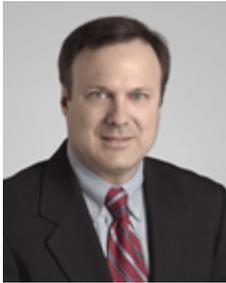


Metabolic Surgery, The Rome Diabetes Surgery Summit, and our Future



Dear ASBS Members,

We have come to a pivotal point in the maturation of our field of discipline. Not only do most of us bariatric surgeons believe that our operations achieve more than weight loss, but leaders in the field of endocrinology and metabolism believe that bariatric procedures improve insulin resistance and secretion by mechanisms independent of weight loss. This new recognition by our endocrine colleagues provides us an opportunity to reflect on the core principle of our discipline. Are we weight loss surgeons or perhaps something more?

Rome Diabetes Surgery Summit Summary

As many of you are aware, last month, March 29-31, 2007 in Rome Italy at the Catholic University, the first International consensus conference on the role of bariatric and gastrointestinal operations in treating type 2 diabetes (T2DM) convened. Organizers of the event included Francesco Rubino, MD, David Cummings, MD Lee Kaplan, MD, PhD and myself. The meeting was endorsed by key international diabetes and obesity societies including the American Diabetes Association, the European Association for the Study of Diabetes, The North American Association for the Study of Obesity, The American Gastroenterological Society, The International Association for the Study of Obesity, The American College of Nutrition, The International Federation for the Surgery of Obesity, and The American Society for Bariatric Surgery among many others. I am quite proud to announce that our own society, ASBS, played a major role in the development of this event thanks to the strong support of the ASBS Executive Council.



The intent of the conference was to gather together world authorities with expertise in T2DM, obesity, bariatric surgery, and evidenced-based medicine to collectively review evidence from the medical literature regarding the effect of bariatric and gastrointestinal operations on diabetes remission as well as possible mechanisms of action. Based on the evidence, the expert panel would then deliberate and ultimately develop consensus statements regarding the role of surgery in treating T2DM. In addition, the panel would set forth priorities, guidelines, and opportunities for further research in this arena.

Panel of Experts

In composing the panel, our goal was to acquire a very diverse group of experts to achieve balance with respect to medical vs. surgical views on treating both T2DM and obesity. The panel of experts consisted of more than 50 international investigators who were selected because of scholarly achievement related to disease management of T2DM and/or effects of gastrointestinal operations. In addition, many of the panelists were leaders of major scientific organizations, journals, or research institutes. Approximately 65% of the panel members were nonsurgeons who held expertise in endocrinology, obesity management, gastroenterology and biostatistics while the

remaining 35% were bariatric surgeons who have published peer-reviewed studies related to diabetes. Many ASBS members were present and made important contributions including: Walter Pories, Harvey Sugerman, Henry Buchwald, Neil Hatcher, Mal Fobi, David Flum, Michel Gagner, Kelvin Higa, Bill Richards, and Bruce Wolfe

The Evidence

The organizing committee identified key articles from the medical literature related to outcomes of bariatric surgery in patients with type 2 diabetes and distributed them to the expert panel prior to the meeting. The literature was presented to the panelists during day 1 and 2 of the meeting allowing ample time for discussion. Topics included outcomes for operations involving patients with T2DM and BMI > 35, outcomes for patients with T2DM and BMI < 35, experimental operations, and mechanisms of diabetes improvement. As a group, the panelist graded the quality of the literature with respect to study design, methodology, and validity.

Consensus Development

Following 2 days of presentation, review and discussion of the relevant literature, the panel met as a group to deliberate on consensus statements that could be supported by the literature. An electronic voting system was employed that facilitated consensus generation as well as enabled transparency. Consensus was defined as greater than or equal to a two-thirds majority ie 67%. Votes were tabulated and recorded electronically.

Preliminary Consensus

The following statements represent a few of the key preliminary consensus statements agreed upon by the expert panel with a 67% or greater consensus.

- 1) Collaboration among endocrinologists, surgeons and basic investigators should be encouraged to facilitate greater understanding of GI mechanisms of metabolic regulation and to allow use of these mechanisms for improved treatment of type 2 diabetes.
- 2) Gastrointestinal surgery (including LAGB, RYGB, BPD/DS) should be considered for the treatment of type 2 diabetes in patients who are appropriate surgical candidates with BMI \geq 35 and who are inadequately controlled by lifestyle and medical therapy.
- 3) Gastrointestinal surgery may be appropriate for the treatment of type 2 diabetes in patients who are appropriate surgical candidates with BMI of 30 to 35 and who are inadequately controlled by lifestyle and medical therapy.
- 4) Randomized controlled trials are strongly encouraged to assess the utility of gastrointestinal surgery for the treatment of type 2 diabetes.
- 5) Standardized diagnostic and evaluative criteria for type 2 diabetes should be adopted for clinical studies in this area.
- 6) Novel surgical procedures for the treatment of type 2 diabetes should be performed only in the context of IRB-approved and registered clinical studies.
- 7) The study of gastrointestinal metabolic surgery provides valuable, new opportunities for investigating gastrointestinal contributions to glucose homeostasis and the pathophysiological mechanisms of type 2 diabetes.
- 8) Establishment of a multidisciplinary task force to guide the study and

development of diabetes surgery is a high priority. This task force should include endocrinologists, surgeons, clinical and basic investigators, and bioethicists, among others.

Next Steps

The organizing committee is currently drafting a manuscript that includes these consensus statements along with a summary of the evidence and methodology of the consensus conference. The manuscript will then be circulated to all panel members for review and approval and then to each society that sponsored the Diabetes Surgery Summit for their endorsement. The final version of the consensus manuscript will then be submitted to a scientific journal for peer review and publication.

Implications

The Rome Diabetes Surgery Summit is the first multispecialty consensus conference to address the issue of gastrointestinal surgery for treating T2DM. There appears to be a strong consensus that bariatric procedures significantly improve diabetes control in patients with severe obesity and T2DM. The conference generated much interest from the endocrine community to further investigate the role of surgery in treating diabetes as well as mechanisms of improvement in glucose homeostasis. A new era of gastrointestinal metabolic surgery has begun!

What's in a Name?



Since our society was founded in 1983 we have called ourselves "The American Society for Bariatric Surgery". Bariatric surgery essentially means surgery to induce long-term weight loss for patients with severe obesity. The results of recent investigation as well as the general consensus from the Rome DSS meeting suggest that our procedures do more than cause weight loss. In fact, remission of diabetes may occur by mechanisms independent of weight loss ushering in the concept of novel gastrointestinal procedures that yield minimal or no weight loss but significantly improve diabetes. The ASBS leadership strongly believes that bariatric operations will have a significant role in treating diabetes in the near future and perhaps even in patients without severe obesity (BMI < 35). We believe that the name of our organization should reflect this expanded notion of metabolic surgery so that our medical colleagues, patients and the public should have a greater understanding of what we do and what we are about. Thus far our focus has always been to provide effective treatment for the severely obese patient. The ASBS leadership believes that, if our operations are effective for diabetic patients who are not severely obese, then our name should reflect this expanded mission.

A proposal

The ASBS executive council is proposing that we consider modifying our name to reflect this new and exciting era of metabolic surgery. We would like to acquire feedback from our members on the decision to modify our name as well as potential names that reflect this expanded view of bariatric surgery to include metabolic surgery. Listed below are candidates for new names to replace "The American Society for Bariatric Surgery" submitted by the executive council.

- American Society for Metabolic and Bariatric Surgery (ASMBS)
- American Society for Bariatric and Metabolic Surgery (ASBMS)
- American Society for Metabolic Surgery (ASMS)

- American Society for Bariatric Surgery and Metabolic Disease (ASBS-MD)
- American Society for Bariatric Surgery and Metabolic Intervention (ASBS - MI)

[Please click here to rank them in order of preference.](#) Please submit other name suggestions if you have any.

Considerations

- 1) Branding, name recognition and Logo. Some of our members have suggested the notion of preserving as much as possible our current brand, name recognition, and Logo. Thus names closely resembling our current name may be preferable to an entirely new name concept.
- 2) Metabolic surgery. Some of our members have questioned using the term metabolic, which is less understood by the public as well as some of our medical colleagues. However, alternative, easily recognized names that encompass metabolic disease (diabetes, hypertension, hyperlipidemia, cardiovascular disease, PCOS, NAFLD.) are lacking. Most feel that using "diabetes" in our name, for example, is too narrow a focus.
- 3) Bariatric and Metabolic. ASBMS. Some have suggested that "BM" may be a liability and confused with Bowel Movement.
- 4) Intervention as well as surgery. Some have suggested that since we are also on the verge of endoscopic bariatric procedures, perceived as outside the traditional boundaries of "surgery", we should include intervention in our name or some other term reflecting endoscopic or natural orifice procedures. Others would argue that endoscopic bariatric procedures involving stapling or sewing should be considered endoscopic surgery and fall within the realm of surgery, thus requiring no alteration to our name.
- 5) Metabolic Disease. Some members suggest that we include metabolic disease or disorders in our name as our Journal SOARD. However, "for Bariatric Surgery and Metabolic Disease" is somewhat incongruous, a bit confusing, and perhaps implies interest beyond surgical intervention which may be beyond our intention.

For all reasons listed above, the executive council favors American Society for Metabolic and Bariatric Surgery - ASMBS. We want your input.

ASBS Annual Meeting, June 11-16 San Diego Convention Center



I strongly encourage all ASBS members to participate in the process of moving our society forward with a name change. At our upcoming meeting in San Diego during the business meeting on Friday afternoon, we will have open discussion and voting on the matter of our new name. My Presidential Address on Friday morning will summarize the Rome DSS meeting as well as our leadership's position on recognizing this important advancement in our field by modifying our name. I hope that you will be there! It will be our best meeting ever. No better place to be right now than ASBS!

Sincerely,

A handwritten signature in black ink that reads "Phil Schauer". The signature is written in a cursive, flowing style.

Phil Schauer, MD

President, American Society for Bariatric Surgery

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