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CONTACT: Anne Brownsey, ASGE
630-570-5635

Keith Taylor, ASMBS
212-527-7537

**ASMBS AND ASGE ISSUE WHITE PAPER
ON ENDOSCOPIC BARIATRIC THERAPIES (EBTs)
Societies Explore Role of Endoscopy in Treating Obesity**

NOVEMBER 17, 2011 – The American Society for Gastrointestinal Endoscopy (ASGE) and the American Society for Metabolic & Bariatric Surgery (ASMBS) have issued a new white paper on the potential role of endoscopic bariatric therapies (EBTs) in treating obesity and obesity-related diseases like Type 2 diabetes.

The white paper entitled, “A Pathway to Endoscopic Bariatric Therapies,” appears online in both *GIE: Gastrointestinal Endoscopy*, the peer-reviewed scientific journal of the American Society for Gastrointestinal Endoscopy (ASGE) and *Surgery for Obesity and Related Diseases (SOARD)*, the peer-reviewed scientific journal of the American Society for Metabolic & Bariatric Surgery (ASMBS).

“The two societies formed a joint task force to identify opportunities where endoscopic treatments may play a role in improving patient outcomes and reducing costs,” said Gregory G. Ginsberg, MD, FASGE, ASGE president and chair of the ASGE/ASMBS Task Force on EBT. “The white paper establishes the criteria for success as new technologies and procedures are developed.”

According to the white paper, several EBTs are currently in different stages of development and include a wide variety of methods to induce weight loss and reduce obesity-related diseases and conditions. EBTs are performed entirely through the gastrointestinal tract using thin flexible endoscopes and may offer patients an outpatient alternative to bariatric procedures including laparoscopic gastric bypass, adjustable gastric banding and sleeve gastrectomy.

“Endoscopic therapy has the potential to be applied across the continuum of obesity and metabolic disease,” said Bipan Chand, MD, chairman, ASMBS Emerging Technology and Procedure Committee, and co-chair of the ASGE/ASMBS Task Force. “However, it is generally expected that endoscopic modalities achieve weight loss superior to that produced by medical and intensive lifestyle interventions, have a favorable risk/benefit profile and have scientific evidence to support its use.”

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The white paper addresses endoscopic bariatric therapy treatment classification, potential indications, and efficacy including: primary efficacy endpoints such as weight loss, definitions for weight loss, comparison of weight loss between therapies, threshold for weight loss, and study design; and secondary efficacy endpoints such as reduction in obesity-related co-morbidities, changes in quality of life, safety, durability and repeatability, adoption of EBTs in the context of global patient care, endoscopy unit considerations, training and credentialing, cost effectiveness, and government and industry relations.

To read the full white paper, log on to *GIE: Gastrointestinal Endoscopy* online at www.giejournal.org or see the November print issue; or see the ASMBS journal, *Surgery for Obesity and Related Diseases* <http://asmbs.org/soard/>.

According to the Centers for Disease Control and Prevention (CDC), about one-third of U.S. adults (33.8 percent) are obese. Medical costs associated with obesity are about \$147 billion or 10 percent of all medical spending, double what it was a decade ago.ⁱ The ASMBS estimates there are 17 million people in the U.S. with morbid obesity (BMI of 40 or more, or a BMI of 35 or more with an obesity-related disease).

Obesity is a disease that contributes to more than 30 other obesity related diseases and conditions that include Type 2 diabetes, hypertension, heart disease, sleep apnea and certain cancers.

Bariatric surgery has been shown to be the most effective and long lasting treatment for obesity and many related conditions.ⁱⁱ Studies have shown patients may lose 30 to 50 percent of their excess weight 6 months after surgery and 77 percent of their excess weight as early as one year after surgery.ⁱⁱⁱ The Agency for Healthcare Research and Quality (AHRQ) reported significant improvements in the safety of bariatric surgery over the last several years due in large part to improved laparoscopic techniques and the advent of bariatric surgical centers of excellence. The overall risk of death from bariatric surgery is about 0.1 percent^{iv} and the risk of major complications is about 4 percent.^v

About Endoscopy

Endoscopy is performed by specially-trained physicians called endoscopists using the most current technology to diagnose and treat diseases of the gastrointestinal tract. Using flexible, thin tubes called endoscopes, endoscopists are able to access the human digestive tract without incisions via natural orifices. Endoscopes are designed with high-intensity lighting and fitted with precision devices that allow viewing and treatment of the gastrointestinal system. Millions of endoscopic procedures are performed in the U.S. each year. It is a safe, effective and well-tolerated procedure. Sedation is commonly used to make the patient comfortable throughout the exam.

About the American Society for Gastrointestinal Endoscopy

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. ASGE, with nearly 12,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit www.asge.org and www.screen4coloncancer.org for more information and to find a qualified doctor in your area.

About the American Society for Metabolic & Bariatric Surgery

The ASMBS is the largest organization for bariatric surgeons in the world. It is a non-profit organization that works to advance the art and science of bariatric surgery and is committed to educating medical professionals and the lay public about bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits. It encourages its members to investigate and discover new advances in bariatric surgery, while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients. For more information on the ASMBS, visit www.asmb.org.

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ⁱ EA Finkelstein et al. "Annual Medical Spending Attributable To Obesity: Payer-And Service-Specific Estimates." *Health Affairs*. 2009. 29(5):w822-w831. <http://healthaff.highwire.org/cgi/content/abstract/28/5/w822>

ⁱⁱ RA Weiner. "Indications and Principles of Metabolic Surgery." U.S. National Library of Medicine. 2010; 81(4):379-94

ⁱⁱⁱ AC Wittgrove et al. "Laparoscopic Gastric Bypass, Roux-en-Y: Technique and Results in 75 Patients With 3-30 Months Follow-up." *Obesity Surgery*. 1996. 6:500-504.

^{iv} Agency for Healthcare Research and Quality (AHRQ). Statistical Brief #23. Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Jan. 2007.

^v Flum et al. "Perioperative Safety in the Longitudinal Assessment of Bariatric Surgery." *New England Journal of Medicine*. 2009. 361:445-454. <http://content.nejm.org/cgi/content/full/361/5/445>