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Thank you for the privilege and honor of being your president [1].

We're going to top 5500 here in Los Angeles where Hollywood is called "a dream factory." That's what we do every day. We provide hopes and dreams for patients. Like movies, we have lights, cameras, and we certainly have action.

Hollywood can teach us. I'm going to mention three movies with direct import to bariatric surgery: the *Godfather*, *Rocky*, and *Dirty Dancing*.

I do want to thank everyone, recap our year, and talk about where bariatric surgery is, and then close with a very strong belief that I have, which is the need for everyone to have second chances.

Of course, I want to thank my family. I also want to thank Dr. Lewis Flint who got me involved in surgery back at Tulane many, many years ago. I want to thank Dr. Tim Farrell for allowing me to be his Fellow, and of course Dr. Eric DeMaria who taught me as if I were his fellow early in my career. I do want to thank my senior mentors, Dr. Sugarman, Dr. Buchwald, and Dr. Pories.

I also want to thank all our California colleagues. There is a quote about California which is "California is just like America—only more so." This is where laparoscopic bariatric surgery got started. Alan Wittgrove, Mal Fobi, Ed Phillips, and of course my good friend, Kelvin Higa—all who were great colleagues to me.

Each of these presidents taught me something. Robin Blackstone taught me about passion, commitment. Phil Schauer taught me about accountability. I want to thank Bruce Wolfe. Bruce Wolfe is probably the biggest mentor that I have in bariatric surgery, and he has meant the world to me. We have a common connection at Stanford. He went there as an undergrad and we'd go see games together. He gives me lessons on bariatric surgery but also lessons on life. Of course, thank you to our executive council. What you see today didn't happen in isolation; it happened because we have an outstanding team. I think the future of ASMBS is very strong.

I wouldn't be here without my Fellows. I think the closest we can get to immortality is education. They beget what you do and they move that forward. Our surgical residents who have been outstanding at Stanford and of course the med students. We have these med scholars' programs that allow us to do research with students, and over the years we've been very successful with getting them involved. Also, I wouldn't be here obviously without our clinic, and some of them are here today. I really appreciate it—you guys make me look good.

And our patients, of course. I always remember a quote from William Osler. "The secret in caring for the patient is in caring for the patient." Listening to them and learning about their individual issues can lead to investigation. I'll never forget a patient telling me that she got tipsier easier after surgery and there were no studies on it. So we did a study where we gave everybody five ounces of red wine, had no trouble recruiting patients, and we were able to demonstrate the changes in alcohol and metabolism before and after surgery [2]. But it came from 1 patient.

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I certainly want to highlight our foundation, who had an outstanding success with their walk. The committee I really want to highlight is obviously Access to Care with all the efforts we've had around *Leave No State Behind*. I'm proud to report that sleeve gastrectomy is now being covered for TriCare as well as Medicare and all major insurers. Clinical issues has been a very active committee, in fact it's the committee of the year. It's well deserved. You can see all the activity they had including 10 different statements. Matt Brengman and Helmuth Billy have done an outstanding job with the Insurance committee when it comes to the revision toolkits that are available now online. Membership is a committee we're looking to grow always, and we're looking to grow in different areas, adding new physician memberships as well as physician assistant outreach.

Another committee is Quality Improvement in Patient Safety led by Eric DeMaria and Dana Telem. Eric DeMaria and I spoke to malpractice carriers throughout this country and got 7 of them to allow us to look at their closed claims. The lessons learned can apply to the entire society [3]. State chapters committee is unique in that we now have representation in all 50 states, a huge accomplishment and many, many thanks to Chris Joyce, and Rachel Moore. Integrated health has done much work, from the support group manual to creating new certifications for PAs and nurse practitioners. I wish I had more time, but all these committees did such outstanding work that I'm so proud of them.

AMA [American Medical Association] was able to recognize obesity as a disease and I'm proud to say that ASMBS [American Society for Metabolic and Bariatric Surgery] now has representation with the AMA. I'm also proud to report that through some of our efforts at the Obesity Summit that we are now involved creating a position statement with the world's largest oncology organization, the American Society of Clinical Oncology [4].

When does mortality risk start to rise? It's a BMI of 30, and if we consider disease concepts, we know that earlier intervention makes a difference. Well before cancer's disseminated, it's best to get it when it's in the early stage—obesity is the same. In this one study we did a few years ago, we demonstrated as BMI goes down, effectiveness goes up.

Obesity is a worldwide problem. To that end, we are in good shape for the future. Dr. Natan Zundel is our incoming president for IFSO [International Federation for the Surgery of Obesity and Metabolic Disorders] who will be followed by Kelvin Higa, so I know that international efforts will be very well represented. We started an outreach with China this past year that culminated in 2 different visits to China and got our textbook translated into Mandarin. Why is it important? In a nation of a billion people where 10% are diabetic, that leads to 100 million diabetics, which is an enormous healthcare drain. If you start thinking about it, a nation's ability to deal with obesity and diabetes can provide a competitive advantage.

The Godfather, voted the number one film, has the opening line of "I believe in America." And really *The Godfather* is all about the American dream gone wrong. The Don has wanted better for Michael; he wanted to make sure that he became a senator but there wasn't enough time. That's the American dream, isn't it? The American dream is that the next generation is going to be better than the last; however, that may not be the case if we keep going in the same direction when it comes to obesity. We may see life expectancy go down, so it's very critical that we address it, and that's where ASMBS comes into play.

If you look at the economic burden for obesity, it's quite high. It's on the order of about $300 billion, which is more than the cost of the Affordable Care Act. If you want to bend the cost curve, obesity is a good place to start. This is a study we just presented yesterday, and as time goes on, untreated patients' costs go up and treated patients' costs go down [5].

Obesity has impact on the care that we provide, such as needed preventative care. As your weight goes up, in the study we did a few years ago, we demonstrated that the ability to get those needed preventative services goes down [6]. So we need to change attitudes not only in public but also in our provision of care for patients.

I think it's important to realize the struggle and the difficulty that patients face in losing weight when they self-treat, and I think it's important to look at this not just from psychology but from physiology. It is incredibly difficult to lose weight through diet alone and keep it off. Why is that? This is part of the puzzle. Your body's not stupid—it knows you've lost weight and it will do everything in its power to regain that weight.

I believe that surgery is a first responder for many public health epidemics and it's been that way for many years. Well before we had all the different medications for cancer or heart disease, and even tuberculosis, surgeons were there first. We're not going to be able to treat every single patient, but we will treat one patient at a time and we will learn from them and that's where I think our role is so important as being first responders to this public health problem. There are so many patients in need out there, roughly 18 million people. If that were a new state, we'd have the state of obesity, about 18 million people, about the size of Florida.

Much like white light going through a prism being broken up into colors, we can think beyond weight loss only, namely, the profound effect that weight loss has on other aspects of metabolism, everything from diabetes to aging.

We hear that the way out of the obesity crisis is prevention; we're all for it. But what we do is preventative in nature too. We prevent the future progression of disease and we can see that through our impact on cardiac risk factors and we can see it long term.

Remember these trend maps that we all see? If you put it in front of an epidemiologist and don't tell them what the disease is, they might conclude that this is infectious because it's occurred so quickly. With this rapid

transmission of the disease, we're looking at the impact that surgery can have on the microbiome.

The microbiome are bacteria that reside in our intestine that allow us to digest the food that we have, but it can have other impacts as well. One thing is that if you disturb that balance of your gut microbiome, weight gain can happen. How do we know it? Because we used to do it all the time. We used to do it by giving antibiotics to animals, and farmers would see animals gain weight. With weight loss surgery, one of these bacteria bloomed and it impacted bile acids that work on the TGRX5 receptor that turns on GLP1 [7]. This is our ability to discover through our practice of surgery. Don't forget about the other things that we do within bariatric surgery which is changing other metabolisms including testosterone for men [8]. You can see that when obese men lose weight, testosterone is doubled.

When we look at the impact of bariatric surgery on the human condition, we can learn so much about who we are as human beings, everything from birth to old age. This is a study that we did with Melinda Maggard here in UCLA [University of California–Los Angeles] demonstrating that as bariatric surgery patients lose weight, they have safer pregnancies and smaller babies [9].

The other thing that you can see here is a topic that I know is near and dear to Harvey Sugarman's heart, which is pseudotumor cerebri [10]. This is an adolescent young lady who is losing her vision, that's what those black dots represent. You can see the before and after and that's a great change for that young adult to have their sight back.

Here's another study demonstrating the impact that gastric bypass has on aging. There are surrogate markers for aging called telomeres [11]. This study showed that in a short amount of time we saw telomeres—genetic material—improve by getting longer.

When we look at the human condition and discovery, this gait analysis video demonstrates vector forces that occur with the obese patient on the left and our postop patient on the right. There's varus alignment of the feet and more pressure on medial tibial compartment that may lead to osteoarthritis but is improved with weight loss.

I want to also mention the other effect which is for patients' family members. When patients lose weight, they can have a collateral benefit of weight loss in their family members, a halo effect if you will [12]. This is a study that we published a few years ago where we demonstrated exactly that.

We will go from family to molecules here. We know that obesity is a disease of inflammation and you can see all the different things that are involved with it, and we did a study demonstrating improvements in inflammatory markers. All of this is to demonstrate one thing: what we do daily has real import about our understanding of the human condition.

I'll bring up *Dirty Dancing* here and this is what's going to relate to ASMBS and that is that there's a famous line in there, "No one puts Baby in the corner." That's how I feel about bariatric surgery, nobody's going to put us in the corner, and we're making a lot of headway getting Mainstreamed. You can see those different organizations that we're now a part of everybody from National Quality Forum to AMA. So we're making a lot of progress.

I think that we need to stay very united as a society because we are just getting started and it is important for us to stay together. Collaboration, seeing if we can get bigger with other societies, is very important, and of course having patience and persistence.

This is why we need it. This is the essential health benefit, and you can see there that we have 23 states that are covered for obesity treatment and 27 that are not. We did flip one of the states which is Colorado.

We worked very closely with the Obesity Care Continuum. We all work better when we work together. Here we all are meeting with the Surgeon General where we got our message across that not only prevention is important but treatment is as well.

The Obesity Care Continuum just recently filed a complaint to the Office of Civil Rights for HHS [U.S. Department of Health and Human Services] to make sure that we do get coverage because not covering bariatric surgery and other obesity treatments does discriminate against the obese patient who has higher rates of disability, higher rates of ethnic minority, and higher rates of gender disparity.

We need to do more beyond letter writing. Medicine is a government industry. Seventy percent of funds that go towards medicine are from government. If you're sick and tired of being sick and tired of not getting what we need and deserve, let's put some action into place which is our NEW political action committee, and that way we can get our voices heard.

The last movie here to mention is of course *Rocky*. Everybody knows that *Rocky* story—it's a terrific story about not giving up. You may not know the story about Sylvester Stallone. He was an out-of-work actor, penniless, didn't have enough money for rent. He had this great script he wrote, took it to the studio, they offered him a million bucks. He said, "Great, but the only way I'll do it is if I get to play the lead." And they said no. He stuck to his commitment, and he ended up getting not only paid for his script but also got to play the lead. So what's important as we move forward is not giving up and to take note of how we can get bigger and better.

This is Louis Sullivan, who said, "Form forever follows function." He really changed how we build buildings, and one of the things that he did was change the idea about how to build up. The old idea of building up was making the walls thicker to go higher. He did something different, which is to give a skeleton to the building and allow floors to build off the framework. There's a lesson for us in that, for us to get higher, we've got to be able to collaborate more.

This is the *Emperor of All Maladies*—a great book about cancer. When we made big advances in cancer is when we

started to work together and have combination therapies available. This could be the future, where we see all these different tools coming together from lifestyle change to medications to endoscopy and our mainstay, our safe, effective, and enduring therapy which is bariatric surgery. And wouldn't it be great that just like we have all these cancer centers throughout the country, we could have metabolic centers too.

This is the summit that we just did in Chicago. Look at all that were there—35 different medical societies, unprecedented. We talked about the fact that we haven't had all these different specialties together since med school. These are some of the deliverables, and we're already making guidelines with those different societies, including the Association for Hip and Knee Surgery [13].

These are some of the accomplishments for our accreditation program MBSAQIP. There were more site visits than there were days in the year. We've got to go beyond mortality, and we're already down to a .1% mortality rate nationwide. Where are other places where we can find the next frontier for quality improvement?

Readmissions is an important outcome and it incorporates a lot of different elements, from safety to satisfaction, even cost. The idea is to reduce readmissions and we were able to do that, and I'm proud to say that we've now rolled this out nationwide. This is the DROP project, Decreasing Readmissions Through Opportunities Provided [14]. These are very early results through the DROP project and you can see that we've dropped overall readmissions.

You heard about our efforts for referring physicians, that's the Obesity Summit. But we want to get word out to the patients as well and we started direct patient contact, direct to consumer if you will. We were able to create a 30-second Pandora audio spot and you can see some of the impressions that have already occurred there through our spot. The other thing that we've done are 30-second public service announcement demonstrating the effectiveness of bariatric surgery. We've already hit in three different areas: Salt Lake City, Honolulu, and Pennsylvania. Here's another way of driving the needle, this is our patient portal on the ASMBS website called "This Time it Counts." Patients can upload their own story. Another place that we've tried to raise awareness is through our ASMBS film festival. We're in LA, so we've got to have some sort of award show.

It's important to realize that we need to get the message across because we've done the hard work, making bariatric surgery safe and effective. It's so important to give these patients second chances.

Look at this man. Look how many times he had setbacks—11!—until finally becoming president in 1860—he's Abraham Lincoln. One of my most favorite quotes is about persistence by Ray Kroc: Nothing in the world can take the place of persistence. Talent will not; nothing is more common than unsuccessful individuals with talent.

Here we are in Hollywood, a land of second chances. You can see second chances in the name changes from Norma Jeane Mortenson to Marilyn Monroe and Marion Morrison to John Wayne. We can also see that there were second chances provided to all of us, whether we're from Mexico, or Vietnam, or Argentina, or El Salvador.

My grandfather and great-grandfather in El Salvador were surgeons whose example gave our family in the U.S. a second chance. Of course, my parents, who I love very much and I can't look at right now, gave me second chances. Obviously, my mom. I had mangled my finger and the hand surgeon said that it had to be removed. She said, "Absolutely not, he needs to keep that finger." Gracias Mami and thank you to my brothers and of course Gavitt.

It's important that we provide second chances to patients. This is our symbol for bariatric surgery at Stanford, the butterfly symbolizing rebirth. It's important to remember that when it comes to helping people. The very definition of humanity is failure and the ability to rescue and have resiliency and recovery is important.

There's a line from a Leonard Cohen song that has relevance: "There's a crack, a crack in everything. That's how the light gets in." It's important not only for our ASMBS society but the entire society. We give them a chance, and we need to give them a chance because they've tried in so many ways. We give them second chances through rescue after any complication and by providing second chances through bariatric surgery's survival benefit demonstrated here.

So who is going to rescue these patients? Well, I hope it's everybody in this room.

I'll close with one last quote which is from *Dirty Dancing*: "I had the time of my life." So thank you guys so much.

Disclosure

The author has no commercial associations that might be a conflict of interest in relation to this article.

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