

January 13, 2016

The Obesity Care Advocacy Network (OCAN) is pleased to provide the following comments regarding the United States Preventive Services Task Force (USPSTF) draft research plan on behavioral and pharmacotherapy interventions for weight loss to prevent obesity-related morbidity and mortality in adults, which USPSTF released for review and public comment on December 10, 2015.

The vision of OCAN is to influence change in the US health care system by urging policymakers to recognize that obesity is a complex chronic disease that deserves to be treated seriously in the same fashion as other chronic diseases such as diabetes, heart disease or cancer. People affected by obesity require access to the same medically necessary and covered treatment avenues afforded to all others who suffer from chronic disease.

For these reasons, we appreciate the Task Force's continued interest in the impact of excess weight on obesity-related morbidity and mortality. That being said, we believe that the USPSTF should shift the direction of its research approach toward obesity care and follow a chronic disease management paradigm instead of an exclusive focus on weight loss.

We understand that weight loss must be part of this discussion but it should not be the sole focus. In a chronic disease approach, the effects of weight loss on improving the health of the patient through the prevention and treatment of weight-related complications would become the predominant focus, as opposed to just the amount of weight loss per se. Additionally, the Task Force should be inclusive of all health care professionals instead of limiting these types of research to primary care.

Secondly, if the Task Force follows the chronic disease management paradigm, it should also include study of bariatric surgery in addition to behavioral and pharmacotherapy treatment avenues. Bariatric surgery has shown to play a critical role in the prevention, and even remission, of a number of other chronic disease states such as type 2 diabetes, heart disease, cancer, dyslipidemia and obstructive sleep apnea.

Finally, we believe that the Task Force should evaluate all measures in the study -- including both systematic and contextual questions -- by weight status (overweight, Class I obesity, Class II obesity, and Class III obesity). Additionally, the Task Force should adopt "people first" language and refer to individuals

affected by this chronic disease as an “individual with obesity” as opposed to an “obese patient”

Again, we appreciate the efforts of the USPSTF regarding obesity treatment issues and look forward to being a resource to the Task Force on both this research plan as well as other recommendations assessing the impact of current and future evidence-based obesity treatment services.

Should you have any questions, please feel free to contact us via OCAN Washington Coordinator Chris Gallagher at [chris@potomaccurrents.com](mailto:chris@potomaccurrents.com) or via telephone at 571-235-6475.

Sincerely,

Academy of Nutrition and Dietetics  
American Association of Clinical Endocrinologists  
American Society for Metabolic and Bariatric Surgery  
Endocrine Society  
Novo Nordisk, Inc.  
Obesity Action Coalition  
Obesity Medicine Association  
The Obesity Society