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ACG Virtual Grand Rounds

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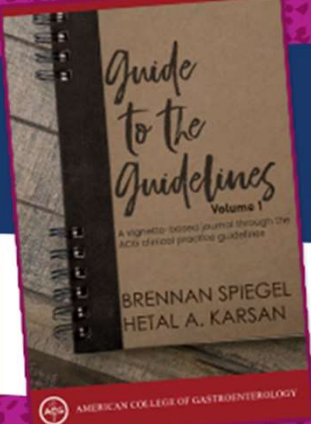
Week 5 – Thursday, February 1, 2024
Community Outreach on Colorectal Cancer: Lessons & Pearls from ACG's SCOPY Award Winners
Faculty: Katie Farah, MD, Erica Duh, MD, Sudha Pandit, MD, Darwin L. Conwell, MD, MS, FACG, and Ms. Dawn Baker
Moderators: Tauseef Ali, MD, FACG and Reezwana Chowdhury, MD, FACG
At Noon and 8pm Eastern

Week 6 – Thursday, February 8, 2024
Celiac Disease – What to do After the Diagnosis is Made
Faculty: Lucinda A. Harris, MD, FACG
Moderator: Isabel Hujoel, MD
At Noon and 8pm Eastern

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Disclosures

Shelby A. Sullivan, MD, FACG:
Research Support: Allurion Technologies, ReBiotix, Obalon/ReShape
Lifesciences. Consulting : Endo Tools Therapeutics, Allurion Technologies,
Fractyl Laboratories, Biolinq, Pentax , BariaTek

Mark A. Gromski, MD:
No relevant financial relationships with ineligible companies.

All of the relevant financial relationships listed for these individuals have been mitigated

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Endobariatric Therapies and Pharmacotherapy – When to Combine and When Not to Combine

Shelby A. Sullivan, MD, FACG

Professor of Medicine

Director, Gastroenterology Metabolic and Bariatric Program

University of Colorado

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Components of a Comprehensive Obesity Treatment Program

*BMI>35 kg/m2 with a comorbidity or >40 kg/m2

Surgery

*BMI >27 kg/m2 with a comorbidity or >30 kg/m2

Bariatric Endoscopy
Pharmacotherapy

Lifestyle Therapy

BMI >25 kg/m2

Diet   Physical Activity   Behavior Modification
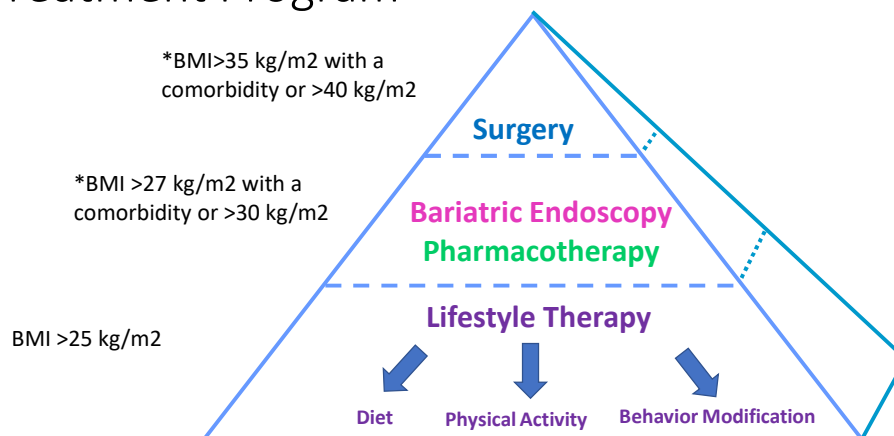
*EBT in BMI 27-29.9 is off-label and new guidelines recommend bariatric surgery in BMI >30 kg/m2 with co-morbidity, but this is not yet covered by insurance

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Steps for Pharmacotherapy

- Stop medications that cause weight gain
- Identify patients who will benefit from weight loss medications
- Choose a weight loss medication
- Determine if you should continue the medication

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Pharmacotherapy for Obesity

Generic Name	Trade Name	Mechanism	Use (DEA Schedule)
Orlistat	Xenical, Alli	Intestinal Lipase inhibitor	Long-term
Phentermine-topiramate	Qsymia	Stimulant/anti-seizure: Satiety	Long-term (IV)
Naltrexone-buproprion	Contrave	Opioid antagonist/norepi and dopamine reuptake inhibitor: Satiety	Long-term
Liraglutide	Saxenda	GLP-1 receptor agonist: Satiety and delayed gastric emptying	Long-term
Semaglutide	Wegovy	GLP-1 receptor agonist: Satiety and delayed gastric emptying	Long-term
Tirzepatide	Zepbound	GLP-1/GIP co-receptor agonist	Long-term
Phentermine	Adipex, Ionamin	Stimulant: Satiety	Short-term (IV)
benzphetamine	Didrex	Stimulant: Satiety	Short-term (IV)
diethylproprion	Tenuate	Stimulant: Satiety	Short-term (III)
phendimetrazine	Bontril, prelu-2	Stimulant: Satiety	Short-term (III)

Yanovski.SZ. JAMA.2014;311(1):74-86
Wilding JPH. NEJM.2021;384(11):989,

16

Contraindications

- Orlistat
  - Pregnancy, chronic malabsorption, cholestasis
- Phentermine/Topiramate
  - Pregnancy (topiramate is a teratogen), MAO inhibitor, breastfeeding, cardiovascular disease, hyperthyroidism, glaucoma, avoid abrupt withdrawal
- Naltrexone/Buproprion
  - Pregnancy, MAO inhibitor, end stage renal disease, uncontrolled hypertension, seizure disorder or a history of seizure
- Liraglutide
  - History of or family history of medullary thyroid cancer, gastroparesis, history of pancreatitis, type I diabetes, Multiple Endocrine Neoplasia Syndrome Type 2 (MEN 2)
- Semaglutide/Tirzepatide
  - History of or family history of medullary thyroid cancer, gastroparesis, history of pancreatitis, Multiple Endocrine Neoplasia Syndrome Type 2 (MEN 2)

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Anti-Obesity Medications: Percent of Subjects with 5% Weight Loss at 1 year
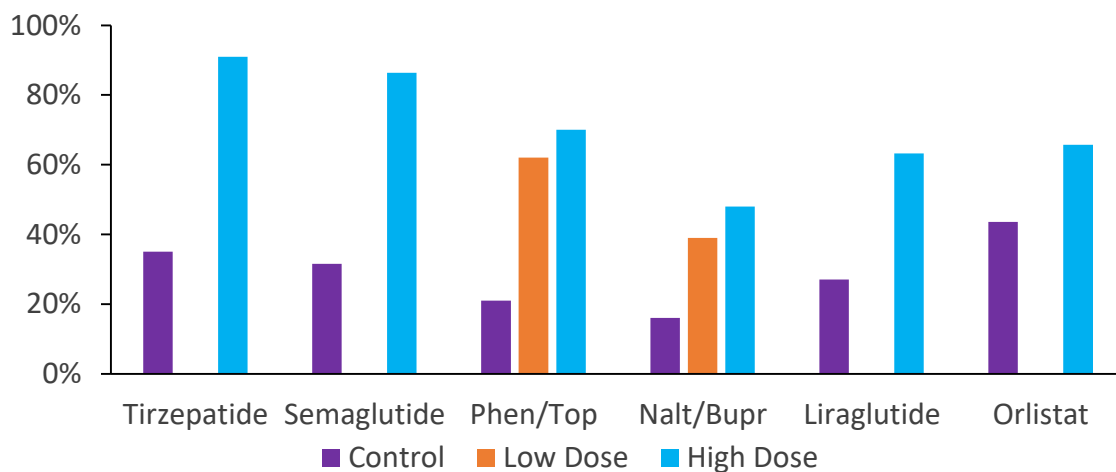
Smith, SR. NEJM.2010;363:254-256; Gadde, KM. Lancet.2011;377:1341-1352
Greenway, FL. 2010;376:595-605; Pi-Sunyer, X. NEJM. 2015;373:11-22
Wilding JPH. NEJM.2021;384(11):989, Davidson MH. JAMA.1999;281:235-242, Jastreboff AM. NEJM. 2022;387:205-216

18

AOMs: Percent of Subjects with 10% weight loss at 1 year
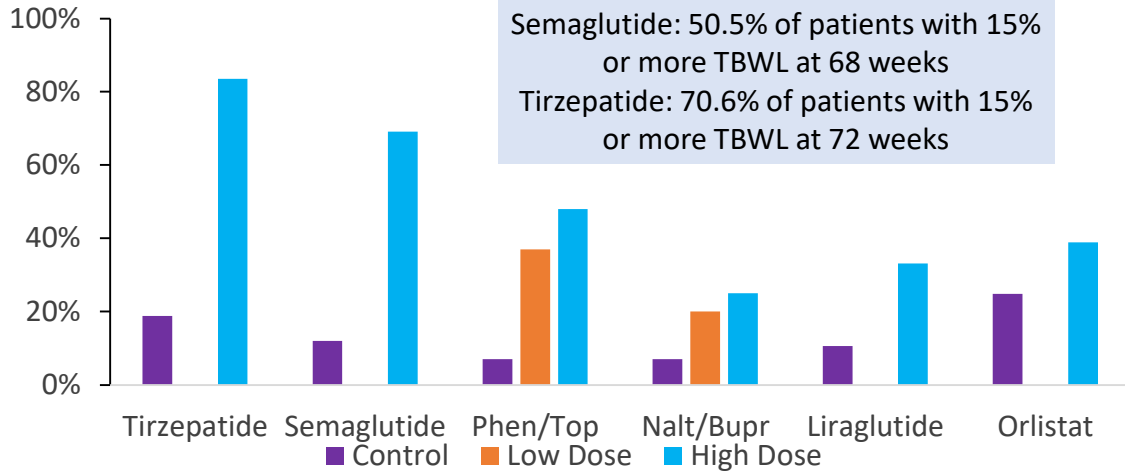
Semaglutide: 50.5% of patients with 15% or more TBWL at 68 weeks
Tirzepatide: 70.6% of patients with 15% or more TBWL at 72 weeks

Control | **Low Dose** | **High Dose**

Categories: Tirzepatide, Semaglutide, Phen/Top, Nalt/Bupr, Liraglutide, Orlistat

Smith, SR. NEJM.2010;363:254-256; Gadde, KM. Lancet.2011;377:1341-1352
Greenway, FL. 2010;376:595-605; Pi-Sunyer, X. NEJM. 2015;373:11-22
Wilding JPH. NEJM. 2021;384(11):989, Davidson MH. JAMA.1999;281:235-242, Jastreboff AM. NEJM. 2022;387:205-216

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Tirzepatide: The New Kid on the Block

GLP-1 RA and GIP RA

- Approved by the FDA for weight loss in November 2023

- Ramp up over 5 months

- Combination Glucagon Like Peptide – 1/Glucose dependent insulinotropic peptide (Gastric Inhibitory Polypeptide) Receptor Agonists

- By comparison, Wegovy highest dose: 13.2-17.4% TBWL

B Percent Change in Body Weight by Week (efficacy estimand)

Overall mean baseline weight=104.8 kg

Placebo –2.4, –3.1
Tirzepatide, 5 mg –16.0, –15.0
Tirzepatide, 10 mg –21.4, –19.5
Tirzepatide, 15 mg –22.5, –20.9
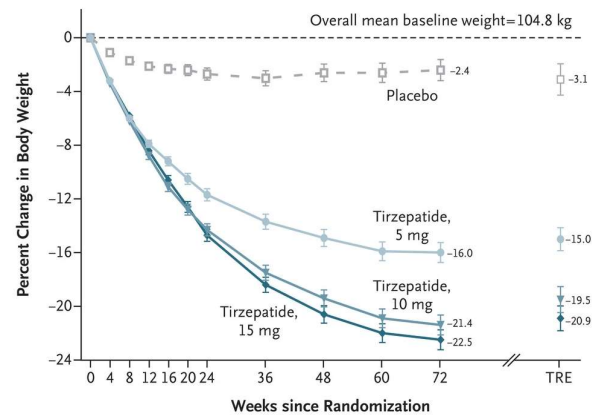
Jastreboff AM. NEJM. 2022;387(3):205-216

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Potential Issues GLP1 RA and GLP1/GIP RA

Adverse Events

- Common
  - GI related: Nausea, abdominal pain, constipation diarrhea, GERD, eructation
- Cholelithiasis
- Pancreatitis
- Thyroid cancer (1-3 years of treatment)
  - HR 1.58 for all thyroid cancer
  - HR 1.78 for medullary thyroid cancer
- Worsening depression suicidal ideation
- Hypoglycemia
- Acute kidney injury
- Gastroparesis
- Lean mass loss

Bezin J. *Diabetes Care* 2023;46(2):384–390

Potential Issues

- Insufficient supply
  - Mostly improved, but supply is still sometimes an issue
  - If significant gap, might need to restart
- Insurance coverage
- Expensive Cash pay

GoodRx — Drug savings | Telehealth | Health information | Gold membership

Wegovy
Used for Weight Loss

| GoodRx lowest price $1,304.68 (Save 24%) | Avg retail price $1,718.50 | Availability Brand only |

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Body Composition: Semaglutide 1 mg vs Canagliflozin 300 mg

SUSTAIN 8 Sub-study

- 114 subjects completed the analysis
  - N=53 semaglutide
  - N=61 canagliflozin
- No significant between group changes
- No significant changes in the ratio of fat mass to lean mass, but greater loss of lean mass than expected

*Typically 25-30% of total mass loss is lean tissue - here it is ~40%
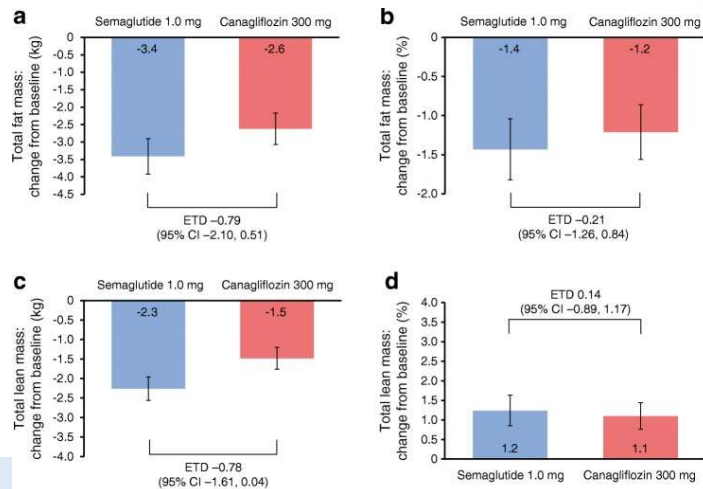
McCrimmon RJ. Diabetologia. 2020;63(3):473-485

22

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Slide 23

Evaluation of phentermine and topiramate versus phentermine/topiramate extended-release in obese adults (US Off Label Use)

Variable	Placebo (n = 103)	Phentermine 7.5 (n = 104)	Topiramate ER 46 (n = 102)	PHEN/TPM ER 7.5/46 (n = 103)	Phentermine 15 (n = 106)	Topiramate ER 92 (n = 105)	PHEN/TPM ER 15/92 (n = 103)
≥5% weight loss, n(%)	16 (15.5)	45 (43.3)	40 (39.2)	64 (62.1)	49 (46.2)	51 (48.6)	68 (66.0)
≥10% weight loss, n(%)	7 (6.8)	13 (12.5)	19 (18.6)	40 (38.8)	22 (20.8)	25 (23.8)	42 (40.8)

Aronne L. Obesity. 2013;21:2163-2171

23

Slide 24

Weight Loss Medications After Bariatric Surgery Weight Regain (Off Label Use)

Medication	Number of patients (%)	Treatment period weight loss								
		≥5%			≥10%			≥15%		
		OR	Pvalue	95% CI	OR	Pvalue	95% CI	OR	Pvalue	95% CI
Topiramate	194 (60.8%)	1.03	.901	(.65, 1.64)	1.9	.018	(1.1, 3.2)	2.08	.041	(1.03, 4.2)
Phentermine	121 (37.9%)	1.18	.504	(.73, 1.89)	1.09	.729	(.66, 1.82)	1.42	.27	(.63, 1.77)
Metformin	123 (38.6)	1.01	.98	(.63, 1.61)	1.15	.583	(.70, 1.90)	.96	.91	(.51, 1.8)
Bupropion	75 (23.5%)	.92	.776	(.54, 1.58)	1.1	.753	(.62, 1.93)	1.23	.55	(.62, 2.46)
Zonisamide	65 (20.4%)	1.15	.643	(.64, 2.04)	1.03	.914	(.57, 1.89)	.97	.94	(.46, 2.07)

*Higher weight loss achieved when medications started at plateau instead of after regain

Stanford SC. Surgery for Obesity and Related Diseases. 2017;13:491-500

24

Long-Term Phentermine (OFF LABEL USE)

- 13,972 patients, retrospective
- Divided into:
  - Short-term, on-label (reference)
  - Short-term intermittent
  - Medium-term intermittent
  - Medium-term continuous
  - Long-term continuous

Responders

- Heart Rate increase seen in the medium-term continuous group at 6 months, but not 24 months
- Blood pressure increase was seen in patients with baseline HTN, but by 24 months, BP was lower in the long-term use compared to short-term use
- No difference in CVD or death

Lewis KH. Obesity. 2019;27(4):591-602

25

Persistence of Anti-Obesity Medication Use

- Real world use of anti-obesity medications
- Truven Health MarketScan data
  - 4/2015-3/2016
  - 26,522 patients included with newly prescribed medication
- Analyses
  - Persistence of all patients
  - Persistence of patients with 1 refill

Patients with 1 refill

		Follow-up Month				
	0	3	6	9	12	15
LIRA		81.6%†	54.3%*	42.8%*	36.3%*	34.3%*
(N at risk)	(3153)	(2574)	(1713)	(847)	(449)	(180)
PHEN/TPM		69.0%	38.1%	23.4%	15.2%	11.5%
(N at risk)	(3021)	(2084)	(1151)	(561)	(278)	(130)
NB		66.1%	34.9%	24.5%	17.7%	14.0%
(N at risk)	(6089)	(4023)	(2125)	(948)	(446)	(200)
LOR		59.7%	27.7%	17.8%	12.4%	9.6%
(N at risk)	(3831)	(2288)	(1060)	(514)	(262)	(141)

Ganguly R. Diabetes Research and Clinical Practice. 2018;143:348-356

26

Real-World Analysis of GLP-1 RA Obesity Treatment

- Data analyzed by Prime Therapeutics and MagellanRx from integrated pharmacy and medical claims data Inclusion criteria
  - GLP-1 RA claim between 1/1/2021 and 12/31/2021 and none before the 12 month period preceding 1/1/2021
    - At least one pre-period medical claim for obesity, pre-diabetes of z code for BMI ≥30 kg/m2
- Two step matching was done for a 3 to 1 matched control group with both direct matching and propensity scores on 5 age bands
- Study population characteristics
  - Mean age: 47 yo
  - Sex: 81% Female
  - Diagnoses: Obesity 81%, Pre-Diabetes 19%

	GLP-1 RA users	Control
Number	4,255	12,379
Pre-period annual cost of care	$12,371	$11,590
Post-Period annual cost of care	$19,657	$11,150
Persistency at 1 year	32%	NA
Persistency at >1 year	27%	NA
Annual cost of care: adherent group vs matched cohort	$25,850 (baseline $13,048)	$11,539 (baseline $11,955)

Leach J. Prime Therapeutics/Magellan Rx Management. 7.11.23. https://www.primetherapeutics.com/wp-content/uploads/2023/07/GLP-1a-obesity-treatment-1st-year-cost-effectiveness-study-abstract-FINAL-7-11.pdf Accessed 7.14.23

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Large Health System Anti-Obesity Medicine Persistence

- 1911 patients in a large health system
- BMI ≥30 kg/m2
- Initial AOM prescription filled between 2015-2022
- Lowest persistence with orlistat (0% at 12 months)
- Highest persistence with semaglutide (40% at 12 months)
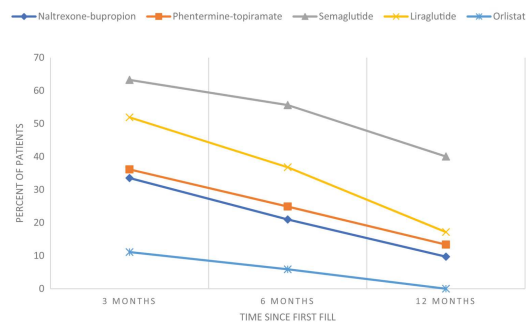
Number of persistent patients/those with available follow-up at 3, 6, and 12 months			
	≥3 months	≥6 months	≥12 months
Semaglutide	303/479	262/471	161/402
Naltrexone-bupropion	220/656	137/653	61/628
Phentermine-topiramate	180/498	123/494	63/471
Liraglutide	135/260	92/250	40/233
Orlistat	2/18	1/17	0/17

Gasoyan H. Obesity. Epub 12.6.23

28

Weight Loss Drugs Should be Long-Term

Sjostrom et al. *Lancet* 352:167,1998

29

STEP 1 Trial Extension: Semaglutide: n=228, Control: n=99

Wilding JPH. Diabetes, Obesity and Metabolism. 2022;24(8):1553-1564
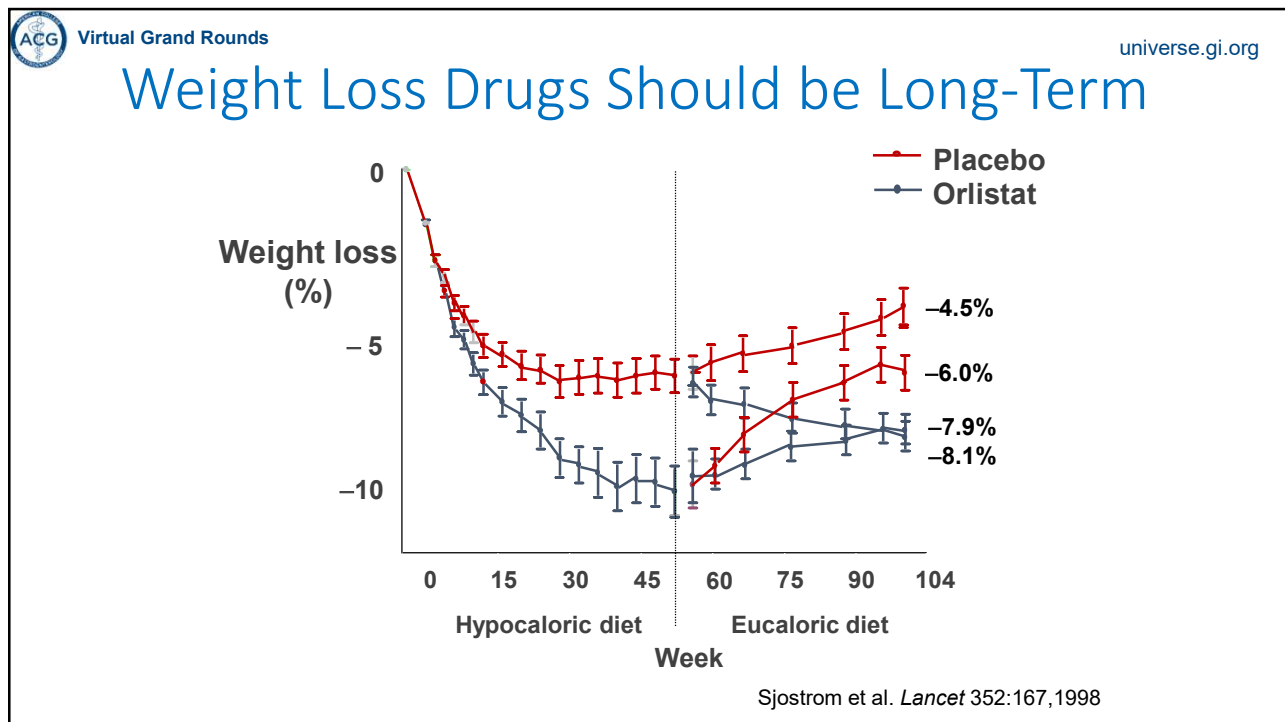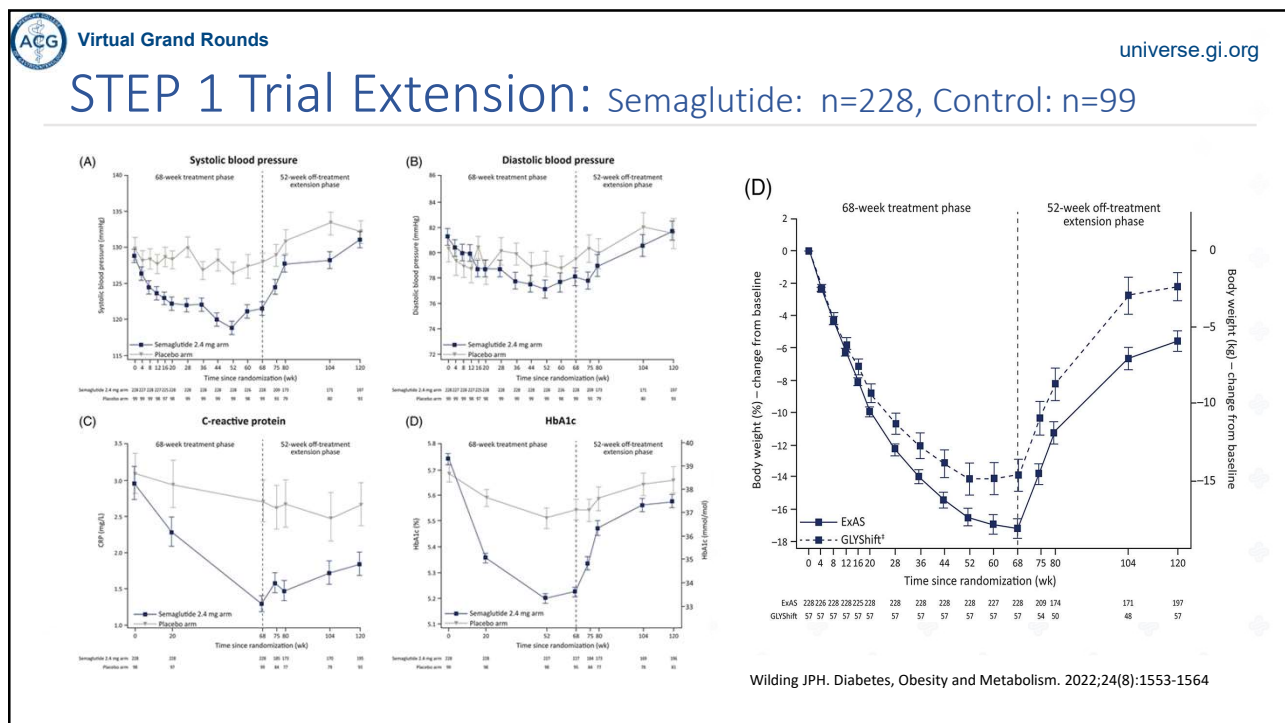
30

Risk of Gastrointestinal Adverse Events Associated With Glucagon-Like Peptide-1 Receptor Agonists for Weight Loss

Mohit Sodhi, MSc[1]; Ramin Rezaeianzadeh, BSc[1]; Abbas Kezouh, PhD[2]; et al

> Author Affiliations | Article Information

JAMA. Published online October 5, 2023. doi:10.1001/jama.2023.19574

Outcomes	GLP-1 RA HR (95% CI, semaglutide n= 613 and liraglutde n=4144)		Bupropion-Naltrexone (N=645)
	Crude	Adjusted	
Biliary Disease	1.48 (0.88-2.47)	1.50 (0.89-2.53)	1 (reference)
Pancreatitis	10.33(1.44-74.4)	9.09(1.25-66.00)	1 (reference)
Bowel Obstruction	5.16 (1.27-21)	4.22 (1.02-17.4)	1 (reference)
Gastroparesis	3.31 (1.04-10.5)	3.67 (1.15-11.90)	1 (reference)

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FDA Approved And Current wide spread availability in the US

Orbera Balloon (Apollo Endosurgery, Austin, TX) approved for weight loss

Overstitch (Apollo Endosurgery, Austin, TX) is specifically approved for endoscopic sleeve gastroplasty and revision of bariatric surgery for obesity treatment

Suturing and Plication Devices

Space Occupying Devices

Bariatric Endoscopy

Non-IGB Gastric Devices

Small Bowel Therapies

Vargas EJ. Surgical Endoscopy. 2018:32:252-259

32

What Weight at What Point is a Poor Response?

- Expected
  - IGB's: 10-15% TBWL at 6 months, 12-22% non-responder rate (<5% TBWL) at 6 months
  - ESG: 14.5-19% TBWL at 1 year, 47% with <10% TBWL at 2 years
  - Transoral Outlet Reduction: 8%-13.5% TBWL at 1 year
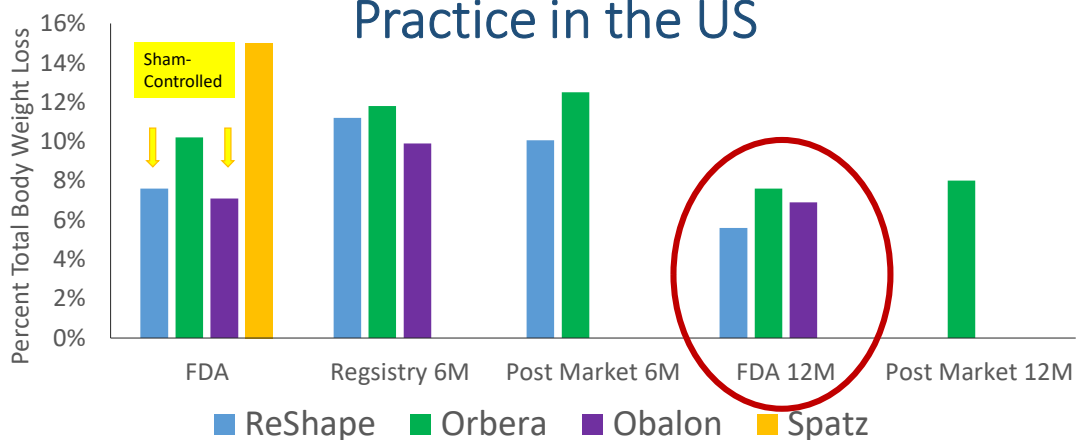- Weight loss at 1-3 months may predict weight loss at 12 months (5-6.5% TBWL)

Nikolic M.Bariatr Surg Pract Patient Care. 2015 Jun 1; 10(2): 68–73.
Vargas EJ. Clinical gastroenterology and hepatology. 2018;16:1073-1080
Moore R. SOARD. 2019;15:417-423, Lopez-Nava G. OBES SURG. 2017.27:2649–2655

33

Intragastric Balloon: Higher Effectiveness in Clinical Practice in the US

Ponce J. *Surgery for Obesity and Related Diseases.* 2015;11(4):874-881
Agnihotri A. *Clinical Gastroenterology and Hepatology* 2018;16:1081–1088
Courcoulas A. *Int J Obes.* 2017;41:427-433
Vargas EJ. Clinical Gastroenterology and Hepatology 2018;16:1073–1080

Sullivan S. Surgery for Obesity and Related Diseases. 2018; 14(12):1876-188
Moore R. Surgery for Obesity and Related Diseases. 2019 Mar;15(3):417-423
https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma_pas.cfm?c_id=3557&t_id=538679
Moore R. Obesity Surgery. 2020 Nov;30(11):4267-4274

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Spatz 3 Weight Regain 6 Months After Removal

- 144 patients with data at 6 months post removal

- Pre-specified endpoint of >50% of patients maintain at least 40% of the weight lost at the time of removal

- 74% of patient maintained weight loss at 6 months post removal
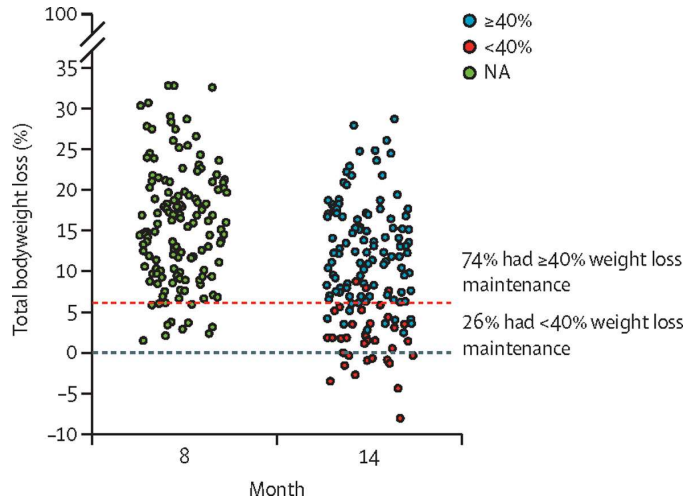
Abu Dayyeh B. The Lancet. 2021;398:1965-1973

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Combination Therapy: Devices and Drugs

Percent excess BMI loss at 12 Months
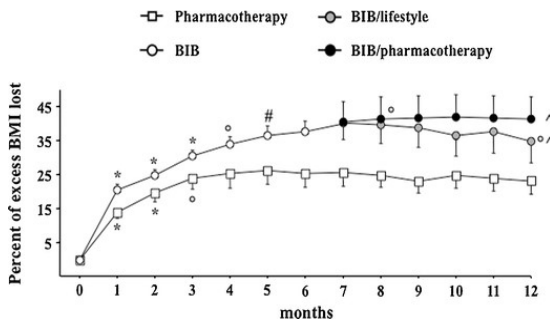
Percent of Patients with >10% Total Body Weight Loss
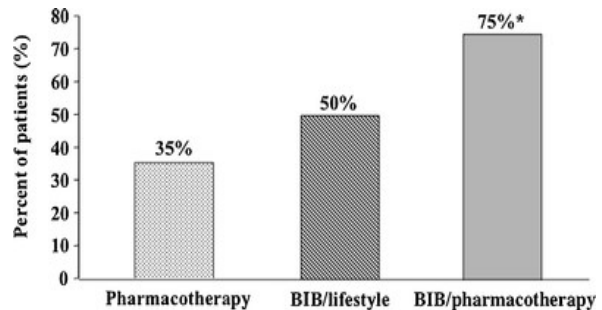
Farina MG. Obesity Surgery. 2012;22:565-571

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Slide 37

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Intragastric Balloon and Liraglutide

- Case matched study
- Patients treated with the Spatz3 IGB
  - N=53 IGB Alone
  - N=53 Started Liraglutide after IGB removal
- Less weight regain at 9 months after IGB removal with liraglutide

Badurdeen D. Obesity Surgery. 2021;(31)1204-1213

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Slide 38

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Repeated IGB Therapy: Endoscopically Placed IGB

- Group A: 1 IGB
- Group B: 2 IGB

- N=50 in each group at baseline
- At 2 years follow-up
  - Group A: 33/50
  - Group B: 44/50

Genco A. *Obesity Surgery*. 2010;20:1496-1500

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Slide 39

Swallowable IGB: Dutch Retrospective Analysis

		Count (N = 336)	Minimum–maximum
Sex	Female	241 (71.7 %)	
	Male	95 (28.3 %)	
Mean age (SD)		45.7 (± 11.7)	18–75
Mean weight in kg (SD)		107.54 (± 19.16)	64.90–180.00
Mean BMI in kg/m^2 (SD)		36.10 (± 5.02)	27.14–57.77

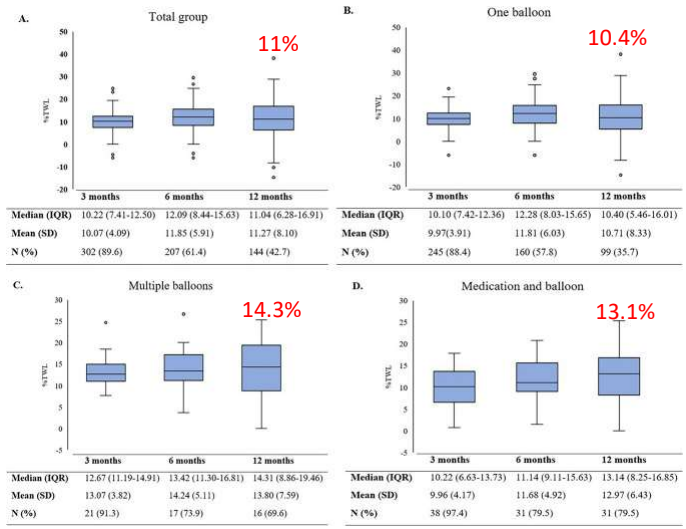- N=23 patients had a second balloon range of second balloon was 4-119 weeks after the first balloon deflation
- N=39 patients started AOM (89.7% liraglutide) with range of initiation 9 weeks before to 128 weeks after first balloon deflation

Jense MTF. Obesity Surgery. 2023;33(6):1668-1675

A. Total group — 11%

	3 months	6 months	12 months
Median (IQR)	10.22 (7.41-12.50)	12.09 (8.44-15.63)	11.04 (6.28-16.91)
Mean (SD)	10.07 (4.09)	11.85 (5.91)	11.27 (8.10)
N (%)	302 (89.6)	207 (61.4)	144 (42.7)

B. One balloon — 10.4%

	3 months	6 months	12 months
Median (IQR)	10.10 (7.42-12.36)	12.28 (8.03-15.65)	10.40 (5.46-16.01)
Mean (SD)	9.97(3.91)	11.81 (6.03)	10.71 (8.33)
N (%)	245 (88.4)	160 (57.8)	99 (35.7)

C. Multiple balloons — 14.3%

	3 months	6 months	12 months
Median (IQR)	12.67 (11.19-14.91)	13.42 (11.30-16.81)	14.31 (8.86-19.46)
Mean (SD)	13.07 (3.82)	14.24 (5.11)	13.80 (7.59)
N (%)	21 (91.3)	17 (73.9)	16 (69.6)

D. Medication and balloon — 13.1%

	3 months	6 months	12 months
Median (IQR)	10.22 (6.63-13.73)	11.14 (9.11-15.65)	13.14 (8.25-16.85)
Mean (SD)	9.96 (4.17)	11.68 (4.92)	12.97 (6.43)
N (%)	38 (97.4)	31 (79.5)	31 (79.5)

Slide 40

Intragastric Balloons: When to Consider Medication

- Patient is willing to take a weight loss medication long-term
- You are treating another condition (diabetes, depression, migraines)
- The patient has <5% TBWL after 1 month of IGB therapy
- The patient has not reached their weight loss goal
- The patient does not want to proceed with repeated balloon therapy
- Should be considered even if the patient does want to proceed with repeated balloon therapy

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Medication Treatment in 121 patients after ESG

- Reasons for medication
  - Had inadequate weight loss at 3 to 6 months after ESG
  - Regained >5% TBW
- Up to 3 drugs prescribed per patient, on average 2.3 medication per patient
- Weight loss increased from 10.8±7% before medication to 14.9±6%

Drug	No. Patients (%)
Metformin	107 (88%)
Topiramate/Phentermine	27 (22%)
Liraglutide	26 (21%)
Buproprion	21 (17%)
Naltrexone/Buproprion	18 (15%)
Topiramate	16 (13%)
Lorcaserin	13 (11%)
Phentermine	11 (9%)

Hajifathalian K. Gastroenterology. 2019 (156);S1168-S1169

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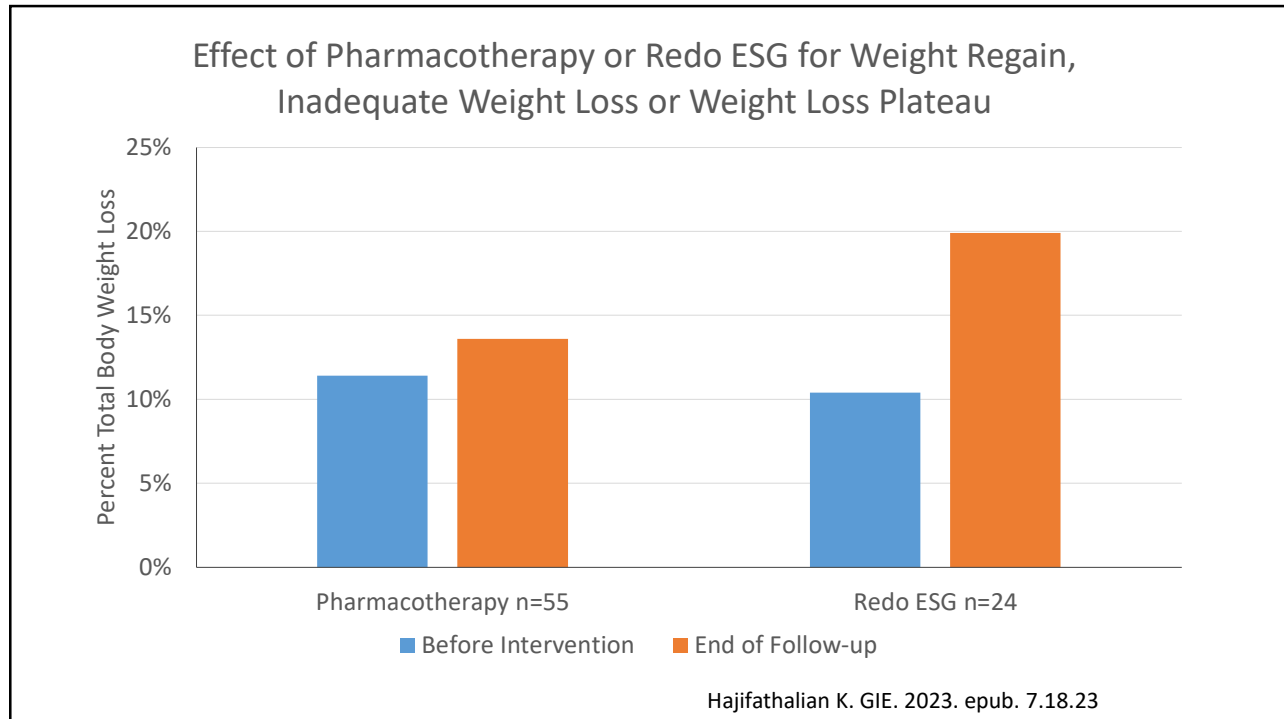
ESG and Liraglutide

- Retrospective analysis with propensity score matching
- Liraglutide offered to all patients at 5 months post ESG
  - N=26 ESG alone
  - N=26 ESG + Liraglutide

Character	ESG	ESG + L	P value
Age, y	41.2±10.6	40.7±8.7	0.854
Male Sex	10(38.5)	9(34.6)	1.00
Weight, kg	101.9±10.7	101.0±10.6	0.771
BMI, Kg/m^2	35.6±1.7	35.8±2.33	0.638
Prediabetes	8	8	1.000
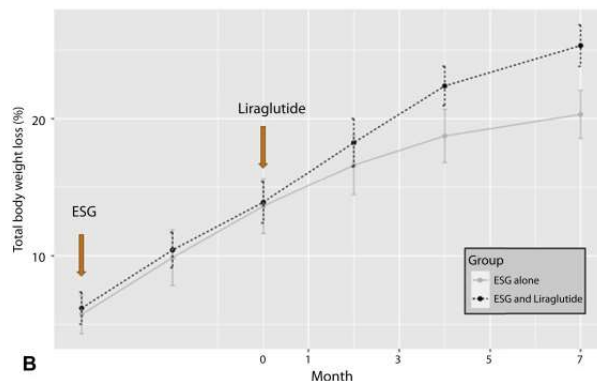
Badurdeen D. Gastrointestinal Endoscopy. 2021;93(6):1316-1324

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Effect of Pharmacotherapy or Redo ESG for Weight Regain, Inadequate Weight Loss or Weight Loss Plateau

Hajifathalian K. GIE. 2023. epub. 7.18.23

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ESG: When to Consider Medication

- The patient is unsuccessful with weight loss
  - Insufficient weight loss
  - Weight regain
- The patient does not want to proceed with redo-ESG
- Patient is willing to take a weight loss medication long-term
- You are treating another condition (diabetes, depression, migraines)

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Weight Loss Medications After Bariatric Surgery Weight Regain (Off Label Use)

Medication	Number of patients (%)	Treatment period weight loss								
		≥5%			≥10%			≥15%		
		OR	Pvalue	95% CI	OR	Pvalue	95% CI	OR	Pvalue	95% CI
Topiramate	194 (60.8%)	1.03	.901	(.65, 1.64)	1.9	.018	(1.1, 3.2)	2.08	.041	(1.03, 4.2)
Phentermine	121 (37.9%)	1.18	.504	(.73, 1.89)	1.09	.729	(.66, 1.82)	1.42	.27	(.63, 1.77)
Metformin	123 (38.6)	1.01	.98	(.63, 1.61)	1.15	.583	(.70, 1.90)	.96	.91	(.51, 1.8)
Bupropion	75 (23.5%)	.92	.776	(.54, 1.58)	1.1	.753	(.62, 1.93)	1.23	.55	(.62, 2.46)
Zonisamide	65 (20.4%)	1.15	.643	(.64, 2.04)	1.03	.914	(.57, 1.89)	.97	.94	(.46, 2.07)

*Higher weight loss achieved when medications started at plateau instead of after regain

Stanford SC. Surgery for Obesity and Related Diseases. 2017;13:491-500

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TORe for Weight Regain After RYGB

- Retrospective analysis
- TORe total n=51
  - Non-Pursestring N=8
  - Pursestring N=43
  - Not statistically different due to low numbers in the non-pursestring group
- In a whole group analysis at 12 months
  - ITT analysis: 10.3% TBWL
  - PP analysis: 12.2% TBWL
- Anti-Obesity Medication use
  - 92% of patients
  - 85% of patients on AOM were started before the procedure

Meyers MH. J Gastrointest Surg. 2023. epub 5.26.23

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Weight Loss Treatment for Weight Regain after RYGB

- Retrospective analysis of patients who were treated for weight regain after RYGB

- All patients in the Pharm and TORe groups were included in the Pharm + TORe group and got the second therapy (Pharm or TORe) about 4 months after the first treatment (either TORe or initiation of medication).

- TORe + Pharm, N=145
  - Pharm first, N=59
  - TORe first, N=86
  - Surgery, N=796

Jirapinyo P. Gastrointestinal Endoscopy. 2023;98:552-558

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TORe: When to Consider Medications

- Patient is willing to take a weight loss medication long-term
- You are treating another condition (diabetes, depression, migraines)
- The patient is unsuccessful
  - Weight regain after TORe
  - Insufficient weight loss with TORe
- The patient does not want to proceed with additional procedures (may be a candidate for repeat APC treatment/Retightening)

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Conclusions

- Data support combination therapy with AOM + EBMT's
- Different factors affect combination therapy decision making depending on the device
  - IGB – may consider AOM to increase weight loss maintenance and treat insufficient weight loss, but could also proceed with repeated balloon therapy
  - ESG – redo ESG for weight regain or inadequate weight loss is more effective than AOM, but AOM combination does increase weight loss
  - TORe – AOM combination treatment is associated with more weight loss and the most effective non-GLP-1 RA medication is off-label topiramate.
- For all AOM use consider:
  - Patient compliance with long-term use
  - Consider use for multiple conditions
  - Avoid in patients with contraindications and be vigilant for adverse events
  - Consider cost for long-term use – new AOMs are not cost effective

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Questions

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