by **18/21** bariatric centres

83,580/98,056 primary Sleeve Gastrectomy or Gastric bypass procedures included

18,701 (22.4%)
Sleeve Gastrectomy

64,879 (77.6%)
Bypass procedures

78.8%



45.0 (35-53)



17.3%



ASA III 65.2%



32.7%



Results – primary outcomes

1.2%

1,021 / 83,580 procedures
Clavien-Dindo grade $\geq$ II

1.8%

Sleeve gastrectomy

1.3%

Bypass procedures

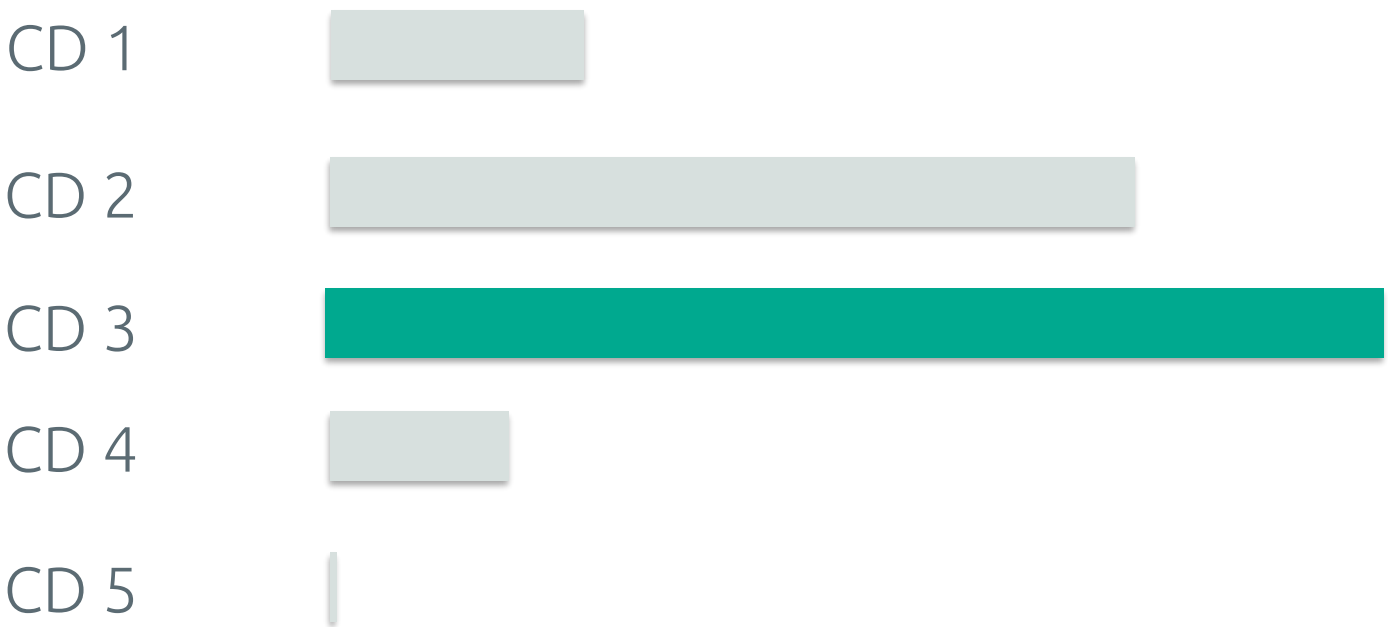
$p < 0.001$

Results – primary outcomes

1.2%

1,021 / 83,580 procedures
Clavien-Dindo grade ≥ II

Severity of postoperative hemorrhages



	Total	Sleeve gastrectomy	Bypass procedures
CD 1	11.0%	5.2%	13.3%
CD 2	35.0%	21.5%	40.5%
CD 3	45.9%	65.8%	37.8%
CD 4	7.8%	7.3%	8.0%
CD 5	0.3%	0.3%	0.4%

Results – secondary outcomes

		Patients without postoperative hemorrhage n = 82,559	Patients with a postoperative hemorrhage n = 1,021
	Length of stay	1 day 1-1	3 days 1-5
	Readmissions	4.7% 3907	23.9% 244
	Reinterventions	4.4% 3605	60.8% 621
	ICU admissions	0.2% 139	4.8% 49
	Mortality	0.04% 32	0.7% 7

All: p < 0.001

Results – secondary outcomes

	Sleeve gastrectomy (N=18,701)	Bypass variations (N=64,879)	p-value
Length of stay (in days) in patients with a postoperative hemorrhage, median ± IQR	4.0 (3.0-5.0)	3.0 (1.0-4.0)	<0.001
Reintervention rate due to postoperative hemorrhage			
Total	240/313 (76.7)	381/708 (53.8)	<0.001
Surgical procedure	232/240 (96.7)	286/381 (75.1)	
Endoscopic procedure	5/240 (2.1)	74/381 (19.4)	
Interventional radiology procedure	1/240 (0.4)	4/381 (1.0)	
Other	2/240 (0.8)	17/381 (4.5)	
Mortality due to postoperative hemorrhage	2/313 (0.6)	5/708 (0.7)	1.000

Results - Logistic regression analysis

Univariate analysis

- > Selection of variables based on significance ($p \leq 0.1$), data quality and clinical relevance

Variables included in the multilevel analysis:

- > Baseline characteristics
- > Surgical techniques and stapling material
- > Tromboprophylaxis / tranexamic acid protocols

Multilevel

- > Clustering on hospital level → corrected for by multilevel analysis

Multilevel analysis

- > Factors associated with postoperative hemorrhages Clavien-Dindo grade $\geq$ II
- > Based on 1.021 postoperative hemorrhages

Associated factors		Adjusted* odds ratio	95% CI OR	p-value
BMI (kg/m ²)		0.974	0.957 - 0.991	0.010
Prior stroke or TIA	No	Ref.		
	Yes	1.751	1.097 - 2.796	0.019
Hypertension	No	Ref.		
	Yes	1.341	1.080 - 1.665	0.008
Liver diseases (excl. MASLD)	No	Ref.		
	Yes	1.838	1.038 - 3.253	0.037

* Corrected for all other variables in the model: gender, age, type of procedure, peripheral arterial disease /AAA, diabetes, prior myocardial infarction, OSAS, dyslipidaemia, congestive heart failure, thromboprophylaxis agent, brand and type of stapling device, year of surgery

Conclusions

- > Postoperative hemorrhages CD ≥ 2 in 1.2% of procedures
- > Factors associated with postoperative hemorrhages:
 - > All related to patient characteristics or medical history
 - > No significant associations with surgical techniques, stapling material, thromboprophylaxis protocols and tranexamic acid

References

- > 1. Straatman J, Verhaak T, Demirkiran A, Harlaar NJ, Cense HA, Jonker FHW, et al. Risk factors for postoperative bleeding in bariatric surgery. Surg Obes Relat Dis. 2022;18(8):1057–65.
- > 2. Daigle CR, Brethauer SA, Tu C, Petrick AT, Morton JM, Schauer PR, et al. Which postoperative complications matter most after bariatric surgery? Prioritizing quality improvement efforts to improve national outcomes. Surg Obes Relat Dis. 2018;14(5):652–7.
- > 3. Sebastian R, Zevallos A, Cornejo J, Sarmiento J, Li C, Schweitzer M, et al. Predictors of postoperative bleeding after minimally invasive bariatric surgery. Surg Endosc. 2024;38(12):7195–201.
- > 4. Kollmann L, Gruber M, Lock JF, Germer CT, Seyfried F. Clinical Management of Major Postoperative Bleeding After Bariatric Surgery. Obes Surg. 2024;34(3):751–9.
- > 5. Bharani T, Agarwal D, Nimeri A, Tsai T, Ghushe N, Robinson M, et al. Evaluating National Trends in Bleeding Associated with Metabolic Bariatric Surgery over 7 Years. Obes Surg. 2025;35(10):4079–86.

Questions?



KHALED GAWDAT

IFSO PRESIDENT'S
AWARD 2026



IFSO

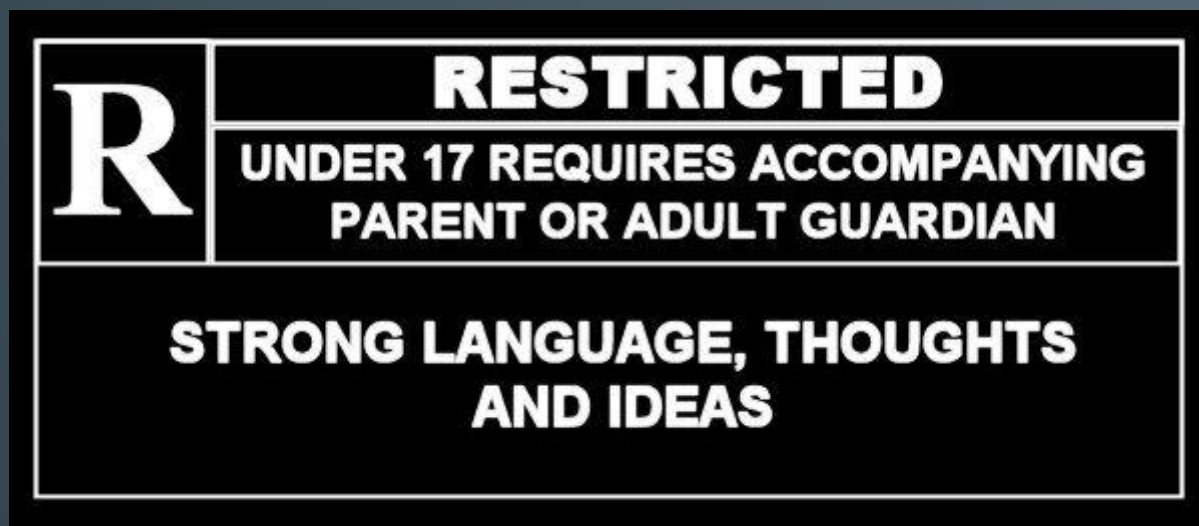
The Past

The Present

and The Future



Khaled Gawdat, M.D.
Ain Shams University Cairo Egypt
IFSO President 2025/2026

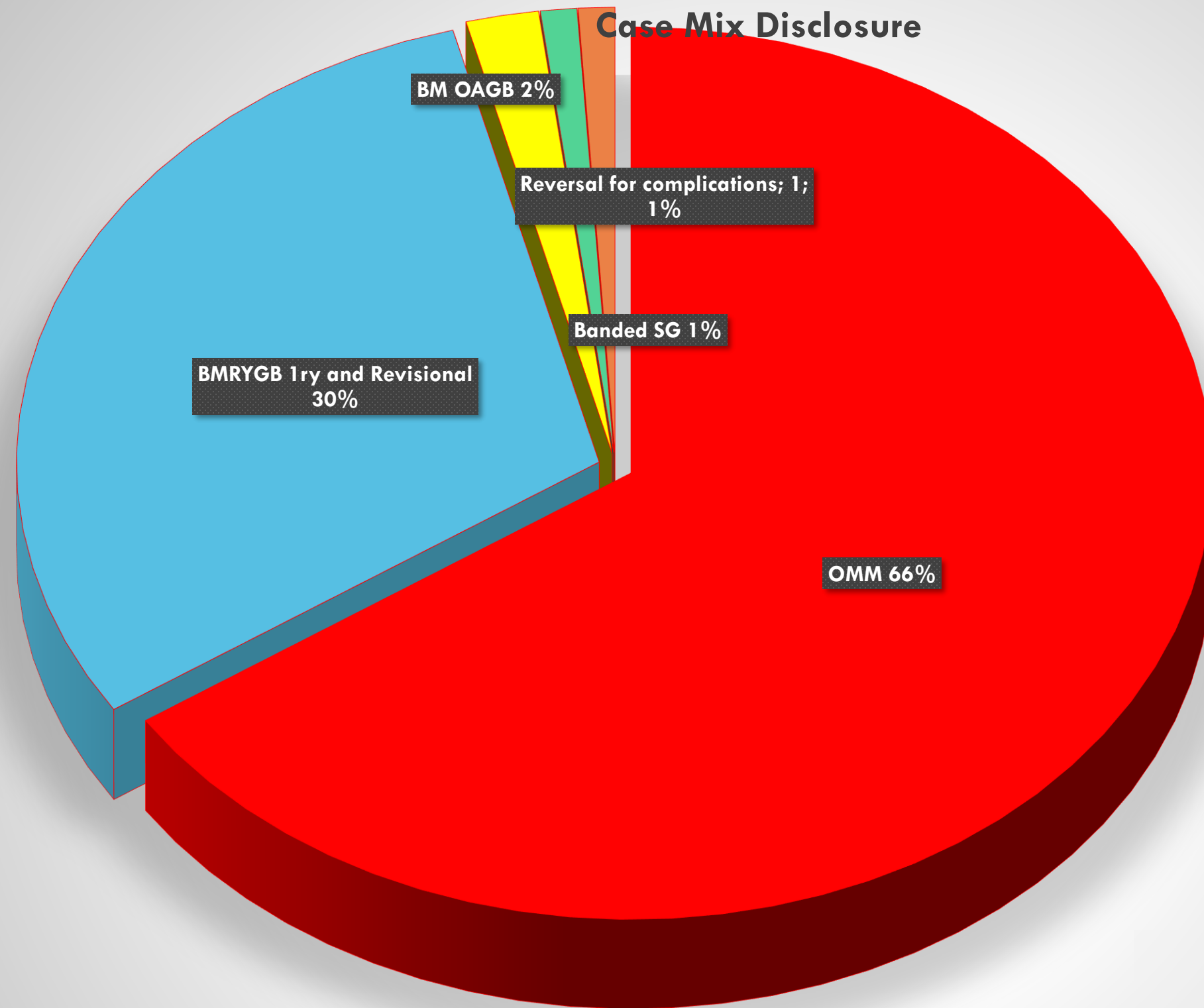


DISCLOSURES

- Unfortunately : NON



Case Mix Disclosure



- OMMs
- BMRYGB 1ry and Revisional
- BM OAGB
- Banded SG
- Reversal for complications

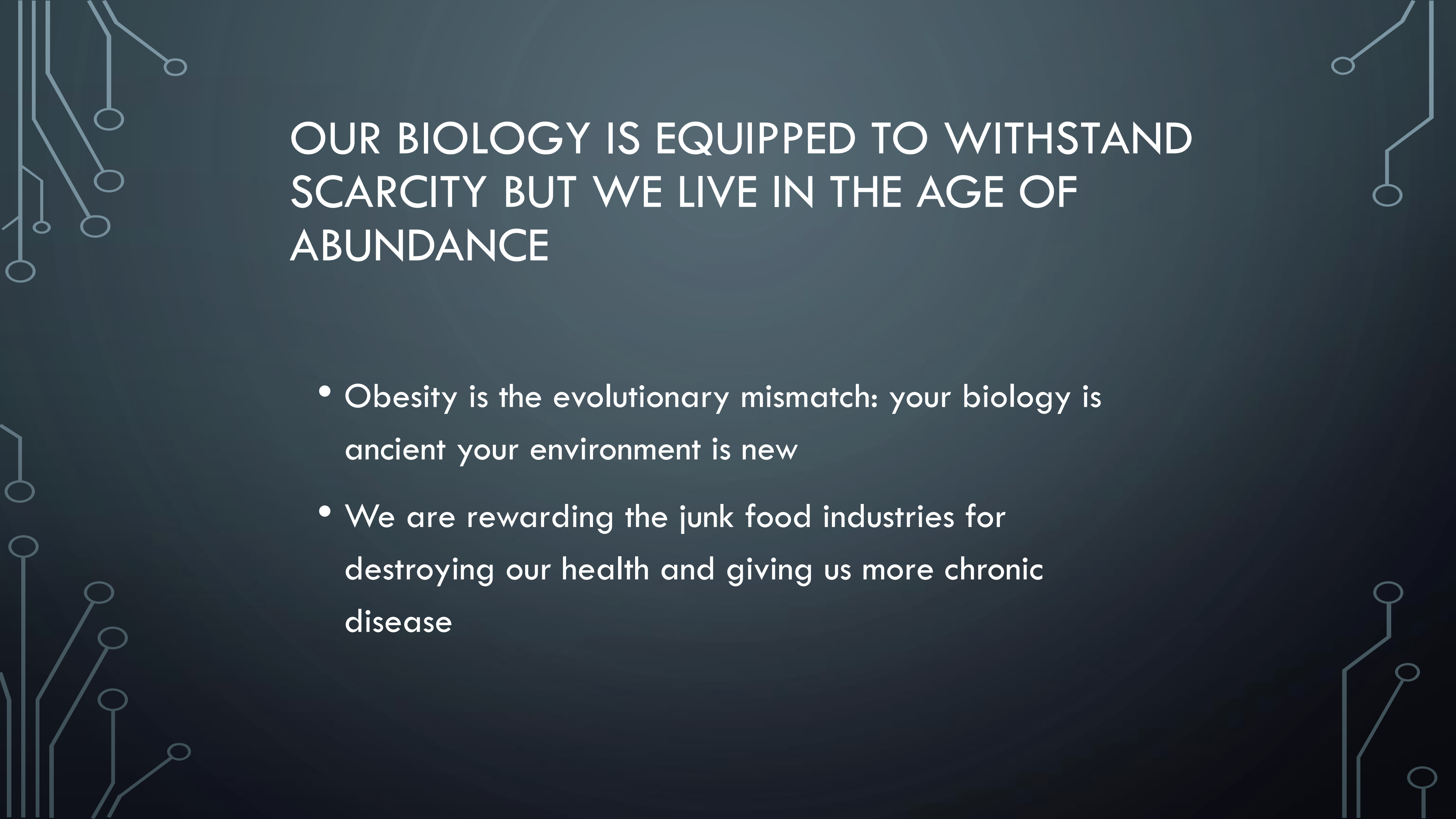
“If you want to tell people
the truth, make them
laugh, otherwise they’ll kill
you.”

— Oscar Wilde
www.facebook.com/poets01



“**Criticism** is something you can easily avoid by saying nothing, doing nothing, and being nothing” -
Aristotle

**Only dead fish swim with
the current**

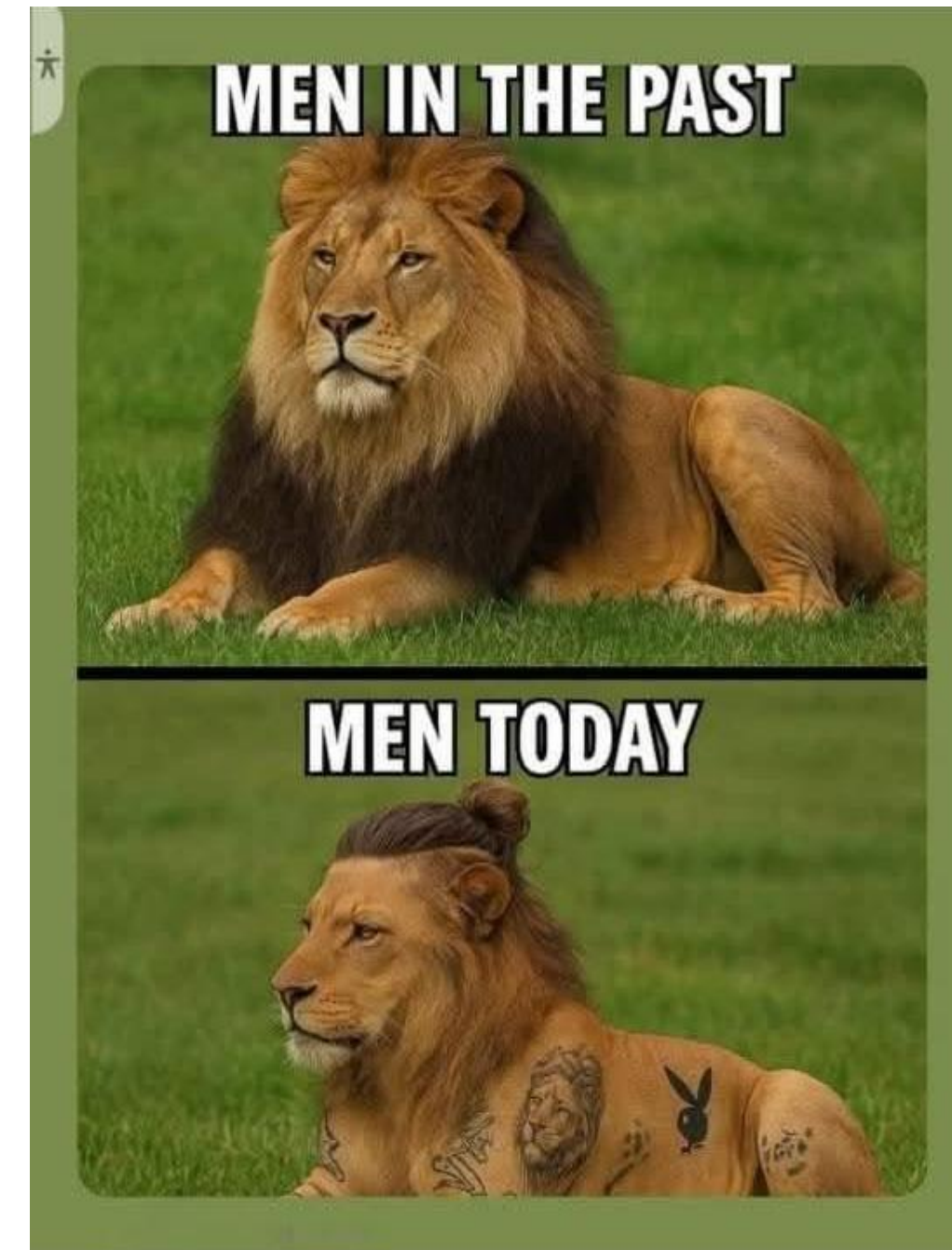
The background is a dark blue gradient. In the corners, there are abstract line art designs in a lighter blue color. These designs consist of vertical and diagonal lines of varying lengths, some ending in small circles, resembling a stylized circuit board or a network diagram.

OUR BIOLOGY IS EQUIPPED TO WITHSTAND SCARCITY BUT WE LIVE IN THE AGE OF ABUNDANCE

- Obesity is the evolutionary mismatch: your biology is ancient your environment is new
- We are rewarding the junk food industries for destroying our health and giving us more chronic disease



- The Past
- The Present
- And The Future



IFSO Meetings = Sea Of Mentors

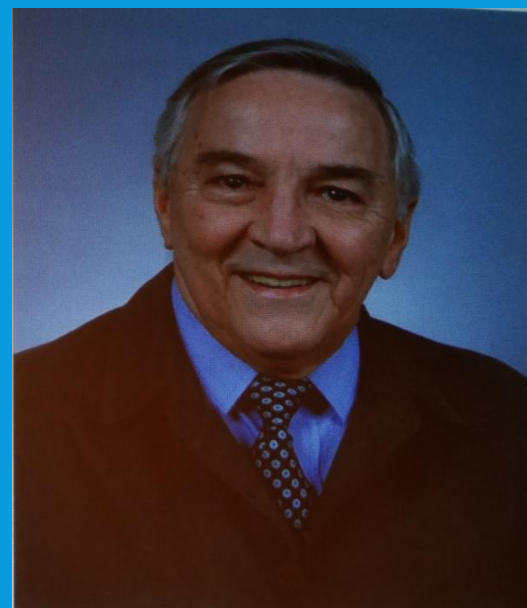
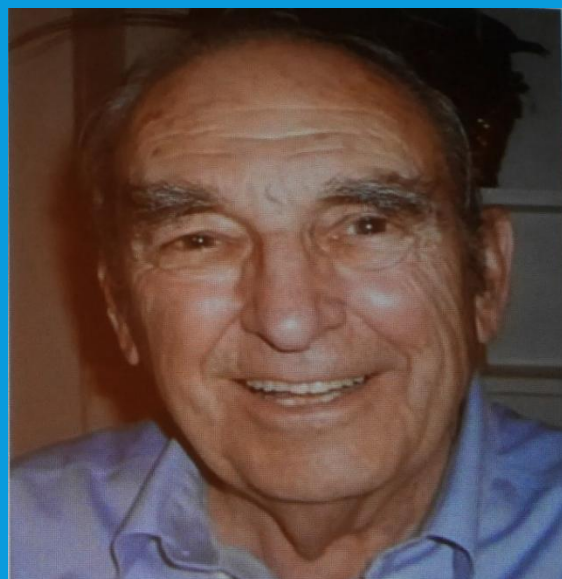


IFSO Meetings

- **Get to know the unpublished truth**
- **44 lap bands in 1999**
- **My Australian friend told me the Lap Band truth**
- **Lap Band now obsolete? science vs WOM**

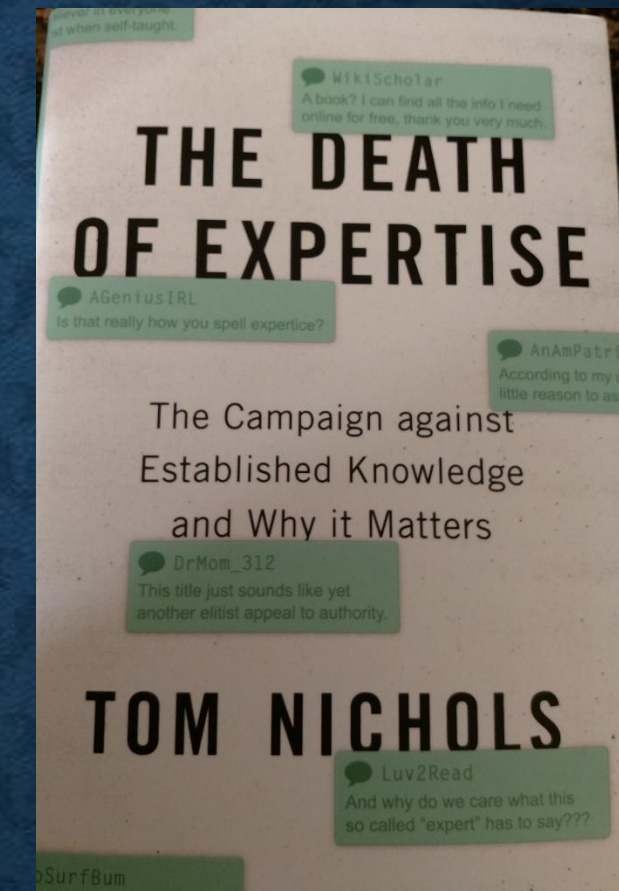
THE DUODENAL SWITCH GROUP

- Annual Meeting ASMBS (ASBS)
- Hess, Maurcoux, Scopinaro, Baltasar.
- 100 cm cc, the role of thirds,
- Baltasar Publications Smaller Bougie, Shorter CC
- My experience 65 open DS, Guess What? They sometimes fail



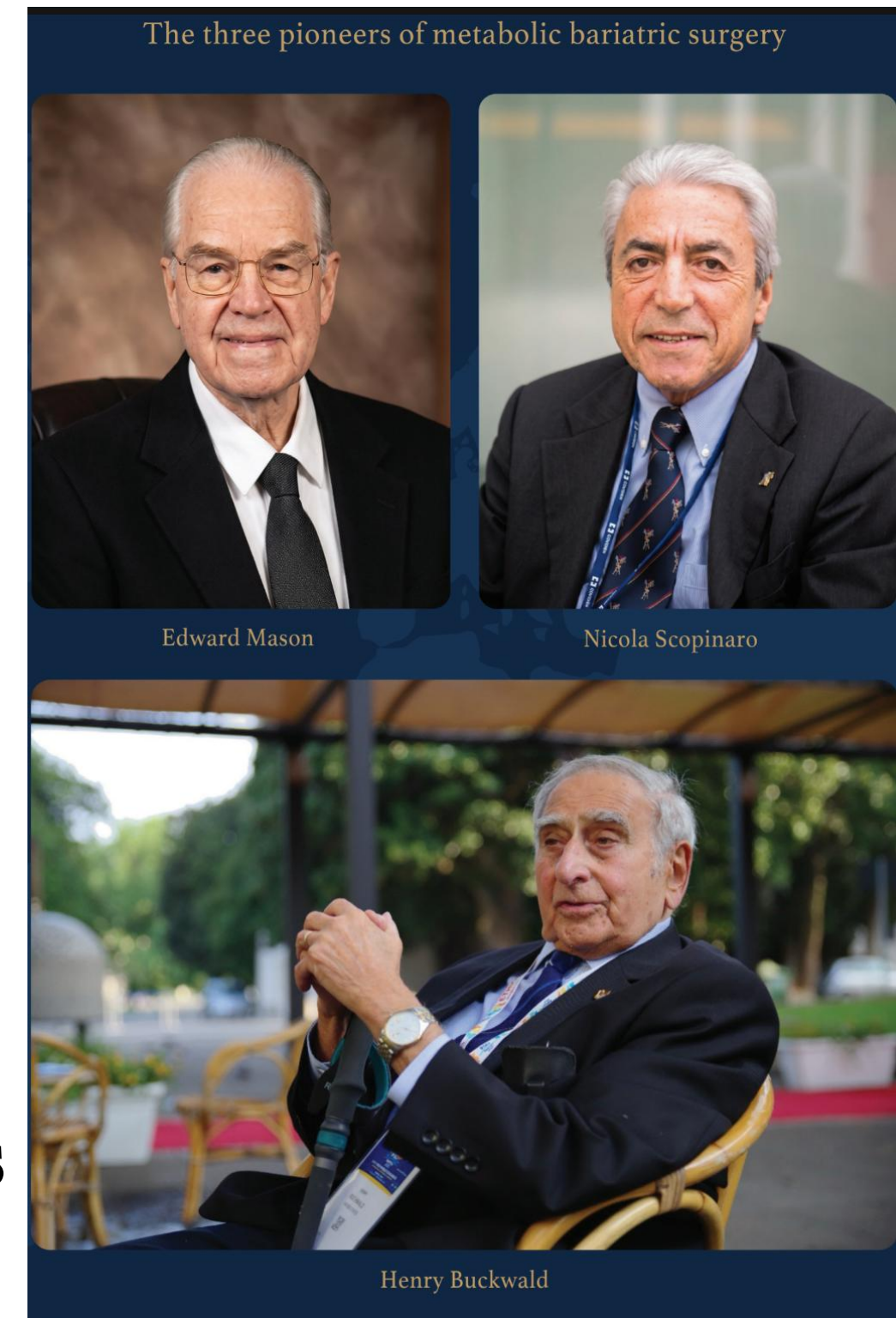
WHEN EXPERTS GO BAD

- **When actual experts lie, They endanger not only their own profession but also the well being of their clients.**
- **Academic freedom is not a license to produce sloppy or internationally misleading research.**
- **The gold standard of any scientific study is weather it can be replicated. (Lapband Blues)**



IFSO The Past

- **Bariatric surgery have gone a long way to change from a highly controversial and highly criticized practice to a respected cornerstone of modern medicine**
- **Era of Skepticism and the jejunoileal bypass 1950-1960s**
- **Earning legitimacy: Key Milestones:
The shift to gastric bypass 1960s
Institutional Validation NIH Consensus 1991. The laparoscopic Revolution 1993-2000**



The Metabolic Paradigm Shift

- Perhaps the greatest catalyst for the specialty's current prestige was the realization that these operations do more than physically restrict food- they actively alter gut hormones.
- The discovery fundamentally shifted the medical consensus . Bariatric surgery is no longer viewed as a mechanical weight loss tool; it was reclassified as metabolic surgery

Stockholm 1995



Fig. 1. Early founders, Stockholm 1995, on the eve of IFSO's founding



Echuca meeting 1993: Nicola Scopinaro with his singing companions



Echuca meeting 1993: Mitiku Belachew, Luc Lemmons, Harry Frydenberg



Cairns 2009: Harry Frydenberg, Lilian Kow, Rob Fris, Muffi Lakdawala, Pradeep Chowbey, Mal Fobi, Isao Sasaki



Cairns 2009: Isao Kawamura, Harry Frydenberg, Muffazal Lakdawala, John Dixon, Kazunori Kasama

The First IFSO International Congress: Prague, Czech Republic (1996) Martin Fried

Obesity Surgery, 6, 285–295

PLEASE BRING THIS ISSUE TO THE MEETING

The Tenth International Symposium on Obesity Surgery

**The First Congress of the International Federation
for the Surgery of Obesity (IFSO)**

26–29 September 1996
Renaissance Hotel, Prague, Czech Republic

PROGRAMME

Under the Auspices of: **Karel Malý**, *Rector of Charles University, Prague*; **Petr Hach**,
Dean of the First Medical School of Charles University, Prague; **Dana Kocourková**,
Director of the General Faculty Hospital, Prague

Organized by: **The International Federation for the Surgery of Obesity (IFSO)**; **The Czech
Society for Obesity Treatment**; **Intercongress s.r.o.**

President of the IFSO
Nicola Scopinaro

President of the Congress
Vice President of the IFSO
Martin Fried

Director of Intercongress
Zdena Jizbová

Members of the Organizing Committee

V. Hainer
M. Pešková
M. Kunešová
M. Kasalický

1999 The Laparoscopic Explosion

- ▶ LAGB, SAGB Belachew, Forssil 1993
- ▶ Lap RYGB Wittgroove and Clark 1993
- ▶ Lap OAGB MGB Ruthlege 1998
- ▶ Lap duodenal switch, Lap BPD 1999,2000 Gagnier

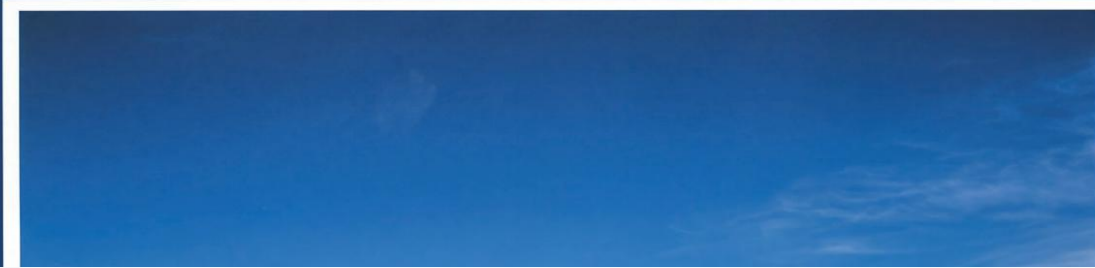


ISLOS

FIRST INTERNATIONAL SYMPOSIUM ON LAPAROSCOPIC OBESITY SURGERY

FOURTH NATIONAL MEETING

FINAL PROGRAM



FIRST INTERNATIONAL SYMPOSIUM ON LAPAROSCOPIC OBESITY SURGERY

ISLOS

March 18-20, 1999 - CONTINENTAL HOTEL - NAPLES - ITALY

1st ISLOS

Represented Countries (25)

- Argentina
- Austria
- Belgium
- Brazil
- Canada
- Czech Republic
- Egypt
- France
- Germany
- Greece
- Israel
- Italy
- Mexico
- Poland
- Portugal
- Russia
- Saudi Arabia
- Slovakia
- Spain
- Sweden
- Switzerland
- The Netherlands
- Ukraine
- USA
- Yugoslavia

March 18-20, 1999 - Naples, Italy



Laparoscopic Bariatric Surgery

ISLOS 1999



"A funny and philosophical meditation on why error is mostly a humane, courageous, and extremely desirable human trait. . . . If admiring [this book] is wrong, I don't want to be right."
— DWIGHT GARNER, *New York Times*

BEING WRONG



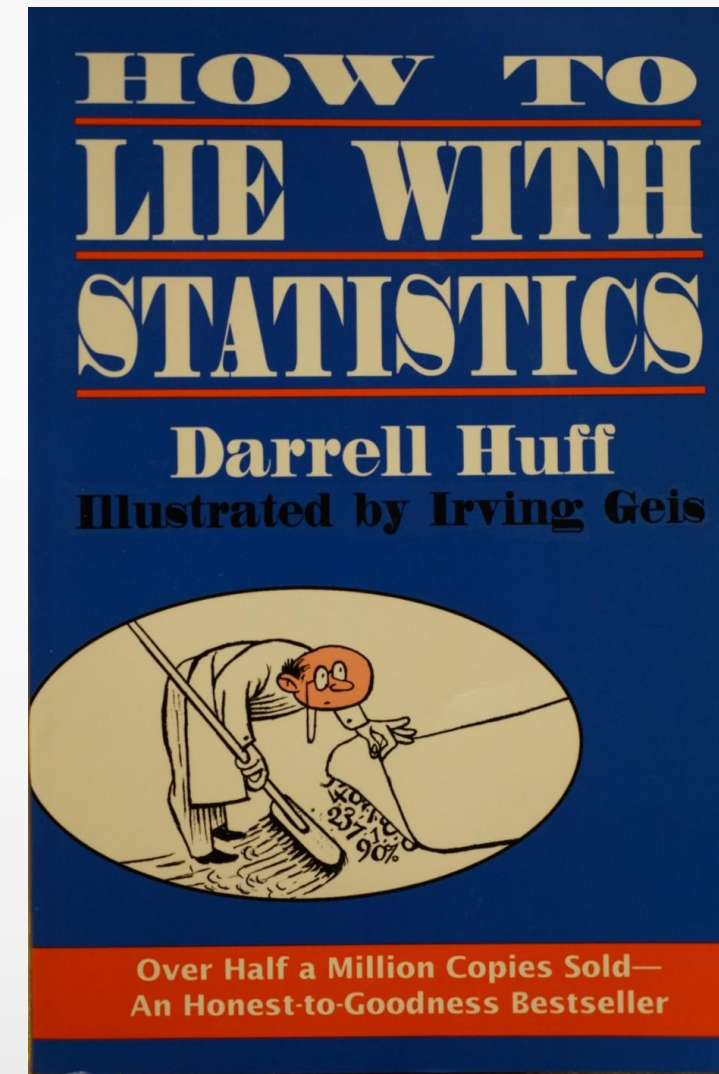
Adventures in the Margin of Error

KATHRYN SCHULZ

- On average: humans have one testicle

Misinforming people by the use of statistical material
might be called statistical manipulation
(Statisticulation)

*The blackest lie is a partial truth that leads you to the wrong
conclusion*



IFSO the present 2000-2026

The Golden Years

- Exponential growth with hundreds of thousands of cases annually
- Better work dynamics from 100-200 open cases/year/surgeons to 10000 laparoendoscopic cases/year /surgeon
- Demise of some procedures VBG/LAGB, Uprise of other procedures Sleeve Gastrectomy
- Metabolic Surgery
- Bariatric surgery is superior to Lifestyle modification + medications
- The Fanboy phenomenon.
- We have enjoyed great and progressive success and along the way few bad things happened



Cyber Chondriacs

Google Doctors Phenomenon

- Human Nature for people to search for symptoms they are having
- 10 minutes later they are more confused and more concerned
- A billion searches on health every day
- Information isn't Knowledge
- Cyber Chondriacs and Algorithm driven results and confirmation bias.
- The need to check the credentials before trusting the source
- Why not try it, what's the harm
- Google education: talk about it to someone that you trust
- I know I have GE reflux but still I want a sleeve, only a sleeve, nothing but a sleeve (misinformed harmed by the well informed for financial gain)

The Hermit Scientist (paranoid self declared genius)

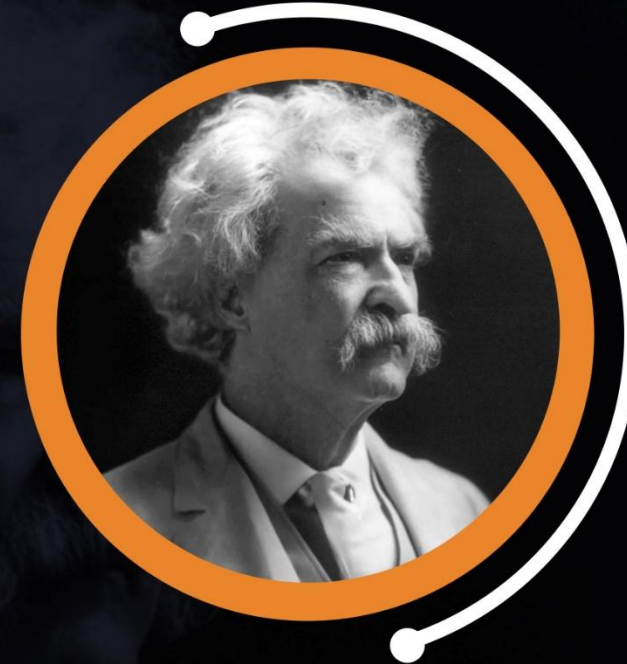
- 1-He considers himself a genius
- 2-He regards his colleagues, without exception, as ignorant blockheads
- 3-He believes himself unjustly persecuted and discriminated against
- 4-He has strong compulsions to focus his attacks on the greatest scientists and the best established theories
- 5-He often has a tendency to write in a complex jargon, in many cases making use of terms and phrases he himself has coined.

BARIATRIC SURGERY COMMERCIALIZATION

- 1999 massive YouTube and social media campaigns.
- Misleading names Mini Gastric bypass
- Price wars 8K \$ vs 25 K \$ economic drive.
- Low pay, low quality care, internet follow up only
- Despite the no follow up 5 years data get published
- Banned in the US
- Spain 200-350 cm BP length with zero mal absorption published then retracted paper
- 30-50 sleeves per day surgeons. (no pre or post operative care, no fu)

BARIATRIC LITERATURE WITH POOR DATA

PHILOSOPHICAL RHYTHMS



“ If you don't read the
newspaper, you're uninformed.
If you read the newspaper,
you're mis-informed.”

~ Mark Twain

Low q

al

2002 SAO PAULO



**THE GREATEST OF
MANKIND'S CRIMINALS
ARE THOSE WHO DELUDE
THEMSELVES INTO
THINKING THEY HAVE
DONE THE RIGHT THING**

- When bad people.
- When Mor
- You can talk scientific f
- Science te
time but science doesn't tell you if you should or shouldn't do that.

**“Facts do not cease to
exist because they are
ignored.”**

— Aldous Huxley

dead bad

t the

re a rough

***A lie often told becomes
the truth***

Obesity Surgery: Scott Shikora



IFSO : THE FUTURE



1999: A day will come when people will laugh at us for performing extreme gastrointestinal alterations to achieve weight loss. With time drug companies will make a drug that give similar effect without surgery.

HISTORY OF OBESITY TREATMENT

Life style modification diet and exercise. Doesn't work

1960s Amphetamine: Honey moon then addiction = Pulled

1990s Phenphen Redux Honey moon then Valvular heart disease= Pulled 3.75 billion \$ settelment

1997 Reductil, Meridia Honey moon then mental changes , suicide increased risks of heart attacks and strokes + pulled

2000s Bariatric surgery Honey moon then recurrent weight regain %

2014 GLP1s Liraglutide/Saxenda

2021-present the next generation boom Semaglutide, Wagovy

Tirzepatide Dual GLP1 Honey moon Then??????? 80% of People stop taking it at 2 years, drug tolerance, weight plateau, life long commitment



The Lancet

Volume 254, Issue 6574, 27 August 1949, Pages 358-360

ORIGINAL ARTICLES

THE SEVEN SINS OF MEDICINE ☆

Richard Asher M.D. Lond., M.R.C.P. (PHYSICIAN,
CENTRAL MIDDLESEX HOSPITAL)



Specialise without developing tunnel vision.

CME INDIA

THE SEVEN SINS OF MEDICINE

Timeless Lessons by Richard Asher



Richard Asher, MD, MRCP
Physician, Central Middlesex Hospital

Lecture delivered: 17 March 1948,
University College Hospital Medical Society.

Published: 27 August 1949, The Lancet.

“ These sins are not of omission of knowledge, but of attitude, feeling that the origin of the simplest psychiatric problems lies in habits incurred in which only the expert can point with impunity. ”

— Richard Asher

TAKE-HOME

More than 75 years later, Asher's message sounds surprisingly modern.



Speak clearly.



Listen carefully.



Explain without frightening.



Investigate only when useful.



Treat patients courteously.

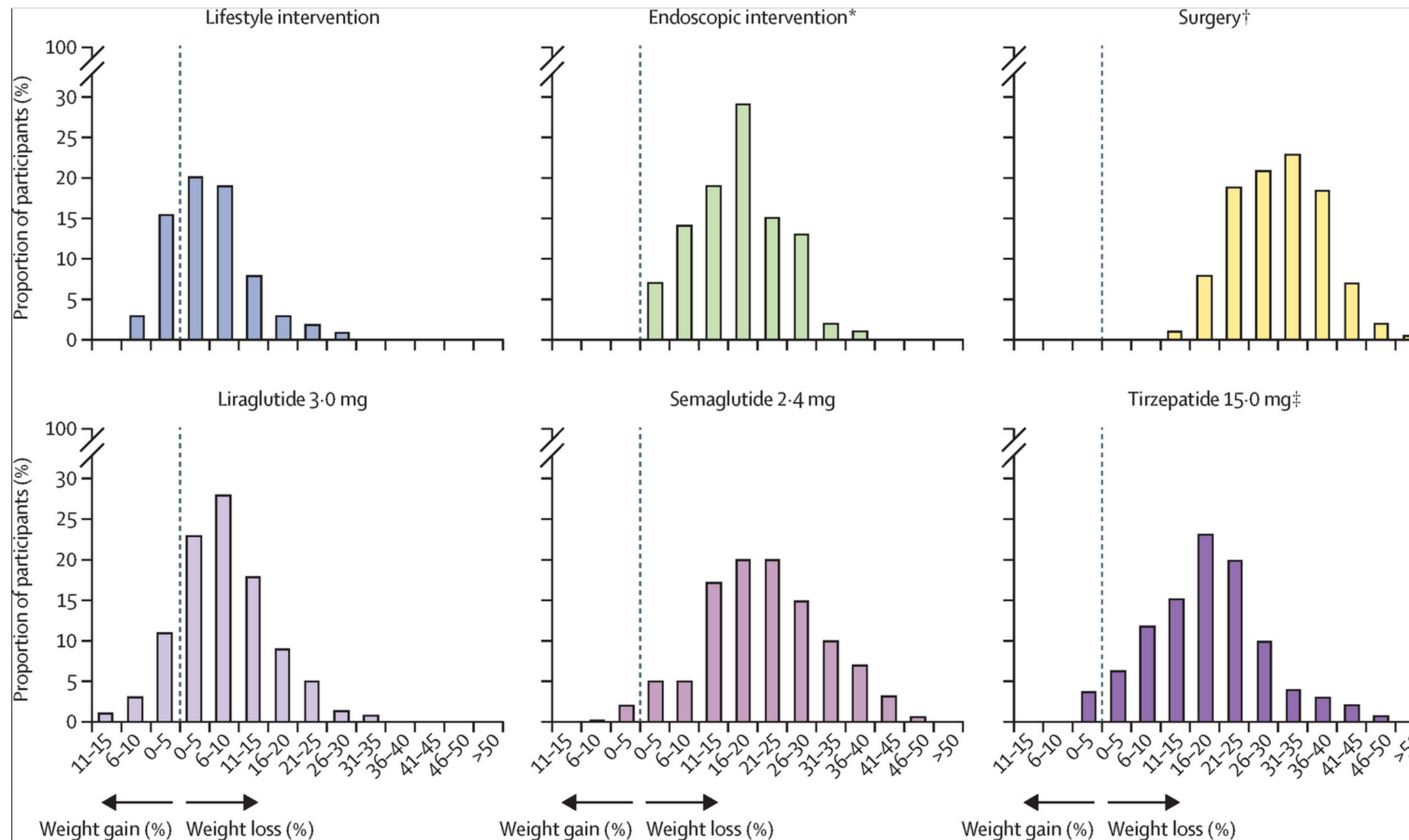


Specialise without developing tunnel vision.



And above all—never become too lazy to listen, examine and think.

Heterogeneous response to obesity treatments



There is no magic bullet for obesity



Ildiko Lingvay, Priya Sumithran,
Carel W le Roux, *Ricardo V Cohen
ricardo.cohen@haoc.com.br

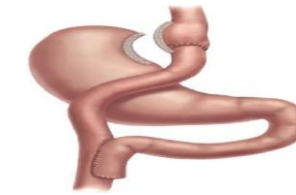
Lancet DE, July 2023



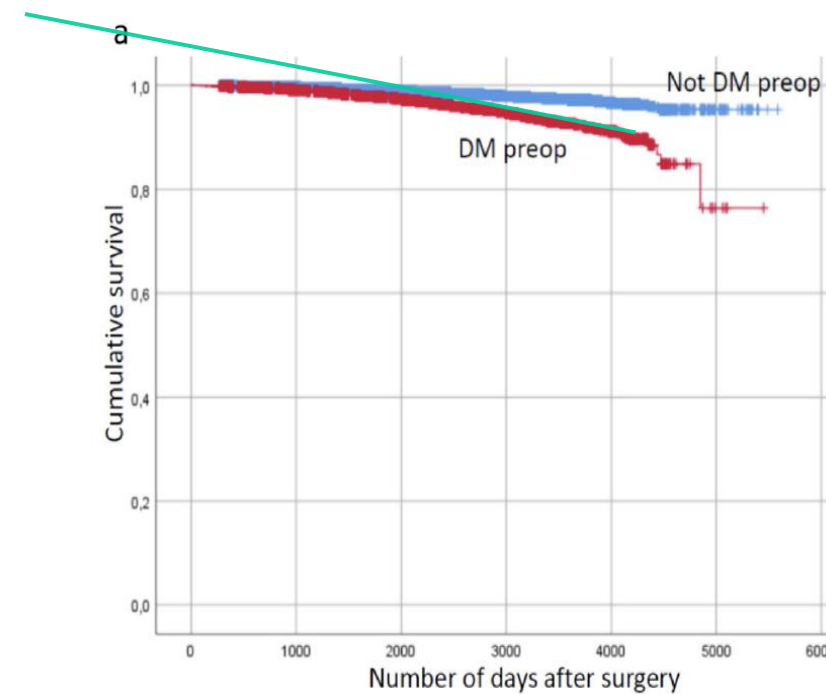
Bariatric Surgery: There Is a Room for Improvement to Reduce Mortality in Patients with Type 2 Diabetes

Carel W. le Roux¹ · Johan Ottosson^{2,3} · Erik Näslund^{2,4} · Ricardo V. Cohen⁵ · Erik Stenberg^{2,3} · Magnus Sundbom^{2,6} · Ingmar Näslund^{2,3}

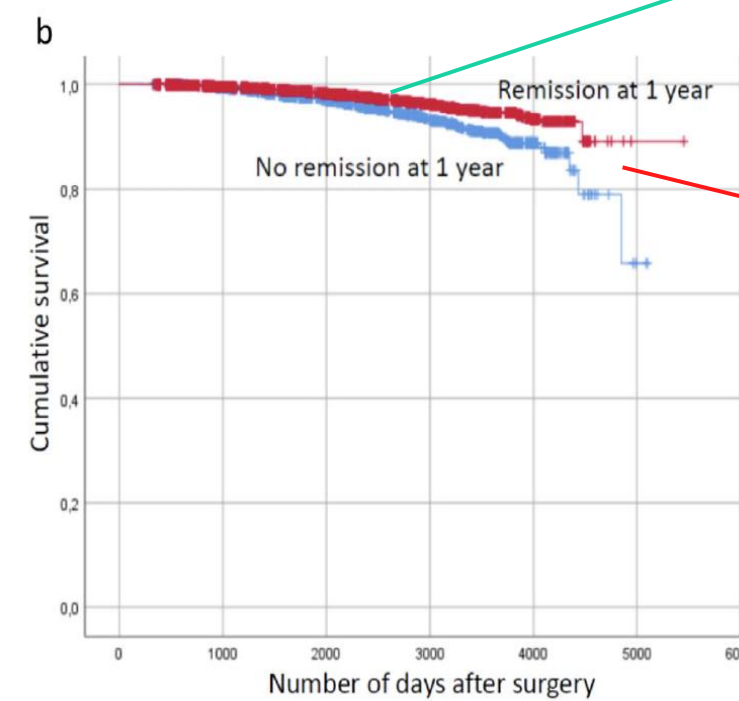
Received: 6 July 2020 / Revised: 13 August 2020 / Accepted: 14 August 2020
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RYGB pts with T2D
have higher
mortality during FU
than **without T2D**



SoReg, Scandinavian Obesity
Surgery Registry
65,345 pts up to 10y FU, all
after RYGB



Adjuvative
pharmacotherapy

Lower mortality
if T2D remission
@1y

Pending questions of modern pharmacotherapy



- **Real world**
- Long-term adherence
 - \$\$
 - Access
 - Polypharmacy
 - Tolerability (short and long-term 27% dropout in Select)
- Long-term efficacy
- Side effects
- Extreme obesity



Collaborative Research

BJS, 2024, znae283

<https://doi.org/10.1093/bjs/znae283>

Collaborative Research Proceedings

International consensus position statement on the role of obesity management medications in the context of metabolic bariatric surgery: expert guideline by the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)

Ricardo V. Cohen^{1,*} , Luca Busetto² , Randy Levinson³, Carel W. Le Roux⁴, Paulina Salminen^{5,6}  and Gerhard Prager⁷ on behalf of the experts of the International Consensus on the Role of Obesity Management Medications in the Context of Metabolic Bariatric Surgery



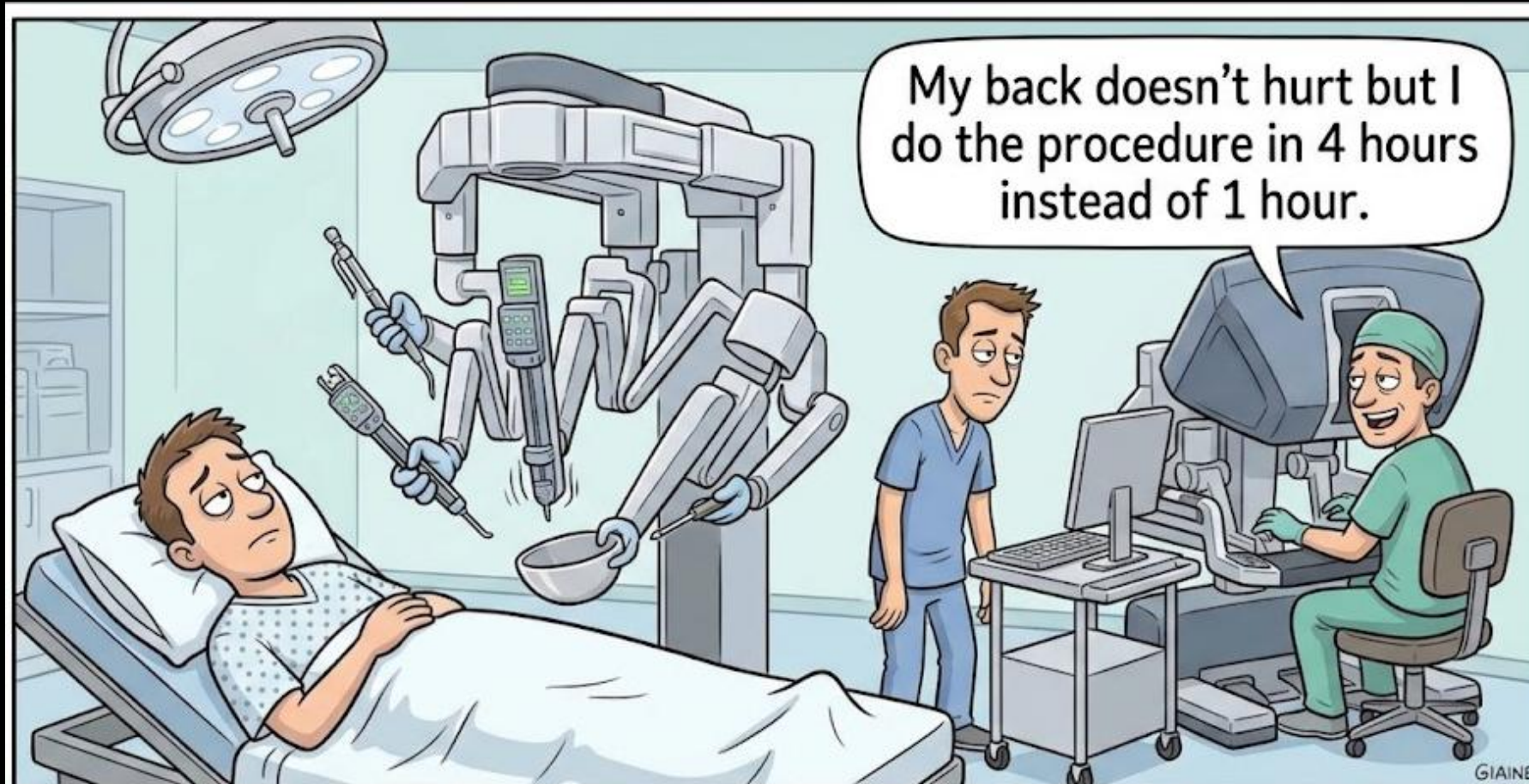
EndoQuest

- Endoscopy
- Mucosal
- Robotics
- Magnetic surgery



EndoQuest

EndoQuest



BMS

Candidates in the new obesity treatment era

Pts preference

Extreme Obesity BMI > 45-50

Suboptimal response to med tx

Intolerance to
pharmacotherapy

International Federation for the Surgery of Obesity statement on metabolic bariatric surgery after pharmacotherapy-induced weight loss in clinical obesity

Lancet Diabetes Endocrinol 2025

Published Online

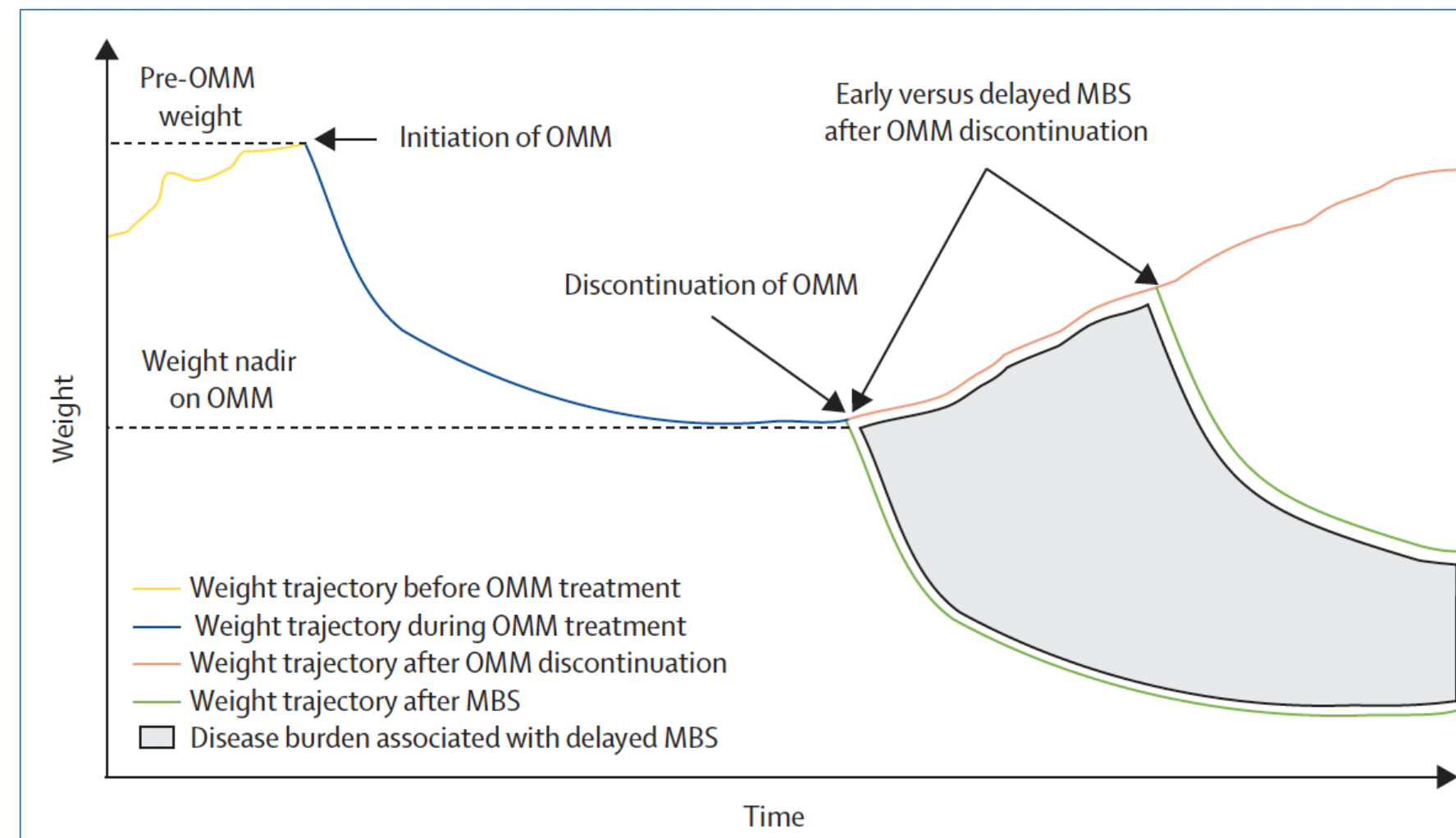
July 22, 2025

[https://doi.org/10.1016/](https://doi.org/10.1016/S2213-8587(25)00198-6)

S2213-8587(25)00198-6

*Ricardo V Cohen, Gerhard Prager, Carel W le Roux,
Ildiko Lingvay, Paulina Salminen
ricardo.cohen@haoc.com.br

- Good outcomes, however:
- Lack of access
- Long-term side effects
- Cost of continued Tx
- “I don’t want it anymore”



- Obesity management is no longer just about weight reduction — it is about metabolic health, cardiovascular risk reduction, reversal of insulin resistance, gut-brain axis modulation, and long-term sustainability.
- The science is evolving rapidly, and we are witnessing a paradigm shift: • From calorie-centric thinking to metabolic reprogramming • From short-term weight loss to chronic disease modification • From isolated interventions to precision, phenotype-based treatment strategies • From stigma to science
- clinical insights from years of hands-on experience — what works in the real world, where the gaps remain, and how emerging pharmacotherapy, incretin science, combination approaches, and lifestyle integration will redefine outcomes over the next decade.
- The most exciting part? We are just at the beginning. The future of obesity care is evidence-driven, individualized, and transformative

What lies Ahead

- IFSO
- International
- Federation
- Surgery
- And other therapies of
- Obesity

Other Therapies

3 Non-Surgical Sections

.Integrated health

.Obesity Medicine

.Endoscopy

IFSO the number 1 obesity treatment organization



The Real Question is no longer Which is better OMM or MBS?

- **Bariatric surgery and GLP1 medications: when to use along the chronic obesity management timeline? When What and How?**

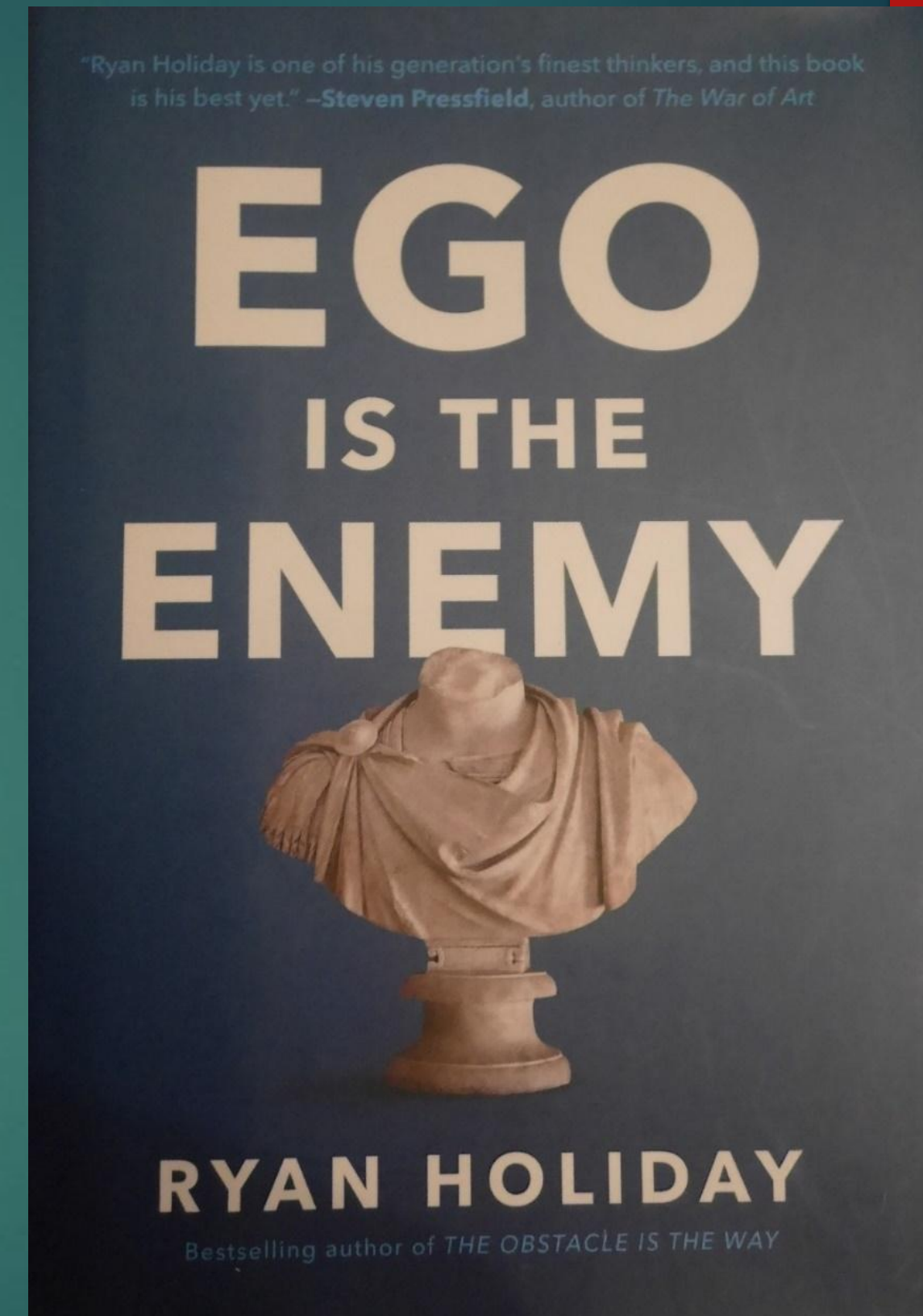
COMBINATION THERAPY IS THE FUTURE

- Medical treatment good outcomes with low long-term compliance combine with bariatric surgery
- Endoscopic procedures have less powerful effects than bariatric surgery, augment effect with medications
- Some bariatric procedure have high rate of recurrent weight gain, use medications to treat recurrence and reduce the rate of revisional surgery
- Endoscopic treatment can help with recurrent weight gain after bariatric surgery and vice versa



**The trouble with many of us is
that we would rather be ruined
by praise, than saved by
criticism**

Ego is the anesthesia
that deadens the pain
of stupidity Dr Rick
Rigsby



IFSO Global Fellowship 2026

One curriculum worldwide, cross country compatibility

Minimum enrollment requirements are set

Target Phase one : APC and IFSO

MENAc

Several delays because of wars

National societies contacted: 3 countries ready to enroll

IFSO Melbourne Jeopardy session

- The most commonly performed bariatric procedure in the 80s and early 90s
- VBG Vertical banded gastroplasty 5%
- Who invented VBG
- Ed Mason < 5%



Jane N. Buchwald: (IFSO Member)

A world-class scientific research writer, editor, and educator who has contributed so much to IFSO over many years. Jane worked tirelessly on editing, correcting, and shaping this manuscript into its final form. Simply put, if it were not for her extraordinary effort and dedication, this book would have never seen the light of day.



Manuela Mazzarella (IFSO Chief Operating Officer)

For her indefatigable dedication, administrative push, and sheer determination. Manuela's relentless drive was the central force that propelled us through every tight deadline, overcame every organizational barrier, and turned the vision of an available, printed volume into a tangible reality.



Stefanie D'Arco (IFSO Membership & Communication Manager)

For her diligent efforts in coordination, communication, and meticulous detail management. Stefanie played a vital role in keeping information flowing smoothly and driving the project through to completion without compromising on quality.

Meaghan Thomson



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*The great majority of photographs of individuals and events were taken and provided for the book by the Editor, Dr. Gawdat.



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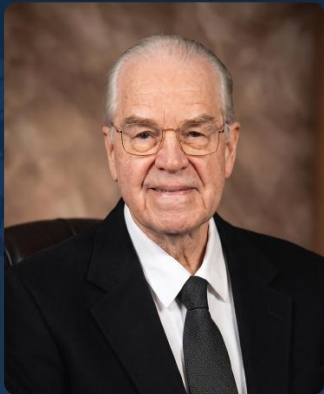


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Jackson North Medical Center
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The three pioneers of metabolic bariatric surgery



Edward Mason



Nicola Scopinaro



Henry Buchwald

establishing an international scientific federation dedicated to obesity surgery. The discussions reflected a growing consensus: while national societies were essential, the increasing complexity and scientific importance of obesity treatment demanded a broader scope and structure. The Minneapolis ASBS meeting did not mark the official birth of IFSO, but it represented the beginning of a shared vision - one that would soon evolve into a global federation that could advance clinical excellence, surgical and surgical research education, and patient advocacy.

Stockholm 1995: The Foundation of IFSO

Momentum continued to build throughout the following year through a series of discussions among leaders in MBS. In 1995, during the 9th International Obesity Surgery Symposium in Stockholm, Sweden, these efforts culminated in the founding of a new international organization, the International Federation for the Surgery of Obesity (IFSO).

At the inaugural meeting, Nicola Scopinaro, whose leadership and commitment to international scientific collaboration had already profoundly influenced the field, was elected the first, and honorary lifetime President of IFSO. He was joined by an international leadership group representing multiple regions of the world:



Nicola Scopinaro
ITALY
President



George Cowan
USA
Secretary-Treasurer



Mervyn Deitel
CANADA
Vice President



Martin Fried
Czech Republic
Vice President



Andrew Jamieson
Australia
Vice President

The founding Executive Board also included Rafael Alvarez Cordero (Mexico), Arthur Garrido Jr. (Brazil), Ross Fox (USA), Roberto Tacchino (Italy), Lars Backman (Sweden), Ingmar Naslund (Sweden), Mitiku Belachew (Belgium), Eliezer Avinoach (Israel), D. Van Nostrand (USA), and Emanuel Hell (Austria) [Fig. 1].



Fig. 1. Early founders, Stockholm 1995, on the eve of IFSO's founding



HISTORY BOOK

30
YEARS

OF ADVANCING
METABOLIC BARIATRIC SURGERY

Khaled Gawdat, Editor

INSPIRING EXCELLENCE. TRANSFORMING LIVES.

“Don’t waste your time
with explanations: people
only hear what they want
to hear.”

— Paulo Coelho
www.facebook.com/01poets



PHILOSOPHICAL RHYTHMS



“The aim of argument should
not be victory, but
progress..”

~ Karl Popper

“Hell is truth seen too
late.”

— Thomas Hobbes
www.facebook.com/poets01



**THERE ARE
PATIENTS WHOM
WE CANNOT HELP
BUT THERE ARE
NONE WHOM WE
CANNOT HARM
ALFRED CUSCHIERI**



- **The Truth will
set you free, but
first it will piss
you off**

Conclusion

- **IFSO is growing to become the world leader in Obesity treatment**
- **Combination therapy is the way to go in the chronic obesity management**
- **A drop in surgical case volume is expected and it is also expected to rise again.**
- **IFSO had a great Past and is destined to a great future**
- **As a bariatric surgeon be open to the possibility of revising your position and changing your practice**
- **Do not believe every thing you hear. Treat Non reproducible results as Fake news. Your patients well being is not the literature responsibility.**



JAIIME PONCE

IFSO PRESIDENT
2026-2027



PRESIDENT'S OATH

I DO SOLEMNLY SWEAR THAT I WILL FAITHFULLY
EXECUTE THE OFFICE OF PRESIDENT OF THE
INTERNATIONAL FEDERATION FOR THE SURGERY AND
OTHER THERAPIES FOR OBESITY, AND WILL TO THE BEST
OF MY ABILITY CARRY OUT THE MISSION OF IFSO





MUFFAZAL LAKDAWALA

IFSO PRESIDENT ELECT
2026-2027



CONGRESS PRESIDENTS
OF IFSO PARIS 2027



**FRANÇOIS
PATTOU**



**DAVID
NOCICA**

