DOES PREOPERATIVE RESPONSE TO GLP-1 THERAPY IMPACT 6-MONTH WEIGHT LOSS AFTER ROUX-EN-Y GASTRIC BYPASS

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Introduction

Novel long-acting glucagon-like peptide-1 receptor agonist (GLP-1RA) pharmacotherapies represent a revolutionary change in obesity management. While the long-term efficacy of Roux-en-Y Gastric Bypass (RYGB) has been well established, little is known regarding optimal combinatory GLP-1RA and surgical treatment strategy. Understanding how this mechanistic relationship could impact optimal utility of GLP-1RA with bariatric surgery remains unknown, particularly with GLP-1RA in the preoperative setting.

Methods and Materials

- Retrospective cohort study at a single tertiary care center
- Data extracted from electronic health record to assess GLP-1 receptor agonist (GLP-1RA) utilization and weight loss, linked to registry data for comorbidities.
- Study population: Patients treated with injectable semaglutide or tirzepatide for a minimum duration of two months pre-operatively.

Results

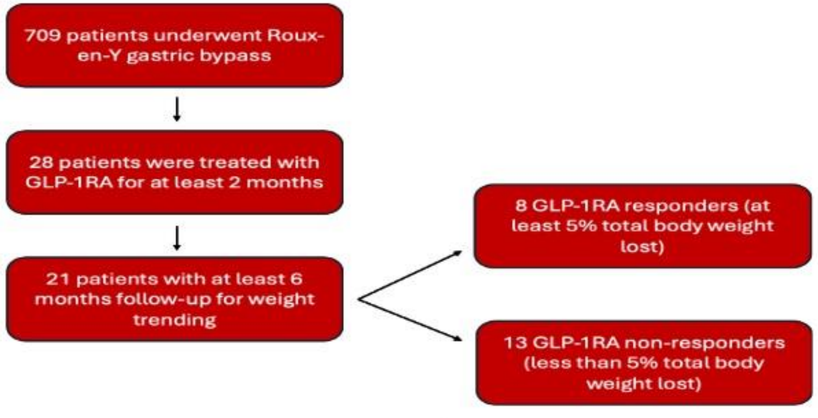
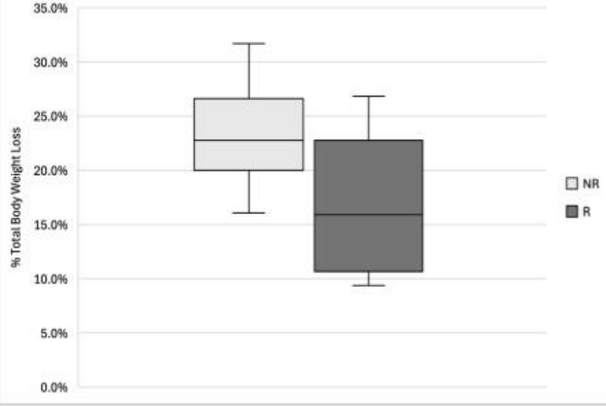


Table: Sex, Age, BMI, % Weight Loss for patients treated with at least 2 Months GLP-1RA Therapy	All Patients	Responders	Non-responders
% female	82%	75%	87%
median age (IQR)	50.8 (13.4)	56.7 (10.0)	46.0 (15.6)
median BMI (IQR)	48.0 (11.7)	50.5 (8.9)	44.3 (11.5)
median % weight loss post-GLP (IQR)	4.7% (4.8%)	3.1% (2.7%)	7.8% (1.9%)

Figure: 6-Month %TWL Following RYGB by GLP Response Category



Conclusions

In a limited retrospective pilot cohort study, response to GLP-1RA therapy did not appear to correlate with 6-month weight loss response to RYGB. This study is limited by small cohort size, limited follow up, and short duration of pre-operative GLP-1RA therapy. Larger studies are required to verify our results, but these findings could suggest that patients who do not respond to GLP-1RA therapy may still respond to a surgical approach.