New Paper Explores Role Of EBTs

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. Entitled *A Pathway to Endoscopic Bariatric Therapies*, it 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 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.
- 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, go to www.giejournal.org [1]or http://asmbs.org/soard [2].

According to the Centers for Disease Control and Prevention, about one-third of U.S. adults 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. Furthermore, the ASMBS estimates that there are 17 million people in the U.S. with morbid obesity.

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