

Gentili soci SICOB,

considerata la recente nomina che ho avuto il piacere di ricevere dalla presidenza IFSO, vale a dire Chair della "IFSO writing task force", ho il compito di definire e coordinare i Position Statement per la stessa IFSO.

Per tale motivo chiedo a voi e/o ai vostri collaboratori se volete sviluppare un Position Statement da proporre al Writing committee e allo Scientific Committee IFSO per ottenerne la approvazione e la conseguente pubblicazione.

Chiaramente ci sono delle regole da seguire che vi invio in allegato ma nel contempo vi aiutiamo se siete interessati. Non vi preoccupate.

Saremmo contenti se fossero tanti italiani ad essere coinvolti in questo straordinario percorso che porterebbe i nostri soci nel cuore della IFSO.

Ovviamente occorre anche che siano soci iscritti IFSO. La iscrizione alla IFSO avviene mediante la segreteria SICOB e ha un costo di 20 € l'anno.

Questo tipo di invito lo dovrò inviare anche ad altre società sia europee e sia internazionali ma ricordo a tutti che la nostra casacca si chiama comunque anche e sempre SICOB!

Ancora un saluto a tutti voi e ai vostri collaboratori.

PS: Felici di finalizzare i Position Statement al Congresso congiunto SICOB/IFSO-EC dal 14 al 17 maggio 2025 in Venezia.

**Maurizio De Luca**

*Presidente eletto SICOB*

**Giuseppe Navarra**

*Presidente SICOB*

**Nicola Di Lorenzo**

*Presidente IFSO EC*



From: **IFSO Secretariat** >

To: **Maurizio De Luca** >

**Ashraf Haddad** > **Miguel Herrera** >

**Ali Aminian** > **Wendy Brown** >

Cc: **RICARDO COHEN** >

Yesterday at 14:12

## IFSO WRITING TASK FORCE

Dear All,

On behalf of Dr. Ricardo Cohen, current IFSO President, I am glad to invite you to be part of the new "**IFSO Writing Task Force**".

Maurizio De Luca will be the Chair and Ashraf Haddad will be the Vice-chair.

To follow the rule that in each task force working at an IFSO position statement there has to be at least an IH member, one I.H. member - selected by the IH Section - will be included in this Writing Task Force.

The main task of this Task Force will be to: **select the topics for future IFSO position statements and appoint authors to work with you.**

The proposals coming from this Task Force = with a detailed indication of the topic of the





S.I.C.O.B.

# Venezia

13-14 MAGGIO 2025

SAVE THE DATE



Presidente del congresso  
Maurizio De Luca




[www.springsicob.it](http://www.springsicob.it)



# 13<sup>th</sup> Congress of the International Federation for the Surgery of Obesity (IFSO) European Chapter

15-17 May 2025 | Venice, Italy

A scenic view of a Venetian canal, likely the Grand Canal, with the Basilica di Santa Maria della Salute in the background. The water is a vibrant turquoise color, and several boats are visible. The buildings lining the canal are multi-story and feature classic Venetian architectural details.

*See you  
in Venice!*

[ifso-ec2025.com](https://ifso-ec2025.com)



### **IFSO Position Statement on Position Statements**

1. Rarely do we understand the pathophysiology of a chronic disease process so well that there is universal acceptance for a singular treatment pathway applicable to all patients.
2. Thus, treatment options are based upon current knowledge, experience and availability of resources as well as patient acceptance and perceived risk/benefit ratio.
3. Risk/benefit ratio is usually not objective and relies heavily upon individual clinical judgment rather than scientific evidence.
4. In bariatric/metabolic surgery, longitudinal outcomes data is non-existent and will not be available in the foreseeable future for the following reasons:
  - Mandatory reporting of data is not required.
  - The cost of obtaining data on this scale is prohibitive.
  - Patients are not willing to participate in long-term follow-up.
5. New technologies, procedures or modification of procedures are often evaluated using a political/commercial rather than scientific method.
  - There are no universal standards for expected outcomes
  - There are no standards for existing operational anatomy (pouch volume, limb-length, etc) to define any specific operation.
6. It is the obligation of surgical societies to develop policies to evaluate not only new, but existing therapies in order to set the standard (but not limit) the practice of its specialty.
  - These policies must transcend political agenda as well as industry or commercial interest when contrary to patient safety and medical ethics.
  - Policies are necessarily based on little data and as such must be modifiable as new data becomes available.
  - Members of the society, patients and policy makers depend on the Society's opinion, judgment and collective knowledge.
7. As IFSO is a Federation of Societies – with each society represented by an elected individual(s), it is imperative that position statements represent not only the individual society, but also the individual surgeon and integrated health professional.
8. Position statements regarding interventions should be evaluated according to the following:
  - A: Safety – Is the procedure or modification of an existing procedure as safe or safer than existing procedures?
  - B: Efficacy – Is the procedure or modification of an existing procedure as effective or more effective than existing procedure?
  - C: Long-term consequences – Is there potential for unforeseeable long-term considerations? For example: procedures requiring resection or non-reversible anatomic modifications would mandate a higher level of evaluation.
9. IFSO position statements should serve only the truth and exemplify our best judgment, wisdom, and integrity.
10. IFSO position statements should remain relevant and therefore should have a defined term of two years at which point they should be re-evaluated: renewed, amended, or abandoned.



## **Guidelines to create IFSO Position Statements**

### **I. IFSO POSITION STATEMENT (PS) DEVELOPMENT PROCESS:**

1. The Writing Task Force proposes topics for Position Statements to the EB - with a detailed indication of the topic of the document, the timeline, the members of the task force who will write the document.

2. The Executive Board (EB) of IFSO decides *which* topic should be addressed.

3. The Writing Task Force appoints a chair of the writing group (task force) for each position statement (PS) and **can** appoint further members of the writing group.

Since position statements are vetted by the IFSO Scientific Committee first, at least a member of the Scientific Committee should be on the task force working at position statements. This might help the writing group in following the standards and guidelines set by IFSO. Additionally, this member acts as a liaison and keeps chair/vice chair of the SC and IFSO leadership informed about progress of the project the Scientific Committee should be involved from the beginning.

4. Certain topics may need to pursue co-endorsement from other pertinent Societies or Organizations at the discretion of the Writing Task Force/EB.

5. The chair of the writing group designates further members – these should preferably be experienced in following GRADE, Joana Briggs Institute (JBI) -tools, PRISMA (or similar) methodology.

6. The literature search (and evaluation) should follow GRADE, JBI-tools, PRISMA (or similar) methodology. If needed, IFSO will support the writing group with a statistician early on in the process.

7. The format of structuring the PS is described separately below

8. The draft of the PS is reviewed by the entire writing group.

9. Thereafter the PS is reviewed and approved by the Scientific Committee

10. Before Publication in *Obesity Surgery* or other Journals the PS needs approval by the final approval of the EB.

## II. Structuring a Position Statement (PS):

Creating a PS for IFSO, involves careful consideration of multiple factors. Here are some guidelines to help in developing an effective and well-structured PS:

- 1. Define the Purpose:** Clearly articulate the purpose of the PS and stay focused on that purpose. State whether it aims to provide *guidance, recommendations, or opinions* on a specific issue or topic related to Metabolic/Bariatric Surgery (MBS). Alternatively to a PS, a narrative review might be appropriate according to the level of evidence of the published literature.
- 2. Conduct Comprehensive Research:** Gather relevant and up-to-date scientific evidence, studies, and literature on the topic.

Preferably a recently published systematic review/meta-analysis should be existing.

If there is no systematic review/meta-analysis IFSO encourages the writing group to create a systematic review/meta-analysis.

The evaluation of the existing literature should be done using the GRADE, JBI (Joana Briggs Institute) tools (or similar) methodology.

To help in this, IFSO will support the writing group with a statistician from the very beginning. The information and workflow within the writing group must be transparent, comprehensible and well documented. IFSO recommends the use of research assistants like Zotero (freeware).

- 3. Identify Key Points:** Determine the key points that the position statement should address. These points should reflect the scientific society's stance on important aspects of MBS, such as patient selection, surgical technique(s), outcomes, safety measures, or ethical considerations. Aim to cover the most critical and current issues in the field.
- 4. Organizational Structure:** Plan the organization and structure of your PS. Typically, it should include an introduction, background information, key points, supporting evidence, potential limitations, and a conclusion or summary. This structure will help ensure clarity and cohesiveness throughout the statement.
- 5. Introduction:** Clearly state the objective and significance of the position statement, as well as the *context within* which the statement is being made.
- 6. Background Information:** Provide relevant background information about the topic of the position statement, its purpose, prevalence, and importance.
- 7. Key Points and Supporting Evidence:** Present each key point that will be addressed in the statement. For *each point, provide a clear statement or recommendation*, followed by supporting scientific evidence, such as published studies, systematic reviews, or meta-analyses. Use citations to ensure transparency and credibility.
- 8. Address Potential Limitations:** Acknowledge the limitations or controversies associated with certain aspects of the topic of the PS. Discuss alternative perspectives or conflicting evidence, if applicable. This demonstrates that the PS considers different viewpoints and acknowledges potential challenges in the field.
- 9. Conclusion:** Summarize the key points discussed in the statement.

**10. Review and Stakeholder Involvement:** The finalized document will be reviewed by the scientific committee and after its approval presented to IFSO Executive board. This process ensures accuracy, scientific validity, and clarity of the PS before publishing it.

**11. Dissemination/Publication:** The PS is published in *Obesity Surgery* and on IFSO's website. The maximum number of words should not exceed 3000. The number of references is limited up to 300.

Remember, a PS should reflect the collective expertise and knowledge of the scientific surgical society and be grounded in scientific evidence. By following these guidelines, a robust and informative PS that represents the society's stance on MBS can be created.

Preexisting PS on the same topic published by other societies (like ASMBS or other IFSO-Chapters, EASO, TOS, WOF, etc.) should be identified and considered.

Position statements or existing practice guidelines are not meant to offer rigid rules or mandatory practice requirements. They should not be used to define or establish legal standards of care at the local, regional, or national levels. In the end, there are multiple suitable treatment approaches for each patient, and surgeons must exercise their discretion in choosing from the available and feasible treatment options.

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**GRADE** (Grading of Recommendations Assessment, Development and Evaluation) is a method of assessing the certainty in evidence (also known as quality of evidence or confidence in effect estimates) and the strength of recommendation in health care.

<https://gdt.gradeapro.org/app/handbook/handbook.html>

**Joana Briggs Institute (JBI) tools**

JBI's critical appraisal tools assist in assessing the trustworthiness, relevance and results of published papers. The JBI tools provide evaluation/grading tools for all types of studies (including case series, cohort studies, RCTs etc.)

<https://jbi.global/critical-appraisal-tools>

**PRISMA** (Preferred Reporting Items for Systematic Reviews and Meta-Analyses): Evidence Based minimum set of items for reporting in systematic reviews and meta-analyses.

[http://www.prisma-statement.org/documents/PRISMA\\_2020\\_expanded\\_checklist.pdf](http://www.prisma-statement.org/documents/PRISMA_2020_expanded_checklist.pdf)

**Zotero** is a free, easy-to-use tool to help you collect, organize, annotate, cite, and share research.

<https://www.zotero.org>

Commentato [MOU1]:

**Commentato [MOU2]:** Alternative to PRISMA: The **GRADE approach** (Grading of Recommendations Assessment, Development and Evaluation) is a method of assessing the certainty in evidence (also known as quality of evidence or confidence in effect estimates) and the strength of recommendation in health care.