

## ASMBS and ASGE issue white paper on endoscopic bariatric therapies (EBTs)

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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."

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](http://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. 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. 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. 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 and the risk of major complications is about 4 percent.

Provided by American Society for Gastrointestinal Endoscopy

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