S.I.C.OB. EVENTI

RICCIONE, SABATO 12 APRILE 2025

CHIRURGIA DELL'OBESITA:
DAL TRATTAMENTO INTEGRATO
AL WELLNESS

Resp. Scientifico
Andrea Lucchi

iscriviti all'evento sicobriccione.cloud

POLICLINICO DI SANT'ORSOLA

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Ospedaliero - Universitaria di Bologna
IRCCS Istituto di Ricovero e Cura a Carattere Scientifico

ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

L'endocrinologo: i nuovi farmaci soppianteranno la chirurgia?

SILVIA GARELLI

UOC DI ENDOCRINOLOGIA E PREVENZIONE E CURA DEL DIABETE
IRCCS AZ. OSPEDALIERO-UNIVERSITARIA DI BOLOGNA
POLICLINICO DI SANT'ORSOLA

CENTRO INTERAZIENDALE DI CHIRURGIA DELL'OBESITÀ –
AUSL-AOU BOLOGNA


YES
NO
MAYBE
DON'T KNOW

SOMEONE SAYS «YES, OF COURSE!»

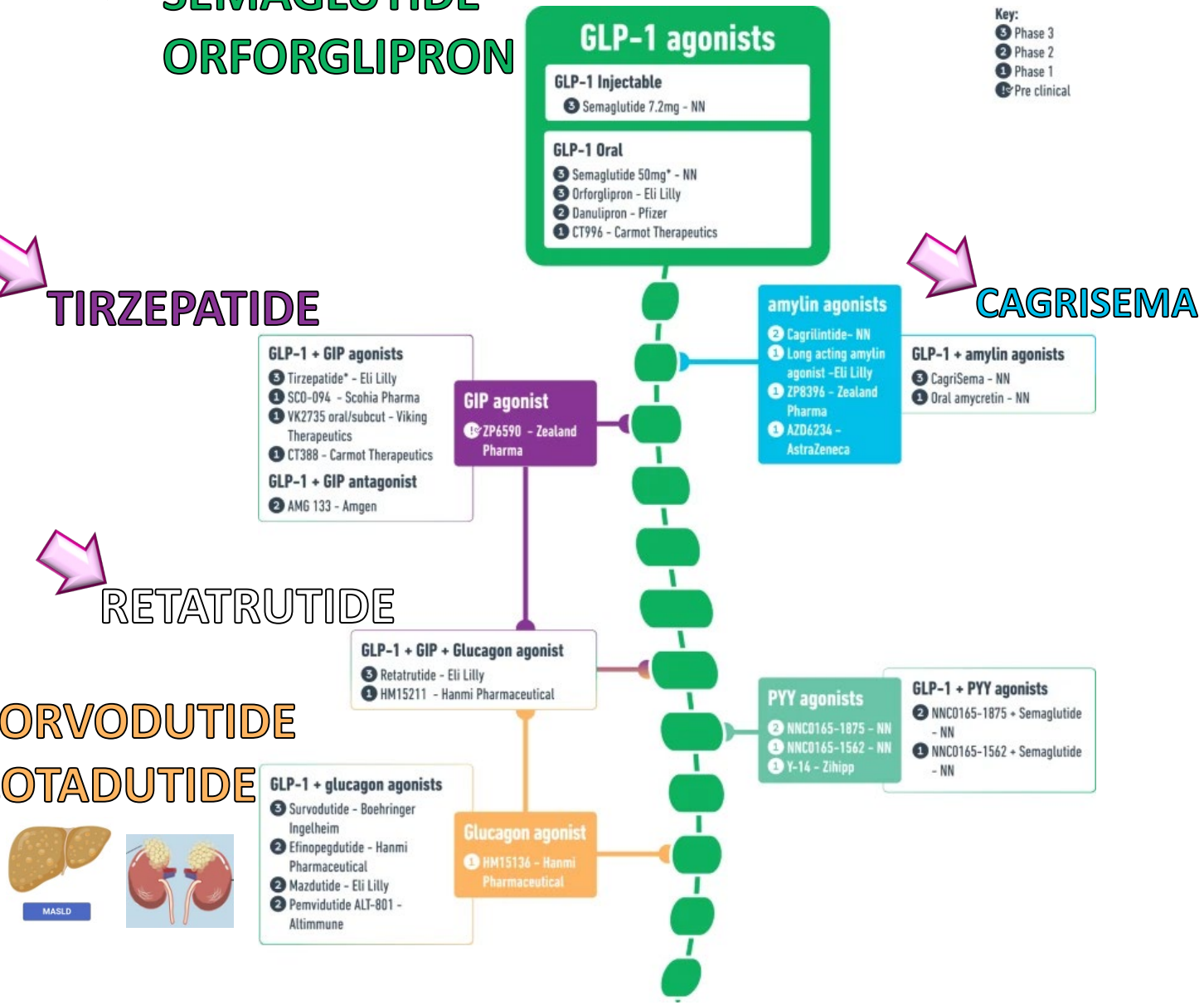
SEMAGLUTIDE
ORFORGLIPRON

TIRZEPATIDE

RETATRUTIDE

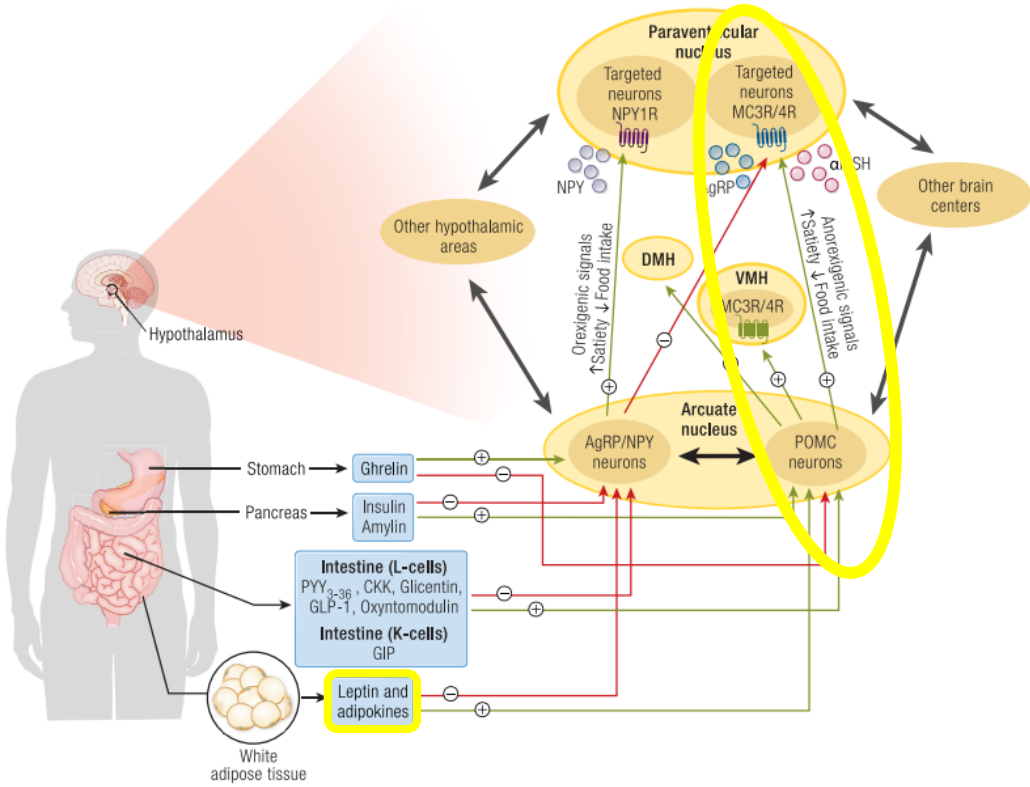
SORVODUTIDE
COTADUTIDE

CAGRISEMA



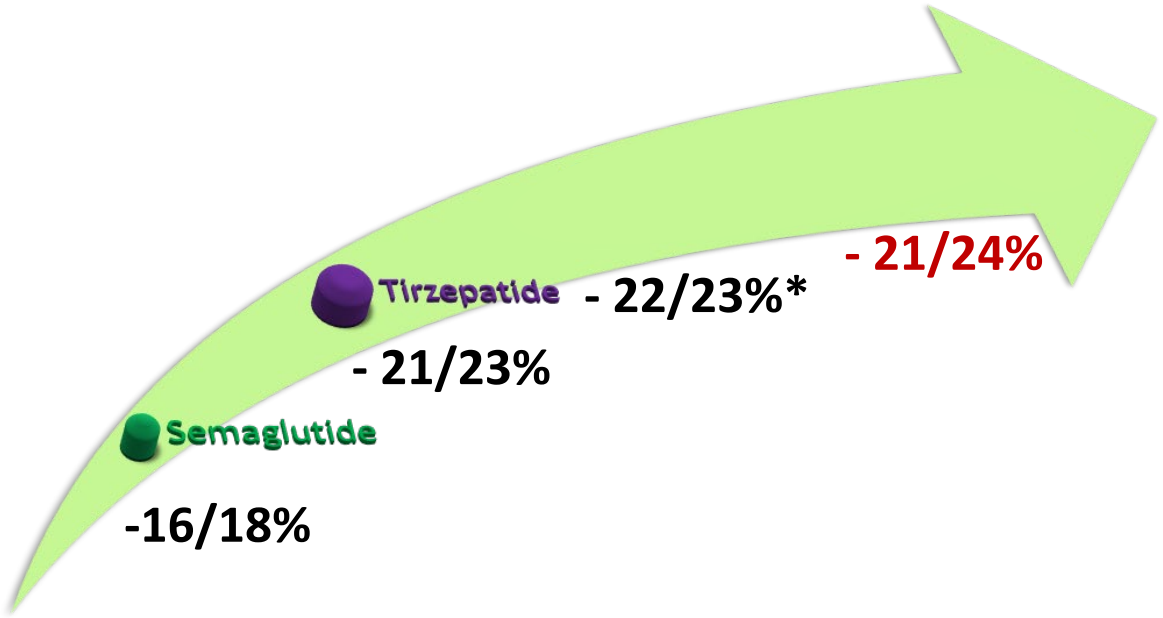
adattato da Melson E. et al. *Int J Obes* 2024

SETMELANOTIDE

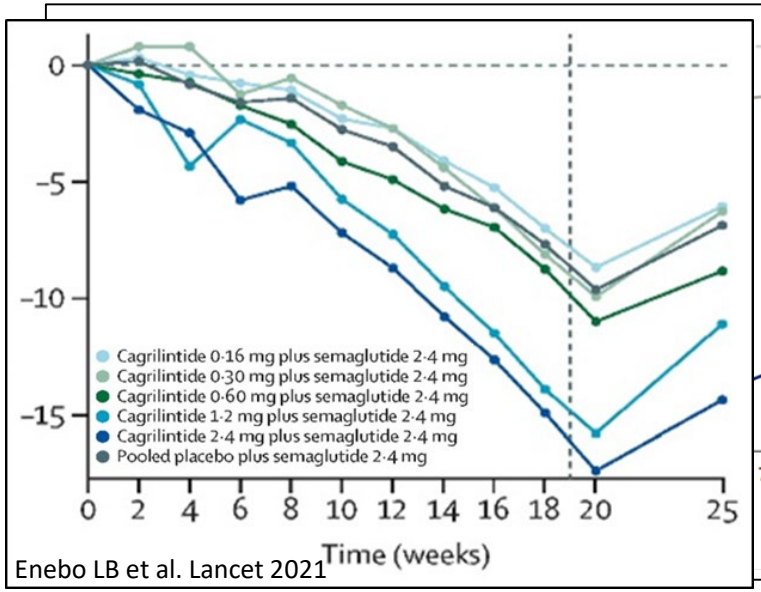


For genetic obesity disorders	Approved age categories
Biallelic POMC, LEPR, PCSK1 deficiency Bardet Biedl syndrome	FDA and EMA: adults, children ≥6 years

Welling MS et al. Endocrine Reviews 2025

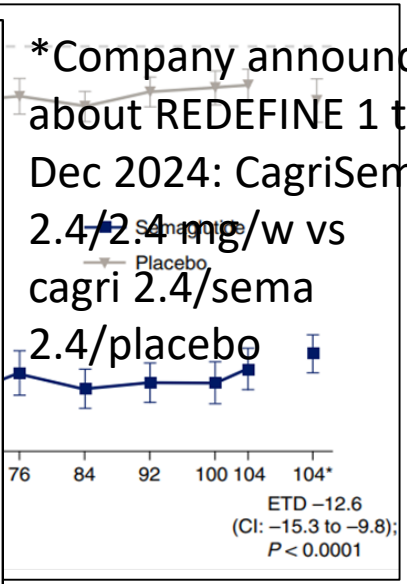


~ 75% of sbj lost ≥ 10% of bw
>50% of sbj lost ≥ 15% of bw
>30% of sbj lost ≥ 20% of bw



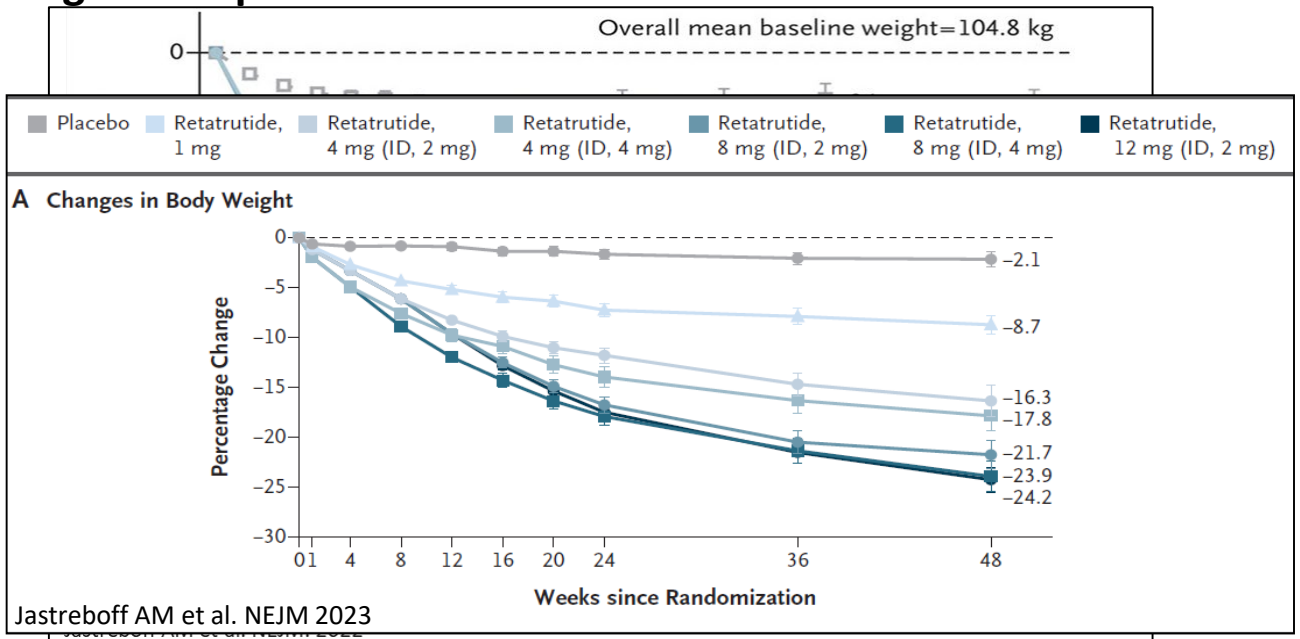
Enebo LB et al. Lancet 2021

STEP 5 trial



*Company announcement about REDEFINE 1 trial in Dec 2024: CagriSema 2.4/2.4 mg/w vs cagri 2.4/sema 2.4/placebo

CagriSema phase 1b trial



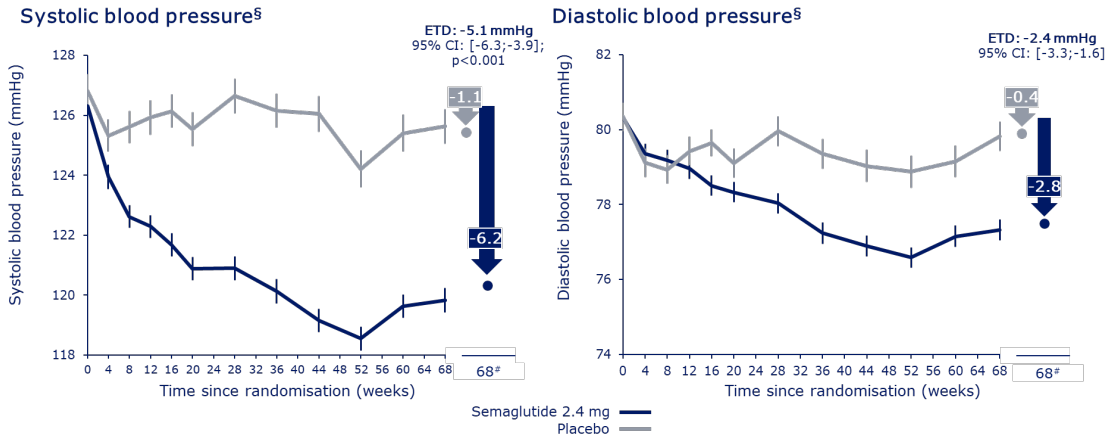
Jastreboff AM et al. NEJM 2023

RETA phase 2 trial

SURMOUNT-1 trial

Change in blood pressure

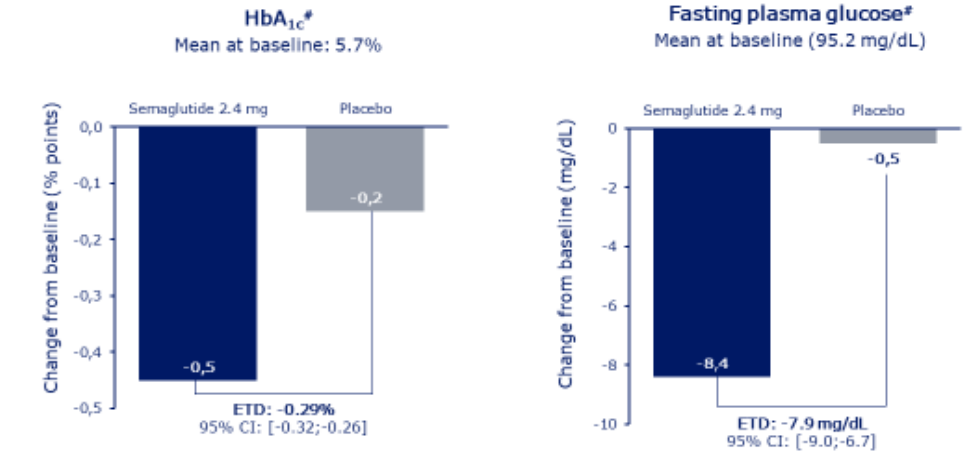
STEP 1



§ Means are based on observed data from the in-trial period and the ETD is for the treatment policy estimand. # Estimated values at week 68.
Error bars are +/- standard error of the mean. CI, confidence interval; ETD, estimated treatment difference.
Wilding et al. N Engl J Med 2021;384:989-1002.

Change in glycaemic parameters

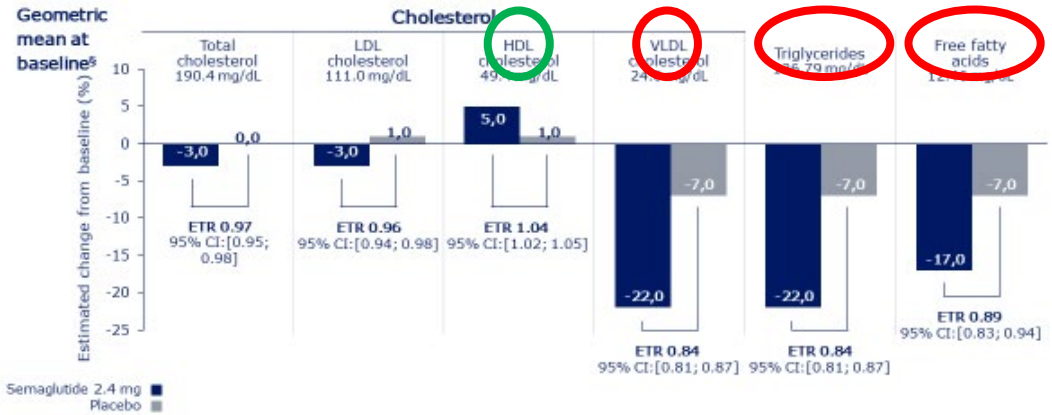
STEP 1



#Estimated change from baseline for treatment policy estimand.
Error bars are +/- standard error of the mean. ETD, estimated treatment difference.
Wilding et al. N Engl J Med 2021;384:989-1002.

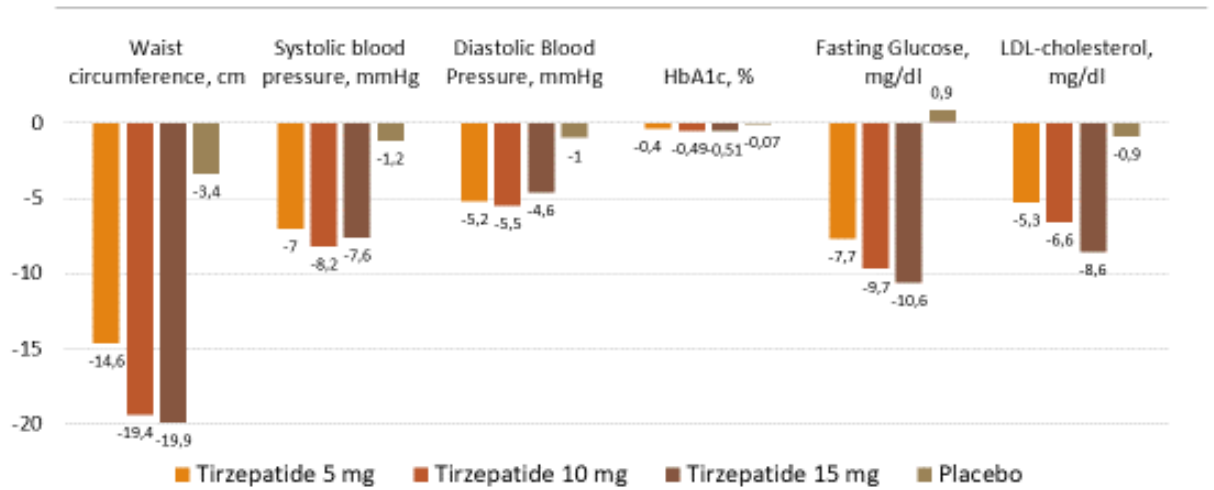
Change in fasting lipids

STEP 1



Estimated change from baseline for treatment policy estimand. § geometric mean at baseline for both treatment groups.
CI, confidence interval; HDL, high-density lipoprotein; LDL, low-density lipoprotein; ETR, estimated treatment ratio; VLDL, very low-density lipoprotein.
Wilding et al. N Engl J Med 2021;384:989-1002.

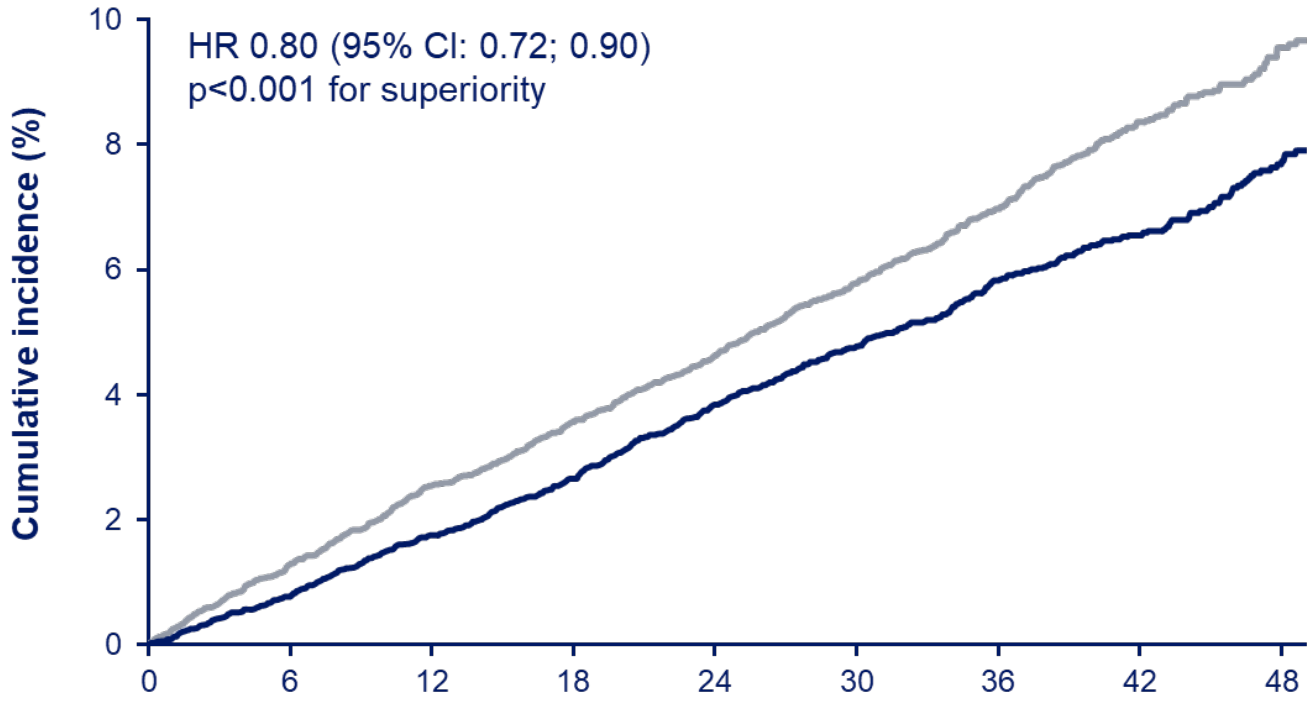
Surmount-1 trial: change in anthropometric and metabolic parameters



Jastreboff et al. NEJM 2022

Cumulative incidence of MACE

SELECT: Primary cardiovascular composite endpoint
N=17,604



No. at risk									
Semaglutide	8,803	8,695	8,561	8,427	8,254	7,229	5,777	4,126	1,734
Placebo	8,801	8,652	8,487	8,326	8,164	7,101	5,660	4,015	1,672

— Semaglutide 2.4 mg — Placebo

20%
reduction in risk of MACE*

Semaglutide 2.4 mg significantly reduced
the risk of MACE by 20%
compared with placebo in people with obesity and established CVD, without T2D[1,2]

All three components (death from CV causes, non-fatal MI and non-fatal stroke) contributed to MACE risk reduction

Mean follow-up time was 39.8 months

Cumulative incidence (using the Aalen–Johansen method) of the composite MACE primary endpoint. The HR was estimated using a Cox proportional hazards regression model. The proportion of participants with MACE was 6.5% with semaglutide 2.4 mg and 8.0% with placebo. MACE was defined as death from CV causes, non-fatal myocardial infarction, or non-fatal stroke.
CI, confidence interval; HR, hazard ratio; MACE, major adverse cardiovascular events; MI, myocardial infarction.
1. Lincoff AM et al. N Engl J Med 2023;DOI:10.1056/NEJMoa2307563; 2. American College of Cardiology, SELECT: Semaglutide Reduces Risk of MACE in Adults With Overweight or Obesity, Accessed October 2023, https://www.acc.org/Latest-in-Cardiology/Articles/2023/08/10/14/29/SELECT-Semaglutide-Reduces-Risk-of-MACE-in-Adults-With-Overweight-or-Obesity

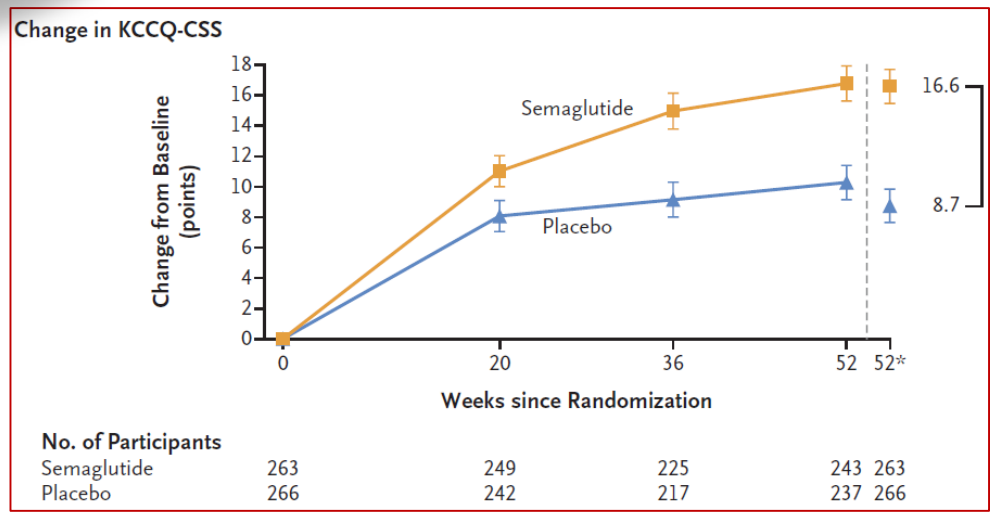
Sema in HFpEF: the STEP HFpEF TRIAL

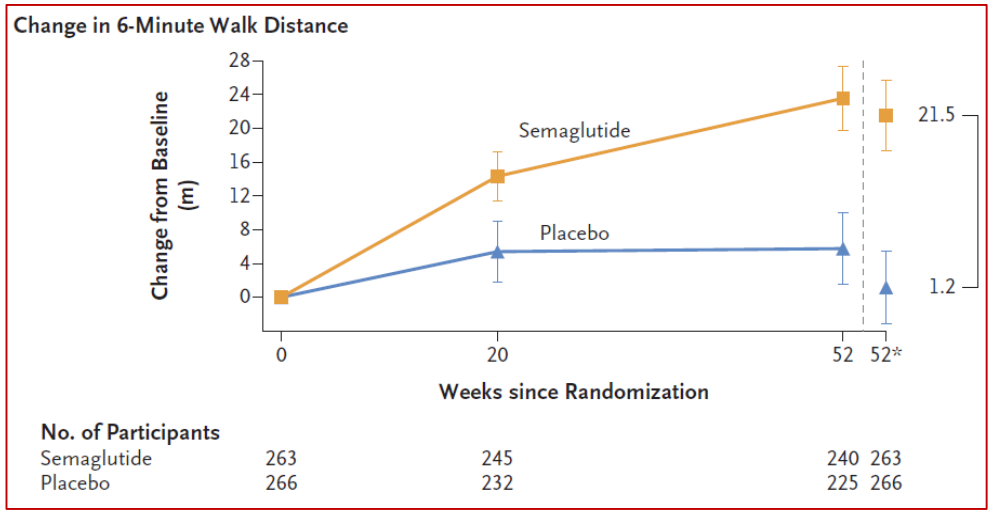
The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 SEPTEMBER 21, 2023 VOL. 389 NO. 12

Semaglutide in Patients with Heart Failure with Preserved Ejection Fraction and Obesity

M.N. Kosiborod, S.Z. Abildstrøm, B.A. Borlaug, J. Butler, S. Rasmussen, M. Davies, G.K. Hovingh, D.W. Kitzman, M.L. Lindegaard, D.V. Møller, S.J. Shah, M.B. Treppendahl, S. Verma, W. Abhayaratna, F.Z. Ahmed, V. Chopra, J. Ezekowitz, M. Fu, H. Ito, M. Lelonek, V. Melenovsky, B. Merkely, J. Núñez, E. Perna, M. Schou, M. Senni, K. Sharma, P. Van der Meer, D. von Lewinski, D. Wolf, and M.C Petrie, for the STEP-HFpEF Trial Committees and Investigators*





Tirze in HFpEF: the SUMMIT TRIAL

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 JANUARY 30, 2025 VOL. 392 NO. 5

Tirzepatide for Heart Failure with Preserved Ejection Fraction and Obesity

Milton Packer, M.D., Michael R. Zile, M.D., Christopher M. Kramer, M.D., Seth J. Baum, M.D., Sheldon E. Litwin, M.D., Venu Menon, M.D., Junbo Ge, M.D., Govinda J. Weerakkody, Ph.D., Yang Ou, Ph.D., Mathijs C. Bunck, M.D., Karla C. Hurt, B.S.N., Masahiro Murakami, M.D., and Barry A. Borlaug, M.D., for the SUMMIT Trial Study Group*

ABSTRACT

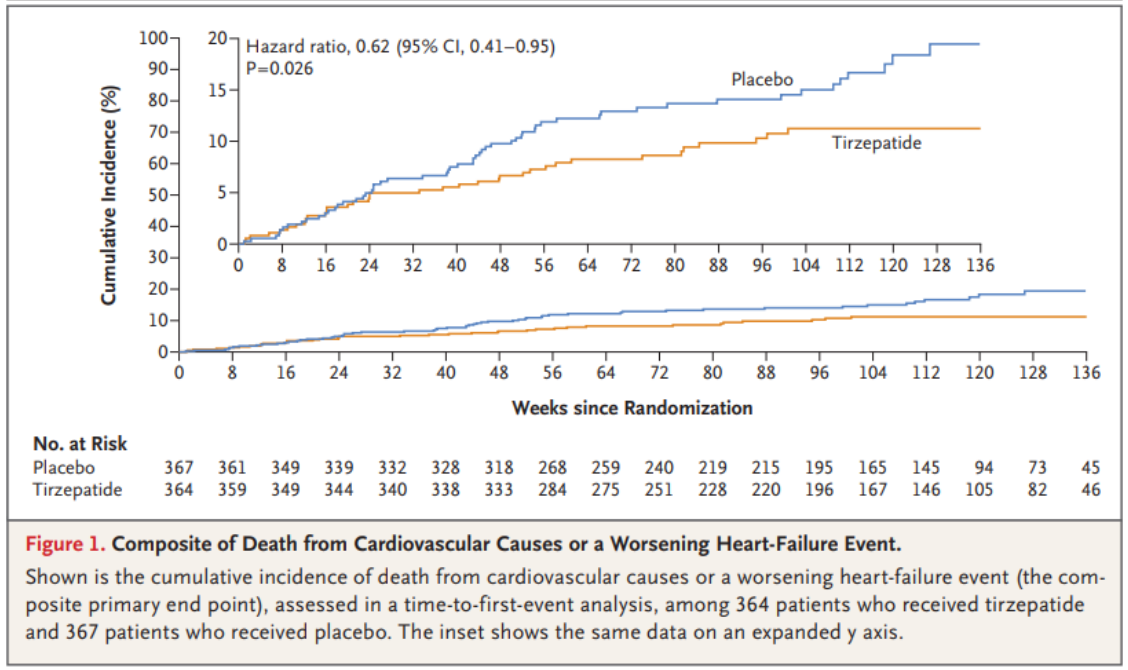


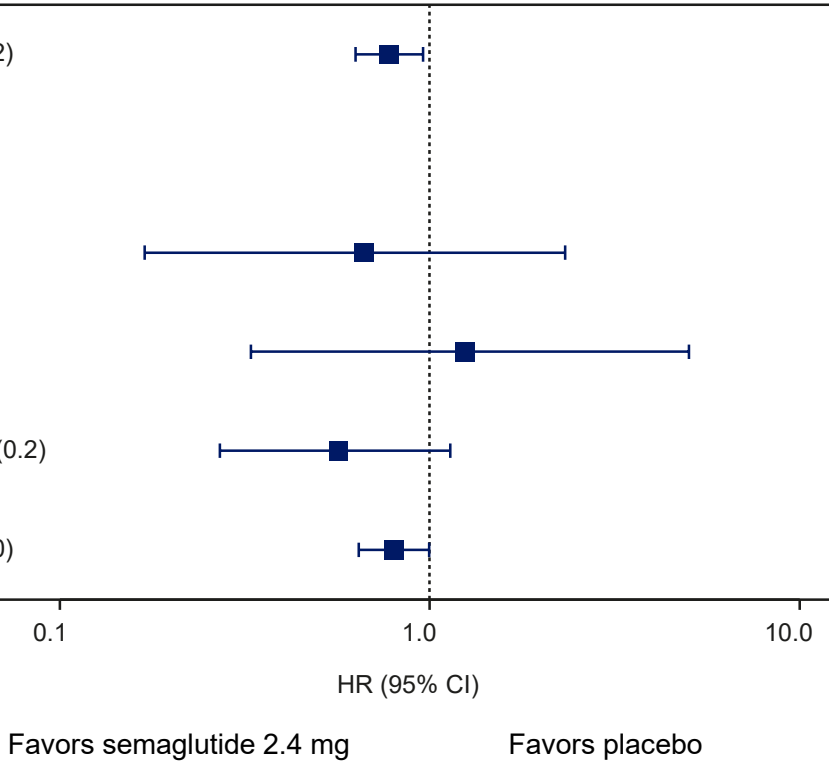
Figure 1. Composite of Death from Cardiovascular Causes or a Worsening Heart-Failure Event.

Shown is the cumulative incidence of death from cardiovascular causes or a worsening heart-failure event (the composite primary end point), assessed in a time-to-first-event analysis, among 364 patients who received tirzepatide and 367 patients who received placebo. The inset shows the same data on an expanded y axis.

Effect of semaglutide on the main kidney endpoint

Effect of semaglutide 2.4 mg on the main 5-component kidney composite endpoint

	Semaglutide 2.4 mg (*N* = 8,803), *n (%)*	Placebo (*N* = 8,801), *n (%)*	HR (95% CI); *P* value
5-component kidney composite endpoint	155 (1.8)	198 (2.2)	0.78 (0.63, 0.96); 0.02
Death due to kidney disease	0	0	N/A
Initiation of chronic kidney replacement therapy[a]	4 (0.0)	6 (0.1)	0.66 (0.17, 2.32); 0.52
Onset of persistent eGFR <15 ml min^{-1} 1.73 m^{-2}	5 (0.1)	4 (0.0)	1.24 (0.33, 5.02); 0.74
Onset of persistent ≥50% reduction in eGFR	12/8,724[b] (0.1)	21/8,742[b] (0.2)	0.57 (0.27, 1.14); 0.11
Onset of persistent macroalbuminuria	144 (1.6)	179 (2.0)	0.80 (0.64, 1.00); 0.05



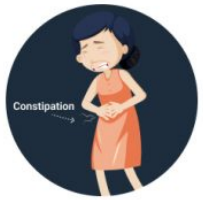
Data are the observed (that is, as measured) n (%) of patients experiencing the first event that contributed to the main 5-component kidney composite endpoint from the in-trial observation period and the HR, and 95% CI was estimated using a Cox regression model. The symbols are the HRs and error bars are 95% CIs. P values are two-sided and were not adjusted for multiplicity.
[a]Dialysis or kidney transplantation.
[b]Percent reduction is defined from baseline; the denominator is therefore reduced because of patients missing a baseline score.
CI, confidence interval; eGFR, estimated glomerular filtration rate; HR, hazard ratio; N/A, not applicable.
Adapted from Figure 2. Effect of semaglutide 2.4 mg on the main 5-component kidney composite endpoint.

INCRETIN-BASED AOM SIDE EFFECTS

Headaches

Nausea and Vomiting

Diarrhea

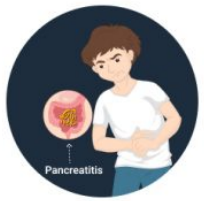


Constipation

Stomach Pain

Gas and Bloating

Hair Loss



Pancreatitis

Gallbladder disease

Allergic reactions

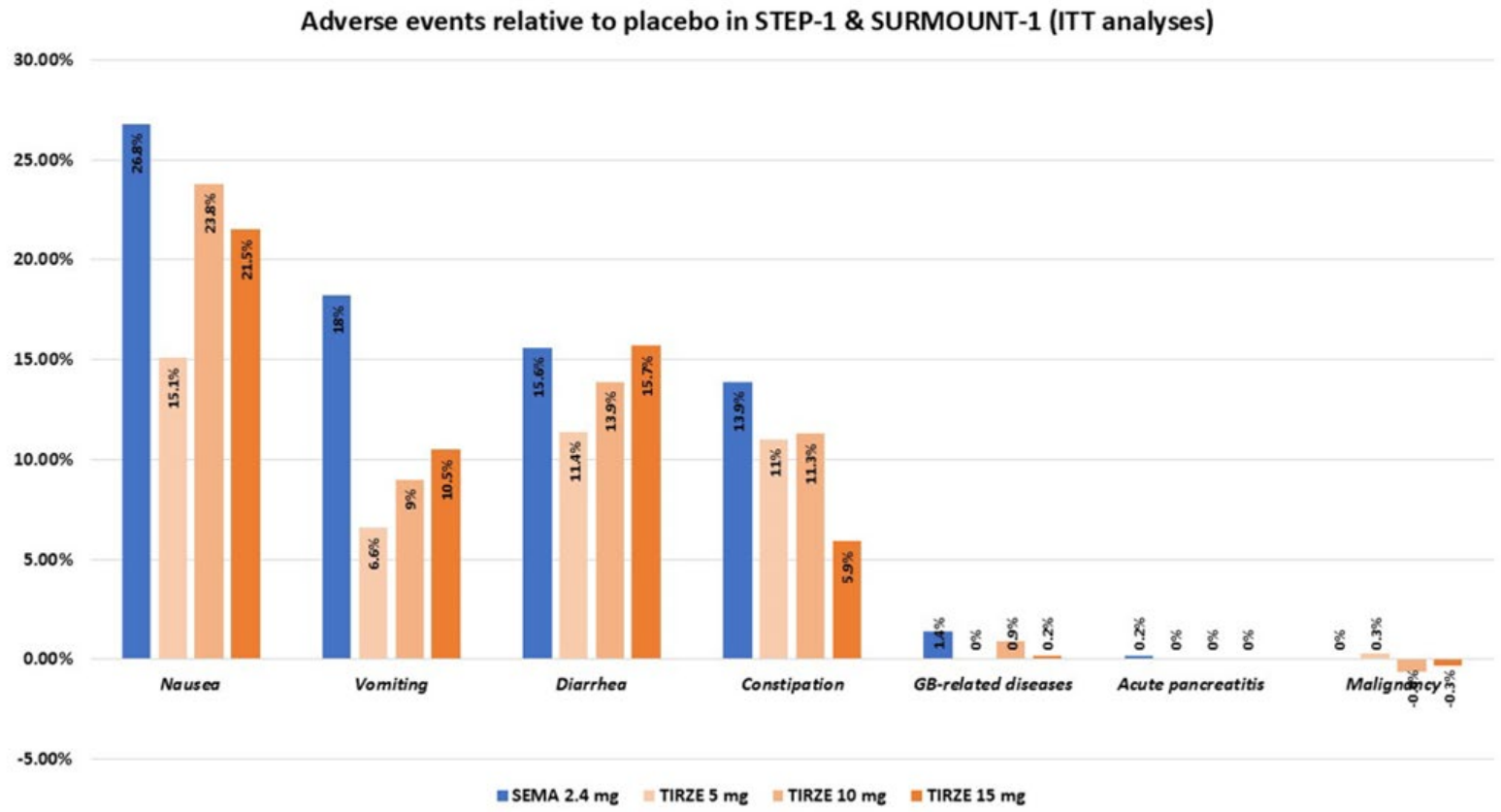


Fig. 4. Key side effects of semaglutide 2.4 mg and tirzepatide 5, 10, and 15 mg in people with obesity or overweight without type 2 diabetes (SEMA: Semaglutide, TIRZE: Tirzepatide, GB: Gall bladder).

Singh A et al. Diabetes Metab Syndr. 2025 Mar

MILD>>MODERATE>>>SEVERE


SI... PUÒ...
FARE !!!

TERAPIA FARMACOLOGICA E CHIRURGICA PER L'OBESITA' SONO VERAMENTE PARAGONABILI?

	CHIRURGIA	FARMACI
EFFICACIA SU PESO E FATTORI DI RISCHIO CARDIOMETABOLICI	POCHI RCT, PERLOPIU' REAL LIFE DATA, STUDI OSSERVAZIONALI RETROSPETTIVI/PROSPETTICI	RIGOROSI RCT, CON PROTOCOLLI E RACCOLTA DATI STANDARDIZZATI + REAL LIFE DATA con breve osservazione
CARATTERISTICHE DELLA POPOLAZIONE STUDIATA	• PAZIENTI CON BMI > 30 KG/M2 + DM, • PAZIENTI CON BMI >35 MG/M2 + COMORBIDITA', • BMI >40 KG/M2 Coorti di pazienti con insufficienza d'organo in attesa di trapianto	• BMI > 27 KG/M2 +COMORBIDITA' BMI > 30 KG/M2 ANCHE IN ASSENZA DI COMORBIDITA', SPESSO NON DIABETICI **NEI TRIAL FARMACOLOGICI CON INCLUSIONE DI PAZIENTI CON DM IL CALO PONDERALE E' LIMITATO** • PAZIENTI AD ELEVATA COMPLESSITà: CON PREGRESSO MACE +/- DANNO RENALE +/- DM, DI ETA' SUPERIORE AI 45-50 ANNI, IN PREVENZIONE SECONDARIA **QUESTI PAZIENTI TIPICAMENTE ACCEDONO CON DIFFICOLTA' ALLA SALA OPERATORIA**
ACCESSIBILITA'	ACCESSIBILE A TUTTI	ACCESSIBILI SOLO AD UNA FETTA DELLA POPOLAZIONE (BIAS DI SELEZIONE)

Cureus. 2024 May 2;16(5):e59558. doi: 10.7759/cureus.59558. eCollection 2024 May.

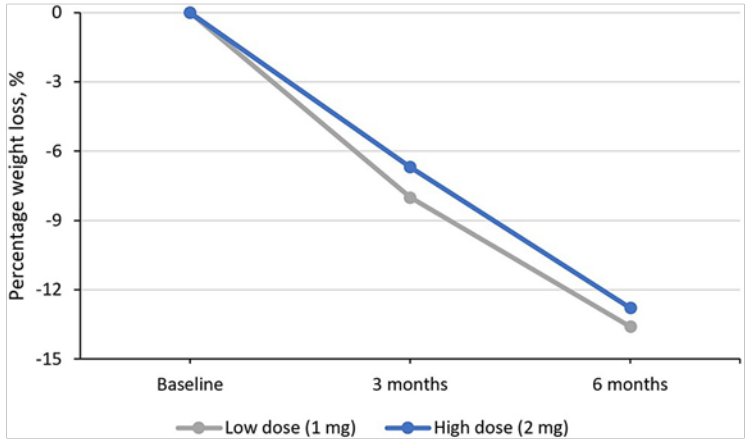
A Real-World Study of the Effectiveness and Safety of Semaglutide for Weight Loss

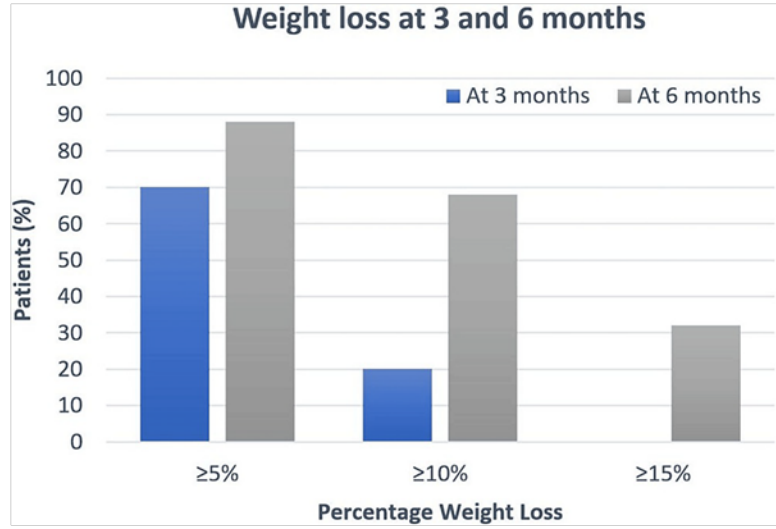
Ploutarchos Tzoulis [1], Michael Batavanis [2], Stephanie Baldeweg [3]

43 soggetti inclusi nello studio: OW/OB non DM trattati con semaglutide fino al 1 mg per 12 settimane, poi a dosaggi variabili

40 soggetti arruolati nello studio (3 non hanno raggiunto 12 settimane di trattamento)

25 soggetti (62,5%) hanno completato 6 mesi di FUP



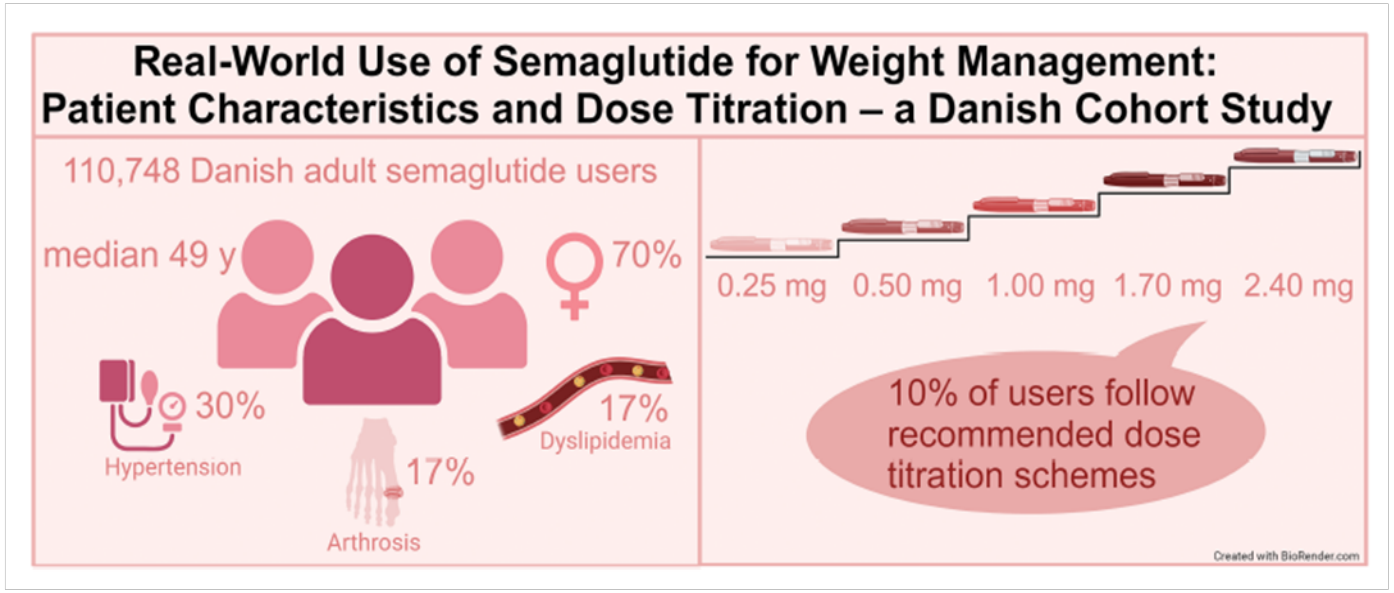


DOPO LE PRIME 12 SETTIMANE, OLTRE IL 50% DEI SOGGETTI HA MANTENUTO UN DOSAGGIO DI 1 MG A SETTIMANA

Diabetes Care
American Diabetes Association

Real-World Use of Semaglutide for Weight Management: Patient Characteristics and Dose Titration—A Danish Cohort Study

Louise Ladebo, Martin T. Ernst, Aurélie Mailhac, Carsten Dirksen, Kirstine N. Bojsen-Møller, and Anton Pottegård



Only 13% reached the maximum dose of 2.4 mg by their fifth prescription, while 5.7% stopped after the first prescription. Few users (10%) followed recommended dose increases every 4 weeks.

Overall, 25% filled at least one prescription of 2.4 mg, while 33–48% continued with the 1.0-mg dosage from the fourth prescription onward.

Diabetes and Metabolism 51 (2025) 101636

Contents lists available at ScienceDirect

Diabetes & Metabolism

journal homepage: www.elsevier.com/locate/diabet

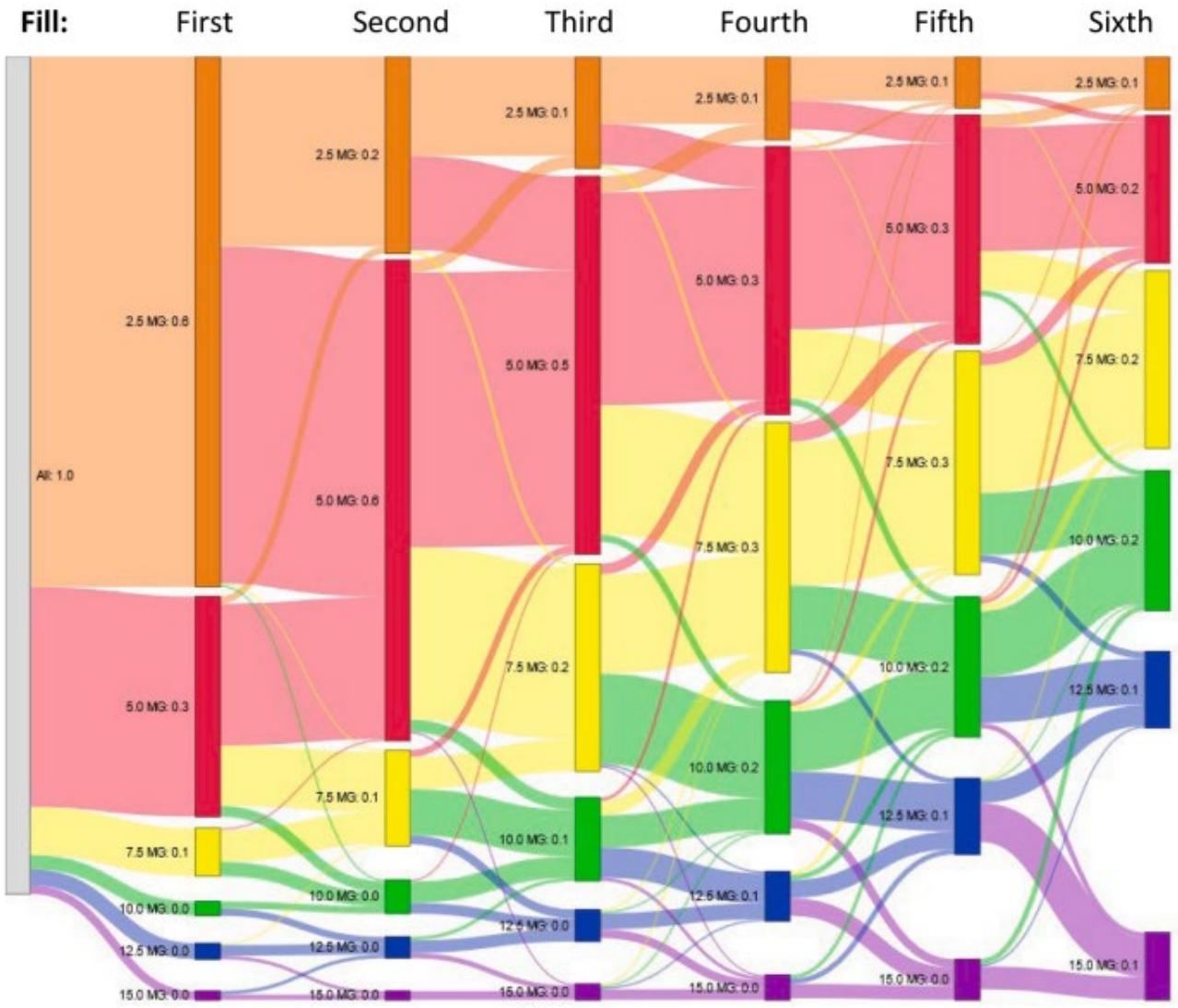
Original article

Real-world use and effectiveness of tirzepatide among people without evidence of type 2 diabetes in the United States

Emily R. Hankosky [a,*], Karishma Desai [b], Chanadda Chinthammit [a], Michael Grabner [b], Grace Stockbower [b], Xuanyao He [a], Donna Mojdami [a], Cachet Wenziger [b], Theresa Hunter Gibble [a]

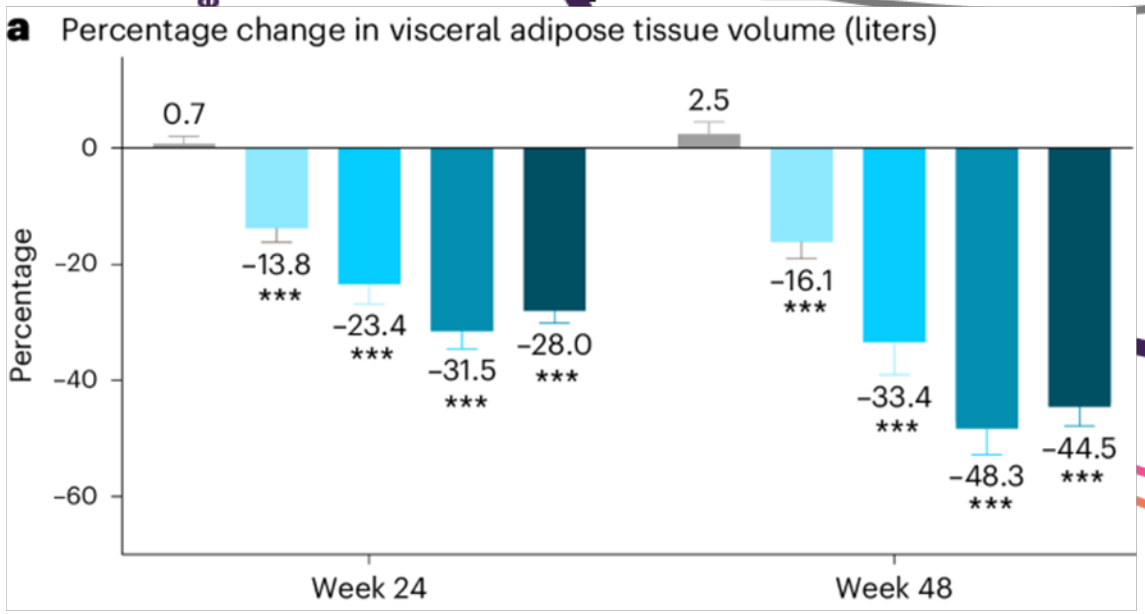
Almost three-quarters (73.8 %) of the OMM-eligible cohort was persistent on tirzepatide for ≥ 6 months

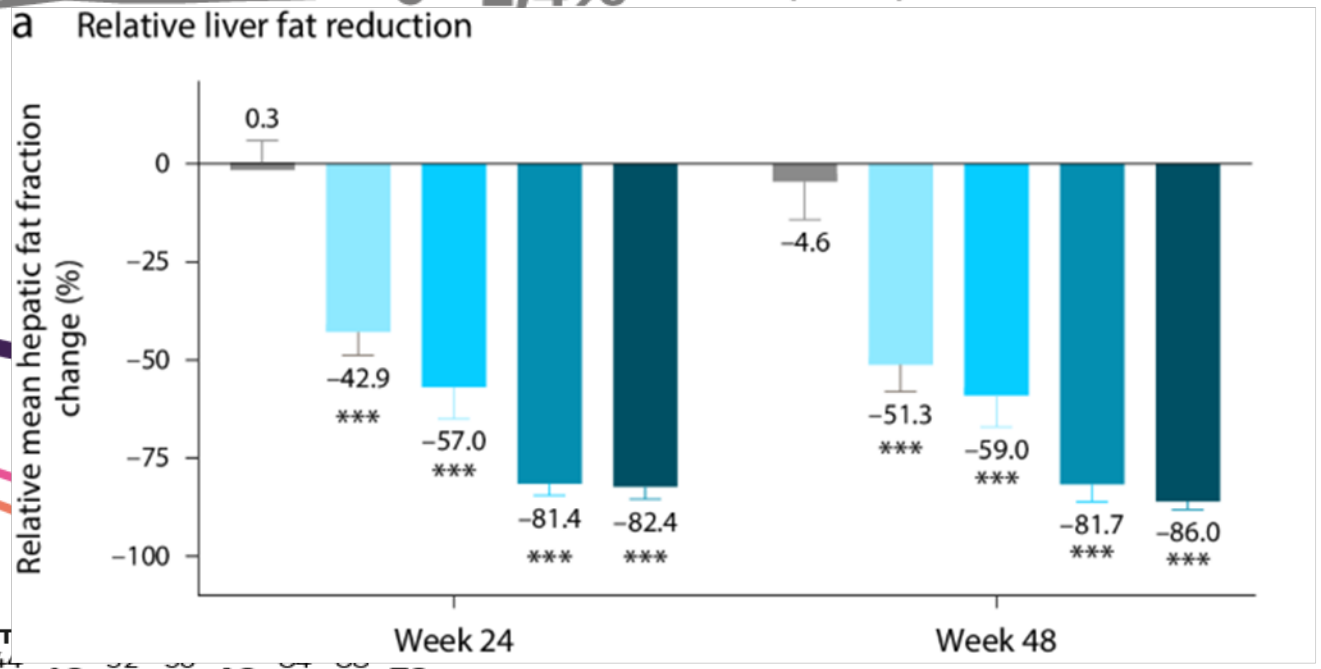
Among those with a sixth prescription fill, more than half of the OMM-eligible cohort was still receiving lower doses of tirzepatide (< 10 mg), indicating some inertia amongst providers, or preference for prescribing lower doses, supply constraints with the higher doses, or adverse effects

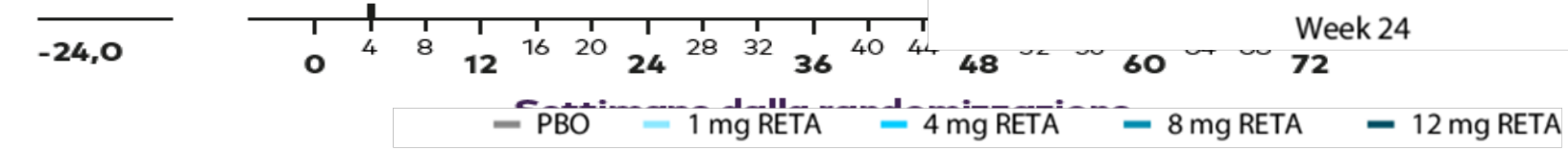


UTILIZZO DEI FARMACI PER OBESITA' COME TRATTAMENTO NEOADIUVANTE ALLA CB o IN ADDOME DIFFICILE

RETATRUTIDE: EFFETTI SU TESSUTO ADIPOSO E FEGATO







Jastreboff AM, et al. N Engl J Med 2022; 387:205-216 + Supplementary Appendix. 2.

Sanyal A, et al. N Engl J Med 2024

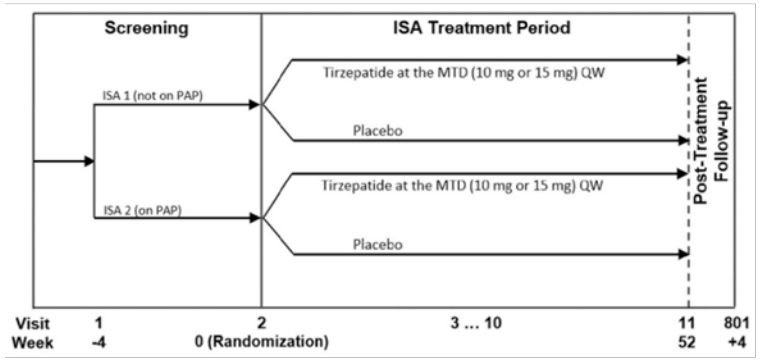
Trattamento dell'OSAS grave in preparazione ad intervento chirurgico

ORIGINAL ARTICLE

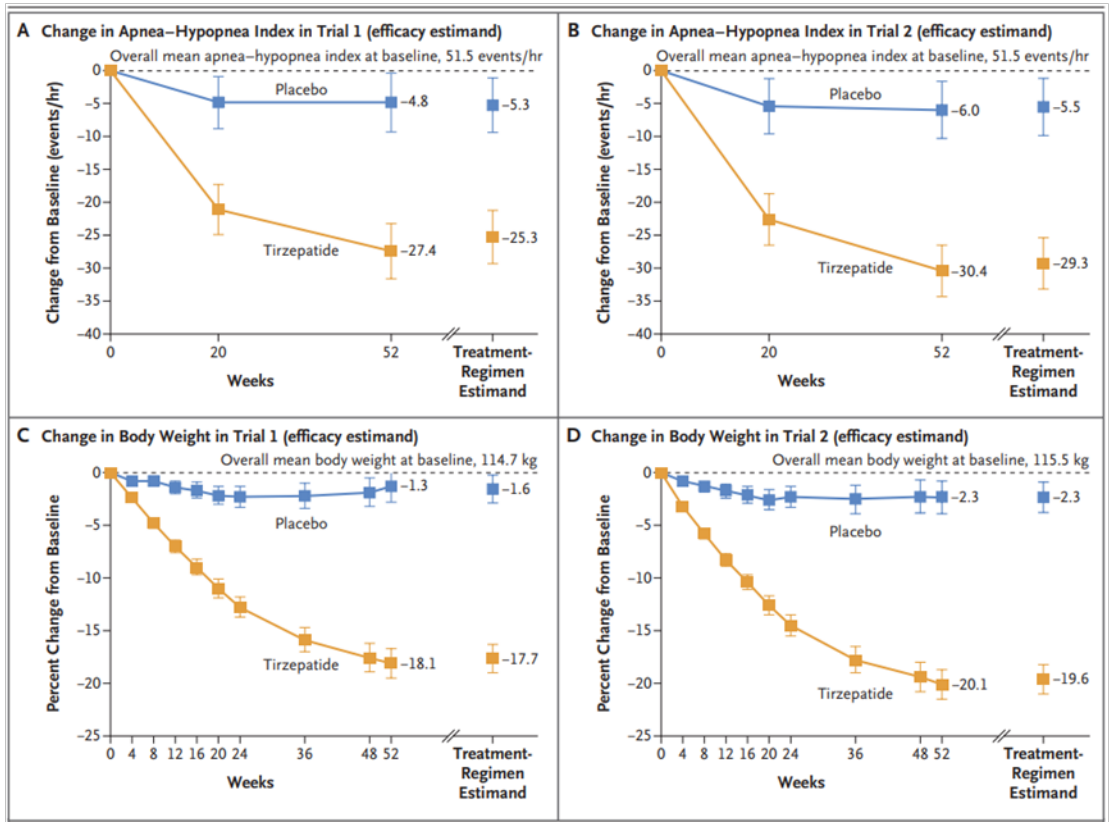
Tirzepatide for the Treatment of Obstructive Sleep Apnea and Obesity

Atul Malhotra, M.D., Ronald R. Grunstein, M.D., Ph.D., Ingo Fietze, M.D., Terri E. Weaver, Ph.D., Susan Redline, M.D., M.P.H., Ali Azarbarzin, Ph.D., Scott A. Sands, Ph.D., Richard J. Schwab, M.D., Julia P. Dunn, M.D., Sujatro Chakladar, Ph.D., Mathijs C. Bunck, M.D., Ph.D., and Josef Bednarik, M.D., for the SURMOUNT-OSA Investigators*

NEJM 2024



TIRZEPATIDE/pl TIRZEPATIDE/pl + PAP



Up to 50.2% of patients in both SURMOUNT-OSA trials met the combined key secondary end-point criteria of fewer than 5 AHI events per hour or 5 to 14 AHI events per hour and an ESS of 10 or less

INSUFFICIENT WEIGHT LOSS E WEIGHT REGAIN

Tackling suboptimal clinical response after metabolic bariatric surgery: Impact of tirzepatide on weight loss and body composition

Fabian Stoll [a,*], Tobias Kantowski [a], Jonas Laaser [a], Ulrike Kloiber [a], Gabriel Plitzko [b], Oliver Mann [b], Jens Aberle [a], Anne Lautenbach [a]

[a] III Department of Medicine, University Medical Center Hamburg-Eppendorf, Hamburg 20246, Germany
[b] Department of General, Visceral and Thoracic Surgery, University Medical Center Hamburg-Eppendorf, Hamburg 20246, Germany

Obes Res Clin Pract. 2025

Table 2
Anthropometric and biochemical characteristics at baseline and follow-up.

	Baseline (N = 21)	1M-FU (N = 21)	p-value	3M-FU (N = 21)	p-value	6M-FU (N = 17)	p-value
Body weight [kg]	122.1 ± 24.8	119.1 ± 23.6	**< 0.001**	113.5 ± 23.5	**< 0.001**	110.8 ± 24.3	**< 0.001**
Total weight loss [%]		− 2.4 ± 1.9	**< 0.001**	− 7.1 ± 3.3	**< 0.001**	− 12.0 ± 3.4	**< 0.001**
BMI [kg/m²]	40.2 ± 6.4	39.2 ± 6.1	**< 0.001**	37.4 ± 6.1	**< 0.001**	36.0 ± 6.7	**< 0.001**
Total BMI change [%]		− 1.0 ± 0.8	**< 0.001**	− 2.8 ± 1.3	**< 0.001**	− 4.8 ± 1.4	**< 0.001**
Waist circumference [cm]	121.4 ± 17.4	118.6 ± 18.5	0.060	112.9 ± 16.0	**< 0.001**	111.3 ± 16.12	**< 0.001**
Body fat [%]	42.6 ± 7.7	41.3 ± 6.9	0.123	41.0 ± 8.2	0.266	39.2 ± 7.5	**< 0.001**
Fat mass change [kg]		− 1.8 ± 2.2	**0.006**	− 4.8 ± 4.0	**< 0.001**	− 9.5 ± 4.3	**< 0.001**
Fat-free mass [%]	57.4 ± 7.7	58.7 ± 6.9	0.123	59.0 ± 8.2	0.266	60.8 ± 7.5	**< 0.001**
Fat-free mass change [kg]		− 1.0 ± 1.9	0.103	− 4.4 ± 3.9	**< 0.001**	− 5.5 ± 4.3	**< 0.001**
Total body water [%]	42.8 ± 5.5	43.0 ± 5.0	0.638	43.5 ± 5.6	0.620	44.53 ± 5.5	**0.010**
Basal metabolism [kcal]	2211.4 ± 489.8	2161.9 ± 473.3	**0.005**	2065.4 ± 463.4	**< 0.001**	2045.8 ± 446.9	**< 0.001**
Hb [g/dl]	13.4 ± 1.4	13.7 ± 1.5	0.094	13.9 ± 1.6	0.106	14.0 ± 1.4	0.334
Platelets [10³/µl]	254.1 ± 88.9	249.8 ± 81.5	0.918	273.7 ± 74.3	0.715	255.3 ± 69.4	0.870
HbA1c [%]	5.4 ± 0.3	5.2 ± 0.3	**< 0.001**	5.1 ± 0.3	**< 0.001**	5.1 ± 0.3	**< 0.001**

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Medical News & Perspectives

January 31, 2025

What Does the Rise of GLP-1 Drugs Mean for Bariatric Surgery?

Kate Schweitzer[1]

» Author Affiliations

JAMA. 2025;333(9):743-745. doi:10.1001/jama.2024.25968

In US there was a 25% to 30% decrease in case volume that started in 2023, with the advent of new AOM **BUT The ASMBS reports that in 2022 nearly 280,000 metabolic and bariatric procedures were performed in the U.S., which represents only about 1% of those who meet eligibility requirements based on BMI.**

If weight-loss treatments, not just lifestyle modifications, gain traction, pervasive stigmas could be lessened and surgeons could begin to serve more than just the 1%. If this is an opportunity to bring more people in so they can learn about the benefits of bariatric surgery and not be afraid of it, that can increase those numbers.

“There’s enough room for all of us.”

Quando si considera la migliore opzione terapeutica è necessario considerare alcuni fattori:

- **gravità dell'obesità e delle comorbilità**
- **rapporto rischio/beneficio**
- **età del paziente e aspettativa di vita (mantenimento del peso)**
- **preferenza del paziente**

Choices (BMS/AOM) are being framed as «either-or» or «one-size-fits-all», but combination therapies are common in medicine, so why not consider them here?

Schweitzer K. *JAMA*. 2025

Nov 2023:
a 49-year-old male presented to the bariatric clinic seeking bariatric surgery.
The patient had an initial weight of 272 kg (BMI 106.25 kg/m2) and a history of type 2 diabetes mellitus (T2DM), obstructive sleep apnea (OSA) requiring nocturnal BiPAP, bilateral lipedema, and had been bedbound for 2 years

The MDT collectively determined that the patient required preoperative optimization before considering laparoscopic sleeve gastrectomy (LSG)

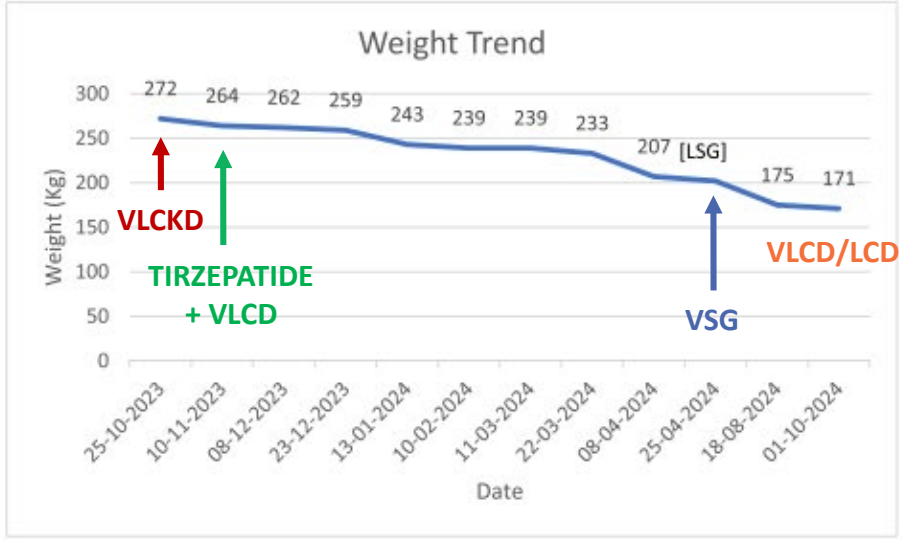

Figure 1. Weight trend since admission until October 2024, pre and post-op.

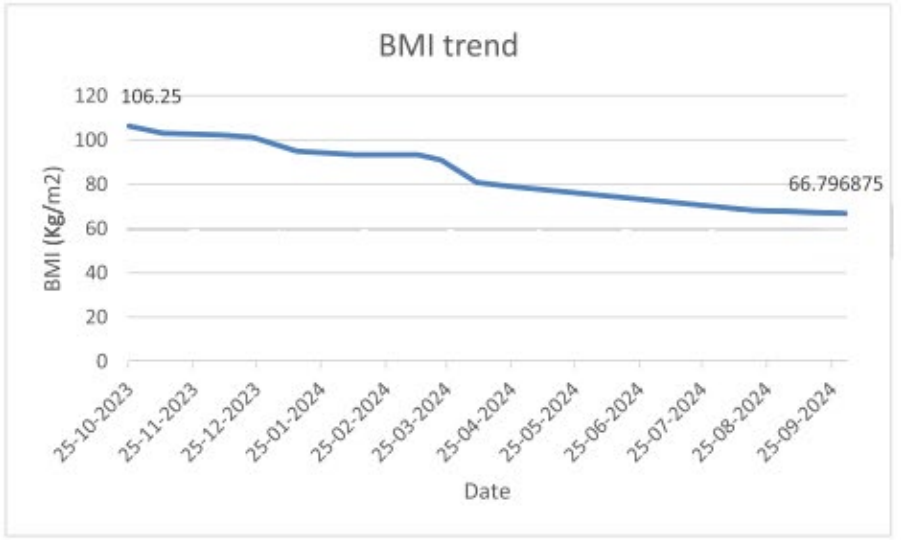

Figure 2. BMI trend since admission until October 2024, pre and post-op.

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