Randomized trial comparing medical and surgical weight loss as pathway to renal transplant listing.

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Compared to medical weight management, metabolic surgery provides greater weight loss and improves likelihood of listing.

BACKGROUND:

- **Aim:** determine if metabolic surgery (MBS) in ESRD patients increases transplantation rates.

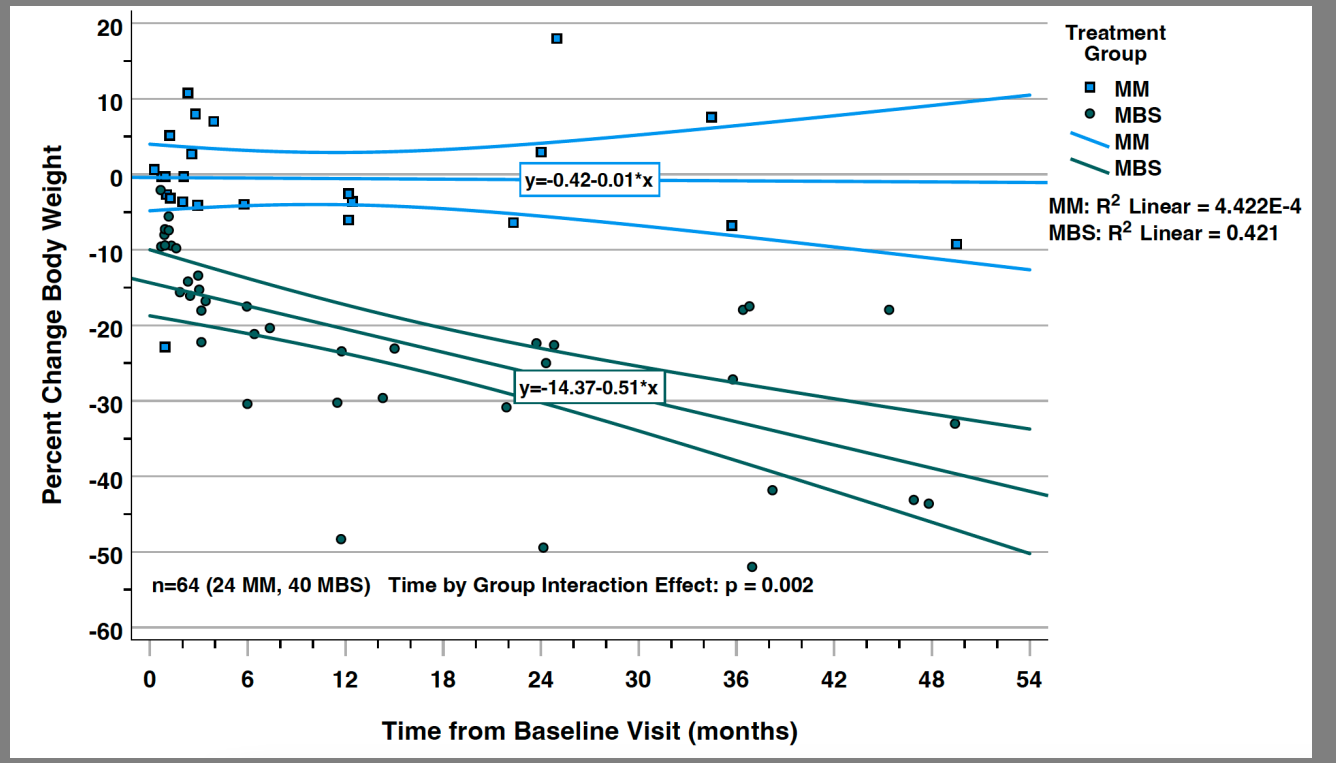
- **Hypothesis**: MBS will improve rate of listing for transplant.

METHODS

- Prospective, randomized.
- *Inclusion:* BMI 40-55 kg/m^2, dialysis-dependent.
- *Groups*: MBS -gastric bypass, MM - medical weight loss.
- *Primary Outcome*: transplant <1 year.

PRESENTED AT

Figure: Trajectories of percent weight change in the metabolic surgery and medical weight management groups.



MM – Medical Weight Management, MBS – Metabolic Surgery

Results

- 60 enrolled, 9 completed baseline visit (5 MBS, 4 MM).
- After adjustments, MBS with > % weight loss: 31% vs 3%, p=0.04).
- 40% MBS listed vs 0 MM patients (inadequate power, p=1).

CLINICAL IMPLICATIONS

- MBS provides greater chance for transplantation in ESRD patients with obesity as limiting factor to listing.

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