Metabolic Bariatric Surgeons Should Control the Obesity Treatment Pipeline

From Prescription to Endoscopy and Surgery

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SAB: Morphic Medical, Medronic, Johnson & Johnson,Regeneron

THE REFRAME

This isn't a debate about whether GLP-1s work.

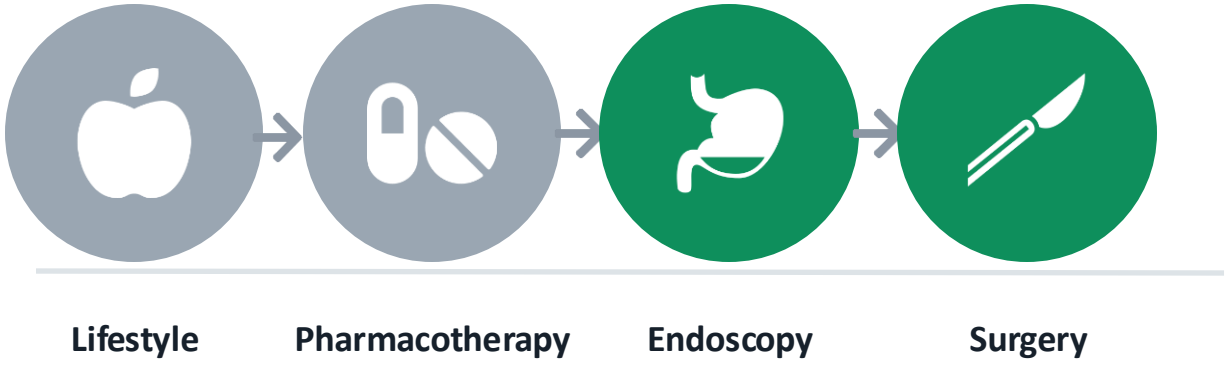
It's about who is equipped for what happens next.

- GLP-1s: one of the great pharmacological achievements of the decade.
- Surgery: not the answer for every patient.

Neither claim survives five minutes of scrutiny in this room.

> *"The only question that matters when we talk about gatekeeping: who can walk a patient through the entire disease — not just its first, most fashionable chapter."*

Who owns the entire disease not just its first chapter?



One accountable relationship, across all four rungs — not a referral at every border.

Obesity is a spectrum, not a switch

Confirm

A measurement — not a diagnosis.

Diagnose

Preclinical vs. clinical. A spectrum.

Stage

Intensity matched to severity — re-calibrated as it evolves.

Lancet Commission on Clinical Obesity — 56 experts (2025)

A gatekeeper's job is to move a patient up and down that ladder as the disease evolves.

Pharmacotherapy has a ceiling we should say so honestly

20–25%

average total body weight loss ceiling with today's best pharmacotherapy

"No magic bullet."

Lingvay I ….. CohenRV, Lancet DE,2023

Recurrent weight gain tracks discontinuation

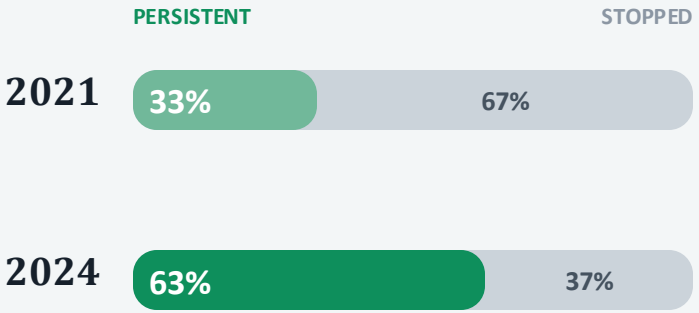
When the drug stops, the weight comes back.

The gains are conditional

Real benefit in HFpEF, sleep apnea, MASH — for as long as therapy continues.

Even the ceiling assumes patients stay on the drug

One-year persistence improved

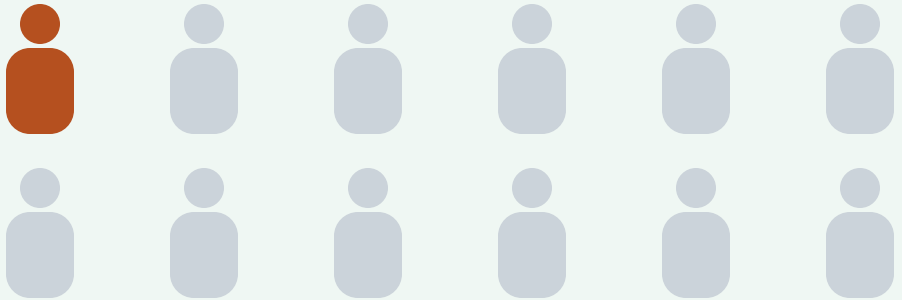


+30 percentage points

Yet 37% still stop within a year

2021 vs 2024 initiators · persistent at 1 year

STILL ON THERAPY AT 3 YEARS



1 of 12

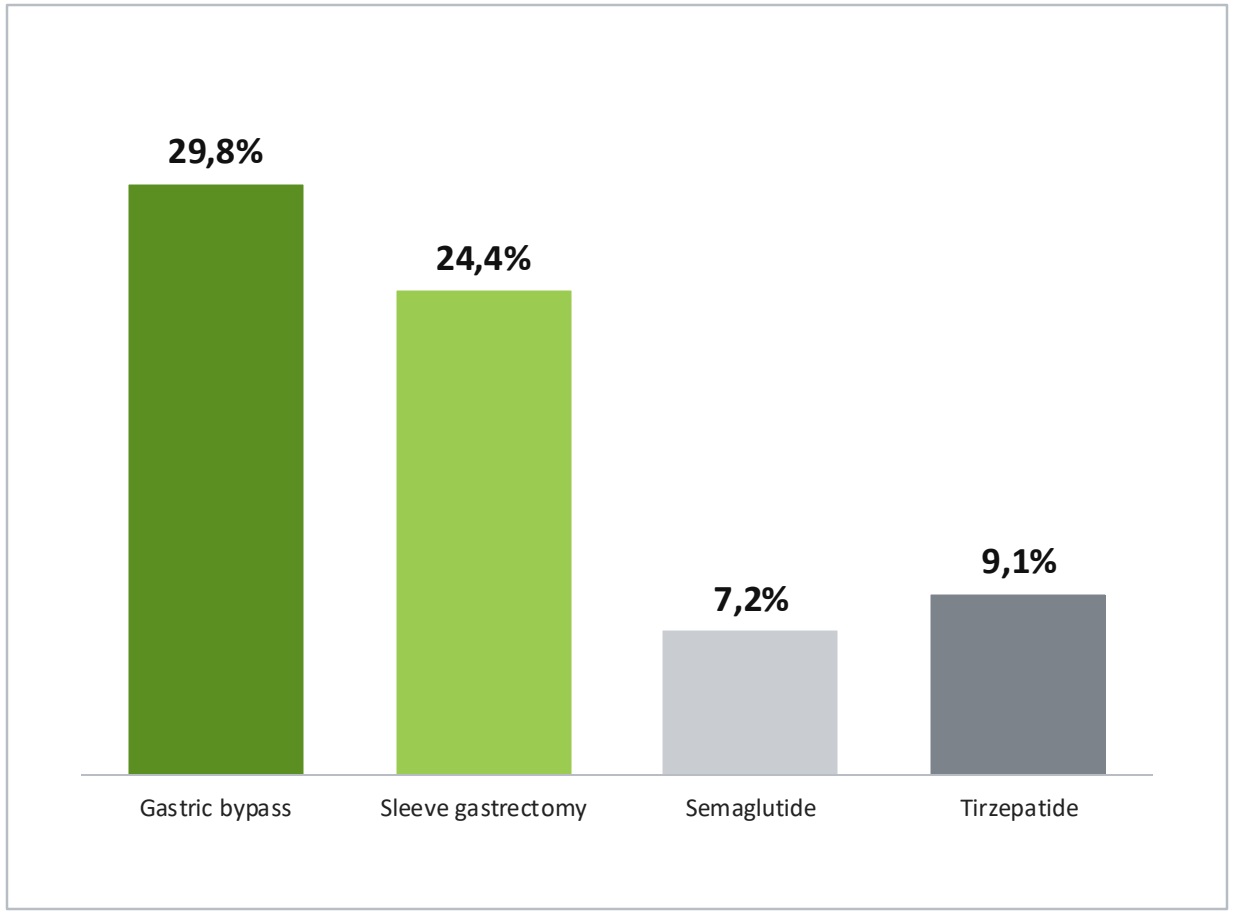
8.1% persistence

Commercially insured adults without diabetes · n=5,780

Prime Therapeutics, 2025

A prescription is not a treatment plan. It's a starting point — and most patients don't finish where they started.

At 1 year, surgery was associated with greater weight loss



Real-world data among adults with obesity showed **roughly 3× greater weight loss with surgery than with medication.**

4.1×
bypass vs semaglutide

2.7×
sleeve vs tirzepatide

S Brown A, et al. Obesity. 2026. doi:10.1002/oby.70246.

And it's not just weight

+42%

type 2 diabetes remission advantage

+20.8%

high cholesterol remission advantage

+12.8%

hypertension remission advantage

30 studies · 430,000+ patients · Morton JM, et al. (Abstract #4223), ASMBS Annual Meeting, May 6 2026 — Yale, Cleveland Clinic, Vanderbilt, UT San Antonio, Coreva Scientific

Surgery didn't GLP-1 therapy on weight loss. It beat it on associated diseases just beat remission too.

Decades of outcomes.
Across every organ system.

SOS Study

Decades of durable weight loss and lower mortality.

STAMPEDE

Five-year RCT vs. best medical therapy.

BRAVES

First surgical RCT to resolve MASH.

MOMS Trial

5-yr RCT: kidney remission held, glycemic control tripled vs. best medical care.

GATEWAY Trial

5-yr RCT: 46.9% vs. 2.4% hypertension remission vs. medical therapy.

When a patient's disease escalates past what a drug can do, someone has to already be in the room who can offer what comes next.

We didn't wait for a mandate. We wrote the playbook.

We wrote the drugs + surgery playbook

BJS 2024 · Cohen RV

IFSO's global consensus on medications and surgery together — 40 experts, WOF · · IDF.

We set the endoscopy standard too

Obes Surg, 2025

IFSO's own consensus on endoscopic therapy — also written by surgeons.

We're trained to sequence every modality

Drug → endoscopy → surgery → drug

The only specialty trained to judge candidacy across all three.

The motion doesn't ask us to take control. It asks us to formalize wahat's already ours.

Gatekeeping means owning what happens when the first choice does not reach optimal outcomes

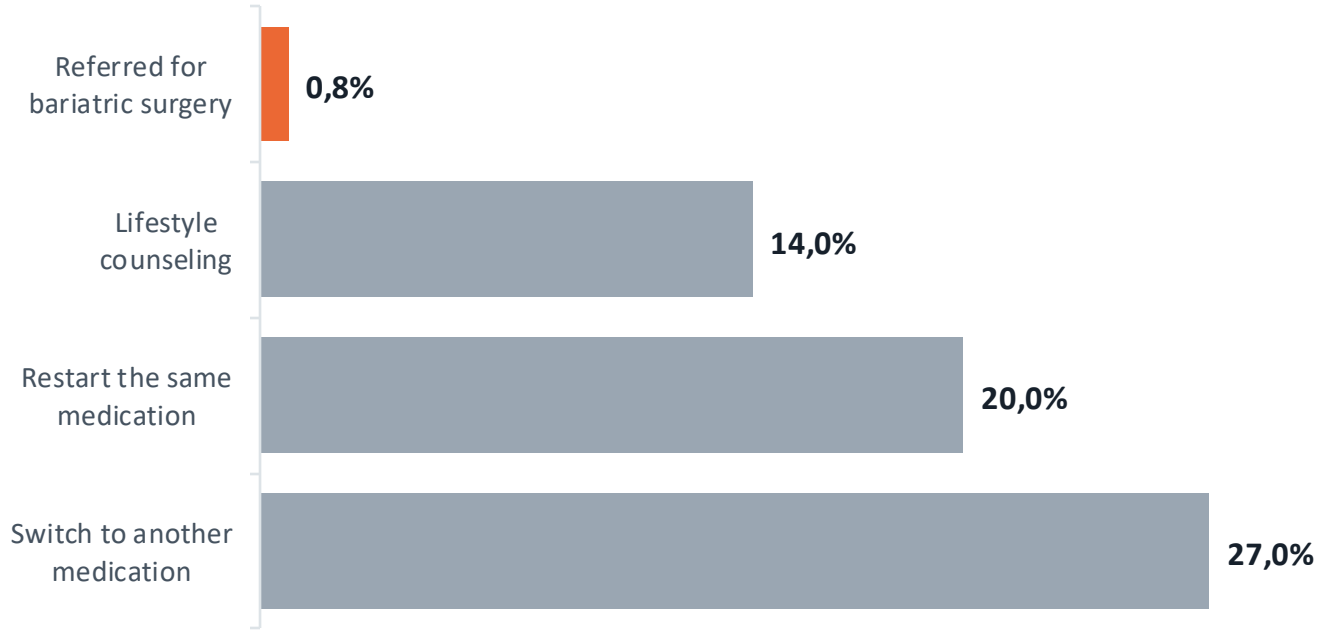
<1%

of patients are referred for bariatric surgery after stopping a GLP-1

Not because it isn't indicated. Because it's not in their toolkit.

Gasoyan et al., Cleveland Clinic, 2026 (n=7,938)

What happens instead, within 12 months



Seeing the patient first isn't the same as being ready for what's next

Who writes the first prescription

Primary care. Endocrinology. Obesity medicine clinics. That's scale.

Who can respond when it's not enough

Lifestyle. Pharmacotherapy. Endoscopy. Surgery. One relationship. That's competence.

Who goes first tells nothing about who can finish.

Obesity doesn't end after one treatment.

It escalates. It de-escalates. For a lifetime.

One specialty already spans medical, endoscopic, and surgical care.

That specialty is ours.

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