



The opportunity of introducing

Endobariatric Solution in obesity management



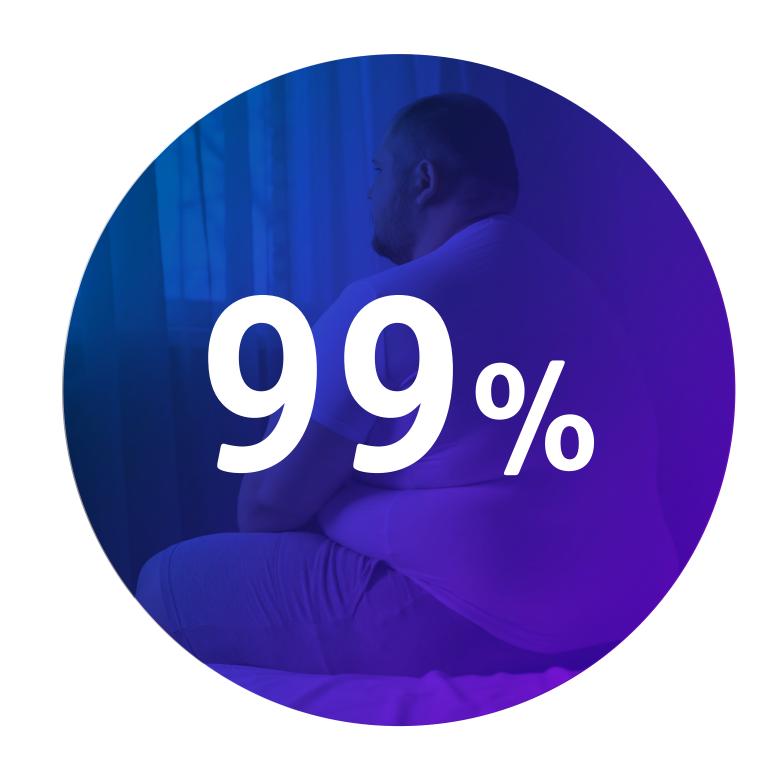


Are we treating enough patients?

"The rate of obesity growth is outpacing the growth in surgical interventions."

"A gap between the needs of patients with obesity and what we can offer in terms of medical and surgical interventions exists. This unmet need has driven the development of endoscopic solutions to address obesity, particularly when MBS (Metabolic Bariatric Surgery) is not feasible or indicated."

IFSO Bariatric Endoscopy Committee Evidence-Based Review and Position Statement on Endoscopic Sleeve Gastroplasty for Obesity Management



99% of patients will never receive a weight loss procedure.¹

^{1.} ASMBS. Estimate of Bariatric Surgery Numbers 2011-2020 (N= US Population).

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of patients living with obesity who qualify for bariatric surgery are not interested in the procedure.²



of patients regain weight 10 years after Roux-en-Y gastric bypass (RYGB).⁴



The main reason 51% of these patients are not interested in bariatric surgery is the fear of complications.²



of patients regain weight at >5 years after laparoscopic sleeve gastrectomy (LSG).⁵



Patients eligible for traditional bariatric surgery prefer endoscopic treatment, seeing it as less invasive (98.4%) and without external scars (95.1%).³



leakage rate occurred within 7 days post-operatively after RYGB and LSG.⁶

^{2.} Fung M, Wharton S, Macpherson A, Kuk JL. Receptivity to Bariatric Surgery in Qualified Patients. J Obes. 2016;2016:5372190. doi: 10.1155/2016/5372190. Epub 2016 Jul 19. PMID: 27516900; PMCID: PMC4969542. (N=284)

^{3.} Daniel B. Maselli et al. The endoscopic bariatric patient: characteristics, beliefs, and fears, iGIE, Volume 3, Issue 1, 2024 (N=61)

^{4.} Dolan et al. Endoscopic versus surgical gastrojejunal revision for weight regain in Roux-en-Y gastric bypass patients: 5-year safety and efficacy comparison. Gastrointest Endosc. 2021 (N=2010 Sjöström L. et al "Lifestyle, diabetes, and cardiovascular risk factors 10 years after bariatric surgery." The New England journal of medicine vol. 351,26 (2004): 2683-93. doi:10.1056/NEJMoa035622

^{5.} de Moura DTH et al. Endoscopic sleeve gastroplasty in the management of weight regain after sleeve gastrectomy. Endoscopy. 2020 Mar; 52(3):202-210. doi: 10.1055/a-1086-0627. Epub 2020 Jan 15. PMID: 31940667. (N=34)

^{6.} Markus A, Henrik BJ, Benedikt R, Alexander H, Thomas B, Clemens S, Jan-Hendrik E. Endoscopic vacuum therapy in salvage and standalone treatment of gastric leaks after bariatric surgery. Langenbecks Arch Surg. 2022 May;407(3):1039-1046. doi: 10.1007/s00423-021-02365-9. Epub 2021 Nov 17. PMID: 34787705; PMCID: PMC9151560. (N=521 / N=441)





What are the Benefits of the Endobariatric Multidisciplinary Program?



The Endobariatric solution **provides value** to the bariatric program.¹



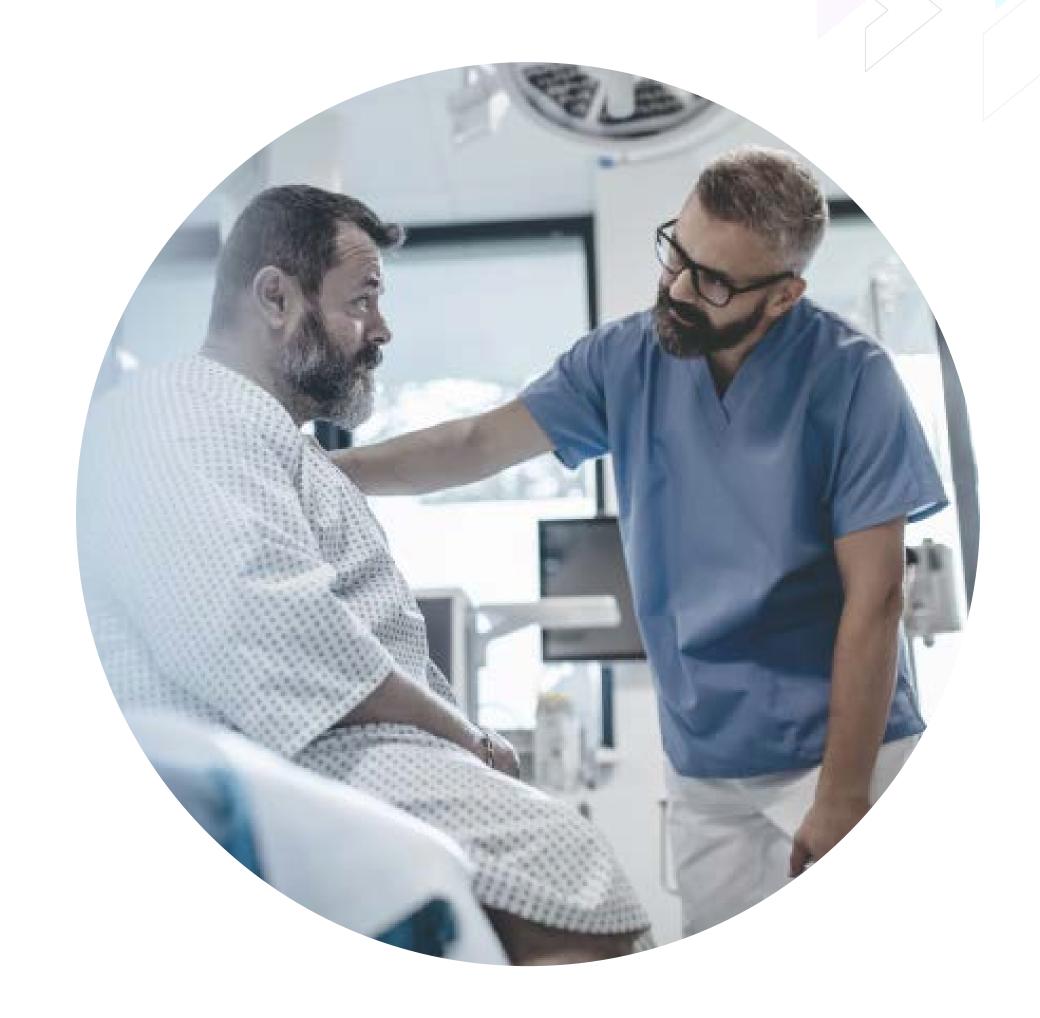
"Patients that meet criteria for bariatric surgery referred from an endobariatric program are often more open to undergoing bariatric surgery."



"Bariatric endoscopists are also able to manage post-bariatric surgery weight regain."



"Transoral outlet reduction is **safe and effective** at improving dumping syndrome."²



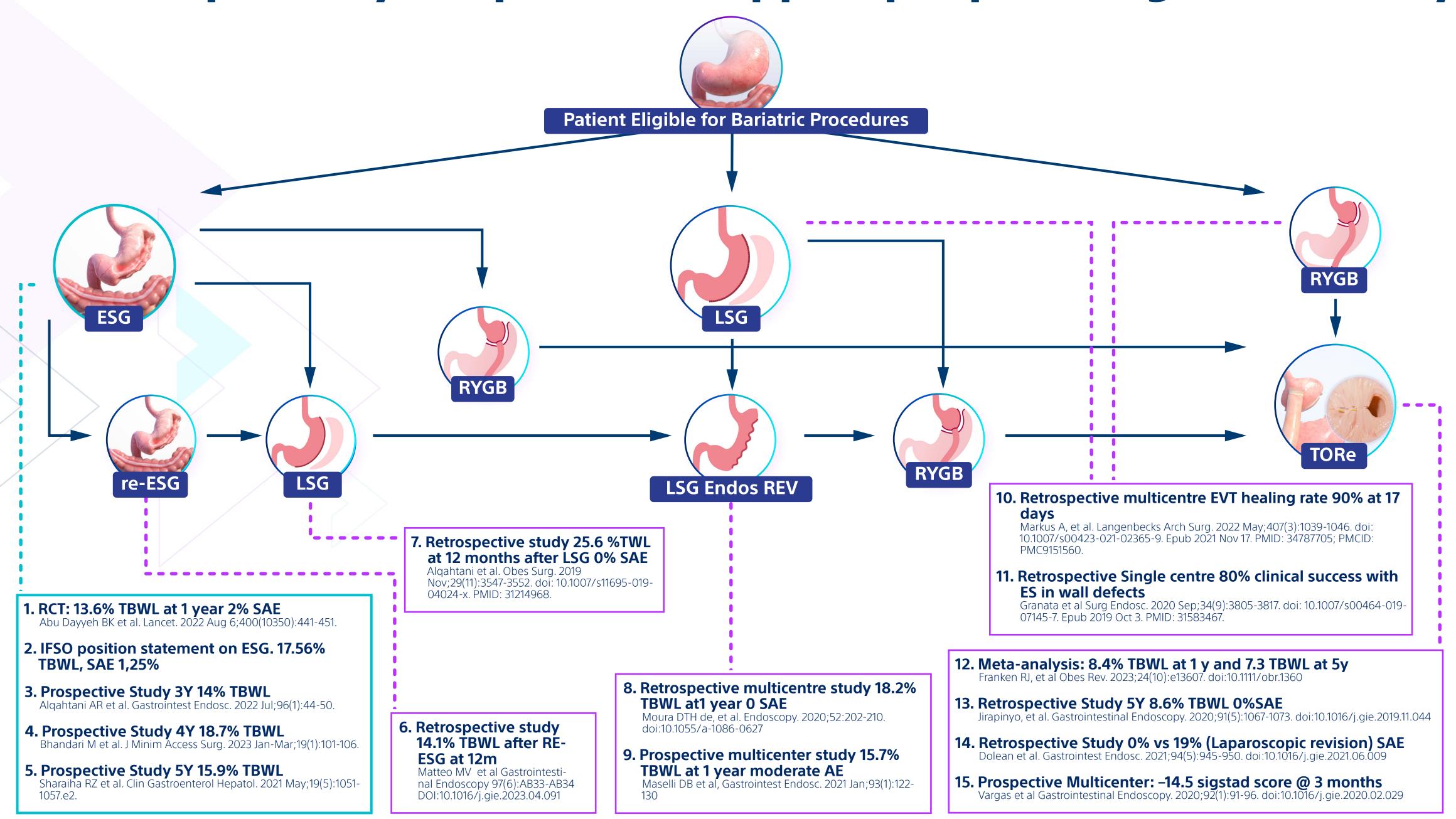
^{1.} Badurdeen D, Hedjoudje A, Itani M, Fayad L, Farha J, Dunlap M, Cheskin L, Schweitzer M, Koller K, Hartman C, Oberbach A, Kashab MA, Kalloo A, Kumbhari V. Building an endobariatric program: lessons learned. Endosc Int Open. 2020 Sep;8(9):E1185-E1193. doi: 10.1055/a-1198-4598. Epub 2020 Aug 31. PMID: 32908949; PMCID: PMC7473785.

^{2.} Vargas EJ, Abu Dayyeh BK, Storm AC, Bazerbachi F, Matar R, Vella A, Kellogg T, Stier C. Endoscopic management of dumping syndrome after Roux-en-Y gastric bypass: a large international series and proposed management strategy. Gastrointest Endosc. 2020 Jul;92(1):91-96. doi: 10.1016/j.gie.2020.02.029. Epub 2020 Feb 26. PMID: 32112780.





A broad pathway of options to support people living with obesity







Embracing Change in Guidelines

"The IFSO Bariatric Endoscopy Committee endorses endoscopic sleeve gastroplasty (ESG) as an effective and valuable treatment for obesity." "Endoscopic Sleeve Gastroplasty is particularly beneficial for patients with class I and II obesity, as well as for those with class III obesity who are not suitable candidates for traditional metabolic bariatric surgery."¹

"The procedure is clinically mature, homogeneous, and reproducible."

In adults with obesity, the ASGE-ESGE suggests treatment with ESG plus Lifestyle modification over Lifestyle modification alone.²

BARIATRIC ENDOSCOPY

The following national & international bodies support endobariatric solutions for obesity management:

- IFSO-WGO International Federation for the Surgery of Obesity and metabolic Surgery - World Gastroenterology Organisation (WGO), 2023³
- SICOB Società Italiana di Chirurgia dell'OBesità e delle malattie metaboliche. Guidelines 2023⁴
- (ASGE-ESGE), American society for Gastrointestinal Endoscopy –
 European Society of Gastrointestinal Endoscopy 2024²

- National Institute for Health and Care Excellence (NICE), 2024⁵
- Saudi Arabian Society for Metabolic and Bariatric Surgery (SASMBS),
 2024⁶
- International Federation for the Surgery of Obesity and metabolic Surgery (IFSO), 2024 Position Statement¹

- 1. IFSO Bariatric Endoscopy Committee Evidence-Based Review and Position Statement on Endoscopic Sleeve Gastroplasty for Obesity Management 2024
- 2. ASGE-ESGE guidelines 2024
- 3. obesity-english-2022.pdf
- Linee Guida SICOB 2023.pdf
- 5. <u>IPG783 Endoscopic sleeve gastroplasty for obesity: Overview 222/2/2024</u>
- 6. <u>sasmbs.org</u>

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- 2. Dayyeh BKA, Stier C, Alqahtani A, et al. IFSO Bariatric Endoscopy Committee Evidence-Based Review and Position Statement on Endoscopic Sleeve Gastroplasty for Obesity Management [published correction appears in Obes Surg. 2024 Nov 15. doi: 10.1007/s11695-024-07580-z]. Obes Surg. Published online November 1, 2024. doi:10.1007/s11695-024-07510-z. SAE 1.25% (according to the FDA definition from https://www.fda.gov/safety/reporting-serious-problems-fda/what-serious-adverse-event).
- 3. Alqahtani AR et al. Endoscopic gastroplasty versus laparoscopic sleeve gastrectomy: a noninferiority propensity score-matched comparative study. Gastrointest Endosc. 2022 Jul; 96(1):44-50
- 4. Bhandari M, Kosta S, Reddy M, Mathur W, Neto MG, Bhandari M. Four-year outcomes for endoscopic sleeve gastroplasty from a single centre in India. J Minim Access Surg. 2023;19(1):101-106. doi:10.4103/jmas.jmas_3_22
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- 6. Matteo, Maria Valeria et al. REDO ENDOSCOPIC SLEEVE GASTROPLASTY (RE-ESG): THE EXPERIENCE OF A TERTIARY CENTER, Gastrointestinal Endoscopy, Volume 97, Issue 6, AB33 AB34
- 7. Alqahtani, A.R., Elahmedi, M., Alqahtani, Y.A. et al. Laparoscopic Sleeve Gastrectomy After Endoscopic Sleeve Gastroplasty: Technical Aspects and Short-Term Outcomes. OBES SURG 29, 3547–3552 (2019). https://doi.org/10.1007/s11695-019-04024-x. (SAE according to ASMBS and IFSO guidelines)
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- 13. Jirapinyo MD, MPH 1, Nitin Kumar MD 2, Mohd Amer AlSamman MD 3, Christopher C. Thompson MD, MSc 1 Five-year outcomes of transoral outlet reduction for the treatment of weight regain after Roux-en-Y gastric bypass (AEs as graded by the American Society for Gastrointestinal Endos copy lexicon)
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