



**SICOB FALL MEETING**  
**LIVESURGERY**  
**28 - 29 OTTOBRE 2024**  
MILANO, FONDAZIONE CARIPLO

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Segreteria Scientifica E. Galfrascoli, M. P. Giusti

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# NUOVE FRONTIERE NELLA SINERGIA TRA TERAPIA MEDICA E TERAPIA CHIRURGICA

**LUCA BUSETTO**

**UNIVERSITA' DI PADOVA**

**○ LUCA BUSETTO - Disclosures**

**- Advisory Board Member:**

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**Pzifer**

**Boehringer Ingelheim**

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**- Invited Speaker:**

**Rythm Pharmaceuticals**

**Pronokal**

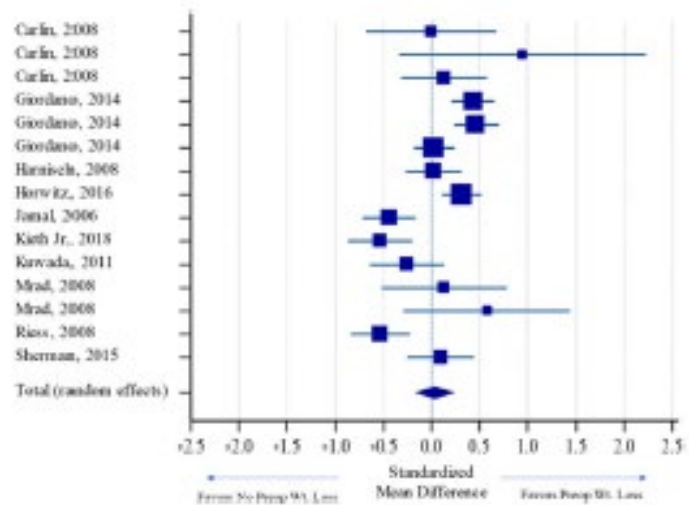
## **ROLE OF OBESITY MANAGEMENT MEDICATION (OMM) FOR PATIENTS UNDERGOING METABOLIC/BARIATRIC SURGERY**

- ❑ Preparation to surgery: pre-op weight loss**
- ❑ Management of weight regain and insufficient weight loss after surgery**
- ❑ Integrated medical-surgical management**

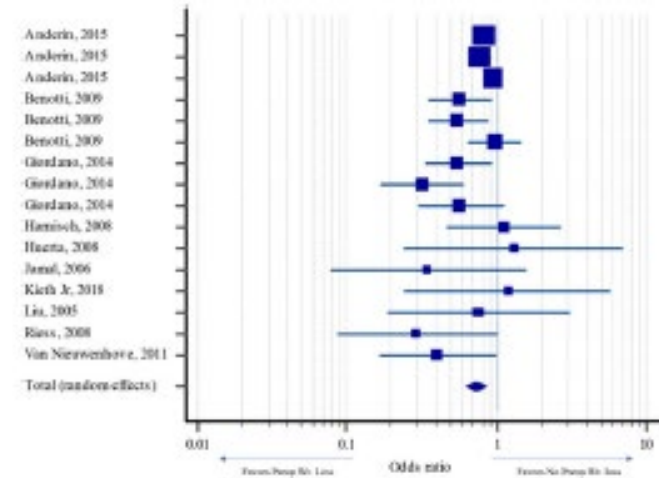
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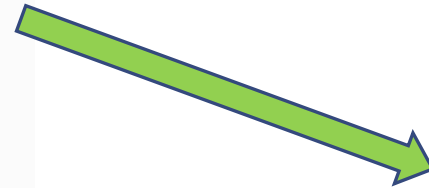
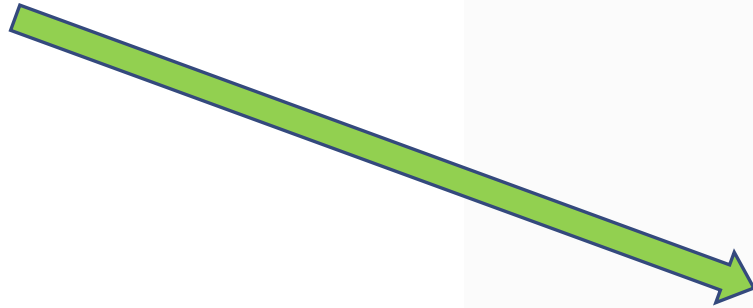
# Systematic Review and Meta-Analysis of the Effectiveness of Insurance Requirements for Supervised Weight Loss Prior to Bariatric Surgery



**Fig. 2** Forest plot and meta-analysis of prospective and retrospective cohort studies included evaluating mean percent excess weight loss (%EWL) at 12 months for cohorts undergoing preoperative weight loss versus no preoperative weight loss



**Fig. 3** Forest plot and meta-analysis of studies evaluating perioperative complications (perioperative to 90 days) for cohorts undergoing preoperative weight loss versus no preoperative weight loss



6-8

1



TIME TO SURGERY (months)

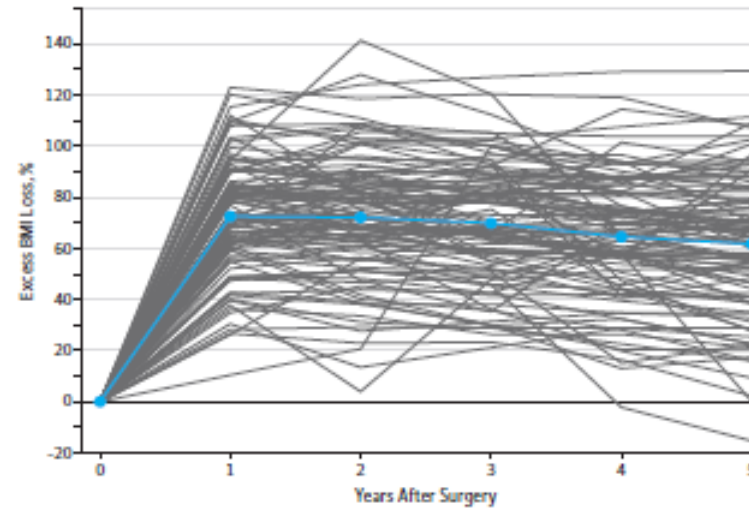
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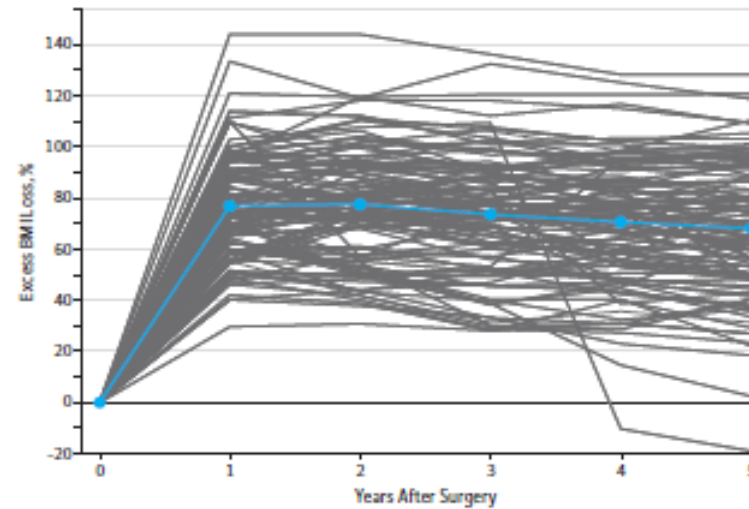
# Effect of Laparoscopic Sleeve Gastrectomy vs Laparoscopic Roux-en-Y Gastric Bypass on Weight Loss in Patients With Morbid Obesity

## The SM-BOSS Randomized Clinical Trial

**A** Sleeve gastrectomy



**B** Roux-en-Y gastric bypass



Peterli R et al. JAMA 2018;319:255



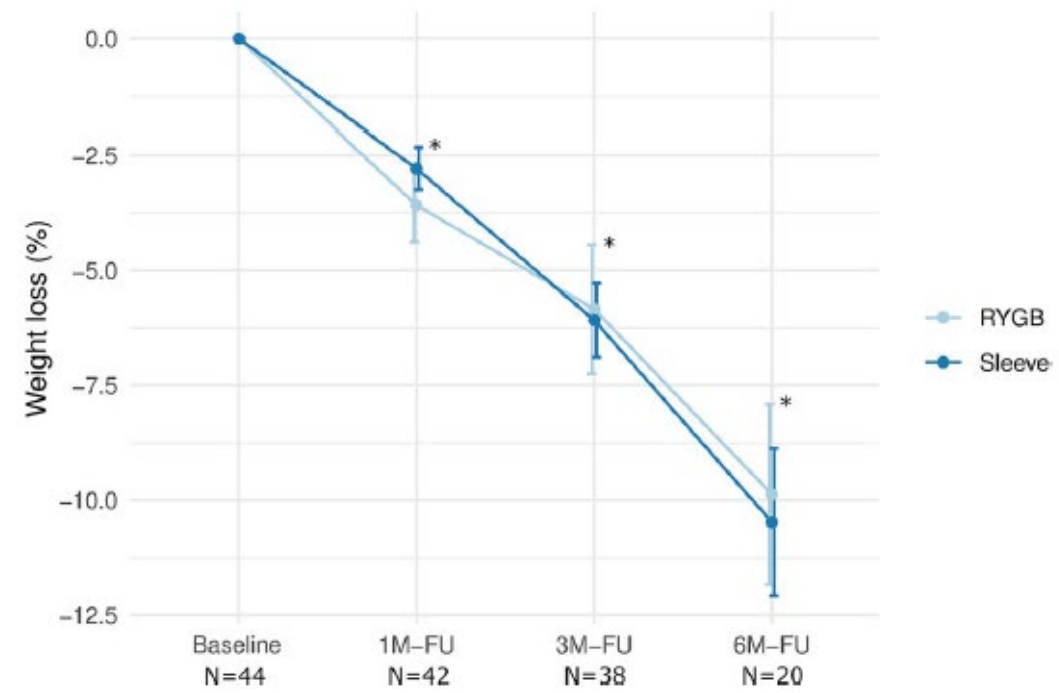
## Liraglutide 3.0 mg for the management of insufficient weight loss or excessive weight regain post-bariatric surgery

**TABLE 1** Patient characteristics by type of bariatric surgery

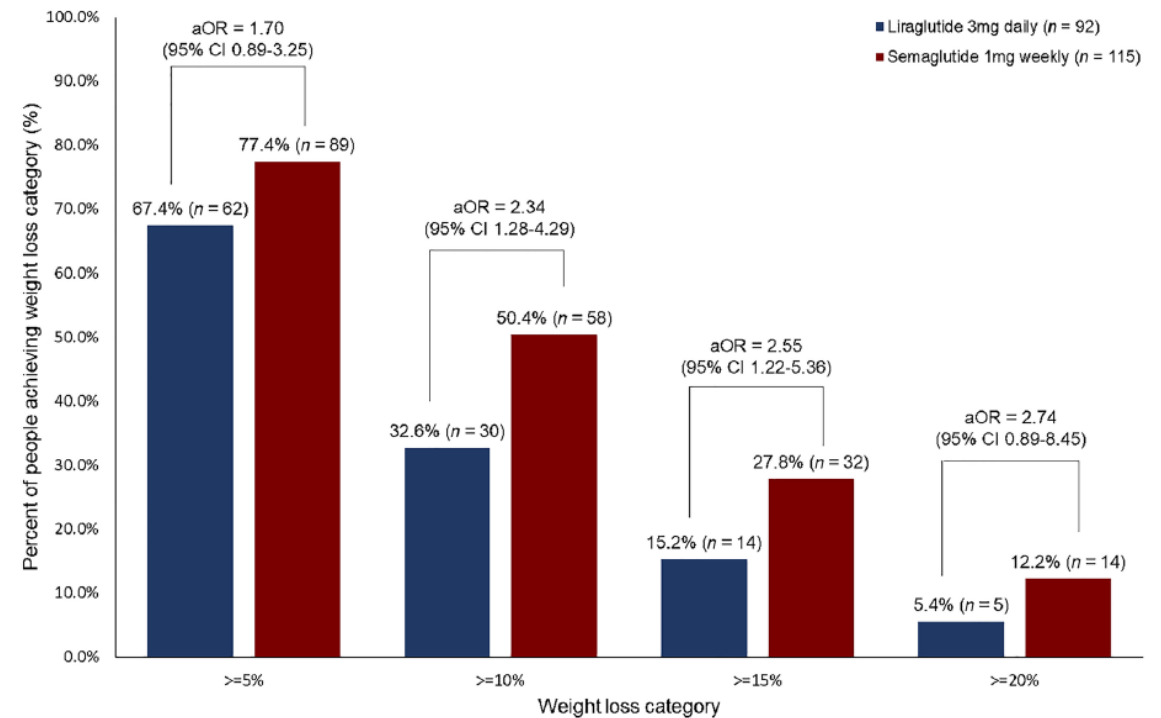
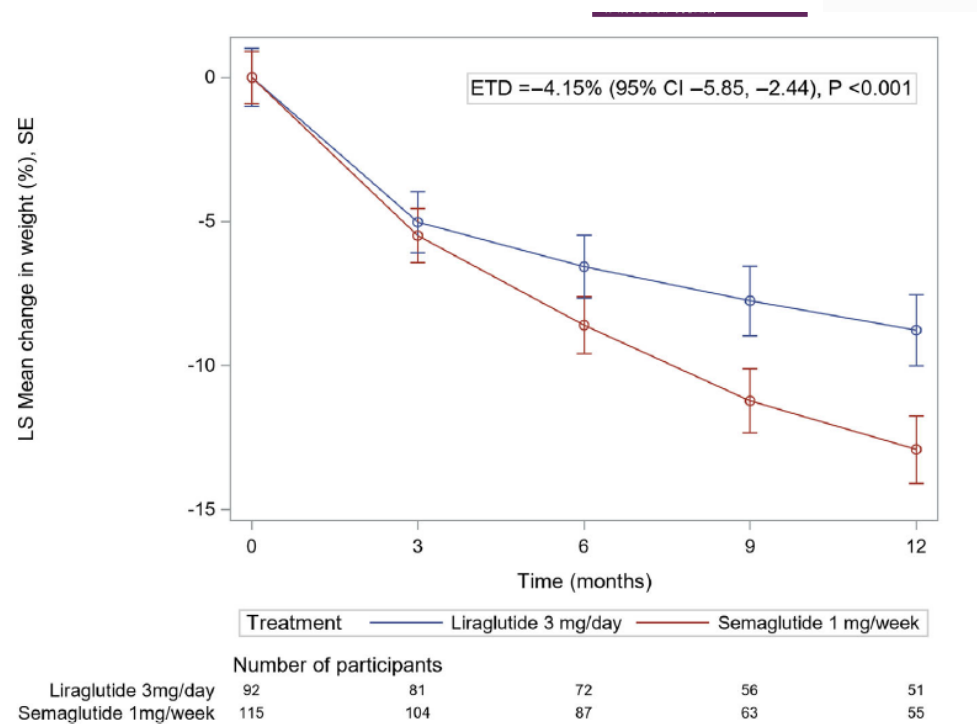
Variable	Roux-en-Y bypass	Gastric band	Gastric sleeve
Sample size (n)	53	50	14
Age (y)	49.9 ± 9.1	52.5 ± 9.5	51.4 ± 10.3
Men (n, %)	3 (5.7) <sup>a</sup>	8 (16.0)	4 (28.6)
Pre-bariatric surgery BMI (kg/m <sup>2</sup> )	50.8 ± 11.2	47.6 ± 13.1 <sup>e</sup>	52.2 ± 11.9
Maximum weight change post-bariatric surgery (kg)	-51.6 ± 23.5 <sup>a,b</sup>	-29.8 ± 23.3 <sup>e</sup>	-34.7 ± 19.5
Weight change from lowest post-bariatric surgery weight to initiation of liraglutide 3.0 mg (kg)	19.0 ± 13.5	25.4 ± 20.4 <sup>e</sup>	15.8 ± 14.1
Weight change from lowest post-bariatric surgery weight to initiation of liraglutide 3.0 mg (%) <sup>c</sup>	44.8 ± 54.9 <sup>a</sup>	80.0 ± 79.7 <sup>f</sup>	48.4 ± 31.7 <sup>g</sup>
Preiraglutide BMI (kg/m <sup>2</sup> )	39.0 ± 7.0 <sup>a,b</sup>	45.4 ± 11.0	45.4 ± 9.6
Weight change on liraglutide 3.0 mg (kg)	-7.1 ± 8.7 <sup>d</sup>	-6.0 ± 7.2 <sup>d</sup>	-4.5 ± 4.5 <sup>d</sup>
Weight change on liraglutide 3.0 mg (%)	-6.6 ± 7.1	-4.9 ± 5.6	-3.6 ± 3.0
Attained 5% weight loss (n, %)	25 (47.2)	19 (38.0)	5 (35.7)
Attained 10% weight loss (n, %)	13 (24.5) <sup>a</sup>	6 (12.0)	0 (0.0)
Treatment time (mo)	8.0 ± 7.6	6.8 ± 6.7	8.6 ± 7.3
Reported nausea with liraglutide 3.0 mg (n, %)	15 (28.3)	12 (24.0)	5 (35.7)

Wharton S et al. Clin Obes 2019;9:e12323

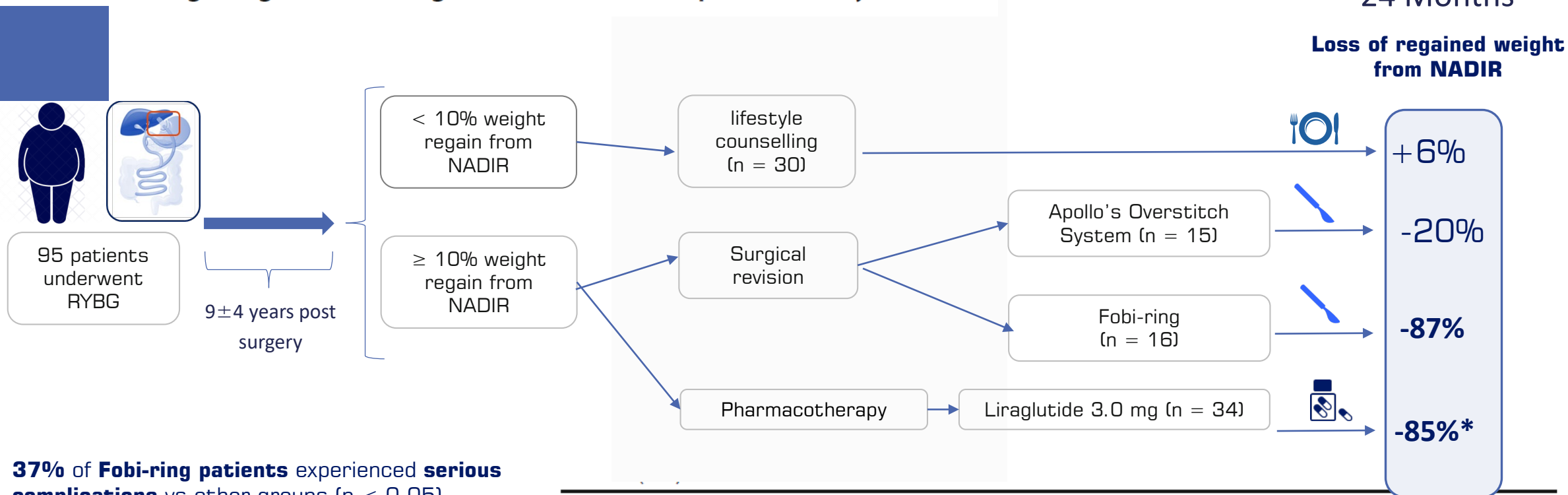
The Potential of Semaglutide Once-Weekly in Patients Without Type 2 Diabetes with Weight Regain or Insufficient Weight Loss After Bariatric Surgery—a Retrospective Analysis



# Effectiveness of semaglutide versus liraglutide for treating post-metabolic and bariatric surgery weight recurrence



# Reversal of Long-Term Weight Regain After Roux-en-Y Gastric Bypass Using Liraglutide or Surgical Revision. A Prospective Study



**37% of Fobi-ring patients** experienced **serious complications** vs other groups (p < 0.05)

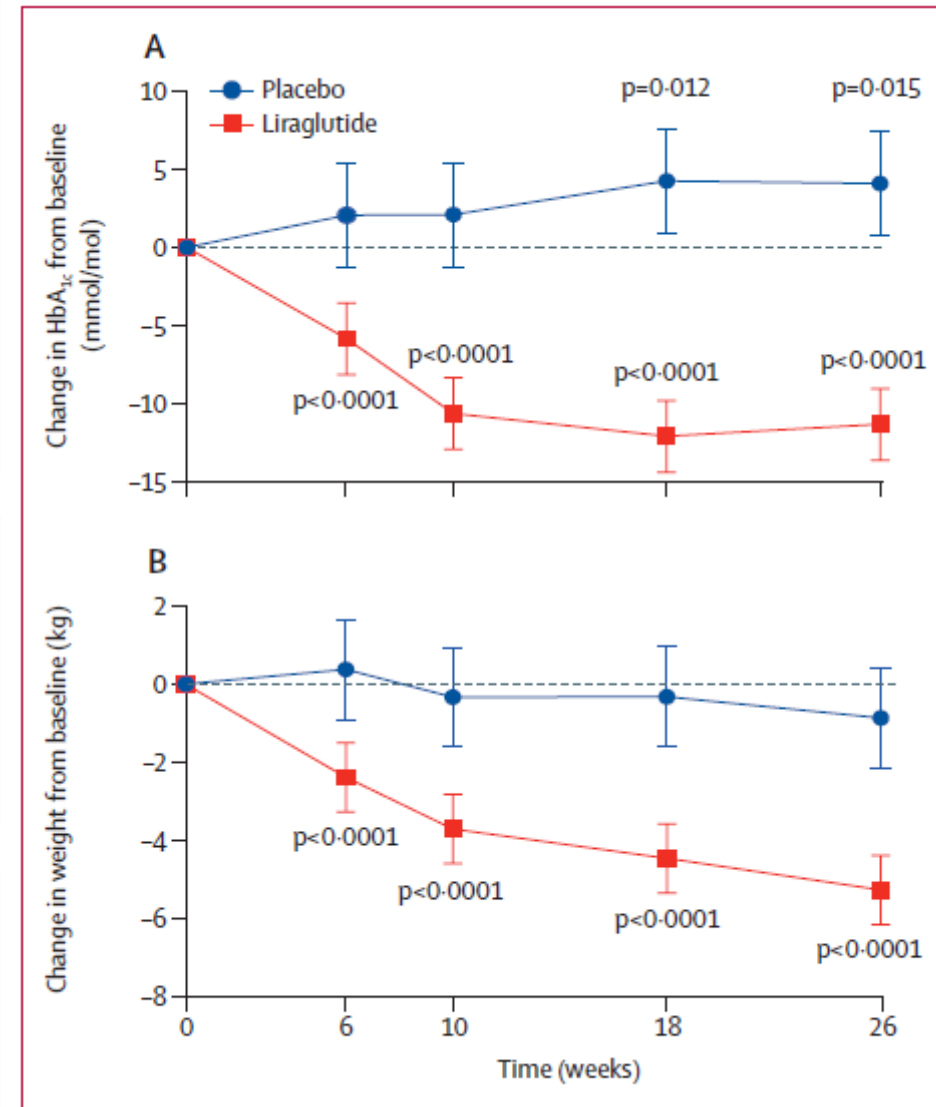
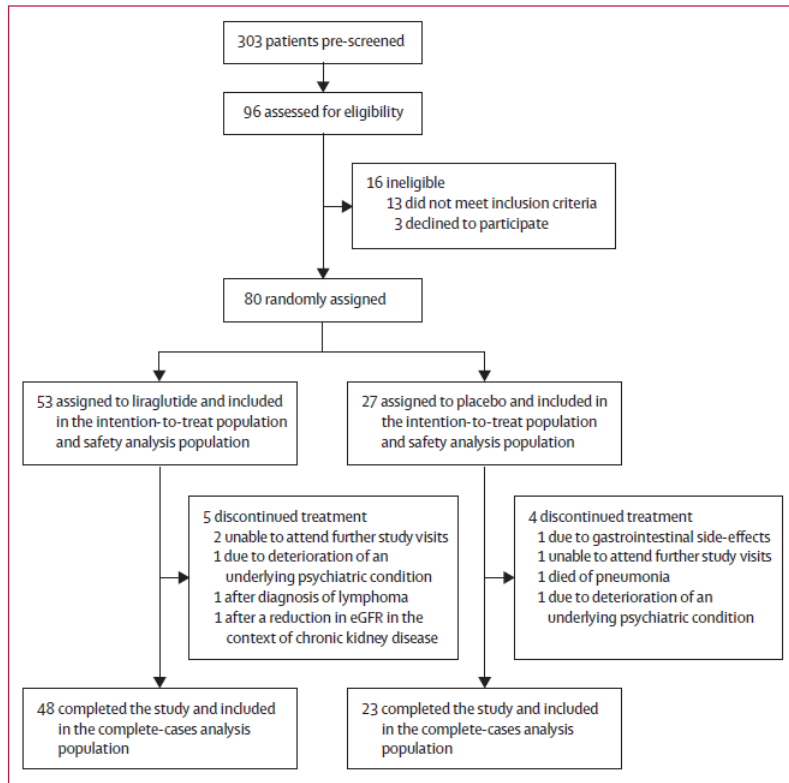
- lead to **hospitalization** in 2 cases
- **endoscopic dilatation** of the upper anastomosis (up to 32 times) due to an inability to eat and vomiting

**Table 2** Impact of treatment modality on weight regain 9 years after RYGB

Group	N	BMI-0 <sup>+</sup> kg/m <sup>2</sup>	BMI-24* kg/m <sup>2</sup>	delta BMI-lost kg/m <sup>2</sup>	Follow-up of weight change (kg) after intervention (months)						
					0 months	3 months	6 months	9 months	12 months	18 months	24 months
DC (controls)	30	27.1±5.0	27.2±4.5	-0.1±1.7	75±15	75±15	75±15	76±14	76±13	75±13	75±13
LG (liraglutide)	34	31.2±4.0 <sup>#</sup>	26.4±3.5	4.8±2.9 <sup>£</sup>	84±13 <sup>#</sup>	80±13	77±12	76±12	74±11	73±10	72±9 <sup>£</sup>
ES (endosurgery)	15	31.0±4.2 <sup>#</sup>	30.0±4.4 <sup>§</sup>	1.0±0.9	83±14 <sup>#</sup>	80±14	80±14	80±14	80±14 <sup>§</sup>	-----	-----
FP (Fobi) <sup>§</sup>	16	34.2±4.9 <sup>#</sup>	28.7±4.6	5.5±2.9 <sup>£</sup>	96±12 <sup>#</sup>	90±12	88±12	85±12	83±11	82±12	79±10 <sup>£</sup>

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

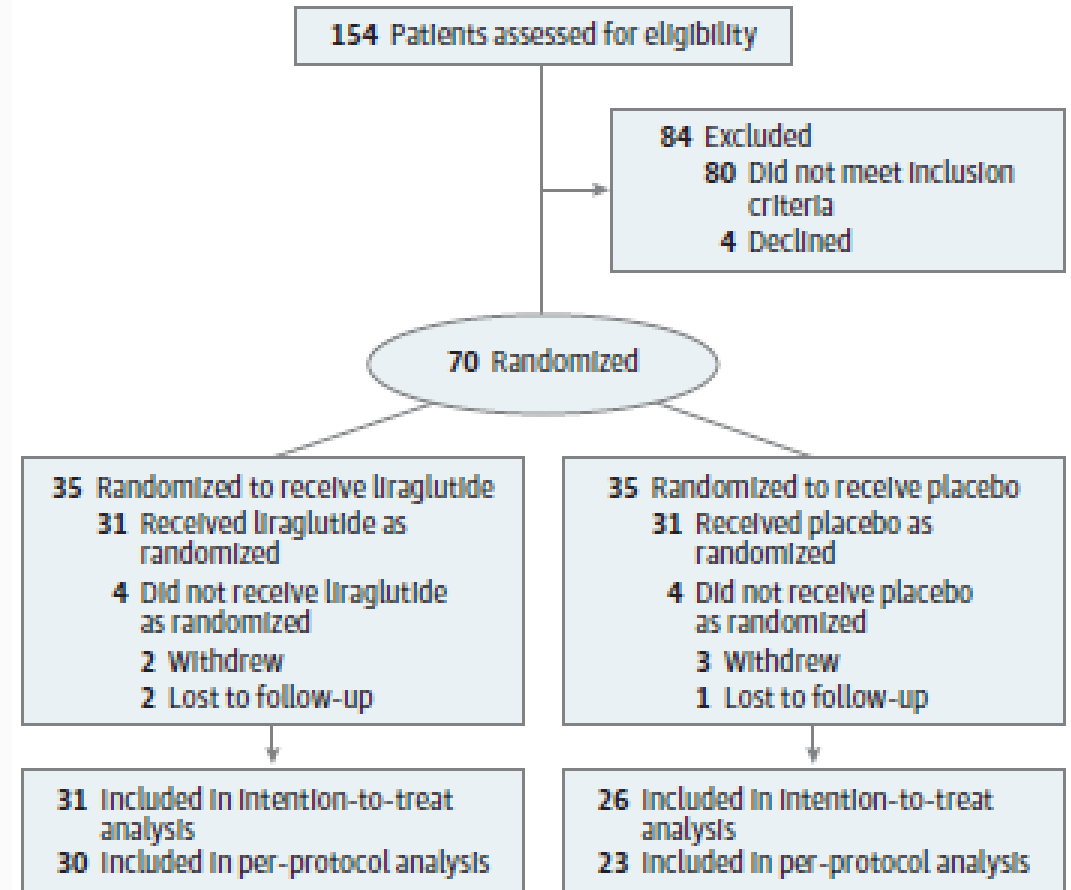
RYGB or LSG patients with persistent or recurrent type 2 diabetes at least 1 year after surgery from five hospitals in London, UK.



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

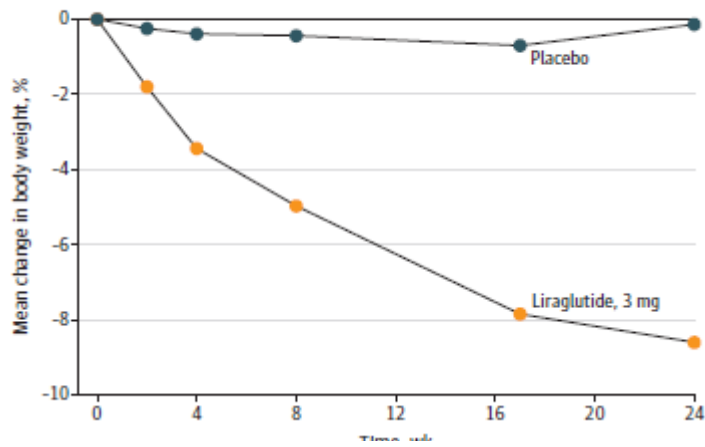
**Inclusion criteria:**

- **Poor weight loss after MS (RYGB or LSG)**  
≤ 20% body weight loss at least 1 year after MS
- **Suboptimal nutrient-stimulated GLP-1 response**  
≤ 2-fold increase in circulation GLP-1 between 0 and 30 min following a standardised 500 kcal mixed liquid meal

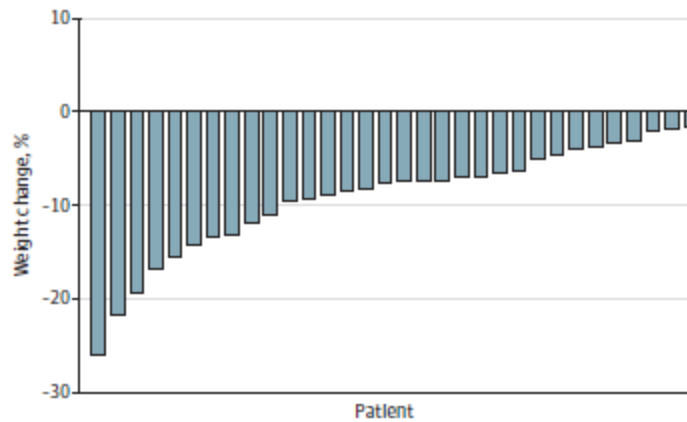


# Safety and Efficacy of Liraglutide, 3.0 mg, Once Daily vs Placebo in Patients With Poor Weight Loss Following Metabolic Surgery The BARI-OPTIMISE Randomized Clinical Trial

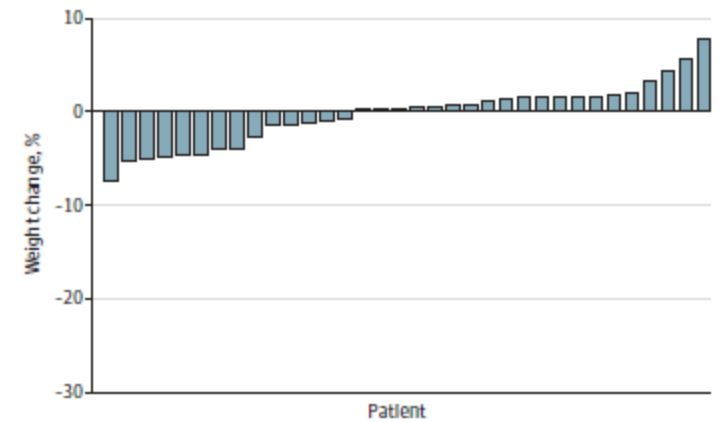
**A** Change in body weight from baseline



**B** Liraglutide group (n=32)




**C** Placebo group (n=34)

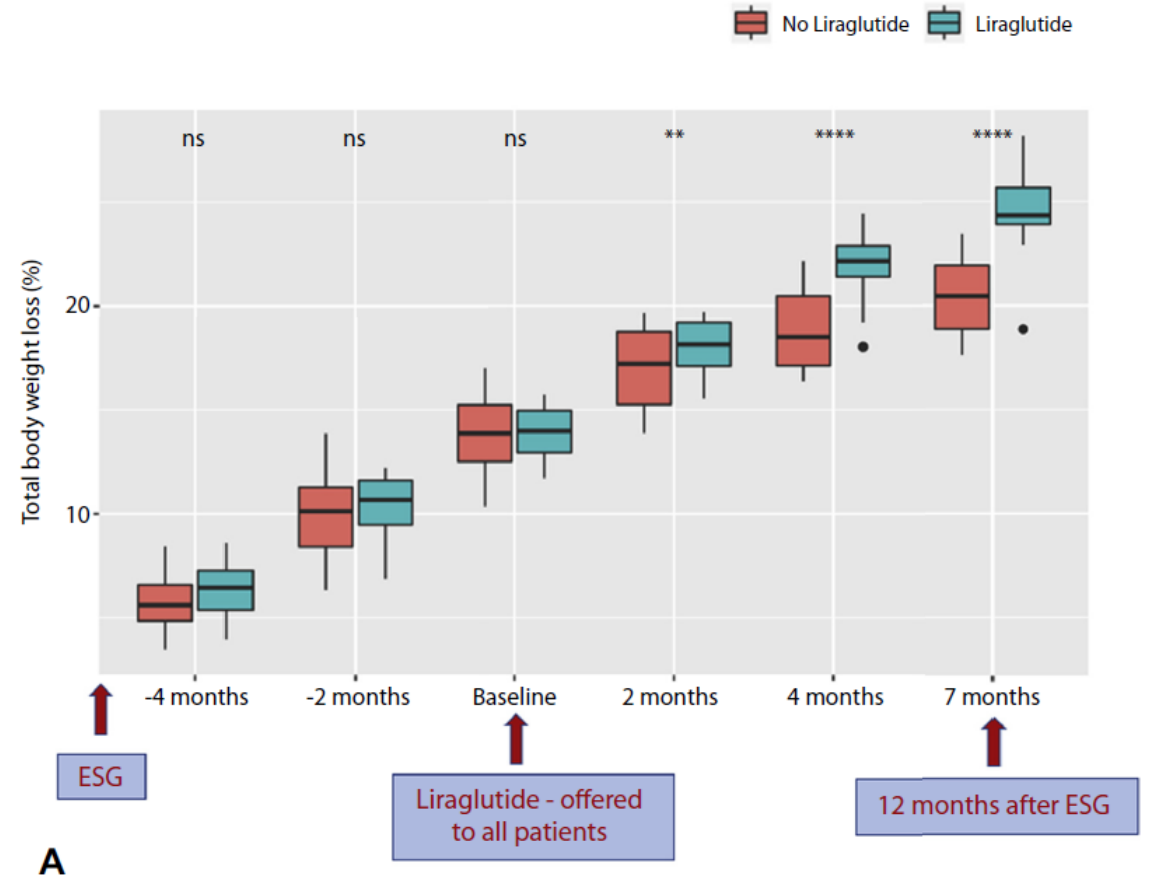
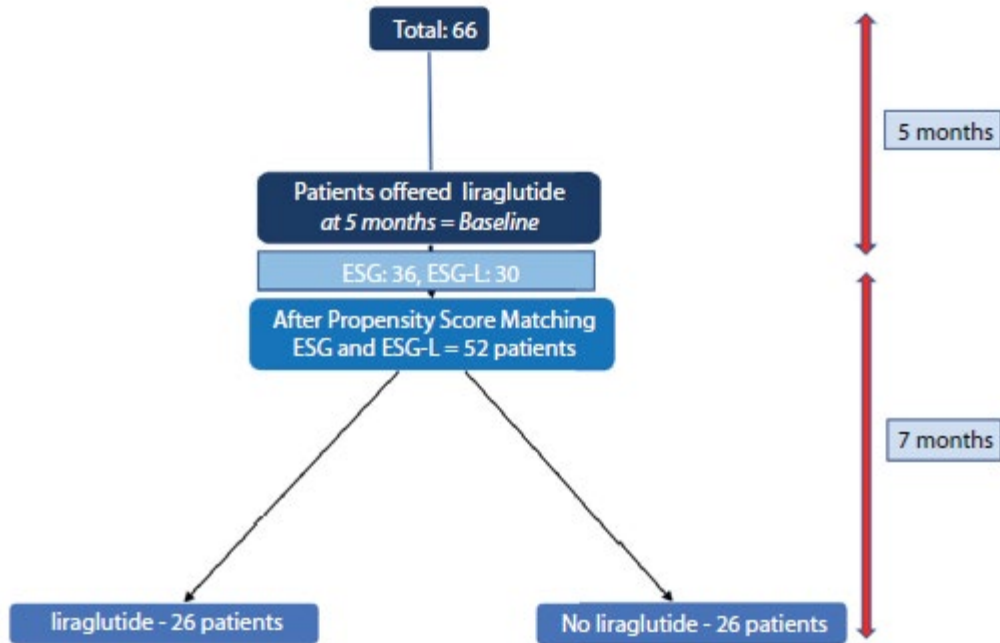


## ROLE OF OBESITY MANAGEMENT MEDICATION (OMM) FOR PATIENTS UNDERGOING METABOLIC/BARIATRIC SURGERY

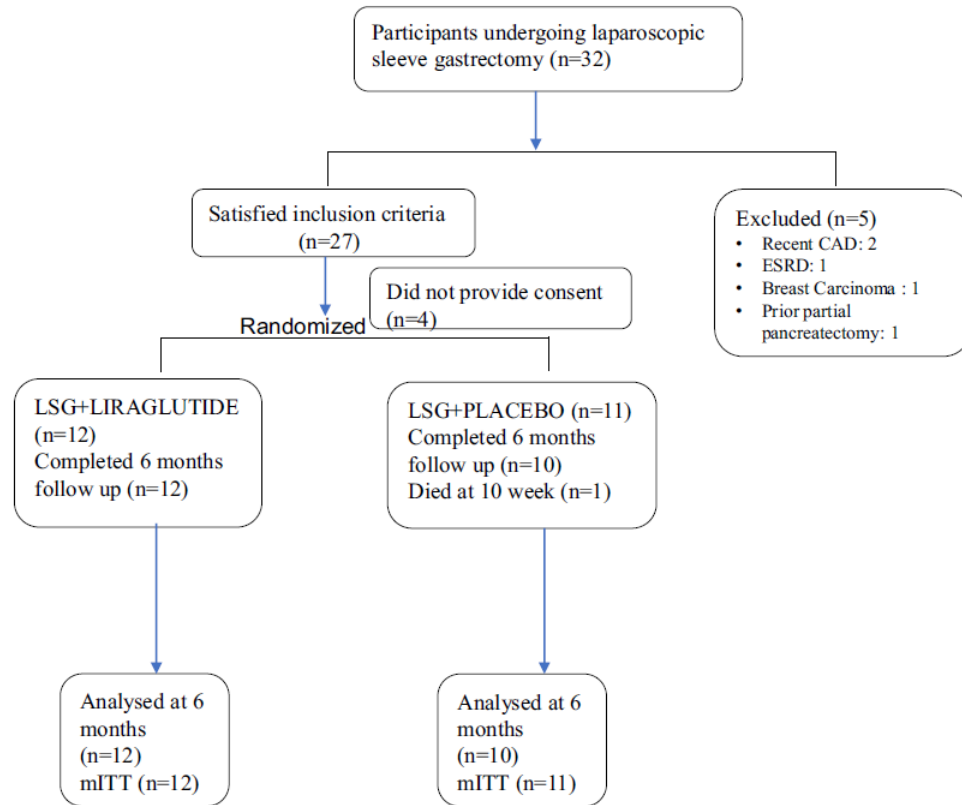
- ❑ Preparation to surgery: pre-op weight loss
- ❑ Management of weight regain and insufficient weight loss after surgery
- ❑ **Integrated medical-surgical management**



Endoscopic sleeve gastroplasty plus liraglutide versus endoscopic sleeve gastroplasty alone for weight loss CME 



# Liraglutide Augments Weight Loss After Laparoscopic Sleeve Gastrectomy: a Randomised, Double-Blind, Placebo-Control Study

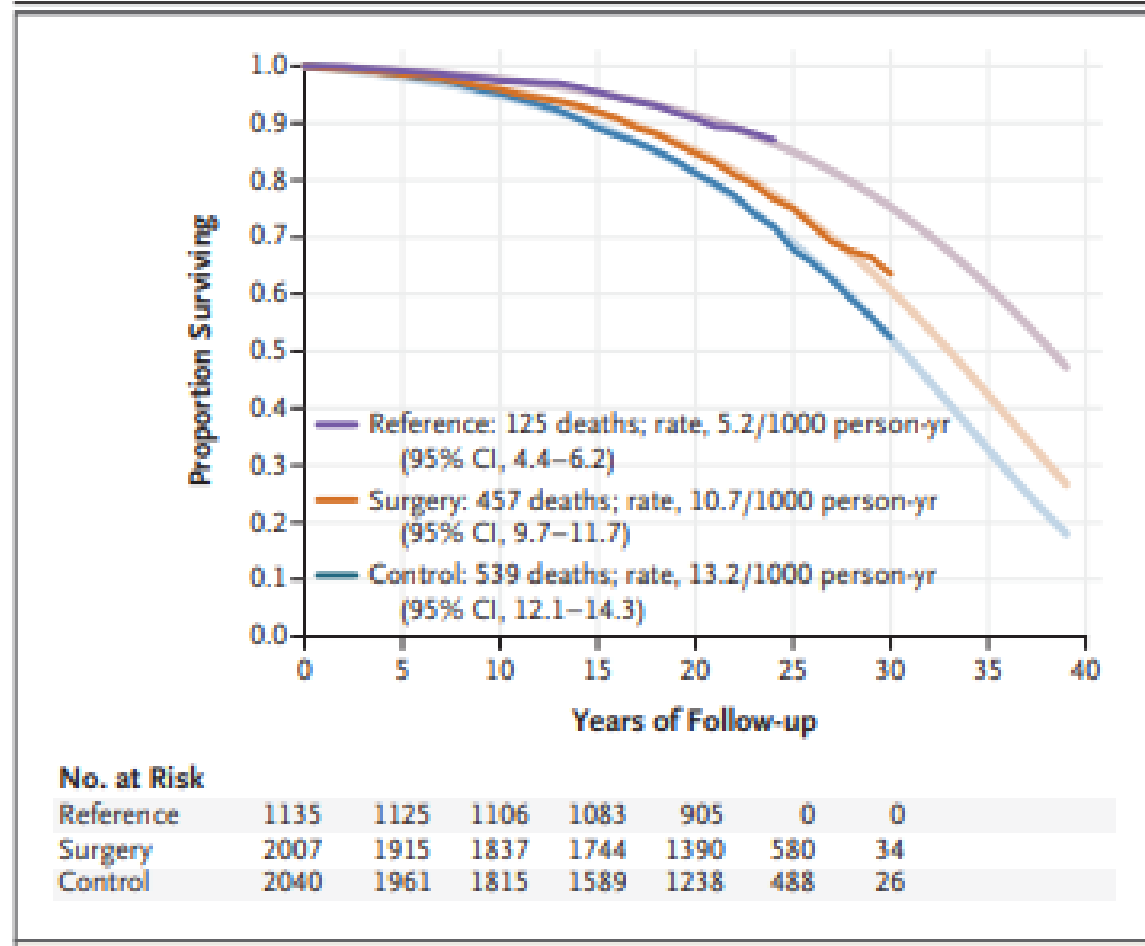


Parameters	Follow-up	L-L group (n = 12)	L-P group (n = 11)	p value
IBW (kg)		60.1 ± 11.6	50.2 ± 6.4	0.069
Weight (kg)	Baseline	118.6 ± 24.6	103.1 ± 16.4	0.190
	6 weeks	103.5 ± 20.3	92.0 ± 32.4	0.237
	12 weeks	94.2 ± 17.6	84.8 ± 11.4	0.258
	24 weeks	85.1 ± 13.5	79.2 ± 10.6	0.381
BMI (kg/m <sup>2</sup> )	Baseline	42.6 ± 6.3	41.6 ± 5.1	0.734
	6 weeks	36.5 ± 5.2	37.0 ± 3.9	0.848
	12 weeks	34.0 ± 4.4	34.5 ± 3.5	0.833
	24 weeks	30.9 ± 4.0	32.1 ± 3.0	0.554
EBW (kg)	Baseline	58.5 ± 18.3	52.9 ± 12.5	0.520
	6 weeks	12.7 ± 4.1	10.7 ± 3.9	0.198
	12 weeks	20.6 ± 6.3	17.7 ± 6.1	0.188
TWL (%)	6 weeks	28.2 ± 5.7	23.2 ± 6.2	0.116
	12 weeks	6.2 ± 2.4	4.6 ± 2.6	0.267
	24 weeks	8.6 ± 3.0	7.1 ± 3.3	0.381
BMI loss (kg/m <sup>2</sup> )	6 weeks	11.7 ± 3.5	9.5 ± 4.0	0.287
	12 weeks	27.2 ± 10.1	20.4 ± 6.8	0.168
	24 weeks	42.6 ± 10.3	34.1 ± 8.1	0.112
EWL (%)	6 weeks	58.7 ± 14.3	44.5 ± 8.6	0.043*
	12 weeks			
	24 weeks			

\*p < 0.05 was considered significant

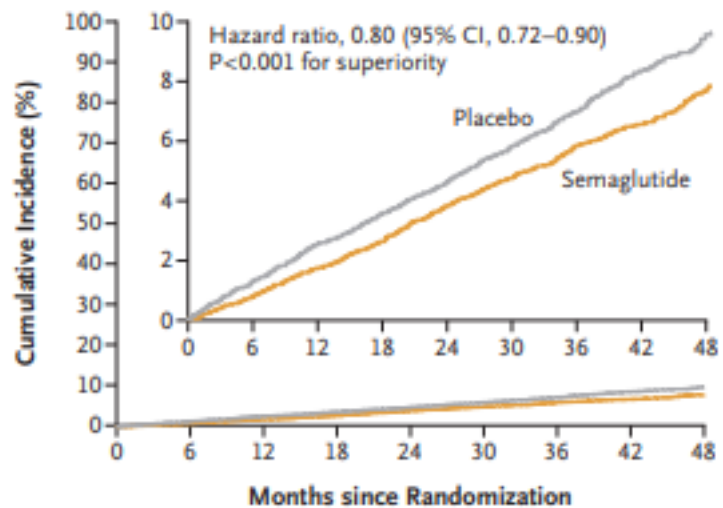
L-L, LSG + liraglutide; L-P, LSG + placebo

## Life Expectancy after Bariatric Surgery in the Swedish Obese Subjects Study



# Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes

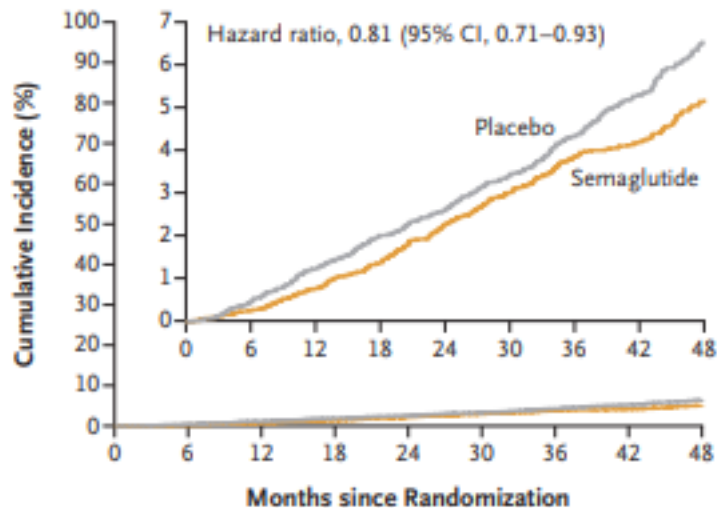
**A Primary Cardiovascular Composite End Point**



**No. at Risk**

Placebo	8801	8652	8487	8326	8164	7101	5660	4015	1672
Semaglutide	8803	8695	8561	8427	8254	7229	5777	4126	1734

**D Death from Any Cause**



**No. at Risk**

Placebo	8801	8733	8634	8528	8430	7395	5938	4250	1793
Semaglutide	8803	8748	8673	8584	8465	7452	5988	4315	1832



**The Role of Obesity Management Medications (OMMs) in the Context of Metabolic/Bariatric Surgery (MBS)**

*An IFSO Consensus Conference*

**Vienna, Hotel Hilton Vienna Park  
30<sup>th</sup> of April - 1<sup>st</sup> of May 2024**



**Core Scientific Committee**  
Gerhard Prager, Ricardo Cohen, Luca Busetto



Gerhard Prager  
Randy Levinson (Delphi Expert)  
Ricardo Cohen  
Luca Busetto



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# Grazie



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