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August 15th, 2025

Dear Regina,

Welcome to 2025 BioMarketing Insight's monthly newsletter.

Enjoy the recap of my AAPI Heritage Festival and Exhibit celebrations on May 3rd, 6th, 17th and 20th, 2025 with photos.

This month I will be covering "Obesity Is a Hard Disease to Prevent and Treat". To read more, go to our Table of Content and click on the topic link.

If you missed last month's newsletter on "What Is Your Biological Age and How Does the Brain Plays a Role in Aging?", click on this [link](#).

Please join me on September 15-18 for the BioProcessing International Conference and on October 23-25 for the International Vaccine Congress as I will be speaking at

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The next newsletter will be September 15, 2025.

With all the chaos going on due to tariffs that increases consumer prices, elimination of DEI programs that decreased NIH funding, cruel deportations, and reorganization of the HHS have lead to delayed drug/medical device/diagnostic approvals and research, you may need a little inspiration or something to make us laugh to get us through this time of uncertainty, click on the "[Inspiration](#)" link to give yourself a few minutes to relax and enjoy the music from the Berklee School of Music in their song "What the World Needs Now," and ending with Celine Dion and Josh Groban with "The Prayer".

We encourage you to share this newsletter with your colleagues by using the social media icons below, or by simply forwarding this newsletter or use the link below. Should you or your colleagues want to join my mailing list, click on "join my email list" link below.



Sincerely,  
Regina Au  
CEO, New Product Planning/Strategic Planning  
[BioMarketing Insight](#)

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Developing a Product? Commercializing a Product?

If you are developing a product and have not conducted the business due diligence to determine commercial viability or success, contact [me](#) for an appointment. For successful commercial adoption of your product or looking to grow your business, contact [me](#) for an appointment.

For more information on our services, click on the links below:

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[Top](#)

## Recap of AANHPI Heritage Festivals and Exhibit in May

We, AAPIEC Inc. is pleased to announce we celebrated AAPI/AANHPI Heritage Month in two (2) locations this year. In collaboration with Middlesex Community College (MCC) for a 2nd year on May 6, 2025 in Lowell and a new location, Boston Lyric Opera on May 17, 2025 in South Boston.

In addition, we were invited to display our Contributions AAPI Have Made to American History Exhibit, at the Brookline AANHPI Heritage Festival on May 3, 2025 and the Network for Social Justice (NFSJ) AAPI Heritage Festival at Winchester High School on May 20, 2025.

All these events could not be possible without the support of our sponsors. Thank you to our sponsors listed below.

### Platinum

Asian Community Fund/The Boston Foundation  
Mass Cultural Council  
Billerica Cultural Council  
Dracut Cultural Council

### Bronze



## Tewksbury Cultural Council

They were all successful in celebrating AAPI Heritage Month and getting the word out as to who AAPIs are and the Contribution every ethnic group contributed to American History. AAPI History is Part of American History.

See the Agendas below for the May 6th and May 17th events and a few pictures of each event. To see a full slide show of photos, visit our [website](#).



**ASIAN AMERICAN & PACIFIC ISLANDERS HERITAGE MONTH CELEBRATION**

**NOON - 12:15 P.M. WELCOMING/OPENING REMARKS**  
Virak Uy, PAASA Director  
Phil Sisson, MCC President  
Noreen McGuinness Olson, Assistant Dean of Student Success Program

**12:15 - 12:30 P.M. TASTE OF ASIA**  
Charly Chen, PAASA Program Specialist

**12:30 - 12:30 P.M. AAPI HISTORY EXHIBIT**  
Regina Au, AAPI Exhibitor

**12:30 - 1:45 P.M. FOOD TASTING EXPERIENCE AND AAPI HISTORY EXHIBIT EXPLORATION**

**1:45 - 2 P.M. TRIVIA GAME WINNER AND PRIZE ANNOUNCEMENT**  
Regina Au, AAPI Exhibitor  
Jennifer Nguyen, PAASA Retention Specialist

**2 P.M. CLOSING REMARKS**  
Virak Uy, PAASA Director

Logos: Asian American Student Advancement, SUCCESS



**Asian American and Pacific Islander HERITAGE FESTIVAL AND EXHIBIT**

**Schedule of Events**

11:00 am - Welcome remarks - Regina Au, MC and President of AAPIEC Inc.  
11:15 am - Trivia and prize  
11:30 am - State Representative - Tackey Chan  
12 noon - Tinolabong Dance by Philippine Dance and Culture Organization  
*Patricia Somera, Neha Francisco, Liz Medua, Lilibeth Trilling, Beth Plocos, and Diana Castro*  
12:30 pm - "The Dance of the Golden Snake" performed by Bingyu Kuang with the Chinese PIPA  
1:00 pm - Asian Indian performance - Ekam Boston, Director Nagasree Chakka  
*Puneeth Gurrula - Veena, Sri Harsha Lakkapragada - Mrudangam, Krupa Annie Vinu - Violin*  
1:15 pm - Trivia and prize  
1:30 pm - Susu Wong, Founder and CEO of Tomo360 and Women Accelerator  
2:00 pm - "Aka Tonbo" - Red Dragonfly, Japanese song performed by Sarah Curtis, vocalist and Emma Trowbridge, pianist  
2:15 pm - Trivia and prize  
2:30 pm - Tevada Der Soun and Songkran Puti Por, Cambodian dances by Indras' Artistic Creations, Director Kennis Yin  
*Maddox Yang, Audrey Soun, Ida Borin, Mean ChiengMai Ngoy, Thyda Tang and Nathon Vannabouathong*  
3:00 pm - 1) Ikaw Ang Mahal Ko by Tito Arevalo/ Levi Celerio  
2) Makikiliti Ka by Fulgencio Tolentino  
3) Gaano Ko Ikaw Kamahal by Ernani Cuenco - Operatic Duets by Duo Filipino  
*Lauren Florek, soprano, Carlo Miguel Bunyi, baritone, and Marceline Merrill, pianist*  
3:15 pm - Trivia and prize  
3:30 pm - Sayaw Sa Bakya Dance by Philippine Dance and Culture Organization  
*Patricia Somera, Neha Francisco, Liz Medua, Lilibeth Trilling, Beth Plocos, and Diana Castro*  
4:00 pm - Trivia Grand Prize and Closing Celebration - Regina Au, MC and President of AAPIEC Inc.

*Note: Schedule of events is subject to change.*

At MCC, on May 6th, there was a "Taste of Asia" where various local ethnic restaurants were present for attendees to sample. All restaurants were delicious. In addition, our Contributions AAPI Have Made to American History was on display and a Trivia Contest with prizes were held based on the exhibit information.

At the Boston Lyric Opera venue, we had a full program of performers, speakers, cultural exhibitors and food vendor, MeiMei Dumplings. After all, how can one have an Asian Festival without food. Our Contribution Exhibit was also display and Trivia Questions with prizes were also held. See agenda for speaker and performers, and below for cultural exhibits, restaurant and volunteers.

[Subscribe](#)[Past Issues](#)[Translate ▼](#)Cultural Exhibitors:

Asian Indian American - Ekam Boston -  
 Nagasree Chakka, Arya Kodumuru, and Sheethal Kundoor  
 Cambodian American - Kirirath Saing  
 Chinese American - Chinese Historical Society - Alice Kane  
 Filipino American - Pamana Inc. - Jelyn Masa and Stacey Domingo  
 Native Hawaiian - AAPIEC Inc. - Regina Au

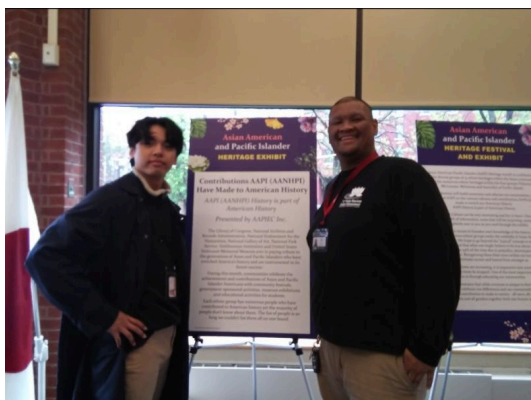
Restaurant:

MeiMei Dumplings - Founder, Irene Li

Volunteers:

Emma Trowbridge  
 Sarah Curtis  
 Christina Fu  
 Theodore Chin  
 Carlo Miguel Bunyi  
 Alice Kane

### Photos from May 6th and May 17th, 2025 AANHPI Heritage Festival and Exhibit

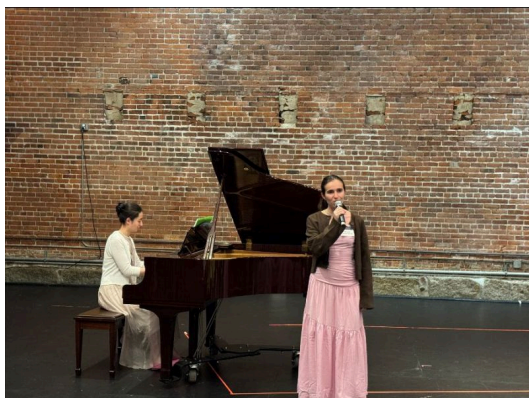


Middlesex Community College (MCC), May 6, 2025

First photo: Charly Chea, PAASA Program Specialist on right and student on left in front of Contributions AAPI Have Made to American History Exhibit.

Second photo: Group shot, with Virak Uy, Director of PAASA, left, MCC President Phil Sisson, third from the left, Regina Au, President of AAPIEC Inc. fourth from the left and students.







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### May 17, 2025 AAPI Heritage Festival and Exhibit.

Photo 1: Indras Artistic Creation welcomes you to the Festival and Exhibit

Photo 2: Sarah Curtis, vocalist and Emma Trowbridge, pianist,

Photo 3: The Philippine Dance and Culture Organization,

Photo 4: Ekam USA - three traditional Asian Indian Instruments, and

Photo 5: Duo Filipino - Lauren Florek, soprano and Carlo Miguel Bunyi, baritone with Marceline Merrill on piano.

For a full slide show of photos, click [here](#).

[Top](#)

I'm speaking at

## BioProcess International

September 15 -18, 2025  
Hynes Convention Center,  
Boston, USA

### Creating a Winning Target Product Profile: A Roadmap for Successful Biopharmaceutical Development

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Part of:  
**Biotech Week Boston**



Regina Au,  
CEO, New Product  
Planning/Strategic Planning,  
BioMarketing Insight

Save the Date: September 15-18, 2025  
BioProcess International, Boston

I am pleased to announce that I will be a Speaker at the BioProcess International Conference on September 17th, 2025. The title of my presentation is "Creating a Winning



other speakers, and to register with a 10% discount using code SPEAKER10, click [here](#).

[Top](#)



## 5th Edition International Vaccines Congress (IVC 2025) Conference on October 23-25, 2025 in Orlando, FL

I am pleased to announce that I will be a Key Note Speaker and a Scientific Committee Member at the IVC 2025 Conference in Orlando, FL, October 23 - 25, 2025. The title of my presentation is "[The importance of post-marketing surveillance and real-world data: For a product to be successful](#)". Information on Scientific Committee members, click [here](#). For more information on the conference, click [here](#).

[Top](#)

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## Inspirations

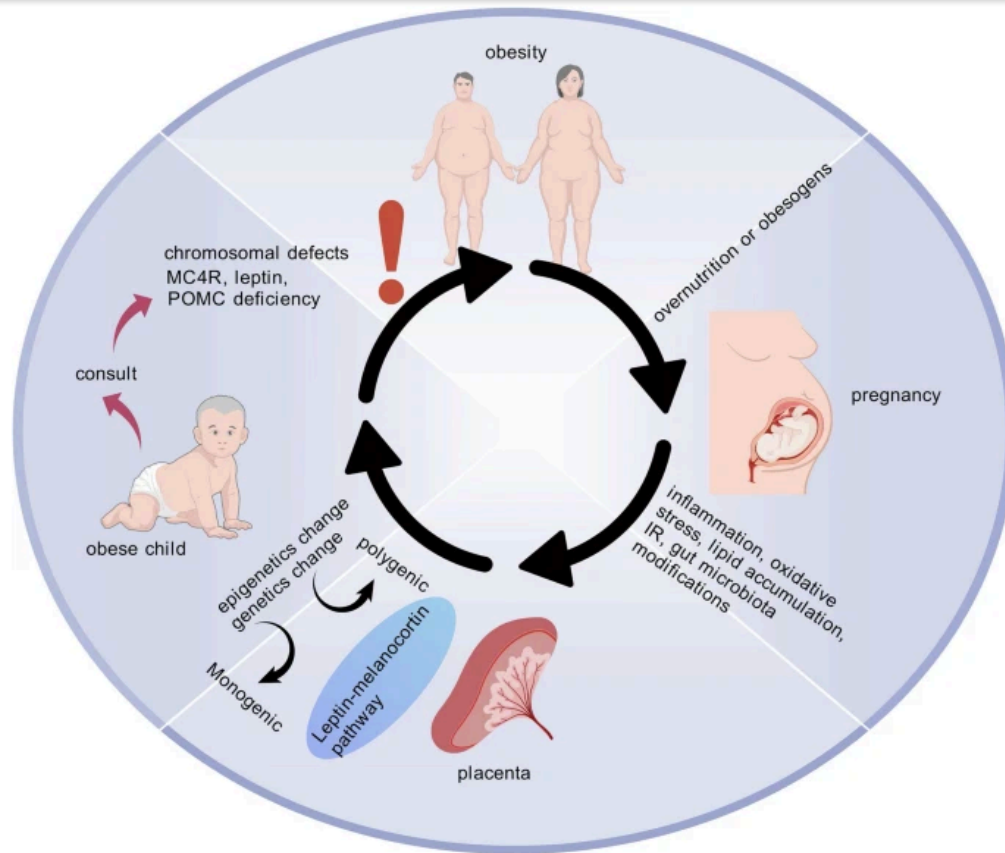
Enjoy the song "What the World Needs Now" virtually with the students from the Berklee School of Music.

Even with the current uncertainty of our country, we will get through it. Keep voicing your opinion on what is right, what is wrong and the needs of the people. This is the only way things will change.



Let's End with Celine Dion & Josh Groban Singing "The Prayer"

[Top](#)



## Obesity Is a Hard Disease to Prevent and Treat

Source: <https://link.springer.com/article/10.1186/s43556-025-00264-9>

From August 2021–August 2023, the prevalence of obesity in [adults was 40.3%](#), with no significant differences between men and women according to the Centers for Disease Control and Prevention (CDC). This means more than [100 million American adults](#) are obese, while 20 million adults have severe obesity. The new data also showed, severe obesity is higher among women compared to men.

From 2017 to March 2020, the prevalence of obesity among U.S. [children and adolescents was 19.7%](#). This means that approximately 14.7 million U.S. youths aged 2–19 years have obesity.

Why is obesity a hard disease to prevent and treat?

For years, people have been trying all sorts of methods and medications in search of the perfect weight loss solution. There are 3 main categories and numerous subcategories for each reason why we have not found the perfect solution:

1) **Scientist** don't fully understand obesity as a disease. Obesity is defined as abnormal or excessive fat accumulation according to the WHO but it is much more complex than high



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1. Imbalance of energy homeostatis
2. Hormone regulation
3. Neuro Control
4. Inflammation and immune response
5. Genetics and Epigenetic
6. Gut microbiome dysbiosis

Adipose Tissue (AT) predominantly exists in two primary forms: brown AT (BAT) and white AT (WAT). WAT primarily functions to store energy (aka fat cells), is dispersed throughout the body while [BAT](#) is mitochondrial and essential for promoting energy expenditure and non-shivering thermogenesis, is predominantly located in the cervical and subscapular regions.

Like hypertension, we don't know what causes hypertension, or essential hypertension. But physicians know how to treat it. This article is not to cover these topics in depth but to point out things we should think about.

a) Scientists know that when a person loses weight, the number of fat cells don't decrease, they shrink which is why a person will quickly regain the weight they lost if they don't continue the regiment they were doing in losing weight.

b) If BAT are energy expenditure, why isn't BAT dispersed throughout the body or how do we get more BAT? Scientists are and have been researching on how to turn [WAT](#) into [BAT](#) or [beige fat](#) (also known as "[brite](#)" fat). Do people who are naturally thin have more BAT than the average person?

c) Scientists know that the number are WAT or fat cells are determined when you are born or as you grow as a child. Why do some people have less fat cells than others?

d) To potentially prevent obesity, scientists need to look at what can be done when a mother is pregnant. The healthcare professional has done a great job of making sure that a child is healthy, maybe too healthy. Babies are born heavier, 8 lbs, 9 lbs, or 10 lbs, than they were before. Do these babies have more fat cells than the average healthy babies that are 6-7 lbs? Yet a 10 lb baby can grow up to be naturally thin.

e) There is much more to developing obesity than just over consumption of calories, not enough exercise and stress.

2) **Society** – obesity was classified as a behavior problem and that all a person had to do was go on a diet. If a person couldn't lose weight, that person was lazy until the CDC declared obesity as a disease in **June 2013**. Even though obesity is supposed to be treated as a disease, this mindset is not mainstream. Obesity tends to be the highest among low-income population where there is food insecurity and lack of access to healthcare.

treating obesity as a disease.

1. For Societal Healthy Support, there are government programs for free school lunches, but they might not always be the healthiest due to cost constraints. The programs were implemented because kids did not have breakfast or lunch when they came to school and could not concentrate on an empty stomach. Junk food is cheaper than healthy food and junk food tastes better than healthy food. And these programs are the first to be cut.
2. There is food banks run by the government, *The Emergency Food Assistance Program* ([TEFAP](#)) but these food banks also rely heavily on **donations** from individuals, businesses, and farmers, as well as fundraising and community support. But when the economy is down, these food banks have less to offer to cover all the people who need assistance, which includes the middle-income population not just the low-income population. This was demonstrated during the 2008 recession and the pandemic. See figure 1. This leaves individual towns, businesses, farms and individuals to support food banks. There are not enough food banks with healthy food. Most food banks have canned goods which help with food insecurity but not healthy food due to the salt for preservatives.

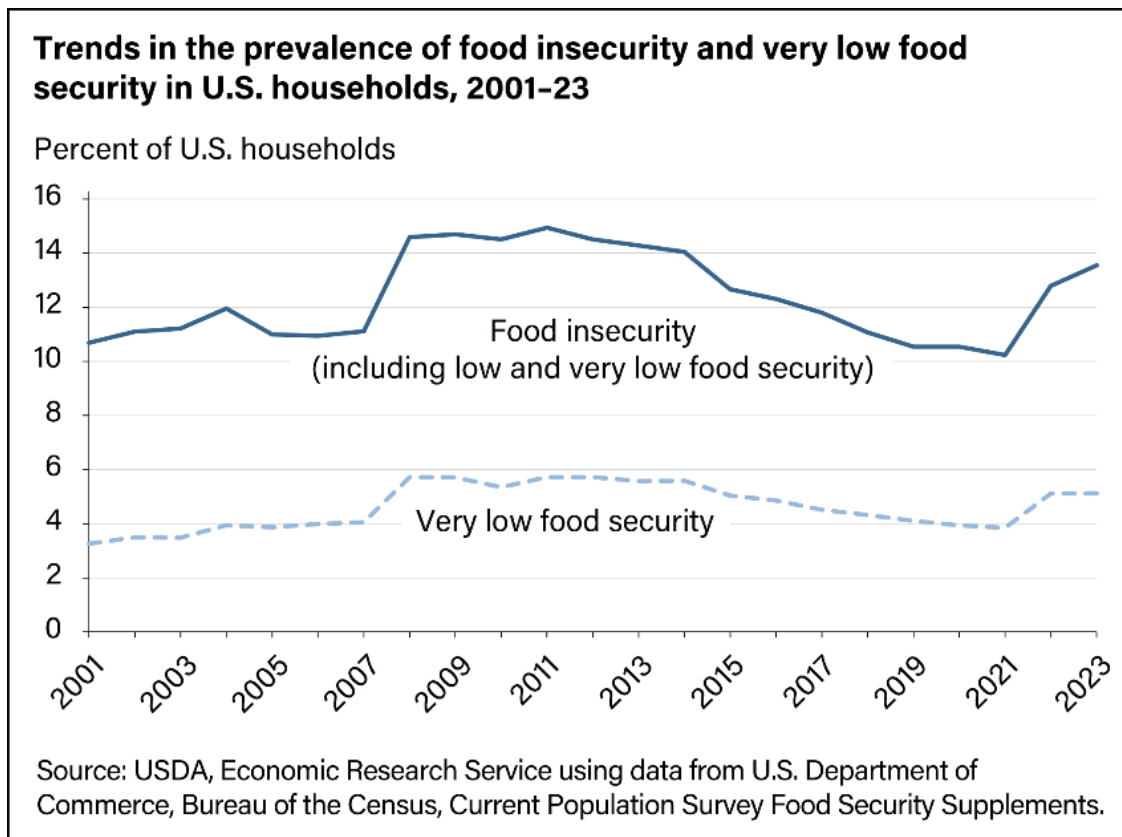


Figure 1: Food insecurity is trending up from 2021- 2022 and could reach the same rate as the recession and pandemic.

Society needs to change the mindset of eating processed foods and fast-food restaurants which are not healthy. While many fast-food restaurants like McDonald do offer healthy options, most people are going to opt for the burger and fries over a salad. The burger and fries will fill you up and taste better than a salad that will leave you hungry two hours later. The same goes for candy, chips, cookie and soda manufacturers. They could offer alternatives such as veggie chips that are baked, fruit candy or caramelized fruit, apple cookies with half the sugar and butter.

With two income families working long hours or single parents working two jobs to support the household, there is not enough time for cooking healthy meals or sit-down dinner meals. It may be frozen processed foods, prepared foods from the grocery store or take out from fast food restaurants.

2) Emotional Support – obesity starts in childhood, and children need support groups to build their self-esteem and to stick with the lifestyle modification much like alcohol anonymous except it is not anonymous which indicated shame. These emotional support groups should be accepted openly. This doesn't mean support programs such as weight watcher that can be very expensive and not everyone can afford them long-term.

In primary and secondary school, teasing a child about being overweight should not be tolerated. Teasing or tormenting any child for being different should not be tolerated.

3) **Healthcare system** – The healthcare system is set up to address and treat life threatening diseases.

a) For diseases such as obesity or hypertension, since the consequences of these two diseases (obesity leading to hypertension and diabetes, and uncontrolled hypertension leading to heart disease) are not eminent or life threatening, the protocol is a wait and see. Start with diet and exercise, then add medications in addition to diet and exercise. Last resort is barometric surgery.

b) There is no support system from the healthcare professionals or payers in treating these two diseases. There are programs such as weight watchers but that can be unaffordable in the long run and then people will stop and regain back the weight they lost. There should be support programs that are part of the healthcare system starting with the PCP and his care team, much like support groups for cancer patients.

c) The FDA has not approved many drugs for weight loss only. Most of the drugs are approved for diabetes and weight loss until recently with GLP-1 receptor agonist such as Wegovy (semaglutide) and Zepbound (tirzepatide). [Ozempic](#) (semaglutide) is not approved by FDA for weight loss but for Type II diabetes even though it is the same drug



diabetes (TD2) patients. Both Wegovy and Zepbound are administered by injection once a week.

Body Mass Index Table																																																						
	Optimum range						Overweight						Class I obesity						Class II obesity						Class III obesity																													
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54																		
Height (inches)												Body Weight (pounds)																																										
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258																		
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Source: Cleveland Clinic

d) Payers don't always cover the cost of weight loss drugs or programs. If they cover weight loss programs that is because the employer is offering it by paying higher premiums. Payer will cover Ozempic because it is used to treat TD2 but it won't cover Wegovy. The [cost of GLP-1](#) without insurance is expensive, the minimum monthly cost can be \$1,200 or more.

However, weight loss using GLP-1 medication varies by individual, but data suggest 10% to 20% of total body weight over one year says Dr. [Rashmi Advani](#), director of bariatric endoscopy at Mount Sinai's Center for Interventional Endoscopy. For obese patients that need to lose more than 10 – 20% body weight, bariatric surgery or bariatric endoscopy (less invasive to open surgery) would be the next option. Bariatric surgery is covered by most insurance including Medicare and Medicaid, but bariatric endoscopy may not be. See closing thought for two potential treatment plans

[Boston Scientific](#) launched Endura Weight Loss Solutions, because their survey found that many U.S. women are frustrated with their weight loss attempts and unaware of non-surgical options. Their approach is minimally invasive for those who may not want to

Endura represents a category of endoscopic procedures, including endoscopic sleeve gastroplasty (ESG) where physicians can sew the stomach from the inside to reduce its capacity by 70% to 80% and intragastric balloon placement involves filling a balloon in the stomach to about the size of a grapefruit. The balloon is removed after six months using the Orbera Intragastric Balloon System. Neither method involves external incisions, and both reduce stomach space to help patients eat less and feel full longer. These two procedures may not be covered by insurance. See closing thoughts and two potential treatment options.

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### Closing Thoughts

Losing weight is a permanent lifestyle change that is difficult because one feels like one is depriving themselves of food or pleasure and it's hard to stick to a regiment where one is not motivated. People have tried many different diets, and some have succeeded but it's short term and when they stop the diet, they gain back all the weight they lost and sometimes more. People have resorted to diet pills and they haven't worked long-term either.

The option for bariatric surgery was reserved for the severe obese patient where insurance would pay for it. But surgery had its risks, recovery time and post-surgical pain are barriers for some patients.

The introduction of GLP-1 receptor agonist is giving patients another option that is not surgical. However, it's important to note that taking these drugs for weight loss, one's body may get used to it, establishing a new normal. This can cause one's weight to plateau. [Research](#) has shown that if one stop taking Ozempic (or Wegovy), it's likely that they will gain back the weight they lost. Like any other maintenance drug, one must take it for the rest of their life which is difficult, and it is very expensive if one doesn't have insurance.

In addition, the drug needs to be administered by injection once a week. This is a compliance issue since most patients don't like injections, and they need to do this for the rest of their life. Pharma companies are trying to develop oral GLP-1 but trials have failed to meet their endpoints or achieve good efficacy. [Eli Lilly's](#) oral GLP-1 only achieved a 12% weight loss or average of 27.3 pounds in two of their Attain-1 clinical trials. Other companies have abandoned their trials due to poor results.

### Two potential treatment options

1) But organizations are trying to change this. "Almost half of [US] adults are living with obesity, and this isn't just a lifestyle issue," said [Warner Roberts](#), chief commercial officer at Calibrate, a program for employers and individuals that combines weight loss lifestyle coaching and GLP-1 medications. Roberts said dealing with lifestyle-related conditions is a challenge for providers and a cost driver.

"The system is not built to treat obesity as the root cause," Roberts said. "It's become a game of clinical Whac-A-Mole. Doctors are doing their best but they are stuck playing defense battling prior authorizations, managing downstream effects and not the disease itself. And the results – medications are used without support, short-term wins followed by long-term costs. Frustrating providers, frustrating patients."

Warner said Calibrate "flips the script," offering access to the medications as part of a more holistic obesity treatment model for individuals or for employers to offer as an employee benefit. He said it is clinician-led and evidence-based and includes health monitoring and lifestyle changes. "Every member gets a tailored plan. And a path to bariatric surgery if appropriate," he said, adding that the program delivers 19% sustained weight loss at 36 months.

2) Dr. Rashmi Advani, director of bariatric endoscopy at Mount Sinai's Center said GLP-1 medications address one barrier to patients considering bariatric surgery or bariatric endoscopy – access to health care facilities that provide this type of care.

"So, GLP-1s came out in the perfect time, frankly, because not only can almost everybody prescribe it who's comfortable prescribing it, but you can also have many clinics and sites offering this compared to bariatric endoscopy or bariatric surgery," said [Advani](#), a member of the American College of Gastroenterology.

Advani noted that the cost of the GLP-1 medications, side effects and the potential of having to take them long term are drawbacks. "So, in sort of the bariatric endoscopy and bariatric surgery realm, we advocate for more of a combined approach." Results are better



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That could include bariatric surgery or endoscopy followed by a short course of GLP-1 medications. The goal is to maximize the weight loss while being able to get patients off the drug in the future in a way that “they don’t feel like they’re going to regain the weight.”

I think we need to combine both potential treatment option plans with payers covering more reimbursement because in the long term, it brings down healthcare costs. It also breaks down barriers to treatment and care.

[Top](#)

Should you have any questions or need of assistance with your business due diligence, determining your product's value proposition, target product profile and economic value of your product for reimbursement, feel free to contact me at 617-404-8826 or [regina@biomarketinginsight.com](mailto:regina@biomarketinginsight.com).

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