

CoMMiT

Comprehensive Obesity  
and Metabolism Management and  
Treatment Program



# Intragastric Balloons

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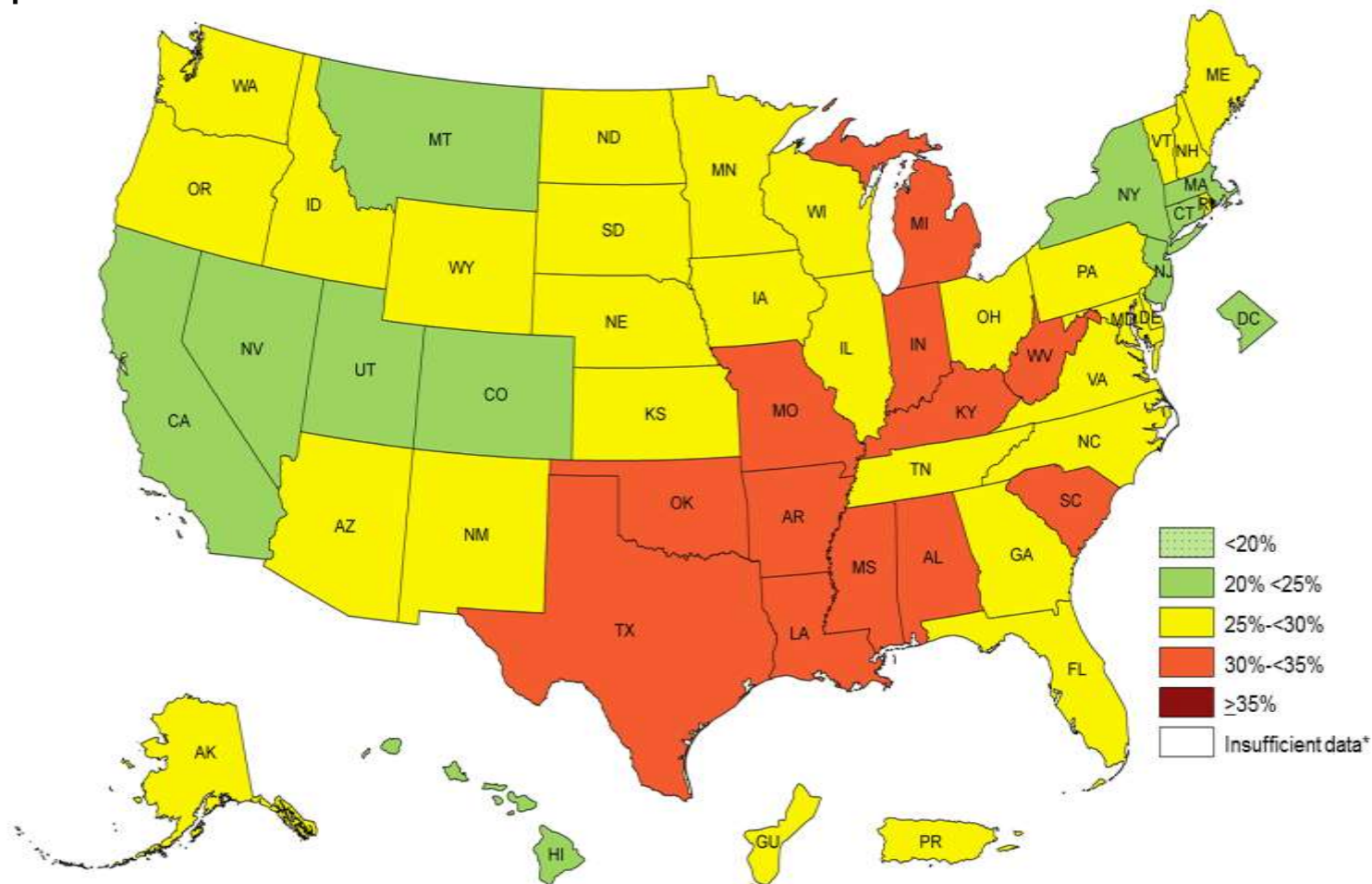
Columbia University

# Outline

- Obesity epidemic and the role of endobariatric solutions
- Efficacy of competing therapies and surgery and measures of efficacy
- Current FDA approved Intragastric Balloons
  - Efficacy
  - Complications

# Prevalence<sup>1</sup> of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2011

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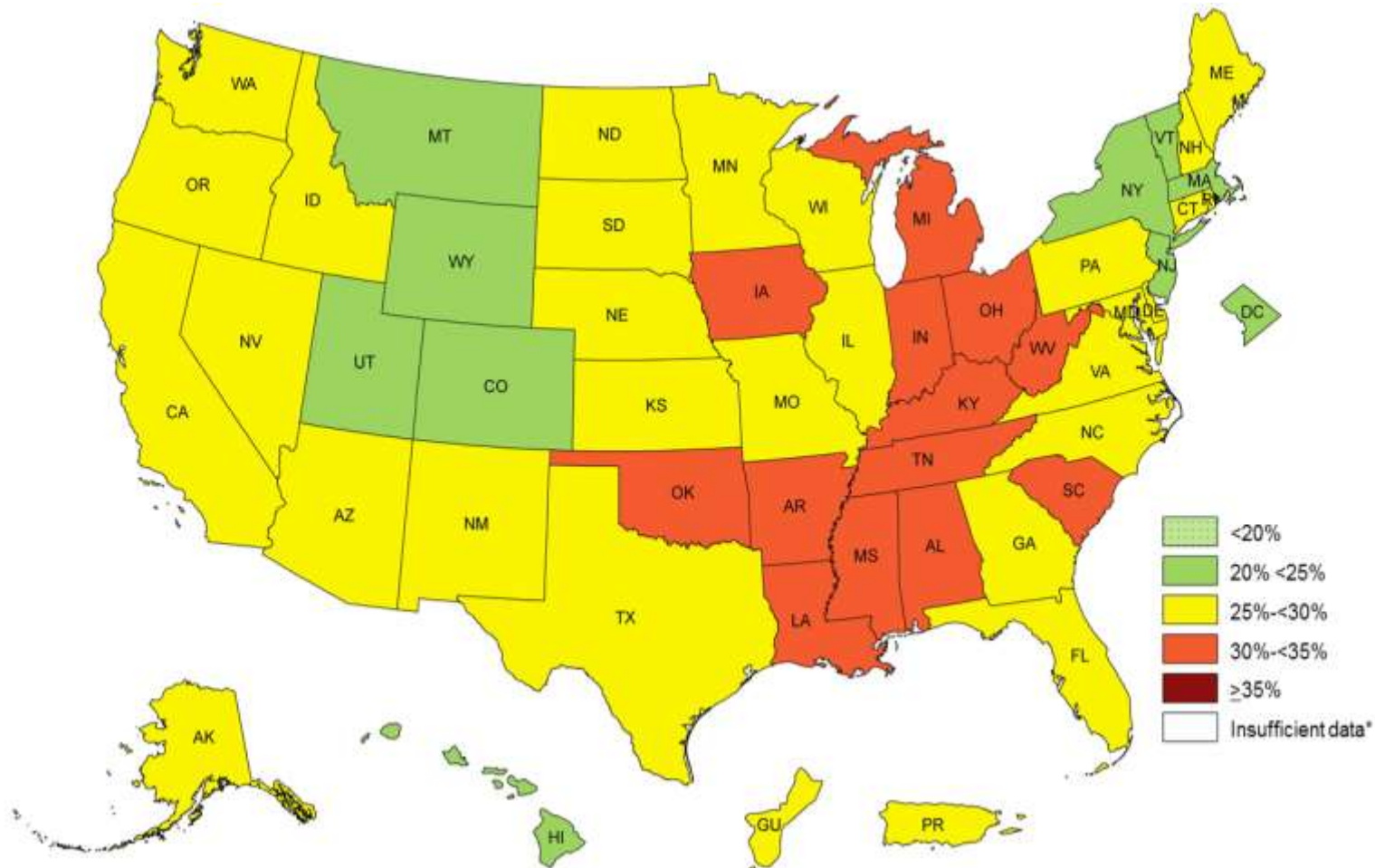


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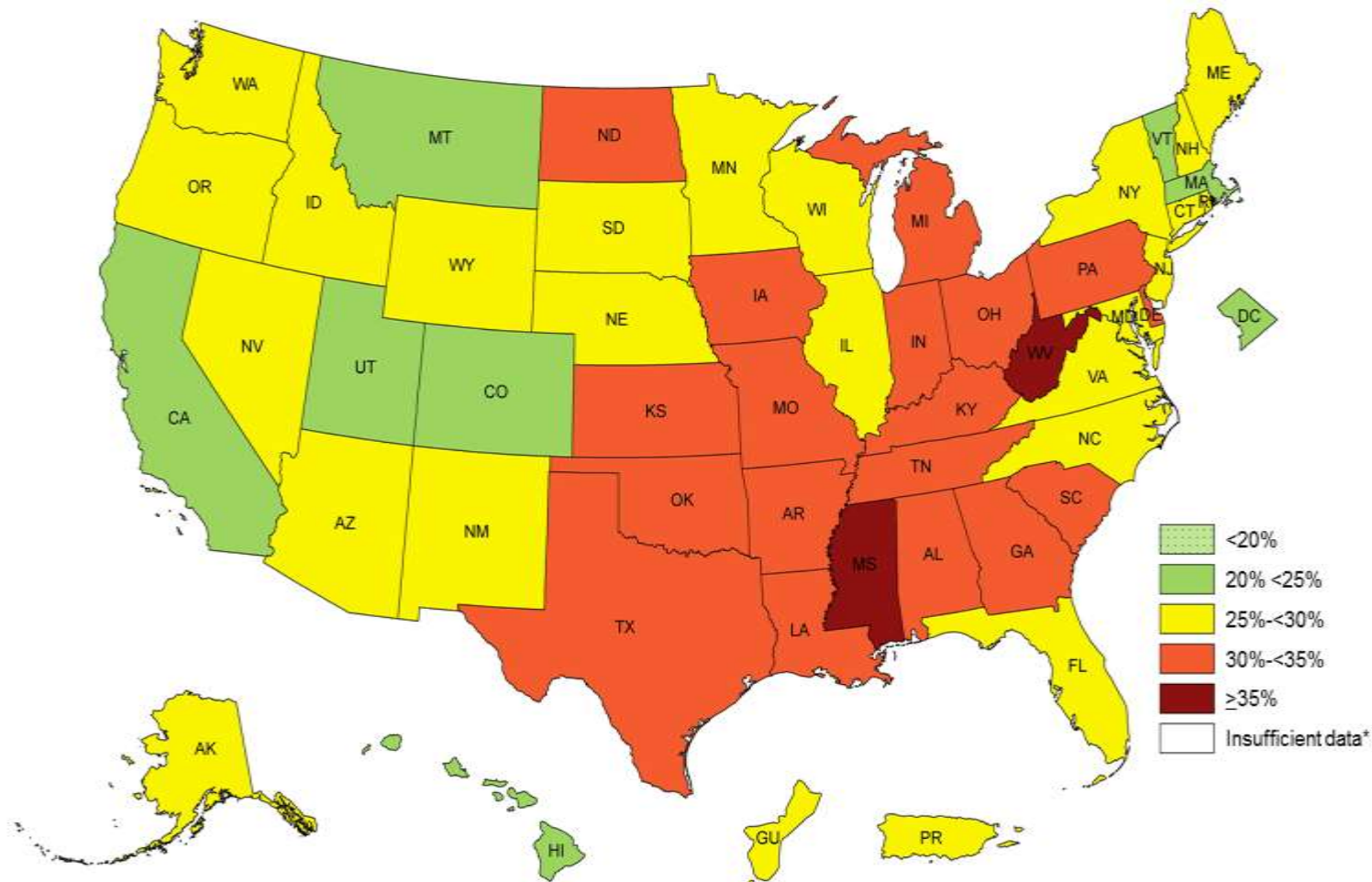


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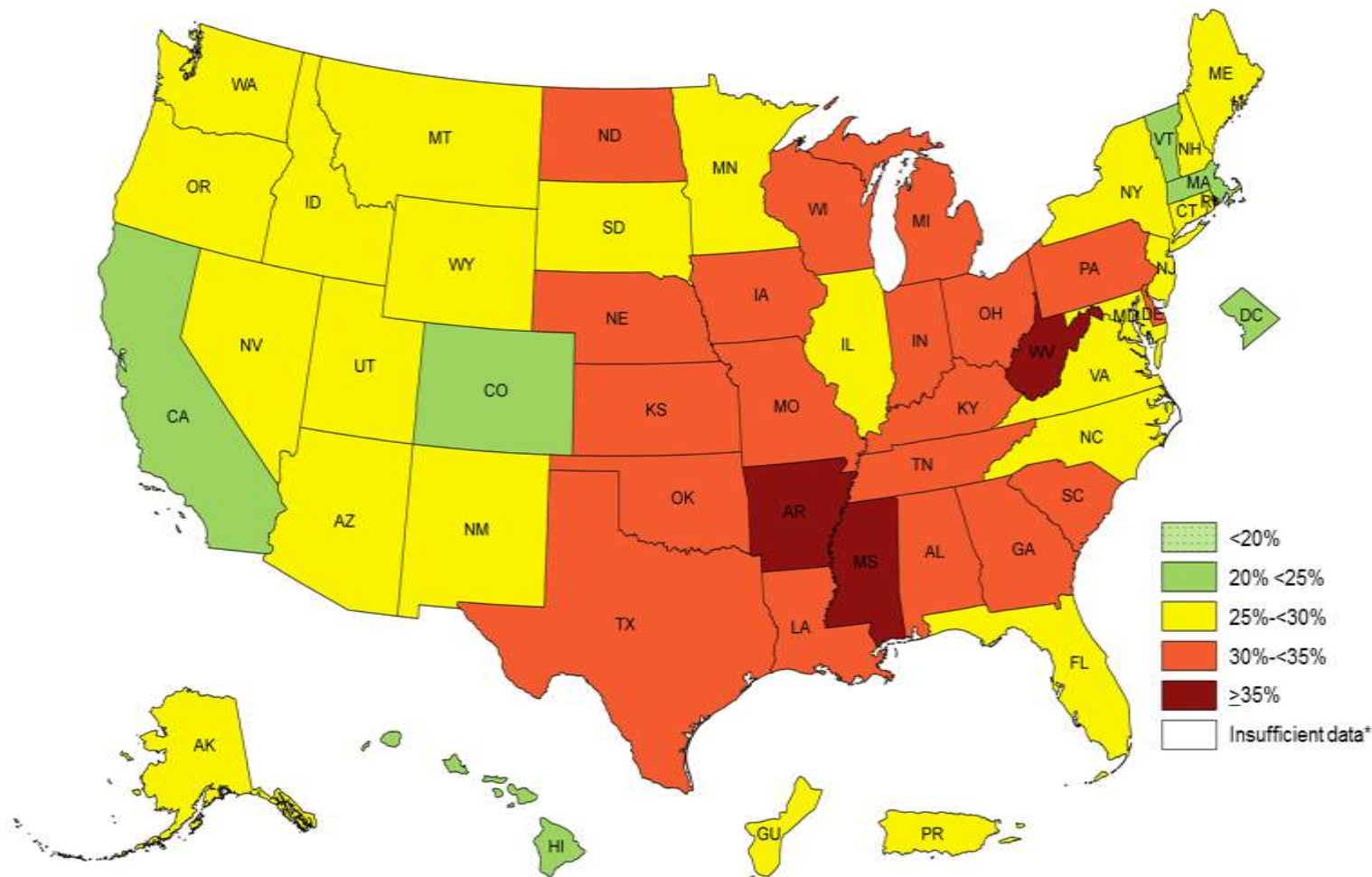
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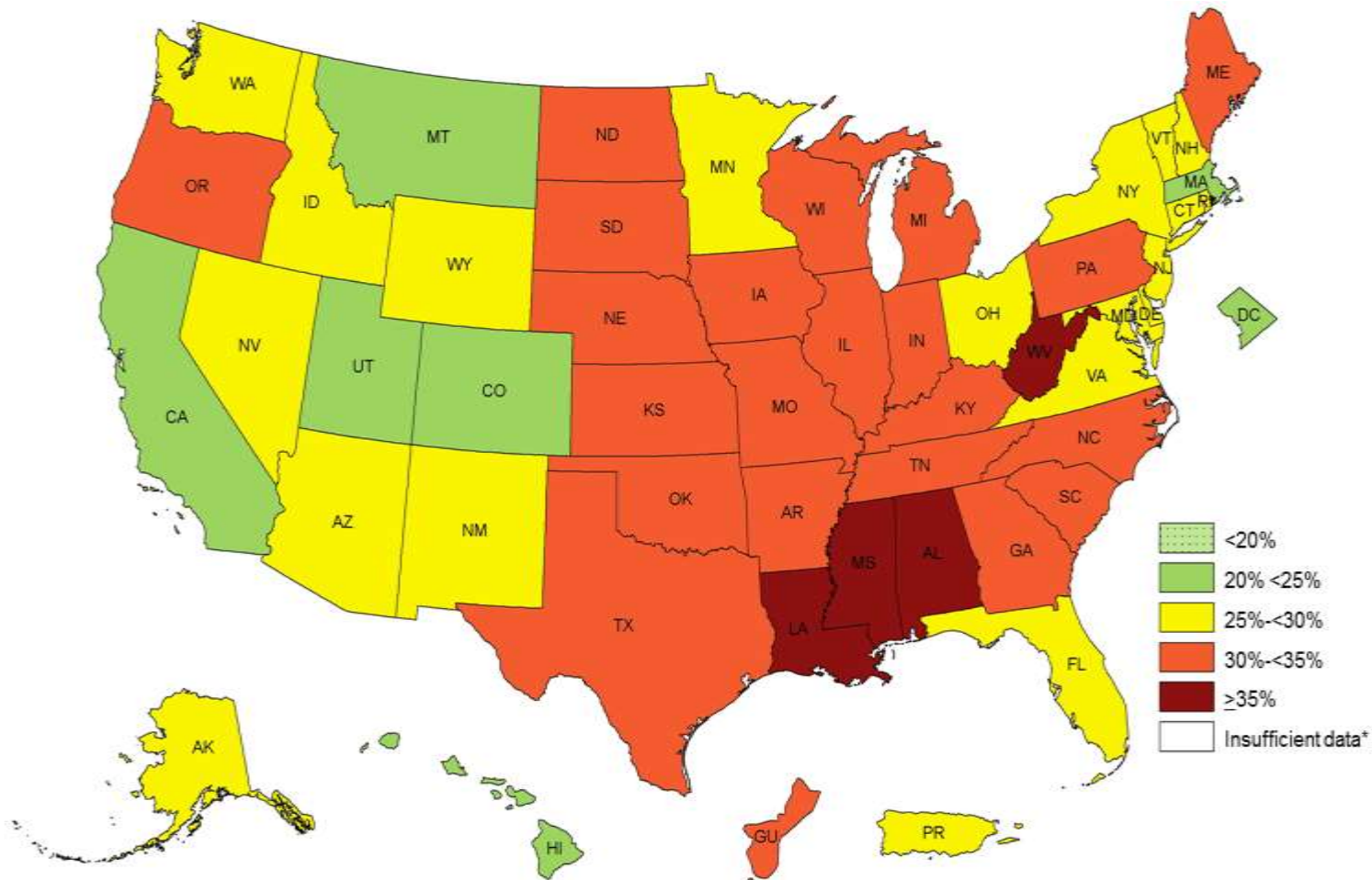


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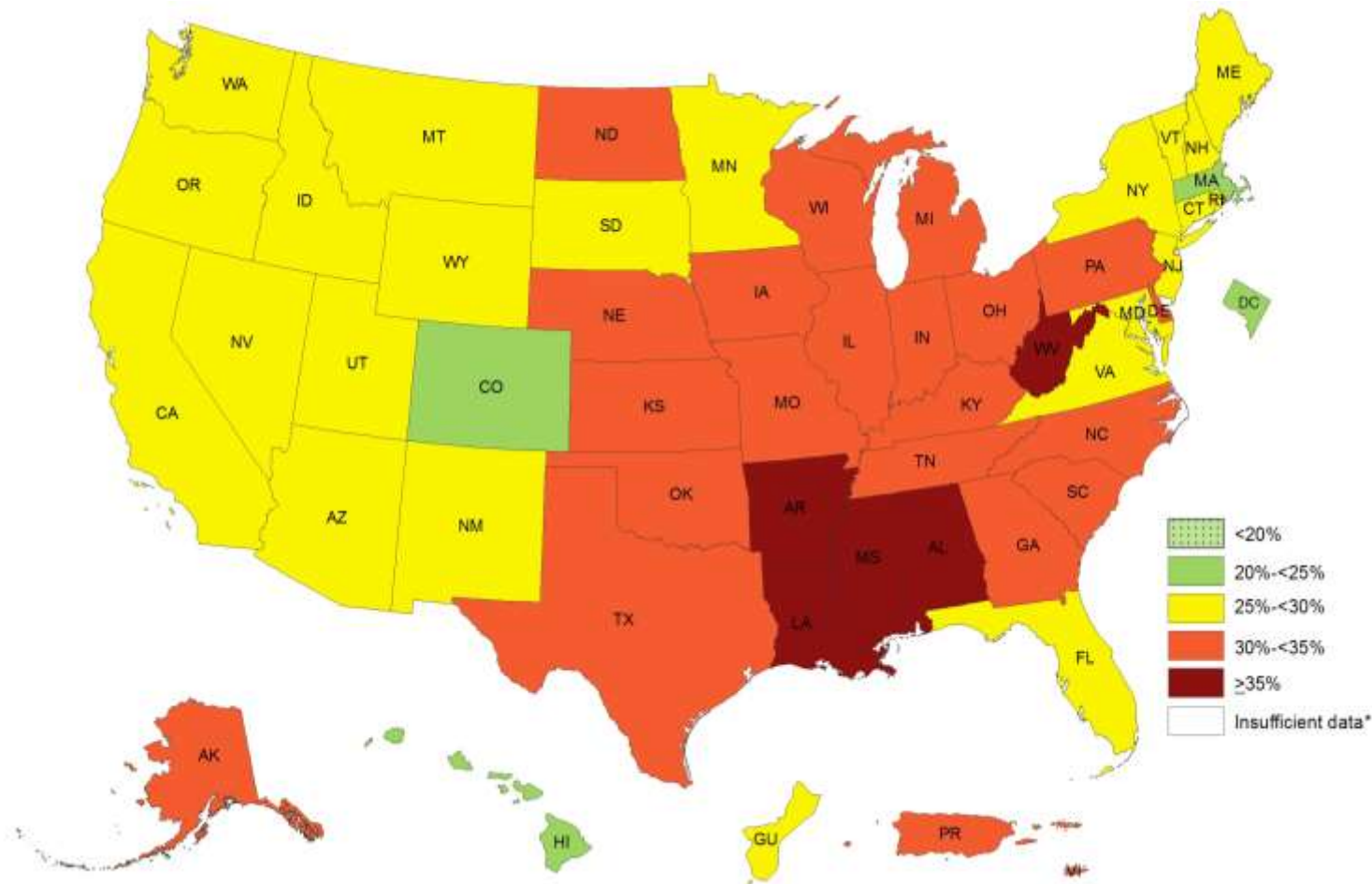


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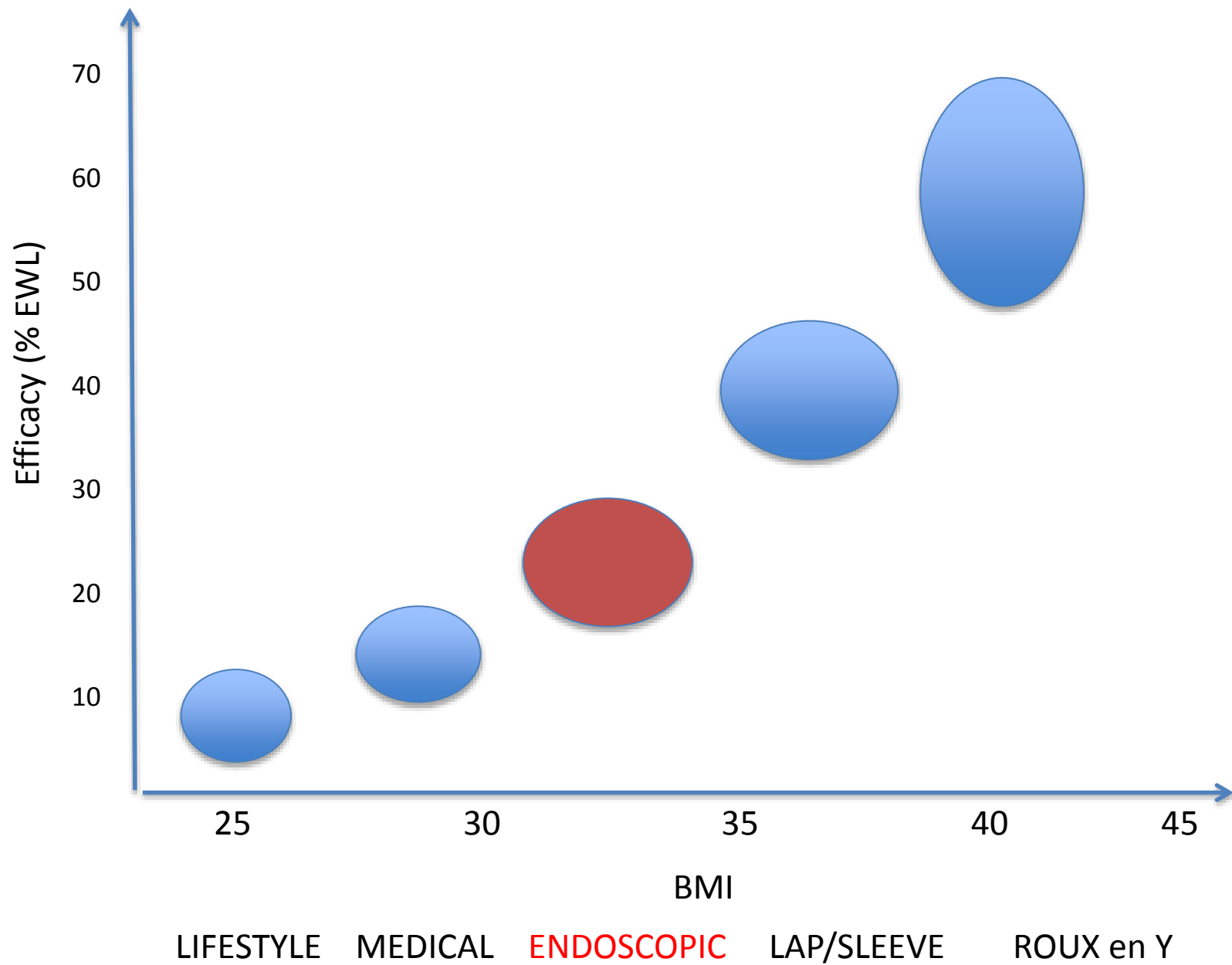




# Obesity

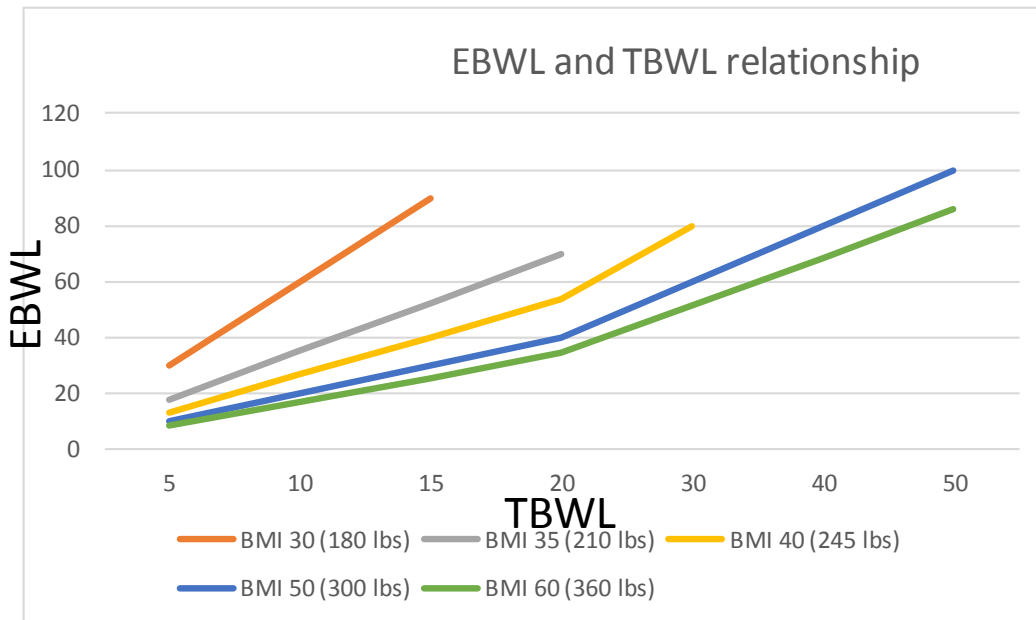
- 35 million obese Americans
- 12 million extremely obese (>BMI 40)
- 170,000 bariatric procedures
- 1:~500 obese individuals get intervention
- 98% do not get intervention

Goal of Endobariatrics: Expand the reach of bariatric therapy by offering a less invasive but effective alternative to surgery



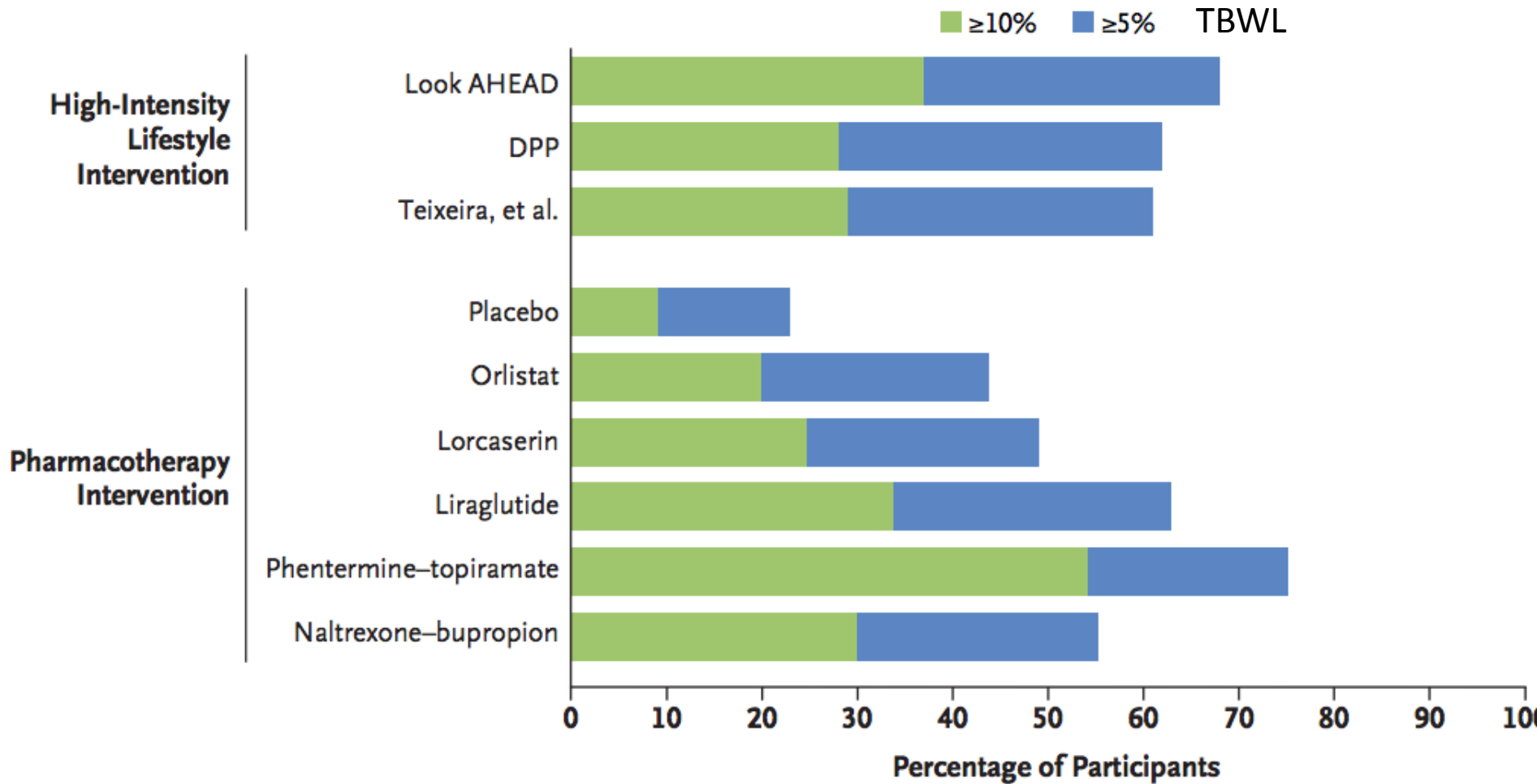
# Weight loss measures

- $BMI = \text{Weight(Kg)} / \text{Height(M}^2)$
- TBWL (total body weight loss) = preoperative weight - postoperative weight
- $EBWL = (TBWL) / (\text{preop weight} - \text{ideal weight (at BMI 25)})$



BMI classification	
Underweight	< 18.5
Normal range	18.5 - 24.9
Overweight	$\geq 25.0$
<i>Preobese</i>	25.0 - 29.9
Obese	$\geq 30.0$
<i>Obese class I</i>	30.0 - 34.9
<i>Obese class II</i>	35.0 - 39.9
<i>Obese class III</i>	$\geq 40.0$

# Efficacy of non-invasive treatments



Heymsfield SB NEJM 2017

# Efficacy of bariatric surgeries

	EBWL	TBWL
LapBand	40-50%	15-20%
Sleeve	60%	25%
RYGB	70%	30%
Duo Switch	80%	>30%



<b>OBESITY COMPLICATION</b>	<b>% wt loss for Rx benefit</b>	<b>Notes</b>	<b>References</b>
T2DM Prevention	3-10%	Maximum benefit at 10%	DPP (Lancet, 2009) SEQUEL (Garvey et al, 2013)
T2DM (HbA1c)	3-15%	HA1c still decreasing at >15%	Look AHEAD (Wing, 2011)
Dyslipidemia (TG/HDL)	3-15%	TG still decreasing at >15%	Look AHEAD (Wing, 2011)
HTN	5-15%	BP still decreasing at >15%	Look AHEAD (Wing, 2011)
NAFLD	10%	Improved steatosis, inflammation, mild fibrosis	Assy et al, 2007; Dixon et al, 2004; Anish et al, 2009
Sleep Apnea	10%	Maximum benefit at ≤ 5%	Sleep AHEAD (Foster, 2009) Winslow et al, 2012
Osteoarthritis	5-10%	Improved symptoms and joint stress mechanics	Christensen et al, 2007 Felson et al, 1992; Aaboe et al, 2011
Stress Incontinence	5-10%		Burgio et al, 2007 Leslee et al, 2009
GERD	5-10% (F) 10% (M)		Singh et al, 2013 Tutujian R, 2011
PCOS	10-15%	Lower androgens, improved ovulation, increased insulin sensitivity	Panidis D et al, 2008 Norman et al, 2002 Moran et al, 2013

# Endoscopic Interventions

## What are the goals?/Where is the bar?

- “minimum threshold of efficacy” (ASGE Task Force)
  - 25% EWL or 15% greater EWL than control arm at 12 months
  - Threshold incidence of complications at 5%
- Improvement in comorbid conditions
  - Less data
  - HTN, DM2, Hyperlipidemia

# How can endoscopic interventions “mimic” surgery

## Space Occupying/Restrictive

- **Intragastric Balloons**
- Stomach volume reduction
- Outlet obstruction
- Aspiration

## Small Bowel Physiology/Bypass

- Small bowel sleeves
- Resurfacing
- Endoscopic anastomoses

# FDA approved Intragastric Balloons



Content	Saline	Air mixture	Saline
Volume	450 x2 *	250 x 3	400-700
Placement	EGD	Non-endoscopic/AXR	EGD
Removal	EGD	EGD	EGD
“Published N”	356	387	>2000 (RCT 300s)

# Indications and Contraindications

## Indications

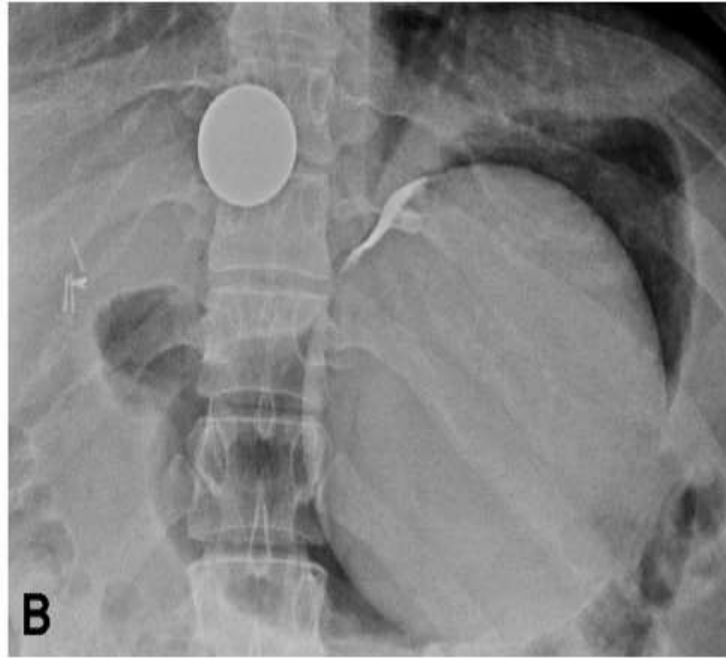
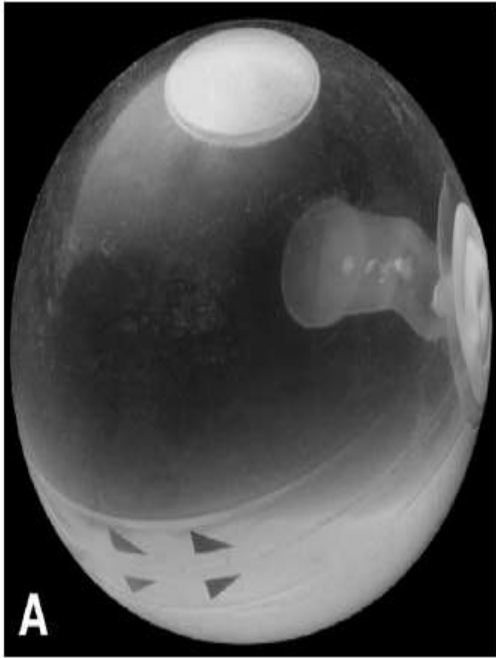
- Obese patients BMI 30-40 who have failed diet and exercise
- (ReShape only) with one obesity associated comorbidity
- (Obalon/Orbera) enrolled in weight loss program

## Contraindications

- Large Hiatal Hernia
- Prior gastric surgery
- Inflammatory Bowel Disease
- Bleeding Risk
- Inability to take PPI
- Pregnancy
- Psychiatric Disease



# Orbera balloon



Placement: Endoscopic

Anesthesia: GA, MAC

Inflation Compound:  
Sterile Water  
(methylene blue off label)

Inflation Volume:  
500-700 ml

Duration of Therapy:  
6 months

Removal: Endoscopic



# Orbera balloon

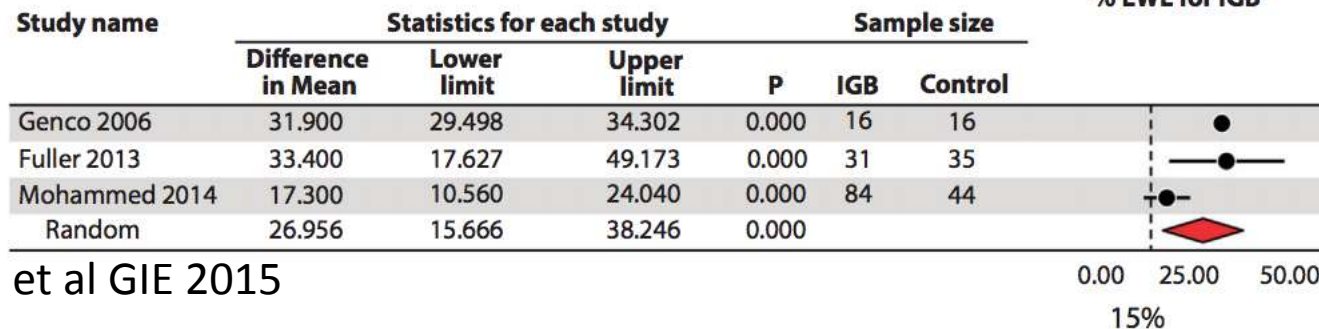
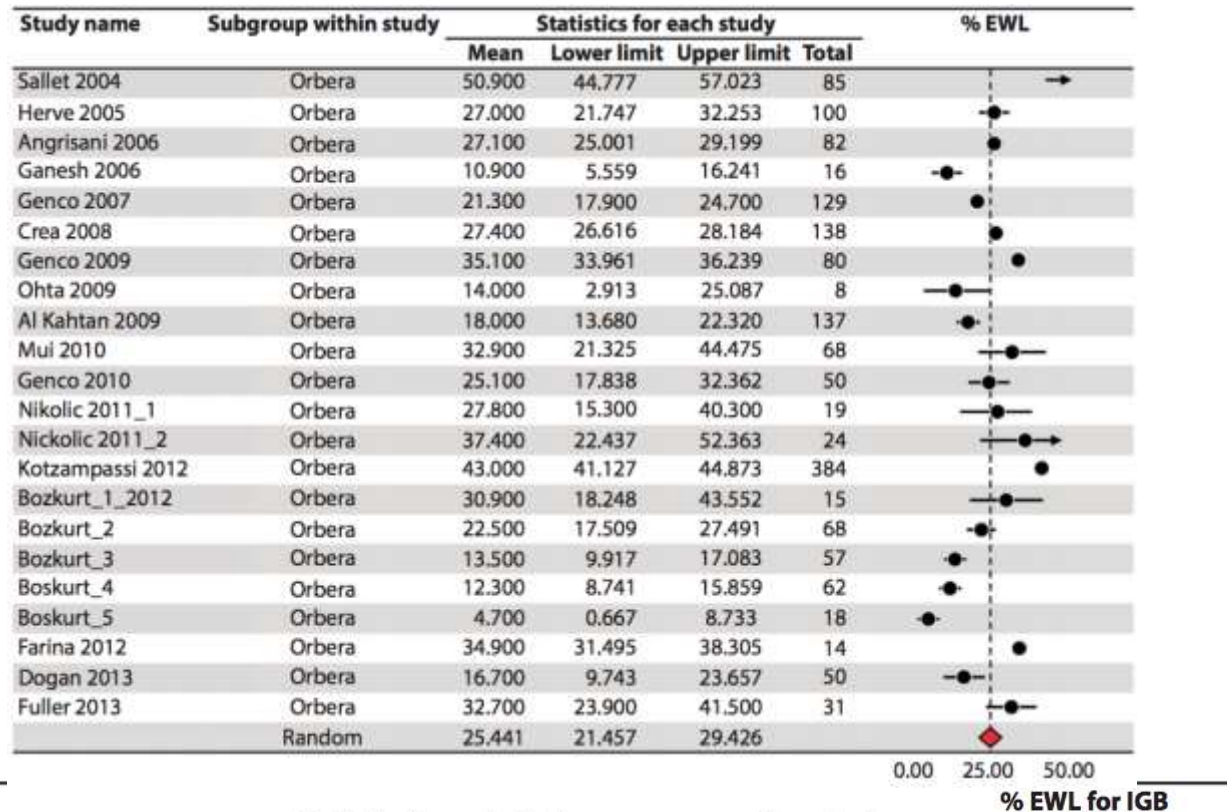
## Short term efficacy

Reference	No.	Starting BMI, kg/m <sup>2</sup>	Fill volume, mL	Weight loss at 3 mo, kg	Weight loss at 6 mo, kg	% of weight loss at 3 mo
Bonazzi et al, <sup>22</sup> 2005	12	38.5	700	12.4	14.4	86
Fuller et al, <sup>37</sup> 2013	31	36.0	450-750	10.5	14.4	73
Mathus-Vliegen and Tytgat, <sup>38</sup> 2005	19	43.3	500	12.9	16.7	77
Mathus-Vliegen and Eichen, <sup>26</sup> 2014	19	43.0	500	13.1	16.4	80
Peker et al, <sup>39</sup> 2010	31	41.8	600	12.17	15.04	81
Stimac et al, <sup>40</sup> 2011	171	41.9	600	12.8	16.9	76
Totte et al, <sup>41</sup> 2001	126	37.7	500	13.7	15.4	89
Total	409					
Weighted mean ± weighted SD				12.9 ± 0.8	16.0 ± 0.9	80 ± 6

## Short term efficacy – prospective RCT

IGB device	IGB treatment time (wks)	Number of subjects		% EWL	<i>p</i> value
		<i>N</i> (total)	Study arm		
Orbera*	12	32	16 (IGB + diet arm)	34 ± 4.8	<i>p</i> < 0.001
			16 (sham + diet arm)	2.1 ± 1	
Orbera*	24	66	31 (IGB + behavioral modification)	50.3	<i>p</i> < 0.001
			35 (behavioral modification alone)	16.9	
Orbera*	24	114	60 (IGB)	44.6 ± 23.9	<i>p</i> < 0.01
			54 (cognitive behavioral therapy)	24.3 ± 16.0	
Orbera*	24	32	16 (IGB)	39.3	<i>p</i> = 0.189
			16 (lap band)	32.3	

# Does Orbera balloon meet ASGE PIVI threshold?

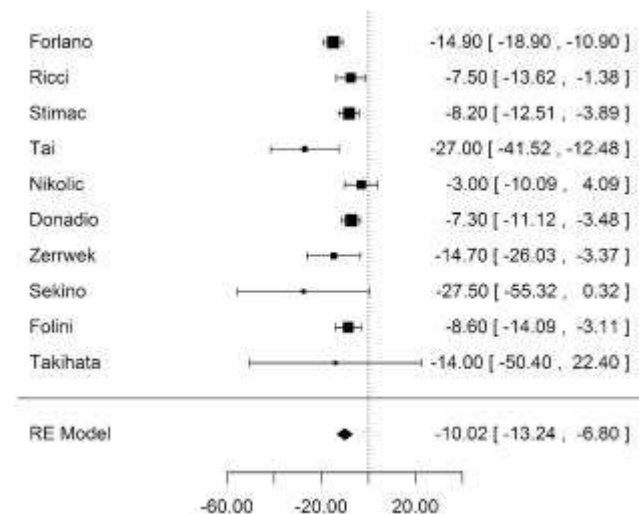


# Orbera – benefits in comorbid conditions

- HTN, DM, hyperlipidemia

Comparison	Odds ratio	95% CI	No. of studies (subjects)	I <sup>2</sup>	P-value
Diabetes resolved	1.4	1.3, 1.6	9 (4,232)	0%	<0.001
Diabetes improved or resolved	9.3	7.6, 11.4	6 (3,556)	0%	<0.001
Hypertension resolved	2.0	1.8, 2.2	8 (3,961)	0%	<0.001
Hypertension improved or resolved	9.1	5.5, 15.2	6 (3,556)	71%	<0.001
Dyslipidemia resolved	1.7	1.2, 2.6	6 (3,101)	84%	<0.001

- Non-alcoholic fatty liver disease (NAFLD)



Popov VB et al Am J Gastro 2017

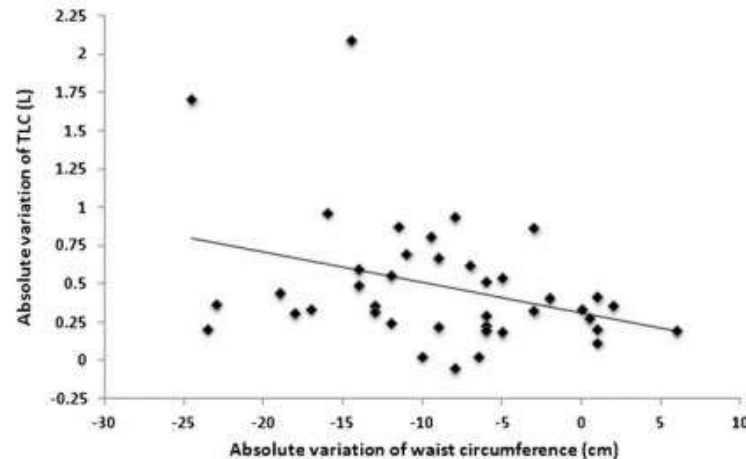
Popov VB Dig Dis Sci 2016



# Orbera – benefits in comorbid conditions

- Lung function

	Baseline	After 6 months	<i>p</i> value <sup>a</sup>
Weight (kg)	111 (95.5–119.8)	93.8 (80.2–108.7)	0.0001
BMI (kg/m <sup>2</sup> )	39.1 (35.7–44.2)	34.5 (30.2–40)	0.0001
FVC (L)	3.21 (2.86–3.83)	3.38 (3.06–4.02)	0.0001
FEV <sub>1</sub> (L)	2.75 (2.35–3.14)	2.88 (2.57–3.26)	0.0001
FEV <sub>1</sub> /FVC (%)	85 (82.5–88.8)	81 (79–84)	0.0001
MIP (cm H <sub>2</sub> O)	68 (51.3–114.5)	68.5 (38.8–116.0)	0.21
MEP (cm H <sub>2</sub> O)	85.5 (70.5–102.8)	74.5 (65–121)	0.91
TLC (L)	4.42 (3.83–4.87)	4.68 (4.17–5.60)	0.0001



Matfort TT et al Obes surg 2014

- Obstructive Sleep apnea

Sleep study	Before	After (BIB x 6 months)
Obstructive apneas, No.	277 ± 105	90 ± 120§
Central apneas, No.	7 ± 17	1 ± 1
Mixed apneas, No.	16 ± 17	1 ± 1
Hypopnea, No.	116 ± 83	36 ± 55‡
AHI, events/h	59.3 ± 18.1	14.0 ± 12.4§
ESS score	11.2 ± 5.2	4.7 ± 2.3‡

Busetto L et al Chest 2005

# Real life US experience w/ Orbera

- Multicenter, registry study
- 6, 9 and 12 months follow up
- 316 patients
- Average BMI 37.9
  - 16% diabetics
  - 19% dyslipidemia
- Procedural issues at placement: 4/316 failures
- Complications:
  - <2% early removal rate
  - Ulcers – 0.3% pre and 0.5% post placement
  - Esophagitis 3 pre and 8% post placement

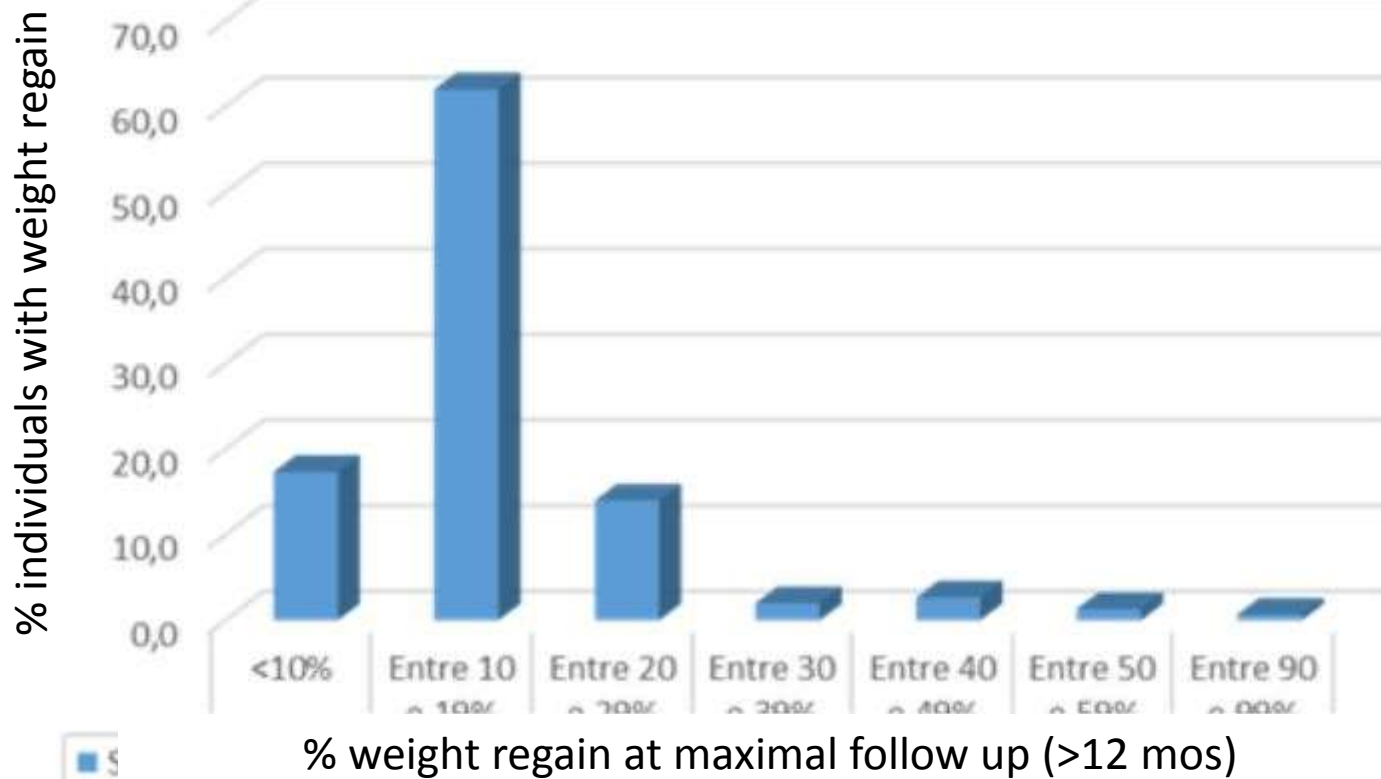
# Real life US experience w/ Orbera

- Weight loss
  - 7,10,13% TBWL at 3,6,9 mos
  - 84% achieved >5% TBWL
  - 56% achieved >10%TBWL
- A1C declined from 6.1 to 6.9 % (although therapy may have changed in interval)
- SSRI use had an inverse association with weight loss

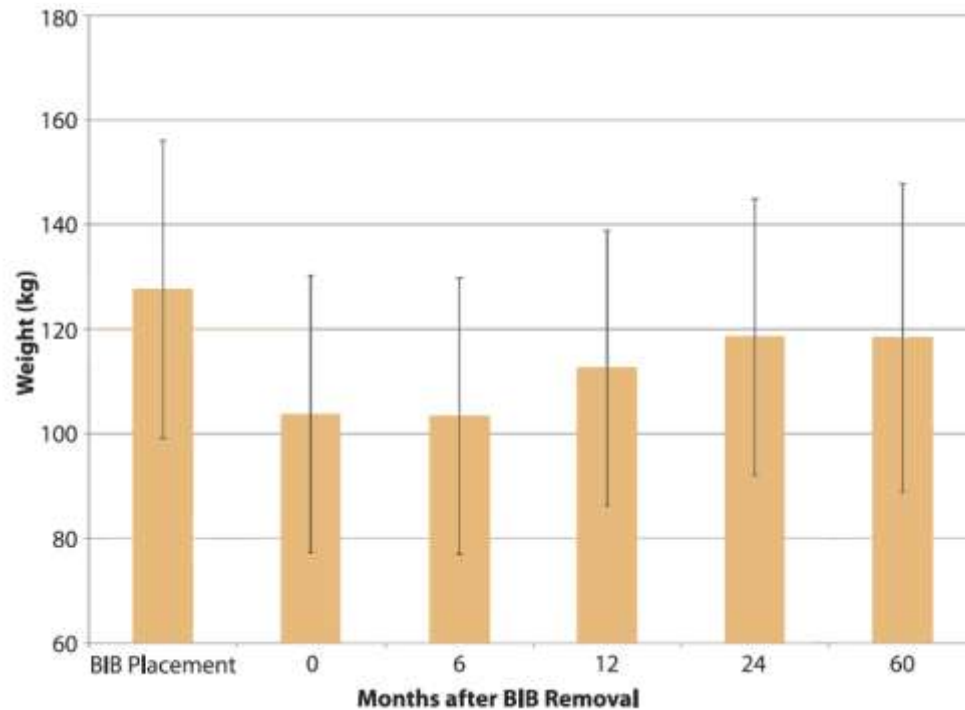
# Benefits beyond 12 months

- Observation study of 224 patients up to 5 years after IGB placement
- 6 months outcomes: 66% EWL
- Between 2 and 5 years 67% of patients regained weight
- 79% of patients regained less than 20% of weight

# Benefits beyond 12 months



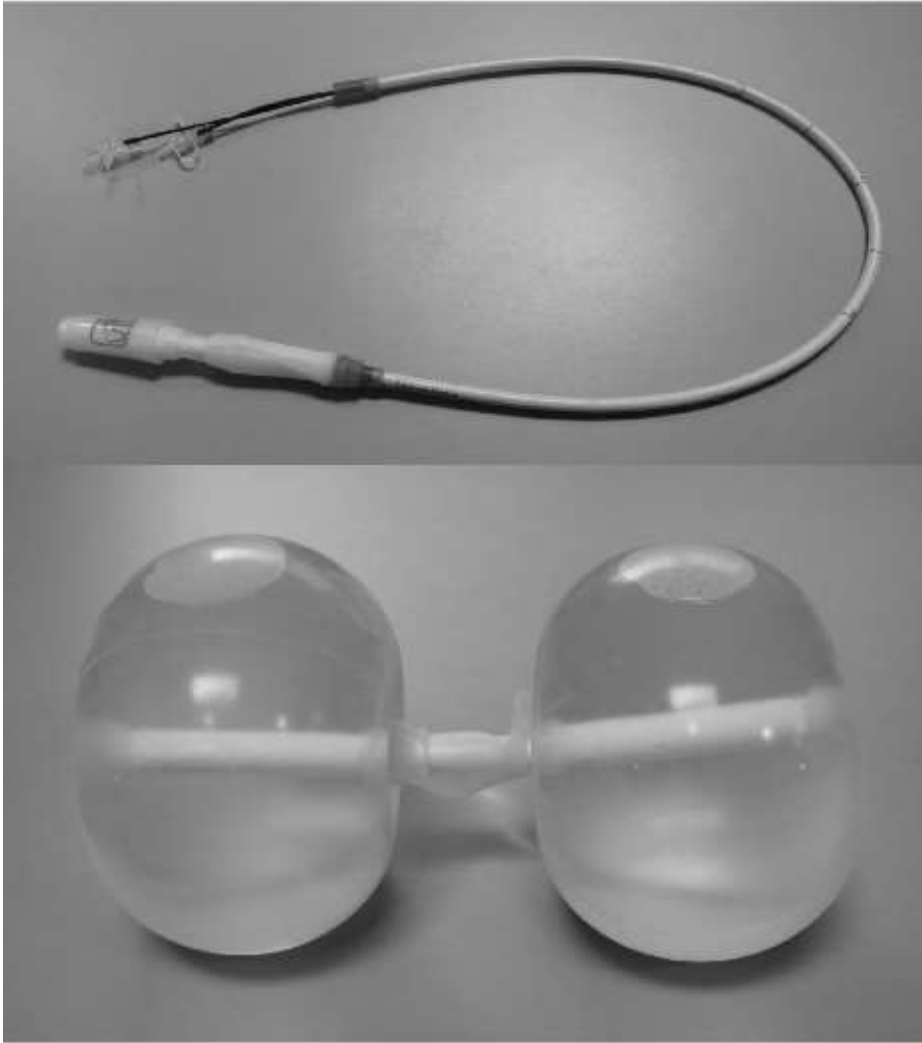
# Benefits beyond 12 months



# Extended IGB treatment beyond 6 months

- Repeated balloon placement (N=19)
  - Lower EWL with second balloon (30 vs 49%)  
(Dumencau et al )
- Orbera balloon for 12 months
  - Compared to LapBand greater EWL at 12 mos  
(70% vs 53 %)
  - Additional EWL between 6 and 12 months was  
12%

# ReShape balloon



ReShape Balloon

Placement: Endoscopic

Anesthesia: GA

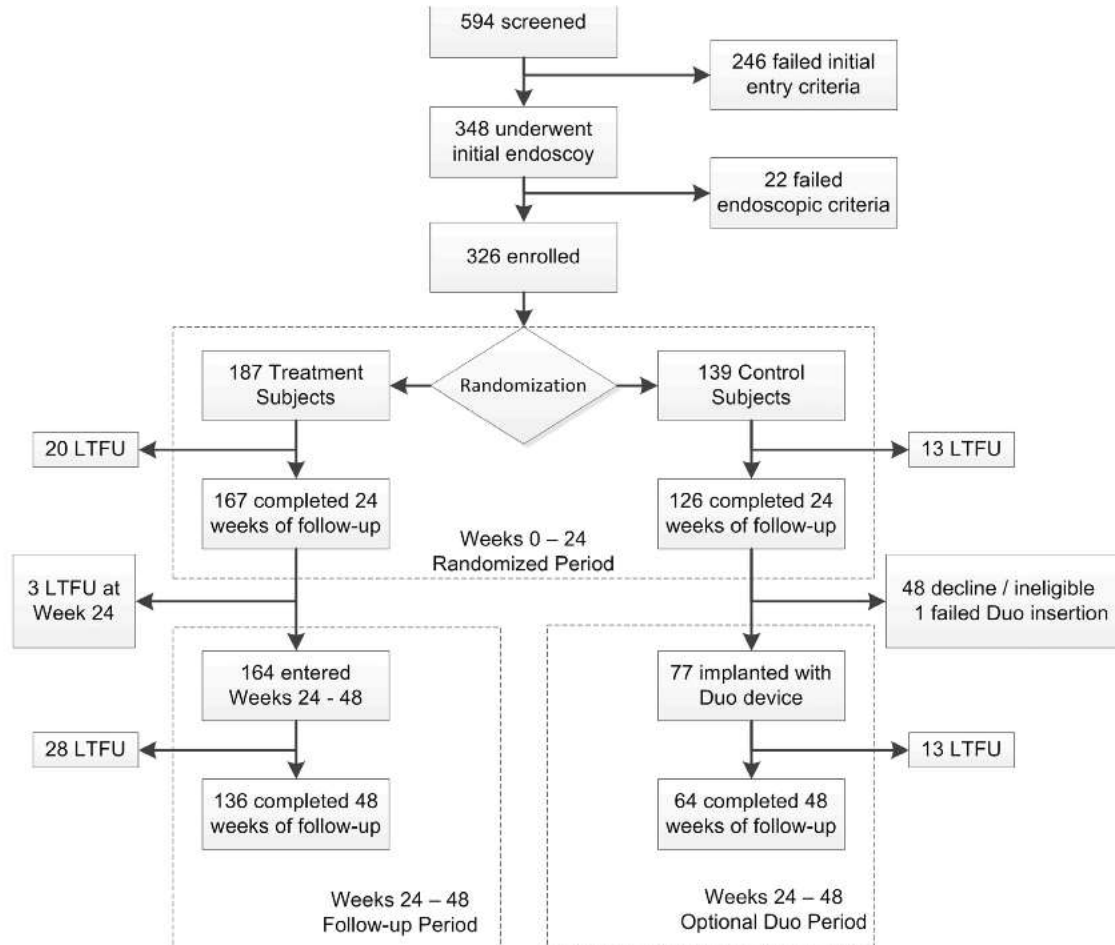
Inflation Compound: Saline

Inflation Volume:  
750-900 ml (reduced for  
small stature)

Removal: Endoscopic



# REDUCE trial

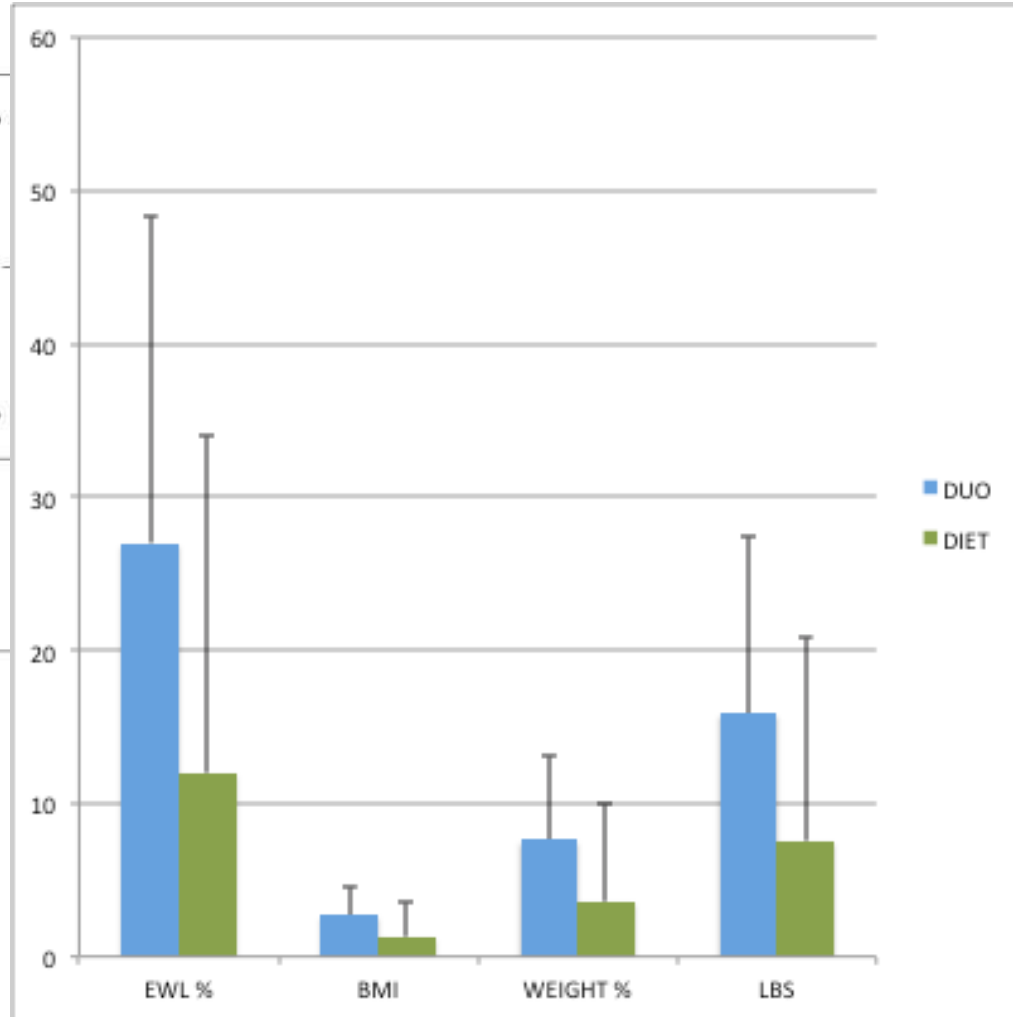
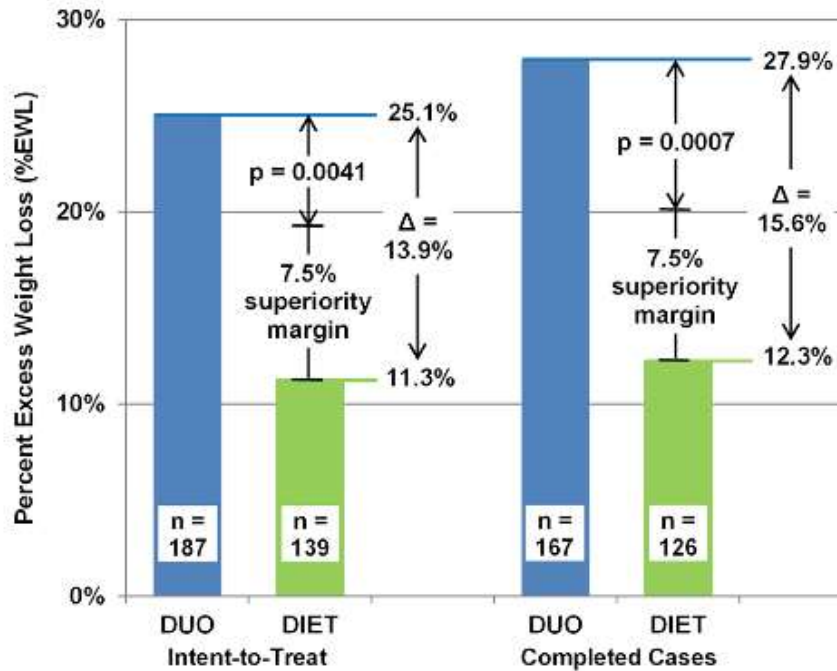


# REDUCE trial

## Baseline subject characteristics

Physical parameter	DUO (N = 187) Mean $\pm$ SD	DIET (N = 139) Mean $\pm$ SD
Age (years)	43.8 $\pm$ 9.5	44.0 $\pm$ 10.2
Weight (lb)	209.2 $\pm$ 25.8	213.2 $\pm$ 25.5
BMI (kg/m <sup>2</sup> )	35.3 $\pm$ 2.8	35.4 $\pm$ 2.6
Waist circumference (in)	43.4 $\pm$ 4.4	43.2 $\pm$ 4.4
Hip circumference (in)	47.1 $\pm$ 3.5	47.7 $\pm$ 2.9
Systolic BP (mm/Hg)	130.4 $\pm$ 13.9	133.2 $\pm$ 14.0
Diastolic BP (mm/Hg)	81.8 $\pm$ 10.1	82.8 $\pm$ 10.2
Heart rate (beats/min)	78 $\pm$ 11.2	79 $\pm$ 12.7
Hemoglobin A1 c (%)	5.7 $\pm$ .7	5.7 $\pm$ .88
Cholesterol	200 $\pm$ 38	196 $\pm$ 40
Triglycerides (mg / dL)	141 $\pm$ 87	137 $\pm$ 88

# REDUCE



Ponce J et al Surg Obesity and Related Disease 2015

# ReShape – comorbid conditions and longer term outcomes

DUO Patients Laboratory Values	Value at Baseline	Change from Baseline at:			
		Week 12	Week 24	Week 36	Week 48
		During DBS Treatment		After DBS Treatment	
Glucose	93.2	-1.0	0.3	-1.5	0.9
Insulin	17.8	-4.8	-3.8	-0.7	-1.0
HbA1 c	5.7	-0.1	-0.2	-0.3	-0.2
TG	140.9	-17.9	-15.7	-6.7	-9.0
HDL	52.0	-0.9	1.0	1.6	1.9
LDL	121.0	-3.0	-4.1	-6.8	-4.6
Systolic BP	130.4	-8.2	-8.3	-9.3	-6.6
Diastolic BP	81.8	-2.7	-4.3	-4.3	-4.4

# Procedural Notes for Endoscopic Placement and Removal

- Pre-procedural Preparations
  - PPI x 7 days and pre-procedural instructions and prescriptions
- Placement (Orbera, ReShape)
  - Preplacement endoscopy
  - MAC
  - Post-procedural hydration, antiemetics
- Removal
  - Liquid diet 24 hours before
  - MAC vs GA (perhaps depending on initial assessment by EGD) – GA capable setting???

# Obalon Balloon

## Obalon Balloon & Inflation System

(Obalon, San Diego, CA)

**Swallowable  
Capsule**

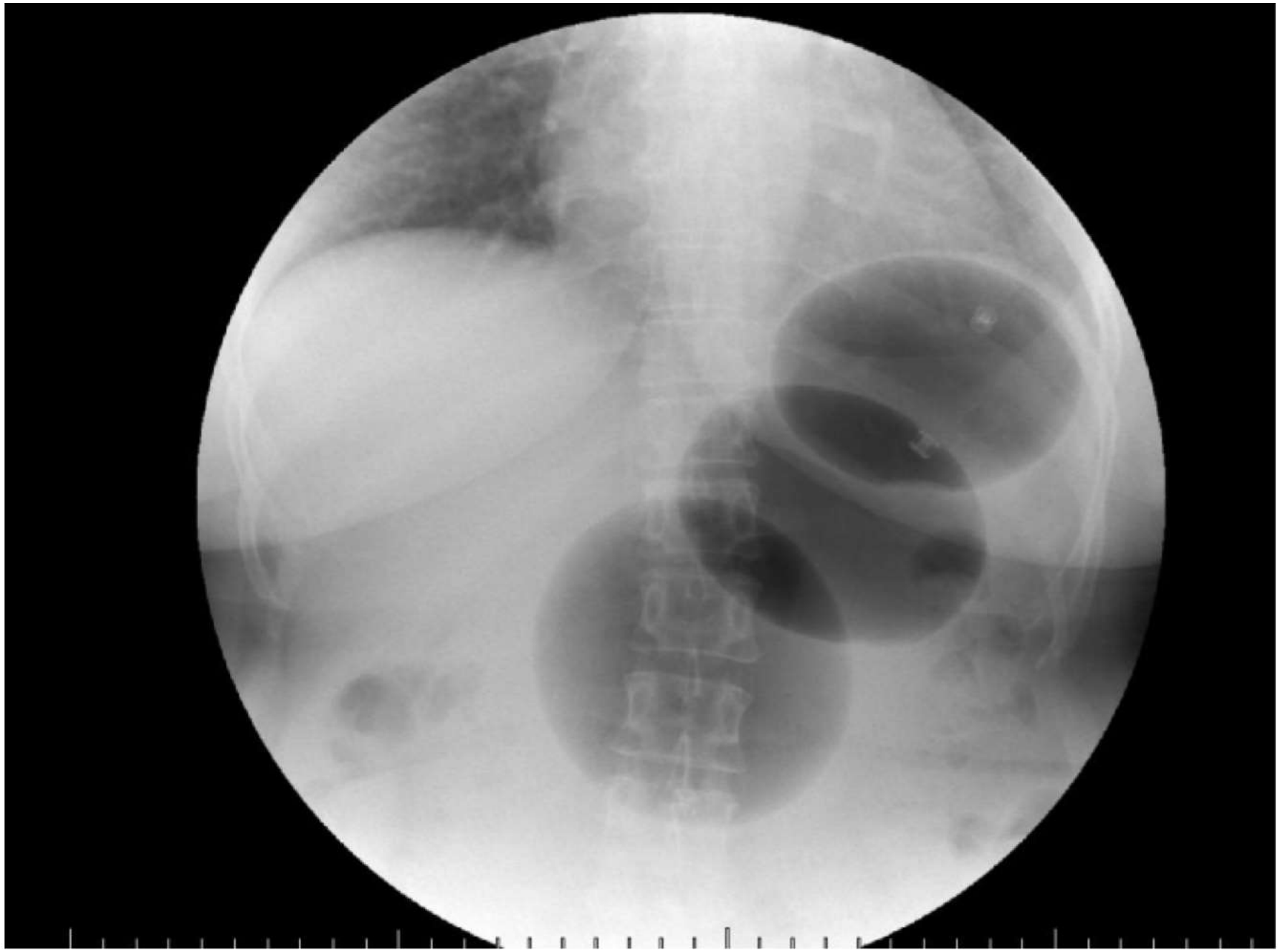


**EzFill Inflation System**

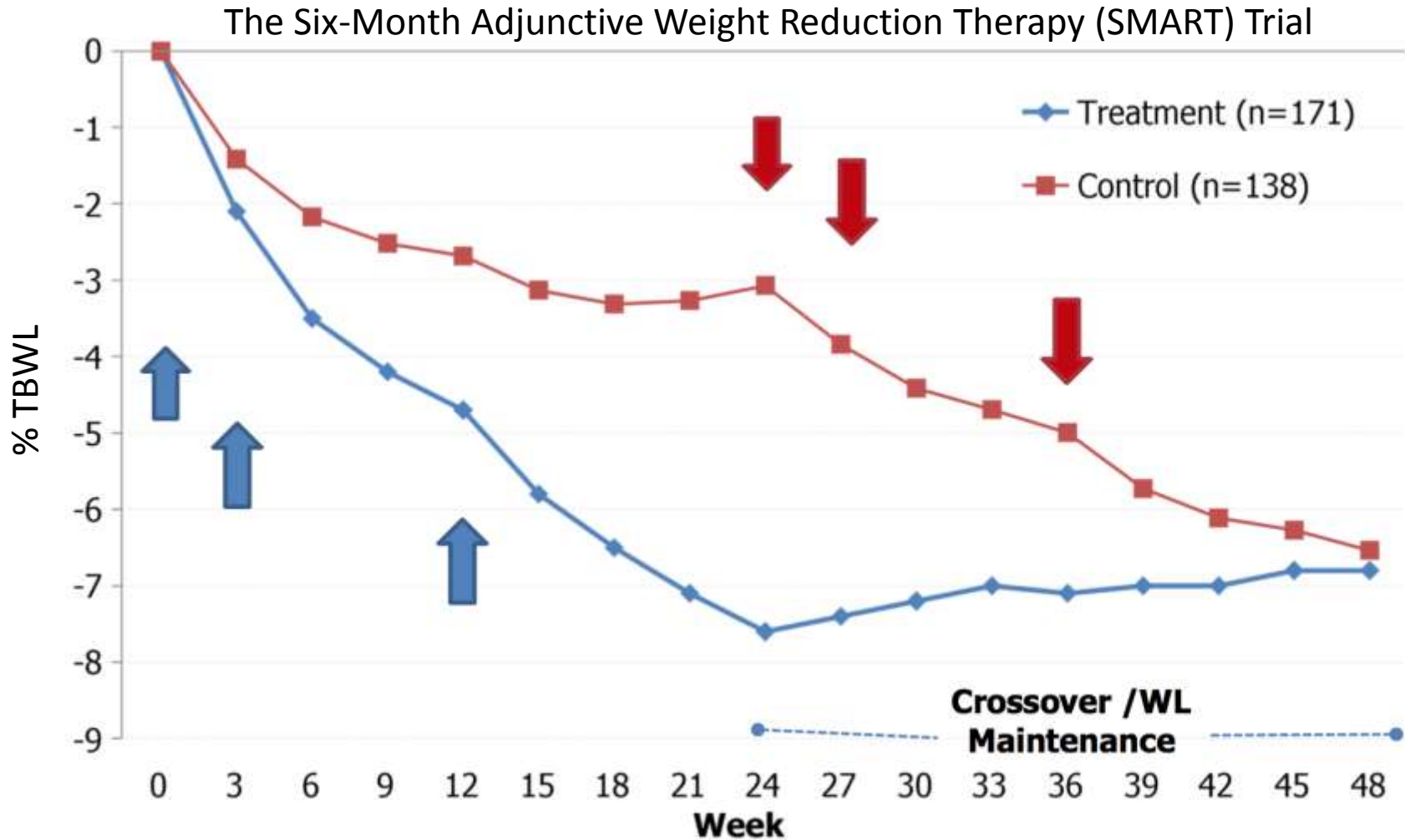


**Gas-Filled Balloon**





# Obalon outcomes

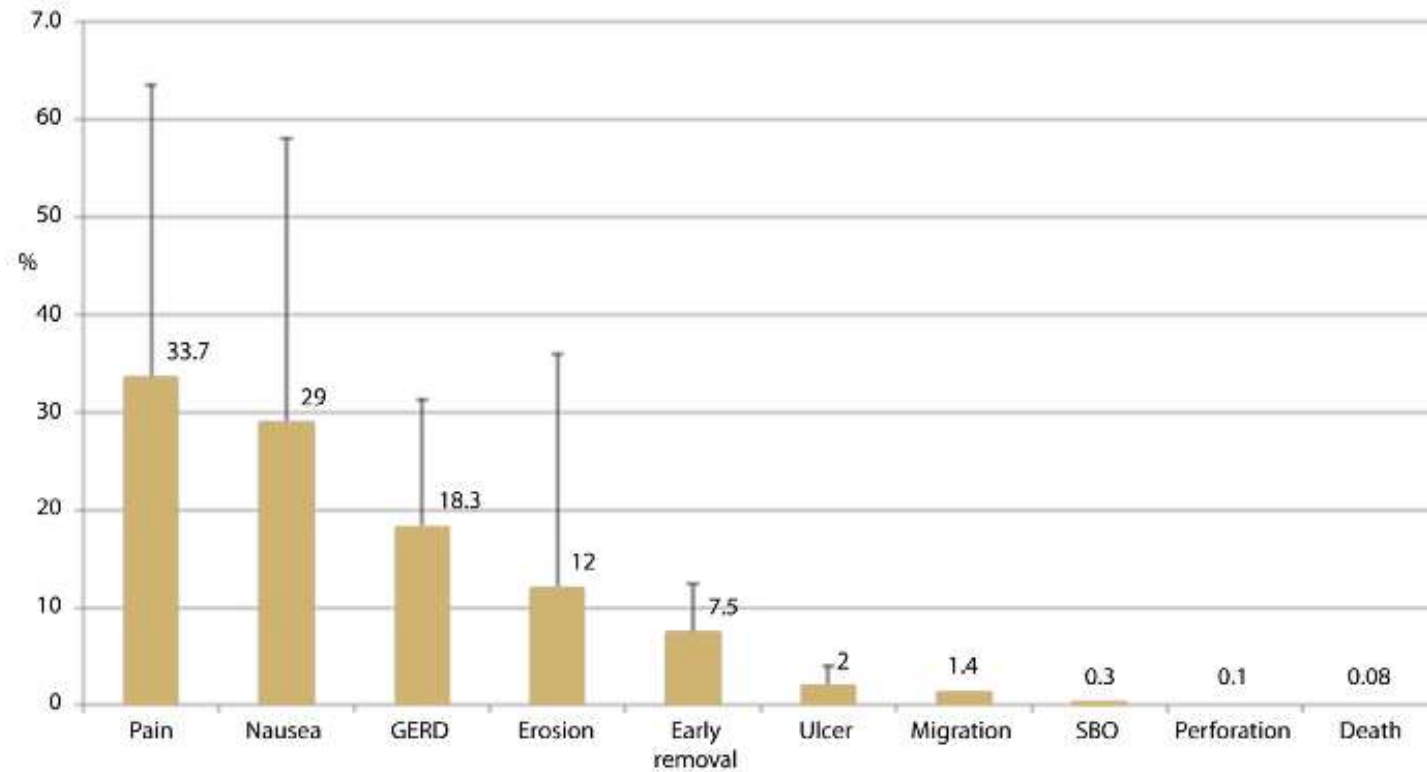




# Balloon side effects

	Orbera (BIB)	ReShape Duo	Obalon
<b>Minor complications</b>			
Abdominal pain	12.6–57.5	3.9–11.6%	60.8%—mild 11.6%—moderate 0.1%—severe
Nausea and vomiting	32.8–86.9	14.9–34%	56% nausea 17.3% vomiting
Reflux symptoms/erosive esophagitis	1.27–30	6.8%	1.8% (esophagitis)
Eructation	4.8–24.9	16.7%	9.2%
Dyspepsia	4.4–21.3	17.8%	16.9%
<b>Major complications</b>			
Gastrointestinal ulceration	0.02–2.6	10%*	0.9%
Dehydration	0.2–1.25	1.5%	NR
Luminal obstruction	0.2–76	NR	0%
Esophageal or gastric perforation	0.19–1.25	1.6%	0%
Deflation	0.9–4.5	6%	0.1%
Early removal	7.6–18.75	7.7%*	1.8%

# Balloon side effects and complications



# FDA warning regarding deaths following IGB placement – Aug 2017

BALLOON	LOCATION	YEAR	CAUSE OF DEATH	TIME AFTER PLACEMEMNT	DEVICE MALFUNCTION
Orbera	Brazil	2016	MI	10 days	Not suspected/known
Orbera	USA	2016	Unknown	1 month	Not suspected/known
Orbera	Brazil	2016	Gastric perforation	3 days	Gastric wall ischemia, perforation, intact balloon
Orbera	GB	2016	Sepsis, aspiration?	3 days	Second balloon, no known malfunction
Orbera	Mexico2015	2017	Cardiogenic shock	3 days	NO evidence of balloon malfunction
ReShape	US	2017	Shock, ?aspiration	2 days	Not known

Number of Orbera balloon placed to date (2016): 270,000+; reported incident rate <0.01%

# Other Balloons

- Adjustable Balloon
  - Spatz
- Procedure- free balloons
  - Allurion Technologies
  - Intra-gastric balloon
  - Requires no procedure for implantation or explantation; self passing
  - PlenSat Digestible Balloon
  - Balloon swallowed in a capsule and broken down by stomach



# Summary

- Intragastric Balloons
  - Consistent efficacy for short term weight loss
  - Possible benefits in comorbid conditions
  - Possible durable benefits
  - Studies to look out for
    - Long term data (weight loss , comorbid conditions)
    - Sequential IGBs
    - Less invasive placement and removal strategies
    - Cost effectiveness
    - Personalized approach to choosing balloons
  - Best done as part of a comprehensive obesity management program



# CoMMiT

Comprehensive Obesity  
and Metabolism Management and  
Treatment Program

*Your Health, Our CoMMiTment*

