SC-EPC Obesity Report

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Appendix A

PRELIMINARY SEARCH METHODOLOGIES – OBESITY

NOTE – An asterisk after a term indicates truncation

SEARCH #1 (Performed 10/16/02)

DATABASE SEARCHED AND TIME PERIOD COVERED:
PUBMED – 1966-2002/Oct.

SEARCH STRATEGY:
diethylpropion* OR mazindol* OR phentermine* OR fluoxetine* OR sibutramine* OR orlistat* OR sertaline*

AND

obesity OR obes* [ti] OR obes* [ab]

AND

random allocation OR randomi* OR randomized controlled trials OR randomized controlled trial[pt]

NUMBER OF ITEMS RETRIEVED: 192

SEARCH #2 (Performed 10/16/02)

DATABASE SEARCHED AND TIME PERIOD COVERED:
PUBMED – 1966-2002/Oct.

SEARCH STRATEGY:
diethylpropion* OR mazindol* OR phentermine* OR fluoxetine* OR sibutramine* OR orlistat* OR sertaline*

AND

obesity OR obes* [ti] OR obes* [ab]

AND

controlled clinical trials OR controlled clinical trial[pt]

NUMBER OF ITEMS RETRIEVED: 168

SEARCH #3 (Performed 10/16/02)

DATABASE SEARCHED AND TIME PERIOD COVERED:
PUBMED – 1966-2002/Oct.

SEARCH STRATEGY:
anti-obesity agents AND (therapeutic use OR adverse effects)

AND

random allocation OR randomi* OR randomized controlled trials OR randomized controlled trial[pt]

NUMBER OF ITEMS RETRIEVED: 150

SEARCH #4 (Performed 10/16/02)

DATABASE SEARCHED AND TIME PERIOD COVERED:
PUBMED – 1966-2002/Oct.

SEARCH STRATEGY:
anti-obesity agents AND (therapeutic use OR adverse effects)

AND

controlled clinical trials OR controlled clinical trial[pt]

NUMBER OF ITEMS RETRIEVED: 172

APPENDIX A

Obesity Updates to Aberdeen Searches Methodologies

NOTE – An asterisk after a term indicates truncation
An exclamation point after a term indicates that the term is exploded – ie. the term and all terms under it in the hierarchy are being searched.

SEARCH #1 (Performed 11/21/2002)

DATABASE SEARCHED:
Medline

TIME PERIOD COVERED:
2000-2001

SEARCH STRATEGY:

OBESITY! OR OBESITY IN DIABETES! OR OBESITY, MORBID OR HYPERPHAGIA! OR BULIMIA! OR OBES? OR WEIGHT LOSS OR OVERWEIGHT OR WEIGHT MAINT? OR WEIGHT REDUC? OR (LOSS OR LOST OR LOSE OR LOSING)WITHIN 2 WORDS OF WEIGHT OR DIET WITHIN 5 WORDS OF WEIGHT OR WEIGHT CONTROL

AND

RANDOMIZED CONTROLLED TRIALS OR RANDOM ALLOCATION OR CLINICAL TRIALS! OR DOCUMENT TYPE=RANDOMIZED CONTROLLED TRIAL OR DOCUMENT TYPE=CLINICAL TRIAL OR CLIN TRIAL?/TI,AB OR PLACEBOS OR PLACEBO?/TI,AB OR RANDOM?/TI,AB OR RESEARCH DESIGN)OR(SINGL? OR DOUBL? OR TREBL? OR TRIPL?)(BLIND? OR MASK?)/TI,AB)

NOT

CHILD! OR CHILD? OR INFANT? OR ADOLESCEN?

AND

HUMAN

NUMBER OF ITEMS RETRIEVED: 996

SEARCH #2 (Performed 11/21/02)

DATABASE SEARCHED:
EMBASE

TIME PERIOD COVERED: 2000-2001

SEARCH STRATEGY:

OBESITY OR DIABETIC OBESITY OR MORBID OBESITY OR HYPERPHAGIA OR BULIMIA OR OVERWEIGHT OR WEIGHT REDUC? OR WEIGHT MAINT? OR WEIGHT CONTROL?) OR OBES?) OR DIET WITHIN 5 WORKDS OF WEIGHT

AND

MULTICENTER STUDY OR RANDOMIZED CONTROLLED TRIAL OR META ANALYSIS OR CROSSOVER PROCEDURE OR DOUBLE BLIND PROCEDURE OR SINGLE BLIND PROCEDURE OR RANDOMIZATION OR PLACEBO OR DRUG COMPARISON OR CLINICAL STUDY RANDOM? OR (SINGL? OR DOUBL? OR TRIPL? OR TREBL?)WITHIN 25 WORDS OF (BLIND? OR MASK?)) OR CLIN? WITH 25 WORDS OF TRIAL OR DOCUMENT TYPE= RANDOMIZED CONTROLLED TRIAL

NOT

CHILD! OR CHILD? OR INFANT? OR ADOLESCEN?

AND

HUMAN

NUMBER OF ITEMS RETRIEVED: 1319

SEARCH #3:

DATABASE SEARCHED:
Medline

TIME PERIOD COVERED:
2000-2001

SEARCH STRATEGY:

OBESITY! OR OBESITY IN DIABETES! OR OBESITY, MORBID OR HYPERPHAGIA! OR BULIMIA! OR OBES? OR WEIGHT LOSS OR OVERWEIGHT OR WEIGHT MAINT? OR WEIGHT REDUC? OR (LOSS OR LOST OR LOSE OR LOSING)WITHIN 2 WORDS OF WEIGHT OR DIET WITHIN 5 WORDS OF WEIGHT OR WEIGHT CONTROL

AND

RANDOMIZED CONTROLLED TRIALS OR RANDOM ALLOCATION OR CLINICAL TRIALS! OR DOCUMENT TYPE=RANDOMIZED CONTROLLED TRIAL OR DOCUMENT TYPE=CLINICAL TRIAL OR CLIN TRIAL?/TI,AB OR PLACEBOS OR PLACEBO?/TI,AB OR RANDOM?/TI,AB OR RESEARCH DESIGN)OR(SINGL? OR DOUBL? OR TREBL? OR TRIPL?)(BLIND? OR MASK?)/TI,AB)

AND

CHILD! OR CHILD? OR ADOLESCEN?

AND

HUMAN

NUMBER OF ITEMS RETRIEVED: 297

SEARCH #4:

DATABASE SEARCHED:
EMBASE

TIME PERIOD COVERED: 2000-2001

SEARCH STRATEGY:

OBESITY OR DIABETIC OBESITY OR MORBID OBESITY OR HYPERPHAGIA OR BULIMIA OR OVERWEIGHT OR WEIGHT REDUC? OR WEIGHT MAINT? OR WEIGHT CONTROL?)
OR OBES?) OR DIET WITHIN 5 WORKDS OF WEIGHT

AND

MULTICENTER STUDY OR RANDOMIZED CONTROLLED TRIAL OR META ANALYSIS OR CROSSOVER PROCEDURE OR DOUBLE BLIND PROCEDURE OR SINGLE BLIND PROCEDURE OR RANDOMIZATION OR PLACEBO OR DRUG COMPARISON OR CLINICAL STUDY RANDOM? OR (SINGL? OR DOUBL? OR TRIPL? OR TREBL?)WITHIN 25 WORDS OF (BLIND? OR MASK?)) OR CLIN? WITH 25 WORDS OF TRIAL OR DOCUMENT TYPE=
RANDOMIZED CONTROLLED TRIAL

AND

CHILD! OR CHILD? OR ADOLESCEN?

AND

HUMAN

NUMBER OF ITEMS RETRIEVED: 265

SEARCH #5 (Performed 11/22/02)

DATABASES SEARCHED:
CAB Abstracts

TIME PERIOD COVERED:
2000-2001

SEARCH STRATEGY:

OBES? OR OVEREATING OR OVERWEIGHT OR OVERFEEDING OR WEIGHT REDUCTION OR WEIGHT HYPERGLYCAEMIA SYNDROME OR WEIGHT HYPERGLYC? OR WEIGHT LOSSES OR WEIGHT GAIN OR HYPERPHAGI? OR BULIMI? OR WEIGHT LOS? OR WEIGHT AND (MAINT? OR REDUC? OR LOS? OR DIET? OR CONTROL?)OR OBESITY HYPERGLYC? SYNDROME?

AND

RANDOM? OR TRIAL? OR PLACEBO? OR VOLUNTEER? OR (SINGL? OR DOUBL? OR TREBL? OR TRIPL?) WITHIN 25 WORDS OF (BLIND? OR MASK?)

AND

MAN

NUMBER OF ITEMS RETRIEVED: 588

SEARCH #6 (Performed 11/22/02)

DATABASES SEARCHED:
BIOSIS Previews

TIME PERIOD COVERED:
2000-2001

SEARCH STRATEGY:
OBES? OR HYPERPHAGI? OR BULIMI? OR WEIGHT()LOS? OR OVERWEIGHT OR WEIGHT AND (MAINT? OR REDUC? OR LOS? OR DIET? OR CONTROL

AND

RANDOM? OR TRIAL? OR PLACEBO?

AND

HUMAN

NUMBER OF ITEMS RETRIEVED: 1322

SEARCH #7:

DATABASE SEARCHED:
Allied & Complementary Medicine

TIME PERIOD COVERED: 2001-2003

SEARCH STRATEGY:

(OBES? OR BULIMI? OR WEIGHT()LOSS? OR OVERWEIGHT)OR (WEIGHT AND (MAINT? OR REDUC? OR LOS? OR DIET? OR CONTROL?)

AND

RANDOMIZED CONTROLLED TRIALS OR RANDOM ALLOCATION OR DOUBLE BLIND METHOD OR RESEARCH DESIGN OR CLIN?(25W)TRIAL?/TI,AB OR PLACEBO OR RANDOM?/TI,AB OR TRIAL? OR SINGL? OR DOUBL? OR TREBL? OR TRIPL?)(25W)(BLIND? OR MASK?)/TI,AB) OR CLINICAL TRIALS!

NUMBER OF ITEMS RETRIEVED: 63

SEARCH #8

DATABASES SEARCHED:
SPORTDiscus

TIME PERIOD COVERED:
2000-2001

SEARCH STRATEGY:

OBES? OR HYPERPHAGI? OR BULIMI? OR WEIGHT()LOS? OR OVERWEIGHT OR WEIGHT (MAINT? OR REDUC? OR CONTROL) OR LOS?(2W)WEIGHT OR DIET?(5W)WEIGHT

AND

DOUBLE BLIND METHOD OR PROSPECTIVE STUDY OR COMPARATIVE STUDY OR RESEARCH DESIGN OR PLACEBO OR CLIN?(25W)TRIAL?/TI,AB OR PLACEBO?/TI,AB OR RANDOM?/TI,AB OR (SINGL? OR DOUBL? OR TREBL? OR TRIPL?)(25W)(BLIND? OR MASK?)/TI,AB

NUMBER OF ITEMS RETRIEVED: 110

SEARCH #9 (Performed 12/9/02)

DATABASE SEARCHED:
PsycINFO

TIME PERIOD COVERED:
2000-2001

SEARCH STRATEGY:

OBES? OR HYPERPHAGIA? OR BINGE-EATING OR BULIMI? NON-PURG? OR OVERWEIGHT OR WEIGHT (LOS? OR MAINT? OR REDUC? OR CONTROL) OR DIET?(5W)WEIGHT

AND

CLIN?(25N)TRIAL? OR PLACEBO? OR RANDOM? OR CONTROL? OR (SING? OR DOUBL? OR TREBL? OR TRIPL?)(25N)(BLIND? OR MASK?)

AND

HUMAN

NUMBER OF ITEMS RETRIEVED: 407

SEARCH #10 (Performed 12/9/02)

DATABASE SEARCHED:
SciSearch (Science Citation Index)

TIME PERIOD COVERED:
2000-2001

SEARCH STRATEGY:

OBES? OR OVERWEIGHT

AND

(TRIAL? OR STUD?) AND RANDOM?

NOT

RAT? ? OR MICE OR MOUSE OR HAMSTER? OR PORCINE OR MURINE

NUMBER OF ITEMS RETRIEVED: 520

SEARCH #11 (Performed 12/5/02)

DATABASE SEARCHED:
CINAHL

TIME PERIOD COVERED:
2000-2001

SEARCH STRATEGY:

hyperphagia or bulimia or obese or (weight and loss) or overweight

and

clinical and trial? or random or randomized or placeb? or volunteer?

NUMBER OF ITEMS RETRIEVED: 80

SEARCH #12

DATABASE SEARCHED:
Cochrane Library

TIME PERIOD COVERED:
2000-2001

SEARCH STRATEGY:

OBESITY-IN-DIABETES OR OBESITY OR OBESITY-MORBID OR ((HYPERPHAGIA OR BULIMIA OR WEIGHT-LOSS OR OBES* OR OVERWEIGHT)) OR (WEIGHT AND (LOSS or MAINT* or DIET* OR CONTROL OR REDUC* OR LOS*)

NOT

NEOPLASMS*

NUMBER OF ITEMS RETRIEVED: 1443

Appendix B

Figure 1. Screening form for literature

1. Article ID: _____

2. First Author: _____
   (Last name of first author)

3. Reviewer: _____

4. Research topic: **(circle one)**
   - Weight loss primary outcome 1
   - Weight loss secondary outcome..... 2
   - Weight loss not an outcome, but adverse events are reported 3
   - Unclear..... 8
   - None of the above ..... 9 **(STOP)**

5. Subject of article: **(check all that apply)**
   - Medication ..... ❒
   - Diet (calories or composition: protein/ carbs/ fat) ..... ❒
   - Surgery..... ❒
   - Alternative medicine..... ❒
   - Other (specify:_____) .... ❒ **(STOP)**

6. Study population: **(check all that apply)**
   - Human: Adults, age 18 and over..... ❒
   - Human: Adolescents, age 13-17 ..... ❒
   - Human: Children, age 12 and under ..... ❒
   - Animal ..... ❒ **(STOP)**
   - Other (specify:_____) .... ❒ **(STOP)**

7. Study design: **(circle one)**
   - Descriptive (historical, editorial, etc.)..... 1 **(STOP)**
   - Review/ meta-analysis ..... 2 **(STOP)**
   - Randomized clinical trial 3
   - Controlled clinical trial 4
   - Case series <10 subjects..... 5
   - Case series ≥ 10 subjects..... 6
   - Case Report..... 7
   - Other (specify:_____) ..... 8 **(STOP)**

8. If RCT or CCT, duration of treatment: **(circle one)**
   - ≤ 3 months 1
   - >3 months to ≤ 6 months 2
   - >6 months to ≤12 months 3
   - > than 12 months..... 4
   - Unclear..... 8

9. If RCT or CCT, maximum follow-up time from baseline: **(circle one)**
   - ≤ 3 months..... 1
   - >3 months to ≤ 6 months..... 2
   - >6 months to ≤12 months..... 3
   - > than 12 months..... 4
   - Unclear..... 8

10. If RCT or CCT, BMI or weight measurements: **(circle one)**
    - Is BMI ≥ 27 1
    - Or weight ≥ 160 lbs..... 2
    - Or weight ≥ 72.7 kg 3
    - None of the above 9

11. Language of article: **(circle one)**
    - English 1
    - German..... 2
    - French 3
    - Danish 4
    - Other (specify:_____)..... 7

Notes:

Figure 2. QRF

Article ID:_____ Reviewer:_____

First Author: _____
(Last Name Only)

Study Number: ___of____Description:_____
(Enter '1of 1' if only one) (if more than one study)

1. Subject: **(check all that apply)**
   - Medication ..... ❒
   - Diet ..... ❒
   - Surgery ..... ❒
   - None of the above ..... ❒ **(STOP)**
2. Design: **(circle one)**
   - RCT ..... 1 **(GO TO Q3)**
   - CCT ..... 2 **(GO TO Q3)**
   - Case Report/ Series (surgery only) ..... 3 **(GO TO Q10)**
   - CBA (school –based diet only ..... 4 **(GO TO Q10)**
   - Other designs ..... 5 **(STOP)**

   (If Other, change study design on cover sheet and STOP)
3. Is the study described as randomized? **(circle one)**
   - Yes 1
   - No 2
4. If the study was randomized, was method of randomization appropriate? **(circle one)**
   - Yes 1
   - No 2
   - Method not described 8
   - Not applicable 9
5. Is the study described as: **(circle one)**
   - Double blind 1
   - Single blind, patient 2
   - Single blind, outcome assessment 3
   - Open 4
   - Blinding not described 8
   - Not applicable 9
6. If reported, was the method of double blinding appropriate? **(circle one)**
   - Yes 1
   - No 2
   - Double blinding method not described 8
   - Not applicable 9
7. If study was randomized, did the method of randomization provide for concealment of allocation? **(circle one)**
   - Yes 1
   - No 2
   - Concealment not described 8
   - Not applicable 9
8. Are withdrawals (W) and dropouts (D) described? **(circle one)**
   - Yes, reason described for all W and D 1
   - Yes, reason described for some W and D 2
   - Not described 8
   - Not applicable 9
9. Is this a cross-over study design? **(circle one)**
   - Yes 1
   - No 2
   - Not described 8
10. Are outcome data reported separately for or primarily on over 75% of any of the following populations? **(check all that apply)**

    Race:
    - African-Americans ..... ❑
    - Hispanic ..... ❑
    - Asian ..... ❑

    Gender:
    - Male ..... ❑
    - Female ..... ❑

    Age:
    - Adolescents (13-17) ..... ❑
    - Children (0-12) ..... ❑

    Other:
    (Enter code: ____ ____, ____ ____, ____ ___, ____ ____)

    None of the above ..... ❑

11. What types of co-morbidities are described in the groups?

(check all that apply)

Morbid Obesity (BMI 35-39.9 with co-morbidities, or ≥40).. ❑
Diabetes ❑
Hypertension ❑
Other cardiovascular disease ❑
Sleep apnea ❑
Cancer ❑
Gallbladder disease and gallstones ❑
Degenerative arthritis ❑
Hyperlipidemia ❑
Other (specify):
Enter code: ____ ____, ____ ____, ____ ____, ____ ____
Not described ❑
Not applicable ❑

Interventions

12. Enter sample size and interventions for each arm beginning with placebo or control, then in order of first mention:

Arm		Medication Intervention		Diet Intervention		Surgery	Co-intervention(s)
1	N entering (enter #)	Drug (code)		Diet Name (code)		Name (code)	(codes)
	N completing (enter #)	Dose (enter #)	Units (code)	Diet Type (code)			
	(CIRCLE ONE) Placebo .....1 Active.....3 Control.....2 Active (NA) .....4 Enter Code _____	Duration (enter #)	Units (code)	Duration (enter #)	Units (code)		
2	N entering	Drug		Diet Name		Name	
	N completing	Dose	Units	Diet Type			
	(CIRCLE ONE) Placebo .....1 Active.....3 Control.....2 Active (NA) .....4 Enter Code _____	Duration	Units	Duration	Units		
3	N entering	Drug		Diet Name		Name	
	N completing	Dose	Units	Diet Type			
	(CIRCLE ONE) Placebo .....1 Active.....3 Control.....2 Active (NA) .....4 Enter Code _____	Duration	Units	Duration	Units		
4	N entering	Drug		Diet Name		Name	
	N completing	Dose	Units	Diet Type			
	(CIRCLE ONE) Placebo .....1 Active.....3 Control.....2 Active (NA) .....4 Enter Code _____	Duration	Units	Duration	Units		

Dose Units:		Duration Units:			Other Codes:
1. mg	8. ND	1. hour	4. month	8. ND	997. Variable
2. mcg or µg	9. NA	2. day	5. year	9. NA	998. ND
3. IU		3. week			999. NA

Interventions (continued)

12. Enter sample size and interventions for each arm beginning with placebo or control, then in order of first mention:

Arm		Medication Intervention		Diet Intervention		Surgery	Co-intervention(s)
1	N entering (enter #)	Drug (code)		Diet Name (code)		Name (code)	(codes)
	N completing (enter #)	Dose (enter #)	Units (code)	Diet Type (code)			
	(CIRCLE ONE) Placebo .....1 Active.....3 Control.....2 Active (NA) .....4 Enter Code _____	Duration (enter #)	Units (code)	Duration (enter #)	Units (code)		
2	N entering	Drug		Diet Name		Name	
	N completing	Dose	Units	Diet Type			
	(CIRCLE ONE) Placebo .....1 Active.....3 Control.....2 Active (NA) .....4 Enter Code _____	Duration	Units	Duration	Units		
3	N entering	Drug		Diet Name		Name	
	N completing	Dose	Units	Diet Type			
	(CIRCLE ONE) Placebo .....1 Active.....3 Control.....2 Active (NA) .....4 Enter Code _____	Duration	Units	Duration	Units		
4	N entering	Drug		Diet Name		Name	
	N completing	Dose	Units	Diet Type			
	(CIRCLE ONE) Placebo .....1 Active.....3 Control.....2 Active (NA) .....4 Enter Code _____	Duration	Units	Duration	Units		

Dose Units:		Duration Units:			Other Codes:
1. mg	8. ND	1. hour	4. month	8. ND	997. Variable
2. mcg or µg	9. NA	2. day	5. year	9. NA	998. ND
3. IU		3. week			999. NA

Outcomes

13. Type of outcomes measured:

Enter the code for each outcome measured:
___ ___
___ ___
___ ___
___ ___
___ ___
___ ___
___ ___
___ ___
___ ___
___ ___
___ ___
___ ___

Evaluation

14a. What is the duration of follow-up (defined as the period of time from the start of treatment until the last reported outcome)? **(Circle One)**

Same as duration of treatment ..... 1 (GO TO 14B)
Longer than duration of treatment ..... 2 (GO TO 14B)
Not described 8
Not applicable 9

14b.

DURATION	UNITS	TYPE
Enter # or 999	1. Day 2. Week 3. Month 4. Year 8. ND 9. NA	1. Maximum 2. Mean 3. Median

Appendix C

Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Anderson 2001	Buproprion RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 112 N completing ND	Excluded from meta-analysis because of insufficient statistics.
		2	Bupropion Variable dose for 24 dy	N entering 110 N completing ND	
		3	Bupropion Variable dose for 24 dy	N entering 105 N completing ND	
Anderson 2002	Buproprion RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 112 N completing 80	Included in meta-analysis of buproprion. Average weight loss at 6 months in kg Arm 1 = -5.2 (6.6) Arm 3 = -10.1 (7.4) Arm 2 was dropped from analysis because it was a lower dose of the same medication.
		2	Bupropion Variable dose for 48 dy	N entering 110 N completing 67	
		3	Bupropion Variable dose for 48 dy	N entering 105 N completing 57	
Croft 2002	Buproprion RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 213 N completing 43	Included in meta-analysis of buproprion. Average weight loss at 13 months in kg Arm 1 = 0.02 (5.7) Arm 2 = -1.2 (5.7)
		2	Bupropion 300 mg for 44 dy	N entering 210 N completing 60	
Gadde 2001	Buproprion RCT Jadad 5 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 25 N completing 1	Excluded from meta-analysis because of insufficient statistics.
		2	Bupropion Variable dose for 2 yr	N entering 25 N completing 12	
Jain 2002	Buproprion RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 209 N completing 191	Included in meta-analysis of buproprion. Average weight loss at 6 months in kg Arm 1 = -1.7 (4.3) Arm 2 = -4.4 (4.4)
		2	Bupropion Variable dose for 24 dy	N entering 213 N completing 195	
Andersen 1984	Diethylpropion RCT Jadad 2 Population Adults, Females	1	Diethylpropion 12 mg for 18 dy	N entering 30 N completing 29	Excluded from meta-analysis because drug has existing meta-analysis.
		2	Open VBG Dosage/Duration NR	N entering 30 N completing 26	
Andersen 1988	Diethylpropion RCT Jadad 2 Population Adults, Females	1	Open VBG Dosage/Duration NR	N entering 30 N completing 26	Excluded from meta-analysis because drug has existing meta-analysis.
		2	Diethylpropion 12 mg for 18 dy	N entering 30 N completing 30	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C

Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
McKay 1973	Diethylpropion RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering ND N completing 18	Excluded from meta-analysis because drug has existing meta-analysis.
		2	Diethylpropion 75 mg for 24 dy	N entering ND N completing 20	
Breum 1995	Fluoxetine RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering 20 N completing 14	Included in meta-analysis of fluoxetine. Average weight loss at 12 months in kg Arm 1 = -9.4 (11.5) Arm 2 = -10.1 (10.0)
		2	Fluoxetine 60 mg for 52 dy	N entering 20 N completing 15	
Chiasson 1989	Fluoxetine RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering ND N completing ND	Excluded from meta-analysis because of insufficient statistics.
		2	Fluoxetine 60 mg for 36 dy	N entering ND N completing ND	
Connolly 1995	Fluoxetine RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering 15 N completing 13	Included in meta-analysis of fluoxetine. Average weight loss at 6 months in kg Arm 1 = 0.0 (0.5) Arm 2 = -3.9 (1.5)
		2	Fluoxetine 60 mg for 6 mo	N entering 15 N completing 11	
Darga 1991	Fluoxetine RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering 22 N completing 16	Included in meta-analysis of fluoxetine. Average weight loss at 12 months in kg Arm 1 = -4.6 (1.1) Arm 2 = -8.2 (2.2)
		2	Fluoxetine 60 mg for 52 dy	N entering 23 N completing 14	
Goldstein 1994	Fluoxetine RCT Jadad 4 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 184 N completing ND	Included in meta-analysis of fluoxetine. Average weight loss at 5 months in kg Arm 1 = -2.4 (5.4) Arm 4 = -5.1 (6.9) Average weight loss at 12 months in kg Arm 1 = -2.1 (6.8) Arm 4 = -1.7 (8.7) Arms 1, 2, and 3 were collapsed.
		2	Placebo Dosage/Duration NR	N entering 22 N completing ND	
		3	Placebo Dosage/Duration NR	N entering 22 N completing ND	
		4	Fluoxetine 60 mg for 52 dy	N entering 182 N completing ND	
Gray 1992	Fluoxetine RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering 24 N completing 24	Excluded from meta-analysis because study reported data on another study already included in analysis (Gray, 1992).
		2	Fluoxetine 60 mg for 24 dy	N entering 24 N completing 24	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C

Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Gray 1992	Fluoxetine RCT Jadad 4 Population Adults	1	Placebo Dosage/Duration NR	N entering 24 N completing 20	Included in meta-analysis of fluoxetine. Average weight loss at 6 months in kg Arm 1 = -1.9 (2.9) Arm 2 = -9.3 (2.4)
		2	Fluoxetine 60 mg for 6 mo	N entering 24 N completing 16	
Marcus 1990	Fluoxetine RCT Jadad 4 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 22 N completing 11	Included in meta-analysis of fluoxetine. Average weight loss at 5 months in kg Arm 1 = -2.1 (6.1) Arm 2 = -11.2 (5.8) Average weight loss at 9 months in kg Arm 1 = -0.7 (6.2) Arm 2 = -12.3 (9.8) Average weight loss at 12 months in kg Arm 1 = 0.6 (5.0) Arm 2 = -13.9 (12.7)
		2	Fluoxetine 60 mg for 52 dy	N entering 23 N completing 13	
Mendoza 1995	Fluoxetine RCT Jadad 1 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 30 N completing 19	Included in meta-analysis of fluoxetine. Average weight loss at 6 months in kg Arm 1 = -7.7 (4.0) Arm 2 = -12.3 (4.0)
		2	Fluoxetine 180 mg for 6 mo	N entering ND N completing ND	
Michelson 1999	Fluoxetine RCT Jadad 1 Population Adults	1	Placebo Dosage/Duration NR	N entering 96 N completing ND	Included in meta-analysis of fluoxetine. Average weight loss at 6.5 months in kg Arm 1 = 1.9 (2.3) Arm 2 = 1.0 (2.4) Average weight loss at 11.5 months in kg Arm 1 = 3.2 (4.3) Arm 4 = 3.0 (4.0) For 6.5 month analysis, arms 3 and 4 were combined and arm 2 was excluded because it has less than 6 month follow-up. For 11.5 month analysis, arms 2 and 3 were excluded because they had less than 11.5 month follow-up.
		2	Fluoxetine 20 mg for 14 dy	N entering 97 N completing ND	
		3	Fluoxetine 20 mg for 38 dy	N entering 100 N completing ND	
		4	Fluoxetine 20 mg for 50 dy	N entering 102 N completing ND	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

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Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
O'Kane 1994	Fluoxetine RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 10 N completing 9	Included in meta-analysis of fluoxetine. Average weight loss at 6 months in kg Arm 1 = 0.2 (1.1) Arm 2 = -6.3 (0.8) Average weight loss at 12 months in kg Arm 1 = 1.5 (1.7) Arm 2 = -4.3 (1.9)
		2	Fluoxetine 60 mg for 12 mo	N entering 10 N completing 7	
Pedrinola 1996	Fluoxetine RCT Jadad 3 Population Adults	1	Fluoxetine 40 mg for 8 mo	N entering 20 N completing 13	Excluded from meta-analysis because study had no placebo group.
		2	Fluoxetine 40 mg for 8 mo	N entering 20 N completing 20	
Ricca 2001	Fluoxetine RCT Jadad 1 Population Adults	1	Active n/s Cognitive-behavioral Dosage/Duration NR	N entering 20 N completing 17	Excluded from meta-analysis because study did not report weight loss as an outcome.
		2	Fluoxetine Variable dose for 24 dy	N entering 22 N completing 16	
		3	Cognitive-behavioral + fluvoxamine Dosage/Duration NR	N entering 23 N completing 18	
		4	Fluoxetine Variable dose for 24 dy	N entering 21 N completing 16	
		5	Fluvoxamine Dosage/Duration NR	N entering 22 N completing 16	
Anderson 1997	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering ND N completing ND	Excluded from meta-analysis because of insufficient statistics.
		2	Orlistat 90 mg for 1 yr	N entering ND N completing ND	
		3	Orlistat 180 mg for 1 yr	N entering ND N completing ND	
		4	Orlistat 360 mg for 1 yr	N entering ND N completing ND	
Bakris 2002	Orlistat RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering 276 N completing 108	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -2.7 (6.4) Arm 2 = -5.4 (6.4)
		2	Orlistat 360 mg for 52 dy	N entering 278 N completing 162	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Broom 2001	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 266 N completing ND	Excluded from meta-analysis because study reported data on another study already included in analysis (Broom, 2001).
		2	Orlistat 360 mg for 1 yr	N entering 265 N completing ND	
Broom 2002	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 261 N completing 161	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -2.3 (6.4) Arm 2 = -5.8 (8.5)
		2	Orlistat 360 mg for 52 dy	N entering 265 N completing 186	
Broom 2001	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 71 N completing 60	Included in meta-analysis of orlistat. Average weight loss at 6 months in kg Arm 1 = -2.6 (3.9) Arm 2 = -4.4 (4.1)
		2	Orlistat 360 mg for 52 dy	N entering 71 N completing 34	
Davidson 1999	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 224 N completing 133	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -5.8 (7.7) Arm 2 = -8.8 (7.9)
		2	Orlistat 360 mg for 52 dy	N entering 668 N completing 458	
Deerochanawong 2001	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 126 N completing ND	Included in meta-analysis of orlistat. Average weight loss at 6 months in kg Arm 1 = -1.4 (6.3) Arm 2 = -2.6 (6.3)
		2	Orlistat 360 mg for 24 dy	N entering 126 N completing ND	
Derosa 2003	Orlistat RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering 23 N completing 23	Included in meta-analysis of orlistat. Average weight loss at 6 months in kg Arm 1 = -4.2 (0.6) Arm 2 = -5.1 (0.7) Average weight loss at 12 months in kg Arm 1 = -7.6 (0.7) Arm 2 = -8.6 (1.1) Arms 3 and 4 were excluded because they are different medications.
		2	Orlistat 360 mg for 1 yr	N entering 27 N completing 25	
		3	Fluvastatin Dosage/Duration NR	N entering 24 N completing 24	
		4	Orlistat + fluvastatin 360 mg for 1 yr	N entering 25 N completing 24	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

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Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Derosa 2002	Orlistat RCT Jadad 3 Population Adults	1	Orlistat 360 mg for 1 yr	N entering 31 N completing 28	Excluded from meta-analysis because study had no placebo group.
		2	Active n/a Simvastatin (Zocor) Dosage/Duration NR	N entering 29 N completing 29	
		3	Orlistat 360 mg for 1 yr	N entering 27 N completing 26	
Farrell 1997	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering ND N completing ND	Excluded from meta-analysis because of insufficient statistics.
		2	Orlistat 180 mg for 2 yr	N entering ND N completing ND	
		3	Orlistat 360 mg for 2 yr	N entering ND N completing ND	
Finer 2000	Orlistat RCT Jadad 4 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 114 N completing 61	Excluded from meta-analysis because study did not report weight loss as an outcome.
		2	Orlistat 360 mg for 12 mo	N entering 114 N completing 59	
Foreyt 1997	Orlistat RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering 224 N completing 133	Excluded from meta-analysis because study reported data on another study already included in analysis (Davidson, 1999).
		2	Orlistat 360 mg for 52 dy	N entering 668 N completing 458	
Franson 2000	Orlistat RCT Jadad 2 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering ND N completing 14	Excluded from meta-analysis because of insufficient statistics.
		2	Orlistat Dosage data not collected for 52 dy	N entering ND N completing 20	
Gotfredsen 2001	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 14 N completing ND	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -8.1 (7.5) Arm 2 = -11.2 (7.5)
		2	Orlistat 360 mg for 1 yr	N entering 16 N completing ND	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Halpern 2003	Orlistat RCT Jadad 4 Population Adults	1	Placebo Dosage/Duration NR	N entering 174 N completing 141	Included in meta-analysis of orlistat. Average weight loss at 6 months in kg Arm 1 = -2.58 (17.3) Arm 2 = -4.24 (2.7)
		2	Orlistat 360 mg for 6 mo	N entering 169 N completing 139	
Halpern 2001	Orlistat RCT Jadad 4 Population Adults	1	Placebo Dosage/Duration NR	N entering 174 N completing 141	Excluded from meta-analysis because study did not report weight loss as an outcome.
		2	Orlistat 360 mg for 6 mo	N entering 164 N completing 139	
Hanefeld 2002	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 188 N completing 180	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -3.4 (5.3) Arm 2 = -5.3 (5.1)
		2	Orlistat 360 mg for 48 dy	N entering 195 N completing 189	
Hanefeld 2001	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering ND N completing 180	Excluded from meta-analysis because study did not report weight loss as an outcome.
		2	Orlistat 360 mg for 48 dy	N entering ND N completing 189	
Hauptman 2000	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 212 N completing 91	Included in meta-analysis of orlistat. Average weight loss at 6 months in kg Arm 1 = -4.7 (8.7) Arm 3 = -8 (8.4) Average weight loss at 12 months in kg Arm 1 = -4.1 (8.2) Arm 3 = -7.9 (8.3) Arm 2 was excluded because it is low dosage.
		2	Orlistat 180 mg for 2 yr	N entering 213 N completing 120	
		3	Orlistat 360 mg for 2 yr	N entering 210 N completing 117	
Hill 1999	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 188 N completing 138	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -5.9 (7.6) Arm 4 = -7.2 (5.5) Arms 2 and 3 were excluded because they are low dosage.
		2	Orlistat 90 mg for 52 dy	N entering 187 N completing 140	
		3	Orlistat 180 mg for 52 dy	N entering 173 N completing 133	
		4	Orlistat 360 mg for 52 dy	N entering 181 N completing 126	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

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Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Hollander 1998	Orlistat RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering 159 N completing 115	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -4.3 (7.2) Arm 2 = -6.2 (6.5)
		2	Orlistat 360 mg for 52 dy	N entering 163 N completing 139	
James 1997	Orlistat RCT Jadad 2 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 23 N completing 12	Excluded from meta-analysis because study did not report weight loss as an outcome.
		2	Orlistat 360 mg for 52 dy	N entering 23 N completing 14	
Karhunen 2000	Orlistat RCT Jadad 2 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 36 N completing 19	Included in meta-analysis of orlistat. Average weight loss at 6 months in kg Arm 1 = -8.7 (6.3) Arm 2 = -11.2 (6.3) Average weight loss at 12 months in kg Arm 1 = -8.6 (6.3) Arm 2 = -13.1 (6.3)
		2	Orlistat 360 mg for 104 dy	N entering 36 N completing 19	
Kelley 1997	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 159 N completing ND	Excluded from meta-analysis because study reported data on another study already included in analysis (Hollander, 1998).
		2	Orlistat 360 mg for 52 dy	N entering 163 N completing ND	
Kelley 2002	Orlistat RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering 276 N completing 128	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -1.3 (3.2) Arm 2 = -3.9 (3.2)
		2	Orlistat 360 mg for 1 yr	N entering 274 N completing 137	
Krempf 2003	Orlistat RCT Jadad 2 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 350 N completing 350	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -4.4 (10.4) Arm 2 = -7.3 (9.6)
		2	Orlistat 360 mg for 18 mo	N entering 346 N completing 346	
Krempf 2001	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering ND N completing ND	Excluded from meta-analysis because of insufficient statistics.
		2	Orlistat 360 mg for 18 mo	N entering ND N completing ND	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Lindgarde 1999	Orlistat RCT Jadad 1 Population Adults	1	Placebo Dosage/Duration NR	N entering 185 N completing ND	Excluded from meta-analysis because study reported data on another study already included in analysis (Lindgarde, 2000).
		2	Orlistat 120 mg for 1 yr	N entering 188 N completing ND	
Lindgarde 2000	Orlistat RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering 186 N completing 164	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg
		2	Orlistat 360 mg for 1 yr	N entering 190 N completing 159	Arm 1 = -4.3 (5.9) Arm 2 = -5.6 (5.2)
Lucas 2003	Orlistat RCT Jadad 2 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 188 N completing ND	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg
		2	Orlistat 360 mg for 1 yr	N entering 256 N completing ND	Arm 1 = -6.1 (6.9) Arm 2 = -9.9 (6.4)
Micic 1999	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 59 N completing 49	Included in meta-analysis of orlistat. Average weight loss at 6 months in kg
		2	Orlistat 360 mg for 24 dy	N entering 60 N completing 50	Arm 1 = -7.3 (6.3) Arm 2 = -10.8 (6.3)
Miles 2002	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 261 N completing 254	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg
		2	Orlistat 360 mg for 1 yr	N entering 255 N completing 250	Arm 1 = -1.8 (3.6) Arm 2 = -4.7 (3.9)
Muls 2001	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 147 N completing 127	Included in meta-analysis of orlistat. Average weight loss at 6 months in kg
		2	Orlistat 360 mg for 24 dy	N entering 147 N completing 128	Arm 1 = -1.9 (4.5) Arm 2 = -4.7 (3.8)
Naumov 2002	Orlistat RCT Jadad 1 Population Adults	1	Control Dosage/Duration NR	N entering 15 N completing 15	Included in meta-analysis of orlistat. Average weight loss at 6 months in kg
		2	Orlistat 360 mg for 6 mo	N entering 15 N completing 15	Arm 1 = -2.9 (3.0) Arm 2 = -7.5 (2.5)
Reaven 2001	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 91 N completing ND	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg
		2	Orlistat 360 mg for 1 yr	N entering 156 N completing ND	Arm 1 = -6.8 (6.4) Arm 2 = -9.0 (7.9)

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Rissanen 2001	Orlistat RCT Jadad 2 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering ND N completing 26	Included in meta-analysis of orlistat. Average weight loss at 6 months in kg Arm 1 = -7.5 (6.3) Arm 2 = -11.6 (6.3) Average weight loss at 12 months in kg Arm 1 = -7.2 (6.3) Arm 2 = -13.0 (6.3)
		2	Orlistat 360 mg for 12 mo	N entering ND N completing 25	
Rosenfalck 2002	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering ND N completing 1	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -3.8 (4) Arm 2 = -8.6 (8.3)
		2	Orlistat 360 mg for 2 yr	N entering ND N completing 3	
Rossner 2000	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 243 N completing 136	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -6.4 (6.7) Arm 2 = -8.5 (7.3) Arm 3 = -9.4 (6.4)
		2	Orlistat 180 mg for 2 yr	N entering 242 N completing 140	
		3	Orlistat 360 mg for 2 yr	N entering 244 N completing 159	
Samuelsson 2003	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 186 N completing 186	Excluded from meta-analysis because study reported data on another study already included in analysis (Lindgarde, 2000).
		2	Orlistat 360 mg for 52 dy	N entering 190 N completing 190	
Scheen 2002	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering ND N completing 1637	Excluded from meta-analysis because follow-up time was too long to pool.
		2	Orlistat 360 mg for 4 yr	N entering ND N completing 1640	
Serrano-Rios 2001	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 118 N completing ND	Excluded from meta-analysis because study did not report weight loss as an outcome.
		2	Orlistat 360 mg for 24 dy	N entering 119 N completing ND	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Shi Yi 2001	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering ND N completing 142	Included in meta-analysis of orlistat. Average weight loss at 6 months in kg Arm 1 = -3.0 (6.3) Arm 2 = -6.1 (6.3)
		2	Orlistat 360 mg for 6 mo	N entering 986 N completing 286	
Sjostrom 1998	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 343 N completing 123	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -6.1 (6.0) Arm 2 = -10.3 (6.3)
		2	Orlistat 360 mg for 2 yr	N entering 345 N completing 133	
Sjostrom 2000	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 343 N completing 123	Excluded from meta-analysis because study reported data on another study already included in analysis (Sjostrom, 1998).
		2	Orlistat 360 mg for 2 yr	N entering 345 N completing 133	
Toornvliet 1997	Orlistat RCT Jadad 2 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering ND N completing ND	Excluded from meta-analysis because of insufficient statistics.
		2	Orlistat 180 mg for 2 yr	N entering ND N completing ND	
		3	Orlistat 360 mg for 2 yr	N entering ND N completing ND	
Van Gaal 1998	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 125 N completing 123	Excluded from meta-analysis because of insufficient statistics.
		2	Orlistat 90 mg for 6 mo	N entering 122 N completing 122	
		3	Orlistat 180 mg for 6 mo	N entering 124 N completing 123	
		4	Orlistat 360 mg for 6 mo	N entering 122 N completing 120	
		5	Orlistat 720 mg for 6 mo	N entering 120 N completing 117	
Van Gaal 1999	Orlistat RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 1119 N completing ND	Excluded from meta-analysis because study did not report weight loss as an outcome.
		2	Orlistat 360 mg for 1 yr	N entering 1561 N completing ND	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Vidgren 1999	Orlistat RCT Jadad 3 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 38 N completing ND	Included in meta-analysis of orlistat. Average weight loss at 12 months in kg Arm 1 = -7.8 (6.0) Arm 2 = -12 (8.2)
		2	Orlistat 360 mg for 12 mo	N entering 37 N completing ND	
Zavoral 1998	Orlistat RCT Jadad 2 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 1119 N completing 1119	Excluded from meta-analysis because study did not report weight loss as an outcome.
		2	Orlistat 360 mg for 52 dy	N entering 1561 N completing 1561	
Campbell 1977	Phentermine RCT Jadad 4 Population Adults	1	Placebo Dosage/Duration NR	N entering 37 N completing 32	Excluded from meta-analysis because drug has existing meta-analysis.
		2	Phentermine 30 mg for 6 mo	N entering 34 N completing 34	
Wadden 1995	Sertraline RCT Jadad 2 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 27 N completing 17	Excluded from meta-analysis because interventions of interest were not studied. Data summarized narratively.
		2	Sertraline Variable dose for 54 dy	N entering 26 N completing 13	
Berkowitz 2003	Sibutramine RCT Jadad 4 Population Adolescents	1	Placebo Dosage/Duration NR	N entering 39 N completing 39	Excluded from meta-analysis because drug has existing meta-analysis.
		2	Sibutramine Variable dose for 12 mo	N entering 43 N completing 43	
Cuellar 2000	Sibutramine RCT Jadad 5 Population Adults, Adolescents, Females	1	Placebo Dosage/Duration NR	N entering 35 N completing 9	Excluded from meta-analysis because drug has existing meta-analysis.
		2	Sibutramine 15 mg for 6 mo	N entering 35 N completing 22	
Fanghanel 2000	Sibutramine RCT Jadad 4 Population Adults, Adolescents, Females	1	Placebo Dosage/Duration NR	N entering 54 N completing 44	Excluded from meta-analysis because drug has existing meta-analysis.
		2	Sibutramine 10 mg for 6 mo	N entering 55 N completing 40	

Meta-analysis data reported as an average with its standard deviation in parentheses.
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Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
James 2000	Sibutramine RCT Jadad 5 Population Adults, Adolescents, Females	1	Placebo Dosage/Duration NR	N entering 145 N completing 57	Excluded from meta-analysis because drug has existing meta-analysis.
		2	Sibutramine Variable dose for 18 mo	N entering 352 N completing 204	
Bray 2003	Topiramate RCT Jadad 4 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 75 N completing 48	Included in meta-analysis of topiramate. Average weight loss at 6 months in % weight loss Arm 1 = -2.6 (4.8) Arm 3 = -4.8 (4.8) Arm 4 = -6.3 (4.8) Arms 2 and 5 were excluded because they were of low/high dosage of the same medication.
		2	Topiramate Variable dose for 24 dy	N entering 76 N completing 53	
		3	Topiramate Variable dose for 24 dy	N entering 75 N completing 48	
		4	Topiramate Variable dose for 24 dy	N entering 76 N completing 49	
		5	Topiramate Variable dose for 24 dy	N entering 78 N completing 44	
Bray 2002	Topiramate RCT Jadad 3 Population Adults	1	Placebo Dosage/Duration NR	N entering 79 N completing 48	Excluded from meta-analysis because study reported data on another study already included in analysis (Bray, 2003).
		2	Topiramate Variable dose for 24 dy	N entering 79 N completing 57	
		3	Topiramate Variable dose for 24 dy	N entering 79 N completing 49	
		4	Topiramate Variable dose for 24 dy	N entering 79 N completing 50	
		5	Topiramate Variable dose for 1 dy	N entering 79 N completing 44	
Caterson 2003	Topiramate RCT Jadad 2 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering ND N completing 97	Included in meta-analysis of topiramate. Average weight loss at 11 months in % weight loss Arm 1 = 1.8 (4.8) Arm 2 = -5.2 (4.8) Arm 3 = -6.4 (4.8)
		2	Topiramate Variable dose for 44 dy	N entering ND N completing 93	
		3	Topiramate Variable dose for 44 dy	N entering ND N completing 98	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

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Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Gilliam 2003	Topiramate RCT Jadad 2 Population Adults, Adolescents, Children	1	Topiramate Variable dose for 758 dy	N entering 125 N completing 99	Excluded from meta-analysis because study had no placebo group.
		2	Topiramate Variable dose for 809 dy	N entering 127 N completing 93	
Pud'homme 2003	Topiramate RCT Jadad 2 Population Adults, Males	1	Placebo Dosage/Duration NR	N entering 35 N completing 29	Included in meta-analysis of topiramate. Average weight loss at 6 months in % weight loss Arm 1 = 0.2 (3.2) Arm 2 = -5.8 (6.4)
		2	Topiramate Variable dose for 24 dy	N entering 33 N completing 20	
Rissanen 2003	Topiramate RCT Jadad 2 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering ND N completing 103	Included in meta-analysis of topiramate. Average weight loss at 15 months in % weight loss Arm 1 = -2.9 (4.8) Arm 2 = -9.1 (4.8) Arm 3 = -12 (4.8) Arm 4 was excluded because it was a high dosage study.
		2	Topiramate Variable dose for 60 dy	N entering ND N completing 133	
		3	Topiramate Variable dose for 60 dy	N entering ND N completing 123	
		4	Topiramate Variable dose for 60 dy	N entering ND N completing 125	
Stenlof 2003	Topiramate RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering ND N completing 78	Excluded from meta-analysis because study reported data on another study already included in analysis (Stenlof, 2003).
		2	Topiramate Variable dose for 40 dy	N entering ND N completing 74	
		3	Topiramate Variable dose for 40 dy	N entering ND N completing 77	
Stenlof 2003	Topiramate RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering ND N completing 137	Included in meta-analysis of topiramate. Average weight loss at 10 months in % weight loss Arm 1 = -3.0 (4.8) Arm 2 = -8.2 (4.8) Arm 3 = -10.0 (4.8)
		2	Topiramate Variable dose for 40 dy	N entering ND N completing 127	
		3	Topiramate Variable dose for 40 dy	N entering ND N completing 135	

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Appendix C

Evidence Table-Medication

First author Year	Medication type Study design and Quality Population	Arm	Intervention	Sample size	Meta-analysis data
Tonstad 2003	Topiramate RCT Jadad 2 Population Adults	1	Placebo Dosage/Duration NR	N entering 177 N completing 56	Included in meta-analysis of topiramate. Average weight loss at 7 months in % weight loss Arm 1 = -1.9 (4.8) Arm 2 = -5.9 (4.8) Arm 3 = -6.5 (4.8)
		2	Topiramate Variable dose for 28 dy	N entering 176 N completing 49	
		3	Topiramate Variable dose for 28 dy	N entering 178 N completing 53	
Gadde 2003	Zonisamide RCT Jadad 5 Population Adults, Females	1	Placebo Dosage/Duration NR	N entering 30 N completing 17	Excluded from meta-analysis because interventions of interest were not studied. Data summarized narratively.
		2	Zonisamide Variable dose for 32 dy	N entering 30 N completing 19	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Abu-Abeid 2003	Design Case Series Jadad NA Population Adolescents, Children, Females	1	LAP adjustable band	N entering 11 N completing 11	Included in meta-analysis of weight loss. Average weight loss at 23 months in bmi Arm 1 = -14.5 (7.6)
Abu-Abeid 1999	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	LAP adjustable band	N entering 391 N completing 356	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 1 = -11.2 (5.9) Average weight loss at 18 months in bmi Arm 1 = -13.3 (7.6)
Aghahosseini 2001	Design Case Series Jadad NA Population Adults	1	LAP adjustable band	N entering 84 N completing 84	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -29.2 (15.5) Average weight loss at 24 months in kg Arm 1 = -34.6 (20.3)
Agren 1989	Design RCT Jadad 1 Population Adults	1	Open VBG	N entering 27 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open loop gastric bypass	N entering 25 N completing ND	
		3	Open nonadjustable band	N entering 25 N completing ND	
Al-Jiffry. 2003	Design Case Series Jadad NA Population Adults	1	Control	N entering 26 N completing 26	Excluded from meta-analysis based on expert opinion.
		2	LAP adjustable band	N entering 14 N completing 10	
Alden 1977	Design Case Serie Jadad NA Population Adults, Adolescents, Females	1	Jejunal-ileal bypass	N entering 100 N completing ND	Included in meta-analysis of weight loss.
		2	Open loop gastric bypass	N entering 100 N completing ND	Average weight loss at 12 months in kg Arm 1 = -40.6 (14.8) Arm 2 = -40.2 (11.8)
Alper 2000	Design Case Series Jadad NA Population Adults, Adolescents	1	Open VBG	N entering 450 N completing 300	Included in meta-analysis of weight loss. Average weight loss at 62 months in kg Arm 1 = -37.0 (23.2)

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Andersen 1984	Design RCT Jadad 2 Population Adults, Females	1	Diethylpropion	N entering 30 N completing 29	Included in meta-analysis of weight loss.
		2	Open VBG	N entering 30 N completing 26	Average weight loss at 12 months in kg Arm 1 = -18.0 (15.5) Arm 2 = -22.0 (15.5) Average weight loss at 24 months in kg Arm 1 = -8.0 (20.3) Arm 2 = -30.5 (20.3)
Andersen 1982	Design RCT Jadad 1 Population Adults, Females	1	Open VBG	N entering 30 N completing 28	Included in meta-analysis of weight loss.
		2	Very low calorie diet(<1000)	N entering 30 N completing 30	Average weight loss at 6 months in kg Arm 1 = -26.6 (15.5) Arm 2 = -25.9 (15.5)
Andersen 1987	Design RCT Jadad 1 Population Adults, Females	1	Open gastroplasty	N entering 22 N completing 20	Included in meta-analysis of weight loss.
		2	Open VBG	N entering 23 N completing 21	Average weight loss at 12 months in kg Arm 1 = 1.0 (12.8) Arm 2 = -9.7 (14.2)
Andersen 1988	Design RCT Jadad 2 Population Adults, Females	1	Open VBG	N entering 30 N completing 26	Excluded from meta-analysis because study reported data on another study already included in analysis (253).
		2	Diethylpropion	N entering 30 N completing 30	
Anderson 1980	Design Case Series Jadad NA Population Adults, Adolescents, Children	1	Open RYGB, std	N entering 33 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open VBG	N entering 8 N completing ND	
Anthone 2003	Design Case Series Jadad NA Population Adults, Females	1	BPD/Duodenal switch	N entering 701 N completing 50	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs Arm 1 = -127.0 (41.0) Average weight loss at 60 months in lbs Arm 1 = -118.0 (46.0)
Balsige 2000	Design Case Series Jadad NA Population Adults, Females	1	Open VBG	N entering 73 N completing 70	Included in meta-analysis of weight loss. Average weight loss at 120 months in kg Arm 1 = -28.0 (33.4)

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Baltasar 1998	Design Case Series Jadad NA Population Adults, Adolescents	1	Open VBG	N entering 9 N completing ND	Included in meta-analysis of weight loss.
		2	Open VBG	N entering 81 N completing ND	Average weight loss at 12 months in kg Arm 4 = -32.0 (15.5)
		3	Open VBG	N entering 86 N completing ND	Average weight loss at 114 months in kg Arm 4 = -32.0 (20.3) Arms 1, 2, 3 combined into single arm 4.
Belachew 1998	Design Case Series Jadad NA Population Adults, Females	1	LAP adjustable band	N entering 350 N completing ND	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 1 = -11.0 (5.9) Average weight loss at 41 months in bmi Arm 1 = -15.0 (7.6)
Belachew 2002	Design Case Series Jadad NA Population Adults, Females	1	LAP adjustable band	N entering 763 N completing 687	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 1 = -10.0 (5.9) Average weight loss at 48 months in bmi Arm 1 = -12.0 (7.6)
Bloomston 1997	Design Case Series Jadad NA Population Adults, Females	1	Open VBG	N entering 133 N completing ND	Excluded from meta-analysis because weight loss not reported by surgery type.
		2	Open RYGB, std	N entering ND N completing 3	
Breaux 1995	Design Case Series Jadad NA Population Adults, Adolescents, Children	1	Open VBG	N entering 5 N completing 5	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open RYGB, std	N entering 13 N completing 13	
		3	BPD/Duodenal switch	N entering 4 N completing 4	
Brolin 1992	Design RCT	1	Open RYGB, std	N entering 22 N completing 22	Included in meta-analysis of weight loss.

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
	Jadad 1 Population Adults	2	Open RYGB, long	N entering 23 N completing 23	Average weight loss at 12 months in lbs Arm 1 = -118.0 (35.0) Arm 2 = -140.0 (41.0) Average weight loss at 48 months in lbs Arm 1 = -140.0 (63.0) Arm 2 = -159.0 (70.0)
Brolin 2000	Design Case Series Jadad NA Population Adults	1	Open gastroplasty	N entering 56 N completing ND	Excluded from meta-analysis because weight loss not reported by surgery type.
		2	Open VBG	N entering 30 N completing ND	
		3	Open RYGB, std	N entering 565 N completing ND	
Brolin 1994	Design Case Series Jadad NA Population Adults, Females	1	Open VBG	N entering 30 N completing ND	Included in meta-analysis of weight loss.
		2	Open RYGB, std	N entering 108 N completing ND	Average weight loss at 12 months in lbs Arm 1 = -74.0 (23.0) Arm 2 = -91.0 (34.1) Average weight loss at 48 months in lbs Arm 1 = -57.0 (44.7) Arm 2 = -90.0 (44.7)
Buckwalter 1977	Design RCT Jadad 2 Population Adults, Females	1	Jejunal-ileal bypass	N entering 19 N completing 6	Included in meta-analysis of weight loss.
		2	Open RYGB, std	N entering 19 N completing 6	Average weight loss at 12 months in kg Arm 1 = -31.5 (15.5) Arm 2 = -43.0 (15.5)
Capella 1996	Design Case Series Jadad NA Population Adults, Females	1	Open VBG	N entering 329 N completing 121	Included in meta-analysis of weight loss.
		2	Open RYGB, std	N entering 623 N completing 65	Average weight loss at 60 months in lbs Arm 1 = -66.0 (44.7) Arm 2 = -100.0 (44.7)
Choban 2002	Design RCT Jadad 2 Population Adults, Females	1	Open RYGB, std	N entering 35 N completing 33	Included in meta-analysis of weight loss.
		2	Open RYGB, std	N entering 34 N completing 34	Average weight loss at 12 months in kg Arm 1 = -44.0 (15.5) Arm 2 = -39.0 (15.5) Arm 3 = -60.0 (15.5)
		3	Open RYGB, std	N entering 33 N completing 33	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
		4	Open RYGB, long	N entering 31 N completing 28	Arm 4 = -64.0 (15.5) Average weight loss at 36 months in kg Arm 1 = -41.0 (20.3) Arm 2 = -31.0 (20.3) Arm 3 = -59.0 (20.3)
Choban 1999	Design Case Series Jadad NA Population Adults, Females	1	Open RYGB, std	N entering 107 N completing 54	Included in meta-analysis of weight loss. Average weight loss at 23 months in kg Arm 1 = -42.0 (20.3)

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Choi 1999	Design Case Series Jadad NA Population Adults, Females	1	Open VBG	N entering ND N completing 17	Included in meta-analysis of weight loss.
		2	Open RYGB, std	N entering ND N completing 12	Average weight loss at 12 months in kg Arm 1 = -39.3 (15.5) Arm 2 = -46.7 (15.5) Average weight loss at 19 months in kg Arm 1 = -38.4 (15.5) Arm 2 = -54.6 (15.5)
Cook 1999	Design Case Series Jadad NA Population Adults, Females	1	Open RYGB, std	N entering 100 N completing 100	Excluded from meta-analysis because weight loss not reported by surgery type.
Courcoulas 2003	Design Case Series Jadad NA Population Adults, Females	1	LAP RYGB, std	N entering 80 N completing 12	Included in meta-analysis of weight loss.
		2	Open RYGB, std	N entering 80 N completing 12	Average weight loss at 12 months in bmi Arm 1 = -15.2 (5.9) Arm 2 = -15.1 (5.9)
Crampton 1997	Design Case Series Jadad NA Population Adults, Females	1	Open RYGB, std	N entering 64 N completing 6	Included in meta-analysis of weight loss. Average weight loss at 24 months in kg Arm 1 = -48.0 (20.5)
Dargent 1999	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	LAP adjustable band	N entering 500 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
Das 2003	Design Case Series Jadad NA Population Adults, Females	1	Open RYGB, std	N entering 20 N completing 20	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -44.7 (14.6)
Davila-Cervantes 2000	Design Case Series Jadad NA Population Adults, Females	1	Open VBG	N entering 20 N completing 19	Included in meta-analysis of weight loss.
		2	LAP VBG	N entering 20 N completing 20	Average weight loss at 12 months in kg Arm 1 = -31.0 (15.5) Arm 2 = -28.0 (15.5)

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
de Csepel 2001	Design Case Series Jadad NA Population Adults, Females	1	LAP RYGB, std	N entering 7 N completing 7	Excluded from meta-analysis because study sample size < 10.
De Luca 2000	Design Case Series Jadad NA Population Adults, Females	1	LAP adjustable band	N entering 22 N completing 22	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -35.1 (15.5) Arm 2 = -25.1 (15.5) Average weight loss at 36 months in kg Arm 1 = -54.9 (20.3) Arm 2 = -43.0 (20.3)
		2	Open adjustable band	N entering 47 N completing 47	
de Wit 1999	Design RCT Jadad 2 Population Adults	1	LAP adjustable band	N entering 25 N completing 25	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -35.0 (15.5) Arm 2 = -34.4 (15.5)
		2	Open adjustable band	N entering 25 N completing 24	
de Zwaan 2002	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	Control	N entering 164 N completing 110	Included in meta-analysis of weight loss. Average weight loss at 168 months in bmi Arm 2 = -11.0 (6.7) Arm 1 excluded because mean weight loss not reported.
		2	Open RYGB, std	N entering 100 N completing 78	
DeMaria 2000	Design Case Series Jadad NA Population Adults	1	LAP adjustable band	N entering 300 N completing 115	Excluded from meta-analysis because study did not report mean weight loss.
DeMaria 2001	Design Case Series Jadad NA Population Adults, Females	1	LAP adjustable band	N entering 37 N completing 4	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs Arm 1 = -44.0 (34.1) Average weight loss at 36 months in lbs Arm 1 = -61.0 (44.7)

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Doherty 2002	Design Case Series Jadad NA Population Adults	1	Open adjustable band	N entering 40 N completing 13	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -34.0 (15.5) Arm 2 = -19.0 (15.5) Average weight loss at 72 months in kg Arm 1 = -21.0 (20.3) Arm 2 = -10.0 (20.3)
		2	LAP adjustable band	N entering 22 N completing 13	
Doherty 1998	Design Case Series Jadad NA Population Adults	1	Open adjustable band	N entering 40 N completing 24	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -35.0 (15.5) Average weight loss at 48 months in kg Arm 1 = -29.0 (20.3)
Dolan 2003	Design Case Series Jadad NA Population Adults, Adolescents, Children	1	LAP adjustable band	N entering 17 N completing 17	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -30.9 (11.6) Average weight loss at 24 months in kg Arm 1 = -35.6 (11.8)
Doldi 2000	Design Case Series Jadad NA Population Adults, Females	1	Open adjustable band	N entering 64 N completing 64	Excluded from meta-analysis because study did not report mean weight loss.
		2	LAP adjustable band	N entering 109 N completing 109	
Dymek 2002	Design Case Series Jadad NA Population Adults, Females	1	Control	N entering 80 N completing 80	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 2 = -18.3 (5.9) Arm 1 excluded because weight loss was not reported.
		2	Open RYGB, std	N entering 236 N completing ND	
Feng 2002	Design Case Series Jadad NA Population Adults	1	BPD/Duodenal switch	N entering 40 N completing 40	Excluded from meta-analysis because study did not report mean weight loss.

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Field 1992	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	Open VBG	N entering 36 N completing 11	Included in meta-analysis of weight loss. Average weight loss at 120 months in bmi Arm 1 = -7.5 (7.6)
Fielding 1999	Design Case Series Jadad NA Population Adults	1	LAP adjustable band	N entering 335 N completing 308	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -37.0 (10.0) Average weight loss at 18 months in kg Arm 1 = -41.0 (18.0)
Fobi 1993	Design Case Series Jadad NA Population Adults, Females	1 2	Open VBG Open RYGB, std	N entering 100 N completing 43 N entering 100 N completing 46	Excluded from meta-analysis because study did not report mean weight loss.
Fobi 2001	Design CCT Jadad 0 Population Adults, Females	1 2	Open RYGB, std Open RYGB, std	N entering 25 N completing 22 N entering 25 N completing 20	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs Arm 1 = -20.6 (34.1) Arm 2 = -18.7 (34.1) Average weight loss at 72 months in lbs Arm 1 = -21.6 (44.7) Arm 2 = -21.7 (44.7)
Forestieri 1998	Design Case Series Jadad NA Population Adults, Adolescents, Females	1 2	Open adjustable band LAP adjustable band	N entering 52 N completing 52 N entering 10 N completing 10	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 3 = -35.6 (17.0) Average weight loss at 24 months in kg Arm 3 = -61.6 (13.7) Arms 1, 2 combined into single arm 3.
Forsell 1999	Design Case Series Jadad NA Population Adults, Females	1	Open adjustable band	N entering 326 N completing 311	Included in meta-analysis of weight loss. Average weight loss at 28 months in kg Arm 1 = -37.0 (20.3)

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Forsell 1997	Design Case Series Jadad NA Population Adults	1	Open adjustable band	N entering 50 N completing 46	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -42.0 (9.0) Average weight loss at 48 months in kg Arm 1 = -54.5 (8.0)
Freeman 1997	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	Open RYGB, std	N entering 40 N completing 37	Included in meta-analysis of weight loss
		2	Open RYGB, long	N entering 81 N completing 69	Average weight loss at 12 months in bmi Arm 1 = -13.0 (5.9) Arm 2 = -14.0 (5.9) Average weight loss at 36 months in bmi Arm 1 = -18.0 (7.7) Arm 2 = -16.0 (7.7)
Goulding 1995	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	Open VBG	N entering 200 N completing 114	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 1 = -13.2 (5.9)
Greenstein 1995	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	Open VBG	N entering 14 N completing 14	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs Arm 1 = -15.8 (12.4) Average weight loss at 36 months in lbs Arm 1 = -54.9 (42.1)
Griffen 1977	Design CCT Jadad 0 Population Adults	1	Open RYGB, std	N entering 32 N completing 18	Included in meta-analysis of weight loss.
		2	Jejunal-ileal bypass	N entering 27 N completing 22	Average weight loss at 12 months in kg Arm 1 = -51.0 (21.8) Arm 2 = -57.9 (25.3)
Gustavsson 2002	Design Case Series Jadad NA Population Adults	1	LAP adjustable band	N entering 90 N completing 90	Included in meta-analysis of weight loss. Average weight loss at 60 months in bmi Arm 1 = -9.3 (7.6)

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Hall 1990	Design RCT Jadad 3 Population Adults, Females	1	Open VBG	N entering 106 N completing 80	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -36.0 (16.3) Arm 2 = -29.0 (29.0) Arm 3 = -42.0 (18.8) Average weight loss at 36 months in kg Arm 1 = -33.0 (20.3) Arm 2 = -17.0 (24.0) Arm 3 = -39.0 (21.3)
		2	Open gastroplasty	N entering 105 N completing 67	
		3	Open RYGB, std	N entering 99 N completing 85	
Hedenbro 2002	Design Case Series Jadad NA Population Adults, Females	1	Open RYGB, std	N entering 146 N completing 15	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -47.0 (15.5) Average weight loss at 36 months in kg Arm 1 = -53.0 (20.3)
Hess 1998	Design Case Series Jadad NA Population Adults, Females	1	BPD/Duodenal switch	N entering 440 N completing ND	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -55.0 (15.5)
Hesse 2001	Design Case Series Jadad NA Population Adults, Females	1	Open adjustable band	N entering 29 N completing 29	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -24.8 (15.5) Arm 2 excluded because it only reported 6 month follow-up.
		2	Open adjustable band	N entering 41 N completing 41	
Higa 2000	Design Case Series Jadad NA Population Adults, Females	1	LAP RYGB, std	N entering 1040 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
Higa 2000	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	LAP RYGB, std	N entering 400 N completing ND	Excluded from meta-analysis because study reported data on another study already included in analysis (949).

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Horchner 1999	Design Case Series Jadad NA Population Adults, Females .	1	LAP adjustable band	N entering 42 N completing 39	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -22.4 (15.5)
Howard 1995	Design RCT Jadad 1 Population Adults, Females	1	Open RYGB, std	N entering ND N completing 6	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open VBG	N entering ND N completing 6	
Kalfarentzos 1999	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	Open VBG	N entering 35 N completing 9	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 1 = -13.3 (5.9) Arm 2 = -16.5 (5.9) Average weight loss at 36 months in bmi Arm 1 = -10.2 (7.6) Arm 2 = -14.0 (7.6) Arm 3 excluded from 36 month analysis because maximum follow-up time reported was 24 months.
		2	Open RYGB, std	N entering 38 N completing 7	
		3	Open RYGB, long	N entering 17 N completing 2	
Karason 1997	Design Case Series Jadad NA Population Adults	1	Control	N entering 43 N completing 43	Excluded from meta-analysis based on expert opinion.
		2	Control	N entering 35 N completing 31	
		3	Gastric surgery NOS	N entering 41 N completing 41	
Karason2000	Design Case Series Jadad NA Population Adults	1	Control	N entering 1310 N completing 1099	Excluded from meta-analysis because study reported data on another study already included in analysis (733).
		2	Gastric surgery NOS	N entering 1310 N completing 1210	
Karason 1999	Design Case Series Jadad NA Population Adults	1	Control	N entering 28 N completing 24	Excluded from meta-analysis because study reported data on another study already included in analysis (733).
		2	Gastric surgery NOS	N entering 28 N completing 28	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Karason 1999	Design Case Series Jadad NA Population Adults	1	Control	N entering 19 N completing 17	Excluded from meta-analysis because study reported data on another study already included in analysis (733).
		2	Gastric surgery NOS	N entering 20 N completing 19	
Karlsson 1998	Design Case Series Jadad NA Population Adults	1	Control	N entering 487 N completing 487	Excluded from meta-analysis because study reported data on another study already included in analysis (733).
		2	Open VBG	N entering 315 N completing 315	
		3	Open adjustable band	N entering 136 N completing 136	
		4	Open RYGB, std	N entering 36 N completing 36	
Kim 1992	Design Case Series Jadad NA Population Adults, Females	1	Open RYGB, std	N entering 2 N completing 2	Excluded from meta-analysis because study sample size < 10.
Kothari 2002	Design Case Series Jadad NA Population Adults	1	LAP adjustable band	N entering 36 N completing 36	Excluded from meta-analysis because study did not report mean weight loss.
Laws 1981	Design RCT Jadad 2 Population Adults	1	Open RYGB, std	N entering 27 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open gastroplasty	N entering 26 N completing ND	
Lechner 1983	Design CCT Jadad 0 Population Adults, Females	1	Open gastroplasty	N entering 147 N completing 16	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -28.6 (17.1) Arm 2 = -43.6 (12.1) Average weight loss at 24 months in kg Arm 1 = -28.8 (18.0) Arm 2 = -45.5 (13.3)
		2	Open RYGB, std	N entering 95 N completing 8	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Lechner 1981	Design RCT Jadad 1 Population Adults, Females	1	Open VBG	N entering 50 N completing 50	Excluded from meta-analysis because study reported data on another study already included in analysis (1140).
		2	Open RYGB, std	N entering 50 N completing 50	
Letiexhe 1995	Design Case Series Jadad NA Population Adults, Females	1	Open VBG	N entering 8 N completing 8	Excluded from meta-analysis because study sample size < 10.
Lujan 2002	Design Case Series Jadad NA Population Adults, Females	1	LAP RYGB, std	N entering 50 N completing 50	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 1 = -14.0 (5.9) Average weight loss at 18 months in bmi Arm 1 = -17.0 (7.6)
Lundell 1987	Design RCT Jadad 2 Population Adults, Females	1	Open nonadjustable band	N entering 12 N completing 12	Excluded from meta-analysis because weight loss not reported by surgery type.
		2	Open gastroplasty	N entering 15 N completing 15	
Lundell 1997	Design RCT Jadad 1 Population Adults	1	Open VBG	N entering 24 N completing ND	Excluded from meta-analysis because weight loss not reported by surgery type.
		2	Open adjustable band	N entering 26 N completing ND	
MacLean 2000	Design Case Series Jadad NA Population Adults	1	Open RYGB, std	N entering 277 N completing 243	Included in meta-analysis of weight loss. Average weight loss at 60 months in bmi Arm 1 = -17.3 (7.6)
MacLean 1990	Design Case Series Jadad NA Population Adults	1	Open VBG	N entering 201 N completing 57	Excluded from meta-analysis because study did not report mean weight loss.
MacLean 1996	Design Case Series	1	Open VBG	N entering 21 N completing 21	Excluded from meta-analysis because weight loss not reported by surgery type.

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
	Jadad NA Population Adults	2	Open RYGB, std	N entering 57 N completing 57	
MacLean 1993	Design RCT Jadad 1 Population Adults	1	Open VBG	N entering 54 N completing 54	Excluded from meta-analysis because weight loss not reported by surgery type.
		2	Open RYGB, std	N entering 52 N completing 52	
Marceau 1993	Design Case Series Jadad NA Population Adults, Females	1	BPD/Duodenal switch	N entering 149 N completing 27	Excluded from meta-analysis because study did not report mean weight loss.
		2	BPD/Duodenal switch	N entering 156 N completing 10	
Mason 1998	Design Case Series Jadad NA Population Adults	1	Open VBG	N entering 70 N completing 40	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open VBG	N entering 43 N completing 23	
Mason 1982	Design Case Series Jadad NA Population Adults	1	Open VBG	N entering 42 N completing ND	Excluded from meta-analysis because follow-up time was less than 12 months.
Matthews 2000	Design Case Series Jadad NA Population Adults, Females	1	LAP RYGB, std	N entering 48 N completing 27	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs Arm 1 = -115.0 (34.1)
Melissas 1998	Design Case Series Jadad NA Population Adults, Females	1	Open VBG	N entering 62 N completing 12	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -44.0 (13.0) Average weight loss at 48 months in kg Arm 1 = -47.0 (18.0)
Miller 1999	Design Case Series Jadad NA	1	LAP adjustable band	N entering ND N completing 102	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
	Population Adults, Adolescents, Females	2	LAP adjustable band	N entering ND N completing 54	Arm 1 = -12.0 (15.5) Arm 2 = -17.0 (15.5) Average weight loss at 36 months in kg Arm 1 = -44.0 (20.3) Arm 2 = -48.0 (20.3)
Mitchell 2001	Design Case Series Jadad NA Population Adults, Females	1	Open RYGB, std	N entering 100 N completing 78	Included in meta-analysis of weight loss. Average weight loss at 180 months in kg Arm 1 = -30.1 (20.3)
Mittermair 2003	Design Case Series Jadad NA Population Adults, Females	1	LAP adjustable band	N entering 454 N completing ND	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -35.5 (15.5) Average weight loss at 36 months in kg Arm 1 = -54.0 (20.3)
Morino 2003	Design RCT Jadad 1 Population Females	1	LAP adjustable band	N entering 49 N completing 44	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 1 = -9.2 (5.9) Arm 2 = -9.0 (5.9)
		2	LAP VBG	N entering 51 N completing 49	Average weight loss at 36 months in bmi Arm 1 = -14.1 (7.7) Arm 2 = -13.5 (7.7)
Narbro 1999	Design Case Series Jadad NA Population Adults	1	Control	N entering 369 N completing 339	Excluded from meta-analysis because study reported data on another study already included in analysis (733).
		2	Gastric surgery NOS	N entering 369 N completing 339	
Naslund 1987	Design RCT Jadad 1 Population Adults, Females	1	Open loop gastric bypass	N entering 29 N completing 29	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -42.3 (10.9) Arm 2 = -29.9 (10.0) Average weight loss at 36 months in kg Arm 1 = -38.4 (13.2) Arm 2 = -24.7 (13.1)
		2	Open gastroplasty	N entering 28 N completing 28	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population		Arm	Type of surgery	Sample size		Meta-analysis data
Naslund 1986	Design	RCT	1	Open loop gastric bypass	N entering N completing	29 29	Excluded from meta-analysis because study reported data on another study already included in analysis (1078).
	Jadad	1	2	Open gastroplasty	N entering N completing	28 28	
	Population	Adults, Females					

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Naslund 1987	Design RCT Jadad 1 Population Adults, Females	1	Open gastroplasty	N entering 28 N completing 28	Excluded from meta-analysis because study reported data on another study already included in analysis (1078).
		2	Open loop gastric bypass	N entering 29 N completing 29	
Naslund1988	Design RCT Jadad 1 Population Adults, Females	1	Open loop gastric bypass	N entering 26 N completing 26	Excluded from meta-analysis because study reported data on another study already included in analysis (1078).
		2	Open gastroplasty	N entering 25 N completing 25	
Naslun 1988	Design RCT Jadad 2 Population Adults, Females	1	Open loop gastric bypass	N entering 26 N completing 26	Excluded from meta-analysis because study reported data on another study already included in analysis (1078).
		2	Open gastroplasty	N entering 25 N completing 23	
Naslund 1986	Design RCT Jadad 1 Population Adults, Females	1	Open loop gastric bypass	N entering 29 N completing 29	Excluded from meta-analysis because study reported data on another study already included in analysis (1078).
		2	Open VBG	N entering 28 N completing 28	
Nguyen 2001	Design CCT Jadad 1 Population Adults, Females	1	LAP RYGB, std	N entering 79 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open RYGB, std	N entering 76 N completing ND	
Nguyen 2000	Design Case Series Jadad NA Population Adults, Females	1	LAP RYGB, std	N entering 35 N completing 35	Excluded from meta-analysis because weight loss not reported by surgery type.
		2	Open RYGB, std	N entering 69 N completing 35	
Nilsell 2001	Design RCT Jadad 2 Population Adults, Females	1	Open VBG	N entering 30 N completing 16	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -41.0 (15.5) Arm 2 = -24.0 (15.5) Average weight loss at 60 months in kg Arm 1 = -35.0 (19.2) Arm 2 = -43.0 (12.0)
		2	Open adjustable band	N entering 16 N completing 3	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Nowara 2001	Design Case Series Jadad NA Population Adults, Females	1	LAP adjustable band	N entering 34 N completing ND	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 3 = -11.7 (5.9)
		2	LAP adjustable band	N entering 74 N completing ND	Average weight loss at 24 months in bmi Arm 3 = -14.6 (7.6) Arms 1, 2 combined into single arm 3.
O'Brien 1999	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	LAP adjustable band	N entering 302 N completing 289	Excluded from meta-analysis because study did not report mean weight loss.
O'Brien 2002	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	LAP adjustable band	N entering 659 N completing ND	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 3 = -10.0 (5.9)
		2	LAP adjustable band	N entering 50 N completing ND	Average weight loss at 72 months in bmi Arm 3 = -13.0 (7.6) Arms 1 & 2 combined into single arm 3.
Oh 1997	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	Open RYGB, std	N entering 194 N completing 14	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -47.5 (15.5) Average weight loss at 48 months in kg Arm 1 = -48.5 (20.3)
Olbers 2003	Design Case Series Jadad NA Population Adults, Females	1	LAP RYGB, std	N entering 140 N completing ND	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 3 = -15.0 (5.9)
		2	LAP RYGB, std	N entering 10 N completing ND	Average weight loss at 60 months in bmi Arm 3 = -14.5 (7.6) Arms 1 & 2 combined into single arm 3.

Meta-analysis data reported as an average with its standard deviation in parentheses.
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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Papasavas 2002	Design Case Series Jadad NA Population Adults, Females	1	LAP RYGB, std	N entering 113 N completing ND	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 3 = -16.3 (5.9) Average weight loss at 18 months in bmi Arm 3 = -17.3 (7.6) Arms 1 & 2 combined into single arm 3.
		2	LAP RYGB, std	N entering 3 N completing ND	
Peace 1989	Design Case Series Jadad NA Population Adults, Females	1	Open gastroplasty	N entering 48 N completing 39	Included in meta-analysis of weight loss. Average weight loss at 17 months in kg Arm 1 = -42.3 (15.8)
Perugin 2003	Design Case Series Jadad NA Population Adults, Females	1	LAP RYGB, std	N entering 188 N completing 93	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -48.0 (15.5)
Pontiroli 2002	Design Case Series Jadad NA Population Adults, Females	1	Control	N entering 120 N completing ND	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 2 = -8.0 (5.9) Average weight loss at 36 months in bmi Arm 2 = -7.9 (7.6) Arm 1 excluded because no sample size was reported.
		2	LAP adjustable band	N entering 143 N completing 56	
Pories 1982	Design RCT Jadad 1 Population Adults, Females	1	Open RYGB, std	N entering 42 N completing 42	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs Arm 1 = -108.5 (34.1) Arm 2 = -68.3 (34.1) Average weight loss at 18 months in lbs Arm 1 = -113.3 (44.7) Arm 2 = -66.2 (44.7)
		2	Open gastroplasty	N entering 45 N completing 45	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Pories 1987	Design Case Series Jadad NA Population Adults, Females	1	Open RYGB, std	N entering 397 N completing 26	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs Arm 1 = -106.0 (34.1) Average weight loss at 72 months in lbs Arm 1 = -85.0 (44.7)
Quaade 1979	Design RCT Jadad 1 Population Adults, Females	1	Control	N entering 66 N completing ND	Excluded from meta-analysis because study reported data on another study already included in analysis (1140)
		2	Jejunal-ileal bypass	N entering 130 N completing ND	
Rand 1994	Design Case Series Jadad NA Population Adults, Adolescents, Children, Females	1	Open RYGB, std	N entering 30 N completing 30	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open VBG	N entering 4 N completing 4	
Randolph 1974	Design Case Series Jadad NA Population Adolescents, Females	1	Jejunal-ileal bypass	N entering 4 N completing 4	Excluded from meta-analysis because study sample size < 10.
Reddy 2002	Design Case Series Jadad NA Population Adults, Females	1	Open RYGB, std	N entering 103 N completing 98	Excluded from meta-analysis because follow-up time was less than 12 months.
Reinhold 1994	Design Case Series Jadad NA Population Adults, Females	1	Open loop gastric bypass	N entering 66 N completing ND	Excluded from meta-analysis because weight loss not reported by surgery type.
		2	Open RYGB, std	N entering ND N completing 3	
Rigg 1975	Design Case Series Jadad NA Population Adolescents .	1	Jejunal-ileal bypass	N entering 8 N completing 8	Excluded from meta-analysis because study sample size < 10.

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Schauer 2000	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	LAP RYGB, std	N entering 275 N completing 5	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 1 = -16.8 (5.9) Average weight loss at 24 months in bmi Arm 1 = -20.9 (7.6)
Scopinaro 1996	Design Case Series Jadad NA Population Adults, Adolescents, Children	1	BPD/Duodenal switch	N entering 1217 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
Sjostrom 2000	Design Case Series Jadad NA Population Adults	1	Control	N entering 346 N completing 232	Excluded from meta-analysis because study reported data on another study already included in analysis (733).
		2	Open VBG	N entering 227 N completing 164	
		3	Open adjustable band	N entering 86 N completing 63	
		4	Open RYGB, std	N entering 33 N completing 24	
Sjostrom 1999	Design Case Series Jadad NA Population Adults	1	Control	N entering 845 N completing 712	Excluded from meta-analysis because study reported data on another study already included in analysis (733)
		2	Open adjustable band	N entering ND N completing 191	
		3	Open VBG	N entering ND N completing 534	
		4	Open RYGB, std	N entering ND N completing 42	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Sjostrom 2001	Design Case Series Jadad NA Population Adults	1	Control	N entering 1031 N completing ND	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -1.6 (6.6) Arm 2 = -30.7 (11.8) Arm 3 = -25.8 (12.9) Arm 4 = -44.0 (15.0) Average weight loss at 66 months in kg Arm 1 = 1.5 (10.2) Arm 2 = -20.8 (13.1) Arm 3 = -20.7 (16.6)
		2	Open VBG	N entering 834 N completing ND	
		3	Open adjustable band	N entering 255 N completing 988	
		4	Open RYGB, std	N entering 68 N completing ND	
Smith 2004	Design Case Series Jadad NA Population	1	LAP RYGB, std	N entering 328 N completing 328	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 1 = -17.2 (5.9) Arm 2 = -19.2 (5.9)
		2	Open RYGB, std	N entering 451 N completing 451	
Soper 1975	Design Case Series Jadad NA Population Adults, Adolescents	1	Open RYGB, std	N entering 834 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open gastroplasty	N entering 3 N completing ND	
Stanford 2003	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	LAP RYGB, std	N entering 4 N completing 4	Excluded from meta-analysis because study sample size < 10.
Stoner 1997	Design Case Series Jadad NA Population Adults	1	Open VBG	N entering 202 N completing 165	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs Arm 1 = -78.0 (34.1) Average weight loss at 42 months in lbs Arm 1 = -85.0 (44.7)

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
NR, ND = Not reported or not described

Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Strauss 2001	Design Case Series Jadad NA Population Adolescents	1	Open RYGB, std	N entering 10 N completing 9	Excluded from meta-analysis because study sample size < 10.
Sugerman 2003	Design Case Series Jadad NA Population Adolescents, Children	1	Open gastroplasty	N entering 1 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open VBG	N entering 2 N completing ND	
		3	Open RYGB, std	N entering 15 N completing ND	
		4	LAP gastroplasty	N entering 2 N completing ND	
		5	Open RYGB, long	N entering 13 N completing ND	
Sugerman 1989	Design Case Series Jadad NA Population Adults	1	Open VBG	N entering 40 N completing 28	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs ^Arm 1 = -61.0 (34.1) ^Arm 2 = -96.0 (34.1) Average weight loss at 36 months in lbs Arm 1 = -54.0 (44.7) Arm 2 = -88.0 (44.7)
		2	Open RYGB, std	N entering 182 N completing 141	
Sugerman 1996	Design Case Series Jadad NA Population Adults	1	Open RYGB, std	N entering 54 N completing ND	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs Arm 3 = -99.0 (34.1) Average weight loss at 72 months in lbs Arm 3 = -92.0 (44.7) Arms 1 & 2 combined into single arm 3.
		2	Open RYGB, std	N entering 4 N completing ND	
Sugerman 1987	Design RCT Jadad 2 Population Adults, Females	1	Open RYGB, std	N entering 20 N completing 18	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs Arm 1 = -96.0 (25.0) Arm 2 = -71.0 (24.0) Average weight loss at 36 months in lbs Arm 1 = -91.0 (28.0) Arm 2 = -60.0 (32.0)
		2	Open VBG	N entering 20 N completing 16	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Suter 2000	Design Case Series Jadad NA Population Adults, Females	1	LAP adjustable band	N entering ND N completing 101	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 3 = -13.0 (5.9) Average weight loss at 24 months in bmi Arm 3 = -13.0 (7.6) Arms 1, 2 combined into single arm 3.
		2	LAP adjustable band	N entering ND N completing 47	
Suter 2003	Design Case Series Jadad NA Population Adults, Females	1	LAP RYGB, std	N entering 80 N completing ND	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 3 = -13.2 (5.9) Average weight loss at 24 months in bmi Arm 3 = -12.2 (7.6) Arms 1 & 2 combined into single arm 3.
		2	LAP RYGB, std	N entering 27 N completing ND	
Suter 1999	Design Case Series Jadad NA Population Adults, Females	1	Open VBG	N entering 73 N completing 73	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 4 = -12.5 (5.9) Arm 5 = -14.7 (5.9) Average weight loss at 24 months in bmi Arm 4 = -14.5 (7.6) Arm 5 = -14.7 (7.6) Arms 1, 2, 3 combined into single arm 5.
		2	Open VBG	N entering 40 N completing 76	
		3	Open VBG	N entering 84 N completing 76	
		4	LAP nonadjustable band	N entering 76 N completing 76	
Szold 2002	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	LAP adjustable band	N entering 715 N completing 121	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 1 = -10.1 (5.9) Average weight loss at 36 months in bmi Arm 1 = -11.1 (7.6)
Tacchino 2003	Design Case Series Jadad NA	1	Control	N entering 53 N completing 53	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
	Population Adults, Females	2	BPD/Duodenal switch	N entering 101 N completing 101	Arm 2 = -43.3 (15.5) Average weight loss at 24 months in kg Arm 2 = -46.0 (20.3) Arm 1 excluded because mean weight loss not reported.
The Danish Obesity Project 1979	Design RCT Jadad 1 Population Adults	1	Control	N entering 69 N completing 52	Included in meta-analysis of weight loss. Average weight loss at 24 months in kg Arm 1 = -5.9 (13.1) Arm 2 = -42.9 (22.0)
		2	Jejunal-ileal bypass	N entering 133 N completing 130	
Toppino 1999	Design Case Series Jadad NA Population Adults	1	LAP nonadjustable band	N entering 10 N completing 1	Excluded from meta-analysis because study did not report mean weight loss.
		2	LAP adjustable band	N entering 361 N completing 56	
		3	LAP VBG	N entering 120 N completing 20	
Toppino 1999	Design Case Series Jadad NA Population Adults, Females	1	Open VBG	N entering 218 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
		2	LAP VBG	N entering 107 N completing ND	
Torgerson 2001	Design Case Series Jadad NA Population Adults	1	Control	N entering 712 N completing 232	Excluded from meta-analysis because study reported data on another study already included in analysis (733).
		2	Open adjustable band	N entering ND N completing ND	
		3	Open RYGB, std	N entering ND N completing ND	
		4	Open VBG	N entering ND N completing ND	
van de Weijgert 1999	Design Case Series Jadad NA Population Adults, Females	1	Open RYGB, std	N entering 100 N completing 75	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open VBG	N entering 100 N completing 78	
van Gemert 1998	Design Case Series Jadad NA	1	Control	N entering 20 N completing 20	Included in meta-analysis of weight loss. Average weight loss at 86 months in kg Arm 2 = -41.4 (20.3)
		2	Open RYGB, std	N entering ND N completing 18	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
	Population Adults, Females	3	Open VBG	N entering ND N completing 14	Arm 3 = -38.0 (20.3) Arm 4 = -48.3 (20.3)
		4	Open VBG	N entering ND N completing 30	

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
Van Rij 1984	Design RCT Jadad 1 Population Adults .	1	Open RYGB, std	N entering 42 N completing 42	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open gastroplasty	N entering 45 N completing 45	
VanWoert 1992	Design RCT Jadad 1 Population Adults	1	Open RYGB, std	N entering 15 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
		2	Open VBG	N entering 17 N completing ND	
Viddal 1983	Design RCT Jadad 1 Population Adults, Females	1	Jejunal-ileal bypass	N entering 10 N completing ND	Included in meta-analysis of weight loss.
		2	Jejunal-ileal bypass	N entering 11 N completing ND	Average weight loss at 18 months in kg Arm 1 = -37.0 (20.3) Arm 2 = -40.0 (20.3)
Weiner 2001	Design RCT Jadad 1 Population Adults, Females	1	LAP adjustable band	N entering 51 N completing ND	Included in meta-analysis of weight loss.
		2	LAP adjustable band	N entering 50 N completing ND	Average weight loss at 12 months in kg Arm 1 = -50.9 (15.5) Arm 2 = -55.8 (15.5) Average weight loss at 18 months in kg Arm 1 = -50.9 (20.3) Arm 2 = -56.8 (20.3)
Weiner 2003	Design Case Series Jadad NA Population Adults, Females	1	LAP adjustable band	N entering 984 N completing 955	Included in meta-analysis of weight loss. Average weight loss at 12 months in bmi Arm 1 = -12.8 (5.9) Average weight loss at 36 months in bmi Arm 1 = -14.8 (7.6)
Westling 2001	Design RCT Jadad 2 Population Adults, Females	1	LAP RYGB, std	N entering 30 N completing 30	Included in meta-analysis of weight loss.
		2	Open RYGB, std	N entering 21 N completing 21	Average weight loss at 12 months in bmi Arm 1 = -14.0 (3.0) Arm 2 = -13.0 (3.0)
White 1974	Design Case Series	1	Jejunal-ileal bypass	N entering 1 N completing 1	Excluded from meta-analysis because study sample size < 10.

Meta-analysis data reported as an average with its standard deviation in parentheses.
NA = Not available or not applicable
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Appendix C.

Evidence Table- Surgery

First author Year	Study design and Quality Population	Arm	Type of surgery	Sample size	Meta-analysis data
	Jadad NA Population Adults, Adolescents, Children, Males	2	Jejunal-ileal bypass	N entering 2 N completing 3	
Wiesner 2000	Design Case Series Jadad NA Population Adults, Females	1	LAP adjustable band	N entering 98 N completing ND	Excluded from meta-analysis because study did not report mean weight loss.
Wittgrove 2000	Design Case Series Jadad NA Population Adults	1	LAP RYGB, std	N entering 500 N completing 4	Excluded from meta-analysis because study did not report mean weight loss.
Yale 1989	Design Case Series Jadad NA Population Adults, Adolescents, Females	1	Open RYGB, std	N entering 251 N completing 225	Included in meta-analysis of weight loss. Average weight loss at 12 months in kg Arm 1 = -46.0 (13.0) Arm 2 = -30.0 (18.0) Arm 3 = -35.0 (11.0) Average weight loss at 36 months in kg Arm 3 = -33.0 (15.0) Average weight loss at 60 months in kg Arm 1 = -41.0 (19.0)
		2	Open gastroplasty	N entering 186 N completing 106	
		3	Open VBG	N entering 100 N completing 89	
Yale 1991	Design Case Series Jadad NA Population Adults, Females	1	Open VBG	N entering 100 N completing 98	Included in meta-analysis of weight loss. Average weight loss at 12 months in lbs Arm 1 = -75.0 (30.0) Arm 2 = -77.0 (24.0)
		2	Open VBG	N entering 100 N completing 97	
Yashko1997	Design Case Series Jadad NA Population Adults	1	Open VBG	N entering 24 N completing ND	Excluded from meta-analysis because study did not report follow-up time.

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NA = Not available or not applicable
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Appendix D

Table 1. Technical Expert Panel members

Name	Institution
Gary Anthone, M.D., FACS	University of Southern California, Dept of Surgery
Caroline Apovian, M.D.	Boston Medical Center
Lou Aronne, M.D.	Weill-Cornell College of Medicine
David Arterburn, MD	Department of Veterans Affairs
Patricia Barry, M.D., MPH	Merck Institute of Aging and Health
Sulaiman Bharwani, M.D., FAAP	Louisiana State University Medical Center
George Bray, M.D.	Pennington Biomedical Research Center
William J. Cochran, M.D.	Geisinger Health System
Nick Fitterman, M.D., FACP	North Shore Medical Group
Frank Greenway, M.D.	Pennington Biomedical Research Center
David Heber, M.D.	University of California Los Angeles, School of Medicine & Public Health
Marc Jacobson, M.D.	Schneider Children's Hospital
Sue Y.S. Kimm, M.D., MPH	University of Pittsburg
Evelyn L. Lewis&Clark, M.D., MA	Uniformed Services University
Edward Livingston, M.D.	Southwestern Medical Center
Denis Prud'homme, M.D., M.Sc.	University of Ottawa
Harvey Sugerman, M.D.	Virginia Commonwealth University

Table 2. Peer Reviewers

Name	Institution
Richard L. Atkinson, M.D.	University of Wisconsin – Madison
Allison Avenell, M.D.	University of Aberdeen Medical School
Peter F. Crookes, M.D.	USC Healthcare Consultation Center
James O. Hill, Ph.D.	UCHSC Center for Human Nutrition
Francine Kaufman, M.D.	Keck School of Medicine
Carolyn Summerbell, Ph.D.	University of Teeside, UK
John Reilly, M.D.	University of Glasgow, Scotland

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
General comment	I have reviewed this document very carefully. I think you did a really good job with this review. It is very difficult to find anything to add or to critique. The only minor point is that you conclude that the medications produce a clinically significant weight loss yet you don't really talk about what clinically significant means. Those in the area know this means reductions in CVD and diabetes risk factors, but it might be useful to include this information, either in the individual reviews of the medications or at least in the conclusions.	We have noted this in the introduction.
General comment	This is a rigorous and helpful summary of the available evidence.	No response necessary.
General comment	It would be important to re-emphasize later in the report that questions 3 and 4 were not sufficiently addressed in the majority of studies.	Appropriate change made.
General comment	Since I am not an expert in this topic (obesity), I was most concerned with the methods used to identify evidence and the presentation and usefulness of the results. It appears that a rigorous search was used to find relevant articles, and a careful methodology was employed to establish and enforce criteria for inclusion.	No response necessary.
General comment	Conclusions appear to be warranted by the outcomes of the report, and will be especially useful for organizations seeking to clarify the evidence for quality clinical practice, such as the American College of Physicians. I did not perceive any significant bias in your presentation or discussion.	No response necessary.

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
General comment	In the past year, I have reviewed a number of documents targeting obesity and overweight in adults. Several of the reports included similar methodologies to the ones used here but also included research that did not use medications. When comparing the conclusions of this project (medical studies section) with those of other projects, the results are very similar and they are presented in an unbiased manner. I also think your reference /literature search was exhaustive and very complete.	No response necessary.
General comment	p. 15-16 The text and tables should more consistently describe the types of patients enrolled e.g., avg. BMI where available.	Appropriate change made.
General comment	The average weight losses in pharmacological clinical trials are not representative of the weight loss effectiveness observed by clinicians in individual obese patients for several reasons.	We have now included total weight loss for each pooled analysis and have added text to the limitations and future research regarding this point.

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
General comment	One potential biased statement is the recurrent mention that, "even modest weight loss may be clinically significant." You reference the introduction later in the document, but there it is referring to weight loss that is substantially greater than recognized by use of pharmacologic treatment.	We disagree, and now note in the report that the total weight loss in the treated groups is above 5 kg, or more than 10 lbs and more than 5% of pretreatment weight loss, which is consistent with a reduction in cardiovascular risk factors. As other reviewers have noted, a very recent study that we could not include in our review, the XENDOS trial, demonstrates a reduction in diabetes in orlistat-treated patients. So we believe the weight loss numbers reported here can have significant health effects.

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Introduction	It may be useful to state the inclusion criteria for drugs employed in this report.	This is done in the methods.
Introduction	Paragraph 2, line 2. This 19.8 figure comes from the BRFSS report and is "self-report" I would suggest you replace it with the NCHS data from Flegal, JAMA 2002 which is "measured" rather than "self-reported" data.	These comments all concern the introduction, which was extensively revised taking into account these comments.
Introduction	Paragraph 2, line 4, you say, "comparison is difficult because of changing definitions of obesity." Since the NHLBI evidence report in 1998, there have been uniform definitions that were used by Flegal and by Mokdad in many reports. Clearly this sentence needs to be modified.	
Introduction	Paragraph 4 line 5. Please insert "factors" after risk.	
	"Weight loss of only 20 pounds can be associated with marked reductions in the risk of these chronic diseases." I would suggest to present the weight loss in percentage because that is the universal way of expressing the amount of weight loss necessary to have some health benefits and/or reduce the incidence of chronic disease.	
Introduction	You quote data from 1999 regarding the prevalence of pediatric obesity. The latest data from 2000 indicates that 10.4% of 2-5 year olds, 15.3% of 6-11 year olds and 15.5% are overweight. Ogden, CI et al. Prevalence and trends in overweight among US children and adolescents, 1999-2000. JAMA 2002;288;1728-1732.	
Introduction	Discussion the health consequences of obesity, there is no mention of liver problems, i.e., non-alcoholic fatty liver disease (AFL). I think that this is a frequent and potentially serious complication and should also be mentioned. If you need references for this, the AGA has a technical and position paper regarding this. Likewise, I am not sure if you want to include psychological issues here, but that is felt to be the most common complication associated with pediatric obesity. (Dietz WH. Health consequences of obesity in youth: childhood predictors of adult disease. Pediatrics 101:S 518-525, 1998.	

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Introduction	The authors state, "although a precise comparison is difficult because of changing definitions of obesity." This is incorrect. The studies by Mokdad AH and Flegal KM that were published by the CDC after 1998 using BRFSS and NHANES data have used a uniform definition of obesity that was adopted in 1998 by the NIH and WHO. This classification scheme is still in use today.	
Introduction	The study by Flegal KM, Caroll, MD, et al. 2002. Prevalence and trends I obesity among US adults, 1999-2000. JAMA 288(14): 1723-7, used NHANES data (which used measured height and weight). The Mokdad studies used BRFSS data (which used self-reported height and weight), which is an underestimate of obesity prevalence. The Flegal paper reports a prevalence of overweight of 64.5% in 1999-20002.	
Introduction	Should have the diagram to help non-surgeons understand the anatomy of these surgeries.	
Introduction	In the *Introduction*, is appropriate for the report and sets the tone of the analyses that follow. The first paragraph suggests obesity is due to the modern high fat diet. The components of the diet that lead to obesity are known. This should be amended. The definitions used for children were not compatible with CDC definitions. This should be amended (i.e., seriously overweight, does this refer to >95th percentile of age and gender). Type II should be written as type 2. Isn't the WHO claim of > 300 million people with obesity inclusive of overweight and obese.	
Introduction	Somewhere in the report you should briefly summarize the basic types of surgical interventions.	

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Methods	It would be a good idea to define what you mean by baseline, do you mean from randomization point, as the orlistat studies often took their baseline as the beginning of the run-in phase, i.e. before randomization.	Often times in the original article this was not clear, although most articles did not have a run-in phase.
Methods	A height of 5 feet and 4 inches needs more justification.	We now state that it makes little difference whether any height between 5 feet and 6 feet is chosen, and as about two-thirds of all participants are women, this range of height encompasses nearly all women, so it doesn't matter what height you pick.
Methods	You need to discuss why adverse events analysis for orlistat and fluoxetine only was carried out.	We now present a pooled adverse event analysis for bupropion and topiramate in addition to orlistat and fluoxetine and the existing adverse event meta-analysis on sibutramine.

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Methods	The search picked up only 1,010 hits, of which only 325 were identified from the electronic searching. This seems astonishingly low, and the reason for this is the very limited search strategy that was employed. A "usual" systematic (Cochrane type) review search for this topic would probably identify 15,000 – 25,000 hits. In Appendix A, it would be useful to state the number of hits identified through electronic searching after de-duplication – I assume that this is 325 (as in Fig 1)?	We report the numbers as we encountered them and our yield in this report was typical for EPC reports.
Methods	Why did the authors not use the same search strategies as those employed by the research team who carried out the Aberdeen? The update searches (and the Aberdeen report) specifically exclude children in the search strategies.	Children were a focus in this report and that is why we did not replicate this strategy.
Methods	I would be interested to see the list of 11 articles that were requested but not found.	These are included in the "Excluded Studies" section and characterized as "not found."
Methods	Second, was there a check against the studies included in the existing "recent" reviews and the articles identified in the update searches – there is no mention of this process in the text, and this would be helpful.	We have added this to the excluded list this was done. We term this "reference mining."
Methods	For studies included in existing "recent" reviews that were used in this report, did the authors go back to the original papers and abstract data on outcomes and adverse events, or simply use the abstracted data in the existing reports.	We abstracted original data.

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Methods	I suggest that it might be simpler to report the meta-analysis done by the authors of this report first, and then (if useful) compare these to those of existing "recent" reports.	Instead of this way to organize the drugs, we chose instead to present the results for FDA-approved drugs first, then non-FDA approved drugs.
Methods	Paragraph 3, Jadad quality score. I am unfamiliar with this, and it would help me to have a bit more description.	We have amplified a little bit on this.
Methods	Paragraph 3, line 3: Insert "said" after specifically.	Appropriate change was made.
Methods	Methods used were sound, and this section was well written. Assumptions made were explicit and the authors carefully considered whether any assumptions made might have altered their conclusions. The lack of pediatric and adolescent evidence could have been addressed in the Methods section, which tends to ignore this subgroup.	No response required.
Methods	I was a little unclear as to whether longer-term outcome evidence (beyond 12 months of treatment) was ineligible or simply very scarce. Outcome data to 12 months is a valuable end-point, but if there is a body of evidence with longer term outcome data (to 24 months for example) this would be informative.	It is scarce.
Methods	Within the 6 and 12-month periods of outcome reported, was treatment continuous for 6 and 12 months in all cases? Was there any attempt to analyze by studies sub-group in order to address the issue of weight loss vs. weight maintenance? I appreciate the complexity of this question, but feel that some statement as to whether the treatment effects summarized in this review are 'weight loss on treatment' as opposed to this plus 'weight maintenance post-treatment' would be helpful.	They are weight loss on treatment. Unfortunately, weight maintenance post-treatment data are exceedingly scarce.

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Methods	The authors correctly point out the lack of evidence on differences in treatment by age/gender/race. There may also be differences by degree of initial obesity – was this variable considered for inclusion in the analysis?	No. In order to do this, we could only do it at the study level and the mean pretreatment BMI varied little in the drug studies. Therefore, there is not enough variance to have useful explanatory power. This would be possible if we had individual patient-level data, but we did not have the resources to request this from original authors.
Methods	I have reservations about how the authors handled heterogeneity among trials of orlistat and fluoxetine and how these results are presented. The authors state "there was significant heterogeneity among studies" of orlistat and fluoxetine at both 6 and 12 months. While the authors use the random effects model appropriately, explore potential reasons for heterogeneity, and present the results of these explorations in the text, the authors ultimately present the heterogeneous pooled effect estimates in the tables and figures. The authors do not go into enough detail about the implications of this heterogeneity for clinical practice – in other words, should we believe this estimate?	We now present sensitivity analyses exploring sources of heterogeneity.
Methods	"Extraction of Adverse Event Data." As you mention, the fact that each event was counted as if it represented a unique individual, this assumption overestimates the number of people having an adverse event. I would prefer that the adverse event be documented based on the number of events and not be attributed to a unique individual.	It's not possible to do a meaningful analysis without the patient as the unit of analysis.

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Methods	The use of a pooled OR for diarrhea may be inappropriate here because the prevalence of diarrhea in exposed individuals is so high.	We agree and have noted this as a limitation.
Methods	Is it too cumbersome to go back and sort out which of these RCT or CT's of pharmacologic agents examined the "goodness of randomization" in terms of the mean BMI's or their equivalents in the different treatment groups? Baseline BMI could be a confounder in subject compliance not only with the underlying dietary recommendation but also with medications. What would have been a desirable design would have been if they had used stratified randomization based on initial BMI and also gender.	Sorry we could not go back and do this.
Methods	It was not clear to me what proportion of the trials of pharmacologic agents also provided dietary counseling for reduced caloric intake for their study subjects and also used caloric intake as a covariate in their analysis. Perhaps, the effect size could be enhanced if the pharmacologic agents are viewed more as adjuvant therapy to caloric restriction.	We now state for each analysis we conducted what proportion of studies had these cointerventions.
Methods	In discussing the decision to drop the review of diet studies, you can cite the fact that the U.S. Preventive Services Task Force is about to publish a review of dietary counseling studies which covers much of this ground. I will forward the correct citation for this report. The reference will be Ann Intern Med. 2003;139(11):933-949. but I will forward the author and title.	We did not drop it for this reason, more because the vast number of studies and heterogeneity would make synthesizing the diet studies a real big job.

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Methods	Meta-analysis – I am not sure the "number needed to harm" is necessarily the best way to communicate the absolute rate difference. Most readers don't have an intuitive sense of the meaning (e.g. lower numbers are worse) and it is directly dependent on the event rate in the control group, which might be more variable than we assume. I think it would be more transparent to present the control rate you estimate from the available studies and the calculated rate of side effects in treated patients based on the odds ratio. E.g. for diarrhea, instead of saying the NNH is 1.48 for diarrhea from orlistat, it might be more informative to say Control rate = 30%, treated rate = 97%. (I am guessing at numbers). It gives the reader a clearer sense of what to expect on treatment, even if not all events are directly attributable to treatment.	We are not sure we agree with this comment. The NNH is certainly used by others in the literature.
Methods	As I mentioned, I do not think NNH is particularly useful. If you retain it, I would drop the decimal points – it conveys an exaggerated sense of precision.	
Methods	Given the significant heterogeneity, there should be greater discussion of the limitations of presenting a pooled estimate of effects. While recognizing the perils of post hoc analyses looking for sources of heterogeneity, given the consistency of the findings it might be useful to explore other possible sources of heterogeneity across the different medications – are there any common factors in the trials that produced the largest or smallest results with different medications.	We discussed this but did not have the time or resources to do this.
Methods	It would be useful to include start/end date of searches. It would be helpful to note (start of second paragraph on page vi) that the 'published review on phentermine…' was *systematic*. I would have preferred greater emphasis on research needs in the Abstract given the lack of evidence for many of the issues addressed.	These are noted now in the Methods section in the "Literature Search" section.

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
sibutramine	Perhaps you should state that you used this unpublished sibutramine review in preference to the published review by O'Meara for the HTA programme/NICE as it post-dated O'Meara: O'Meara S, Riemsma R, Shirran L, Mather L, ter Riet G. The clinical effectiveness and cost-effectiveness of sibutramine in the management of obesity: a technology assessment. Health Technol Assess 2002;6(6).	The sibutramine meta-analysis we used was more up to date, being published in 2004.
sibutramine	First, I am puzzled why the O'Meara review (HTA report) was not included. If it had then the authors could have avoided conducting any meta-analysis (except perhaps for fluoxetine).	
sibutramine	Why was the HTA review on sibutramine by O'Meara (2002 vol 6 No 6) not included in this report? The authors clearly identified the other two HTA reports in this series; orlistat 2001 vol 5 No 18, surgery 2002 vol 6 No 12.	
sibutramine	Last line-I thought that there was "weight" related decrease in lipids in the sibutramine studies	This meta-analysis did report a decrease in lipids with sibutramine treatment, but did not attribute it to weight loss or the drug.
sibutramine	Paragraph 2- There seems to be a discrepancy between numbers of studies. You indicate there are 28, and the in the next two paragraphs you site 11 and 21 studies. Can you please reconcile the differences?	Some studies reported both 6 and 12 month outcomes.
sibutramine	Is the 20-30% increase in achieving 5% weight loss *absolute* or *relative*?	We abstracted this from the original article, we think this it is relative.

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
sibutramine	Why aren't sibutramine and the other agents included in Table 1?	Table 1 only lists the adverse event descriptors we identified for the drugs for which we conducted meta-analysis. For sibutramine we relied on an existing meta-analysis.
sibutramine	More clearly state that the average weight loss with sibutramine was 4.5 kg OVER the weight loss achieved via placebo.	We have now added both the weight loss over placebo and the total weight loss for each of the pooled analysis we did.
sibutramine	In the case of sibutramine, the patients with hypertension appear early and can be ascertained by following blood pressure. There is also data suggesting that 8 weeks of treatment may be adequate to differentiate responders from non-responders. To prevent hypertension, there are clear methods for using a lower initial dose of 10 mg vs. 15 mg. in patients with pre-existing hypertension. For those patients who do not have this idiosyncratic reaction, the effects of sibutramine on blood pressure are mild with only an attenuation of the normally observed decrease in blood pressure that occurs with weight loss.	This comment is noted, but not incorporated into our report because our report summarizes an existing meta-analysis which does not make this point, and we did not systematically search for evidence regarding the temporal relationship of blood pressure response.

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
orlistat	This report does a good job of summarizing the current state of the evidence for screening and treatment of obesity. Its methodological rigor and detail surpass the earlier, now outdated reviews of this topic.	No response necessary.
orlistat	The literature search did identify, but the text does not discuss the preliminary results of an important RCT of orlistat (Scheen, AJ 2002. [Info-congress. Prevention of type 2 diabetes in obese patients: first results with orlistat in the XENDOS study]. Rev Med Liege 57(9): 617-21.). This study describes the potential long-term (4 years follow-up) outcomes of treatment with orlistat – it is the first study to show that weight loss with a drug reduces incident type 2 diabetes. I realize this study is not yet a published manuscript, but it may deserve mention because of the importance of the findings.	We could not include this because it was published too late to be incorporated into our meta-analysis.
orlistat	The literature review includes most of the important papers except for Orlistat. The "Xendos" trial is a 4 year study which unfortunately is available only in abstract form. This is the longest recent trial of pharmacotherapy – it can be found in: International Journal of Obesity – presented at IASO, San Paolo Brazil, September 2002. Sjostrom, L	
orlistat	In the Orlistat trials a higher fat diet was used to enable the effect of the drug to be seen. A specific 30 percent fat target was used and fat was added if the target was not reached.	This comment is noted but we made no change to the manuscript.
orlistat	The pooled random effects estimate of the mean weight loss for orlistat-treated patients, compared to placebo-treated patients, was 2.51 kg . . ." Was the mean weight loss for placebo-treated groups calculated? In general, it is clearer if you report the mean weight loss for treated and the mean weight loss for placebo groups.	We calculated all of these numbers and how present the total and placebo-corrected weight loss.

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
phentermine	Phentermine and diethylproprion, although the reviews reported no side effect or adverse event data, were these mentioned in the actual trials?	We did not go back to the original trials for phentermine, diethylpropion, or sibutramine. Adverse event data were not reported in the meta-analysis of phentermine or diethylpropion.
phentermine	The authors say "We note that while phentermine is an FDA-approved weight loss medication it is no longer available in Europe because of concerns about a possible link between phentermine use and heart and lung problems ." What data is this based on?, or is it simply a bureaucratic pronouncement?	We attempted to find the justification for the European decision, could not find any, and have therefore removed this sentence from the report.
phentermine	The section of phentermine is concise, however, it was a little hard to reconcile the banning of the drug in Europe with the report of no side effects. The same holds for diethypropion.	
phentermine	It is irrelevant information to include any comment about the fact that a drug is not available in Europe due to possible concerns about heart and lung problems.	

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
fluoxetine	For drugs used for other indications such as fluoxetine, it was not clear that the side effects were different from other approved uses.	We now comment regarding fluoxetine and bupropion that the side effects in the weight loss trials were similar to those reported in other approved uses.
fluoxetine	S Paragraph 2-Same problem of reconciling the number of studies. You indicate there were 9 studies and then you discuss 7 and 6.	Some studies reported both 6 and 12 month outcomes.

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
bupropion	Bupropion studies in general do not emphasize behavior mod and diet and exercise as much as the sibutramine and orlistat studies do. This should be emphasized and likely do contribute to the lesser weight losses seen in the bupropion studies.	This comment is noted, but we made no change to our report because we did not systematically assess the intensity of the cointerventions, merely their presence or absence.
bupropion	Bupropion – Is there a specific reason why these 4 studies were not pooled?	These are now pooled.
bupropion	Bupropion you switch from using kg for effect size to % weight loss. Wouldn't it be better to use a kg effect size throughout?	We now present a pooled kg meta-analysis.
bupropion	Can you describe the meaning of a Beck Depression score of 15 – were these patients depressed or normal?	
bupropion	In the bupropion section, it was confusing in that weight loss was for the first time reported in %. There was a much greater in depth report of these limited studies for bupropion. Was this done because there is less familiarity with this agent? Is this the same for zonisamide and topiramate?	

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
topiramate	Why couldn't studies reporting % weight loss be included (couldn't one convert using average baseline weight?)	Average baseline weight wasn't available for topiramate studies.

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Miscellaneous drugs	The coverage of these trials seems disproportionately lengthy in relation to the rest of the review, could some of this information be tabulated?	We have attempted to redress this apparent imbalance.
Miscellaneous drugs	Three drugs, bupropion, zonisamide, topiramate and sertraline were discussed based on the 1-4 available trials that varied in their quality. For the reader there is some disconnect in quality and quantity of discussion.	
Miscellaneous drugs	For other drugs reviewed for completeness, the level of detail was excessive.	
Miscellaneous drugs	Zonisamide, topiramate and sertraline. Same issue of presenting data as % versus kg as you did for the other studies.	Only % weight loss was reported as an outcome in these studies.
Miscellaneous drugs	It is unclear again why the last 2 agents are reported in percent weight loss.	
Miscellaneous drugs	It would be helpful to mention that these investigative drugs are currently licensed only for treatment of seizures.	We mention in the methods that these drugs are not FDA approved for weight loss.

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Surgery	RCTs between discredited therapeutic procedures or medications are worthless! All forms of unbanded gastroplasty procedures have been found to be inadequate and should not even be mentioned, except for historical interest, in any comparison.	All of these comments concern the synthesis and reporting of the evidence regarding surgery. In response, we have completely rewritten the surgical section, including new articles, new analyses, and new conclusions.
Surgery	The data are clear that unbanded gastroplasty procedures are inadequate and should only be mentioned for historical interest, but they figure prominently in both reports. I believe the data are also clear that a gastric bypass (GBP) is associated with significantly more weight loss than a vertical banded gastroplasty (VBG). Two additional CSs supporting this statement were not referenced	
Surgery	One of our studies that followed our RCT comparing VBG to GBP in which we selectively assigned patients to VBG and GBP, having found from retrospective analysis of the data that "sweets eaters" do poorly after VBG, was not listed. In that study, despite selective assignment, we continued to find a significantly better weight loss at 1,2 and 3 years with GBP.	
Surgery	We and others have found that patients with a VBG and an inadequate weight loss or with severe gastroesophageal reflux problems that develop after VBG respond well to conversion to GBP.	
Surgery	There was no mention of the partial biliopancreatic diversion procedure or its modification, the duodenal switch.	
Surgery	I believe a RCT comparing surgery to non-surgery for any age group would be impractical.	
Surgery	You make the point that there is no evidence that surgery gives better weight loss than medical treatment. There may be a paucity of data to support a difference from randomized clinical trials, but the difference is so dramatic from case control studies like the SOS, making this point seems more confusing than helpful.	

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Surgery	In view of the length and the size of the SOS study, I find it difficult to believe that the superior weight loss efficacy of surgical treatment over medical treatment of obesity is not obvious to any reasonable person, despite the lack of a randomized trial design.	
Surgery	In terms of surgery, I think it would be appropriate to include more detail about the SOS study, even though this is not a RCT.	
Surgery	From my perspective the report does not adequately address the status of bariatric surgery. The report concludes that heterogeneity in the surgical trials selected for review precluded statistical pooling. This may be a fair assessment of the quality of existing publications regarding bariatric surgery, however, the same approach should have been applied to the summary of adverse events. Most of the report concentrated on summarizing adverse events, a discussion that aggregated studies of widely different procedures with variable short and long-term risks. It was not clear to me why the reviewers took the position that heterogeneity precluded analysis of outcomes but not adverse events.	
Surgery	The literature summarizing bariatric surgery experience is lacking in many ways. However, the vast majority of studies describing operations currently accepted by the surgical community demonstrate obesity-related comorbidity control, duration and extent of weight loss that far exceed any trial of medical therapy. Granted that there may not be a statistical methodology for comparing the literature summarizing these therapeutic approaches but for those of us engaged in the practice of treating the obese the results are obvious.	
Surgery	The report dismissed bariatric surgery outcomes because the available literature could not be assessed by the methodology selected by the reviewers. Given this, I was surprised that they did not recommend the performance of controlled trials, as did the 1991 NIH panel. Rather, the current report states that these trials cannot be done and recommends conducting observational studies. I cannot agree with that recommendation.	

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Surgery	In summary, the report as currently written does not adequately summarize the available evidence in support of bariatric surgery. Should the reviewers not be able to revise this the section on adult bariatric surgery it should be eliminated. I would retain the part on the pediatric literature, being that assessment of outcomes for children was the original question posed and the summary provided for pediatrics is adequate.	
Surgery	The conclusions concerning surgery were more difficult to determine since there are limited number of RCTs that have compared surgery to diet and the variety of surgical procedures to each other with regards to efficacy and safety.	
Surgery	The surgical results again were confusing. In the second report, for example, is the weight gain in the 5 patients related to one procedure versus another?	
Surgery	The surgical results again were confusing. In the second report, for example, is the weight gain in the 5 patients related to one procedure versus another?	
Surgery	I wonder if you could specify the mean duration (with the range) of the follow up post surgery and the ranges in your report. I am concerned about the current lack of follow up and potential problem of osteopenia in these youngsters from calcium malabsorption, as the mean age of the surgery is at the time of peak bone formation.	
Surgery	My first comment is that data for efficacy surgery (magnitude of weight loss) abound in the literature. They tend to be reported as case series.	
Surgery	Readers will gain the impression that there is no evidence that surgery provides greater weight loss than diet alone. Yet this conclusion was based on a single RCT performed 20 years ago, and reported an outmoded procedure, which has been abandoned for years.	
Surgery	Comparing surgery with conventional treatment in a contemporaneous RCT is idealogically problematic because one of the entry criteria for surgical treatment is the prior attempts, and failure of medical treatments.	
Surgery	The implications of a review claiming that there is no evidence that surgery is more efficacious than conservative methods is potentially very profound.	

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Surgery	The other major omission in the discussion about surgery is any concept of the magnitude of weight loss, which may be expected.	
Surgery	Reference #203 is missing and this is a key reference regarding bariatric surgery in adolescents.	
Surgery	I would also suggest that you include comments under Surgery in Chapter 4, the importance of long-term follow up of post surgery for adolescents. I also would like to see a plea made for a centralized registry where core clinical information is gathered prospectively in a standardized manner for future pooling of the data as bariatric surgery is on the increase for adolescents.	
Surgery	I don't find sufficient justification (other than lack of time) to exclude analysis of the weight loss outcomes from the case-series of surgical treatment.	
Surgery	The fact that there is significant heterogeneity in the results of the studies that were reviewed doesn't seem like an argument for not reviewing them – in fact, one could argue that pointing out and exploring reasons for the heterogeneity could be an important contribution of the report.	
Surgery	Perhaps, given the number of studies, one could set inclusion criteria based on duration of follow-up that might result in a more manageable number of studies. I think the most important unanswered question is probably the long term effects on weight loss so setting more stringent follow-up requirements (e.g. 2 years or greater) would be reasonable.	
Surgery	The description of how individual and aggregate adverse event rates were calculated is not explained in enough detail to understand exactly what was done or the possible effects of your assumptions on your estimates of adverse event rates (especially for surgery). It is unclear what studies contribute to the comparisons of adverse events for different surgical procedures – does a study have to have compared outcomes of both procedures to be included, as opposed to reporting rates for one procedure?	

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Surgery	There are at least three critical assumptions that could affect the validity of the estimates you present for individual and aggregated outcomes: 1) the assumption that reported events are an approximation of individuals; 2) the assumption that events in related categories (e.g. nausea and vomiting) occur in different individuals; the 3) the assumption you can aggregate reports of events in broad categories (such as "GI symptoms") even though studies do not uniformly report all the outcomes under each category.	
Surgery	• Reorganize the adverse event categories on 49-67 to mimic the "tree" structure used, by indenting subcategories. For example: **1) Respiratory major** a) PE DVT/PE PE Major pulmonary embolus… b) Respiratory insufficiency ARDS Respiratory failure c) Chest infections Respiratory chest infections	
Surgery	More emphasis should be placed on the raw estimates for single endpoints (e.g. vomiting) than on the aggregated endpoints (e.g. GI symptoms).	
Surgery	Estimates of combined rates such as "GI, all" should only come from studies that report a minimum number of outcomes, such as at least one outcome in each of the subcategories. Alternatively, estimates calculated by different means could be compared to give a range.	
Surgery	Summary tables that highlight the most important and reliable endpoints should be included – the undifferentiated list of comparisons in Table 13 is difficult to wade through.	

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Surgery	Methods need to clarify which studies contribute to which estimates. I am still unclear why the number of studies contributing to specific outcomes varies depending on what the comparison is (e.g. for "GI, all" 16 studies are cited for the estimate for VBG in the RYBG vs. VBG, but 18 studies for VBG two lines below in the VBG vs. band. I suspect these are errors.	
Surgery	It would be preferable if the groupings of symptoms for the surgery studies matched that for the medication studies as closely as possible. Fore example, why is gastritis/reflux not included with other related symptoms like abdominal pain under "GI symptoms" as in the medication studies?	
Surgery	As noted above, this section needs to be expanded perhaps with some examples and numbers to illustrate how different numerators and denominators were constructed for individual outcomes and aggregated outcomes. The effect of assuming that each reported adverse event occurred in different patients should be explicitly discussed.	
Surgery	What do the non-surgery patients represent here – diet treated? Please define "early" and "late." Please clarify what the definition of outlier means – the definition does not seem consistent for an individual study.	
Surgery	I'm surprised at the finding of no data showing greater weight loss with surgery than diet. That alone will make this newsworthy.	
Surgery	When reviewing results of the different bariatric surgeries it is important to recognize what the male:female ratio is as female pattern (gynecoid) obesity patients are easier to operate on and generally suffer from less comorbidities and recover from surgery with less risk for morbidity and mortality.	
Surgery	Most of the laparoscopic series are selective of who has a laparoscopic procedure reserving this approach for the less risky less heavy patients, therefore, skewing the data in their favor.	

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Surgery	Today three procedures are performed with frequency, the RYGBP, the DS and the laparoscopic gastric band (LAP BAND). The LAP BAND best serves the less heavy, most compliant, motivated patient. The long term consequences of this procedure are yet to be determined but most experienced bariatric surgeons worry about the development of esophageal motility disorders and band erosions. The RYGBP has stood the test of time as far as efficacy and safety are concerned. However, side effects such as the inability to tolerate certain solid foods and d the development of dumping symptoms are the major drawbacks of this procedure. The laparoscopic RYGBP can be performed with safety in certain centers with similar results to that of an open approach. However, what is not known are the results of the laparoscopic RYGBP in certain centers and surgeons who are not experienced with bariatric surgery and the leak rate may be significantly higher in these centers/surgeons hands.	
Surgery	The DS has certain advantages and disadvantages. The safety and efficacy are comparable if not better than that see n with the RYGBP (Anthone et al, Ann Surg 2003;238:618-628). The advantages include better tolerance of solid food and the absence of dumping symptoms. In addition, the leak rate is low because of the lack of tension at the anastomotic suture line. The disadvantages are the higher risk of malodorous stools and the development of protein calorie malnutrition if the diversion of bile/pancreatic secretions is performed to a degree significant enough to provide an element of fat malabsorption.	
Surgery	The malnutrition and other problems with Roux-en-Y need to be documented but so should the benefits of the Roux-en-Y for Type II diabetes (see studies of Porrier).	
Surgery	The whole issue of which surgical procedure (page 13) was performed was difficult to understand. It might be better understood if there were diagrams showing the different procedures and locations and how they were lumped together.	

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Surgery	The surgical discussion seems out of place against the clinical trial data that are presented in the first parts of the paper	
Surgery	It might be important to include the number of centers and surgeons in the multicenter reports.	

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Children	The statement is a bold one specially since I know of one Polish study **Ref**: Przegl Lek. 1981;38(3):355-8 "Clinical evaluation of Teronac (Mazindol) in the treatment of obesity in children. Part II. Anorectic properties and side effects." Therefore I suggest modifying the statement to ' Current studies in pharmacological management of obesity in children (<12y/o) is limited to 'obesity due to secondary causes' e.g. "Metformin for weight loss in Pediatric patients taking psychotropic drugs." **Ref**: American Journal of Psychiatry Morrison et al. 159 (4):655 or in certain syndromes like 'Prader-Willi syndrome' and familial hyperlipidemia.	This medication (mazindol) was not a subject of our study. We have noted the presence of this paper in our report.
Children	For pharmacological management of obesity in adolescents, one study should be particularly included, **Ref**. Int J Obes Relat metab disord. 2000 Dec; 24(12): 1573-8 "Safety and efficacy of treatment with an ephedrine/caffeine mixture. The first double-blind placebo-controlled pilot study in adolescents."	This medication was not a subject of our study. We have noted the presence of this paper in our report.
Children	For surgical management of obesity in adolescents with LAGB (laparoscopic adjustable gastric banding), there are two excellent recent studies and need inclusion for their direct relevance to the topic in hand and specially since there is a dearth of data in the field, **Ref A**.: J Pediatr Surg. 2003 Sep; 38(9): 1379-82 "Bariatric surgery in adolescence," Abu-Abeid S et al and **Ref. B**: Obes Surg. 2003 Feb; 13(1): 101-4 "Laparoscopic gastric banding in morbidly obese adolescents," Dolan K et al.	We have added these references to our synthesis.
Children	The authors have made great efforts to obtain evidence, and their methodology for doing so has been appropriate. My particular expertise is in reviews of obesity treatment in children and adolescents and so I cannot comment specifically on the evidence in adults, other than to note the methodological rigour, which has been applied here. I am unaware of any evidence on children and adolescents, which has been missed.	No response necessary.

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Children	From a pediatric perspective, the review emphasizes well the need for data. A minor point: adolescents are pediatric patients. I tried to reword things to reflect that.	We did not mean to imply that adolescents are not pediatric patients, we used the terms adolescents and children to denote different ages.

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Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Discussion	This was largely a well-written summary of what had gone before. Much of the 'Discussion' material had been addressed in earlier sections of the review. I would have welcomed a brief treatment of similarities/differences in conclusions between the present review and other recent systematic reviews in this area - to what extent does this review add to what was known? To what extent are recent reviews in agreement?	For sibutramine, phentermine, and diethylpropion, we relied on existing systematic reviews. For orlistat, we produced a new review but did not compare our results to previous reviews in a systematic way. For the other drugs ours is the first systematic review and meta-analysis that we are aware of.
Discussion	While it is likely that there are few data on the health economic outcomes of treatment (e.g. financial costs and benefits of pharmacotherapy) was such evidence eligible in the review? Was there simply very little evidence?	This was not one of our key questions. We note, however, that very few of the treatment studies we reviewed have any cost data.
Discussion	The *Summary* is daunting. Essentially there is little difference between agents from an effectiveness standpoint and only modest weight loss is apparent atone year. However, there is the suggestion that it is better to have lost and gained, then never to have lost at all with regards to risk factors. There is nothing beyond sibutramine for disease state, such as diabetes.	No response necessary.

Appendix E

<table>
<tr><th colspan="3">Obesity Peer and TEP Review</th></tr>
<tr><th>Section</th><th>Reviewer's Comments</th><th>Author's Response to Comments</th></tr>
<tr><td>Discussion</td><td>The comparison of Surgery and Pharmacological agents might be facilitated by a table such as the following:
<table>
<tr><td>Treatment</td><td><24.9</td><td>25-26.9</td><td>27-29.9</td><td>30-35</td><td>35-39.9</td><td>>40</td></tr>
<tr><td>Lifestyle</td><td>0</td><td>+ comorbids</td><td>+ comorbids</td><td>+</td><td>+</td><td>+</td></tr>
<tr><td>Meds</td><td>0</td><td>+ comorbids</td><td>+ comorbids</td><td>+</td><td>+</td><td>+</td></tr>
<tr><td>Surgery</td><td>0</td><td></td><td></td><td></td><td>+ comorbids</td><td>+</td></tr>
</table></td><td>This is a good idea, but the data are way too sparse to be able to meaningfully fill in the cells.</td></tr>
<tr><td>Discussion</td><td>On page vi, under Conclusions; I completely disagree with the statement "All of these drugs have significant side effects or safety concerns." This statement is repeatedly made in the document.</td><td>We have eliminated this statement.</td></tr>
<tr><td>Discussion</td><td>A review of the literature of this magnitude should specify which are minor side effects, which can be handled with medical supervision, and which are real safety concerns.</td><td>We think the classification of "minor" and "real safety concerns" are judgments for the reader to make. We have tried to present the data as accurately as possible for readers to make their own judgments.</td></tr>
</table>

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Discussion	The only effective therapies for severe obesity are VLCD and surgery.	This is an expert opinion based on this evidence, statements such as this are not allowed in Evidence Reports but are perfectly appropriate for guidelines or other products that use opinion to supplement the evidence in our report.
Discussion	Not enough attention is given to issues of generalizability/external validity. I assume that the studies might have varied considerably in the recruitment/inclusion criteria in ways that might affect their applicability to primary care outpatients. For example, were there run-in periods?	Most studies did not have run-in periods. We have added text to the limitations regarding generalizability.

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Future Research	This was a useful summary of the main 'gaps' in the evidence. In view of the scale of the obesity epidemic, the lack of evidence for many aspects of treatment is alarming, and this might have merited greater emphasis on research needs in the Abstract and in this section. The paucity of high quality data on bariatric surgery is a particular concern.	No response necessary.
Future Research	The trials summarized were quite heterogeneous with respect to treatment regimen – is it possible to comment on whether pharmacotherapy effects over 12 months are enhanced by lifestyle change? E.g. can the separate effects of dietary and/or assessed physical activity treatments going on simultaneously with the pharmacotherapy be assessed even in general terms?	We included this as a topic for future research, because the existing literature are insufficient to answer this question.
Future Research	Another area of future research would be attempting to determine if the age of onset of obesity has an effect on magnitude of weight loss or if early and rapid responders to medications have a more or less favorable long-term outcome.	This is a good suggestion, but we judge it as a second-level topic for future research, below the topics we list in our report.
Future Research	The Surgical results beg to establish Centers of Excellence for Bariatric Surgery and robust databases to characterize which surgical procedures are being employed.	We agree and note NIH has recently established Bariatric Surgical Centers. We hope our suggestion for future research will be acted on by these Centers.
Future Research	Surgical Therapy – It should be discussed in the discussion section that beyond the RCT that should be done, there should also be a registry developed for adult and adolescent and pediatric surgical therapy. This has already been established for diet and exercise therapy (Wing RR, Hill JO). Furthermore, NIH guidelines for adolescent and pediatric surgery for obesity have not yet been established.	We have suggested observational studies, which would require such registers.

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
References	Reference 20 should be: Avenell A, Broom J, Brown TJ, Poobalan A, Aucott L, Stearns SC, Smith WCS, Jung RT, Campbell MK, Grant AM. Systematic review of the long-term outcomes of the treatments for obesity and implications for health improvement and the economic consequences for the National Health Service. Health Technol Assess 2003 (in press).	Appropriate changes made.
References	Reference 23 should be: Clegg AJ, Colquitt J, Sidhu MK, Royle P, Loveman E, Walker A. The clinical effectiveness and cost-effectiveness of surgery for people with morbid obesity: a systematic review and economic evaluation. Health Technol Assess 2002;6(12).	Appropriate changes made.
References	Reference 44 should be: Broom I, Hughes E, Dodson P, Reckless J, on behalf of the Orlistat UK Study Group. The role of orlistat in the treatment of obese patients with mild to moderate hypercholesterolaemia: consequences for coronary risk. *Br J Cardiol* 2002;9(8):460-8.	Appropriate changes made.
References	Reference #203 is not listed in the Reference section	Appropriate changes made.
References	Typographical error--Reference 203 appears omitted but actually has been included under ref. 202.	Appropriate changes made.

Appendix E

Obesity Peer and TEP Review		
Section	**Reviewer's Comments**	**Author's Response to Comments**
Figures and Tables	Is overwhelming and it is hard to determine its importance.	This table has been reviewed.
Figures and Tables	Acceptable and add to the report	No response necessary. This table has been revised.
Figures and Tables	Table 11 is confusing in that it appears to be looking at overall surgical effectiveness and then compares different procedures. It is not as concise as the other tables.	
Figures and Tables	Table 12 conveys information in an understandable format.	No response necessary.
Figures and Tables	Tables 13 and 14 are difficult to follow.	These tables have been revised.
Figures and Tables	Figure 1 is excellent	No response necessary.
Figures and Tables	All other figures are good	No response necessary.
Figures and Tables	Evidence tables should include more details on the nature of enrolled patients.	Appropriate change made.
Figures and Tables	The Tables need to be much more clearly titled and labeled, with explanations of the sources of data and meaning of different columns and abbreviations.	Appropriate change made.
Figures and Tables	This figure is unclear – which studies correspond to which subgroups? Are A, B, and C mutually exclusive?	This has been revised in this report.
Figures and Tables	What do these tables represent – needs title to indicate these are weight loss outcomes expressed as difference vs. controls in kgs.	Appropriate change made.
Figures and Tables	I would include some information on the patient populations in these summary tables – e.g., these were patients with fairly severe obesity – BMI 35+.	Appropriate change made.

Appendix F

Included Studies

Abu-Abeid S, Gavert N, Klausner JM, et al. Bariatric surgery in adolescence. J Pediatr Surg 2003;38(9):1379-82.
Notes: Quality Reviewed for Surgery Analyses.

Abu-Abeid S, Szold A. Laparoscopic management of Lap-Band erosion. Obes Surg 2001;11(1):87-9.
Notes: Reports complications, considered for surgery analysis.

Abu-Abeid S, Szold A. Results and complications of laparoscopic adjustable gastric banding: an early and intermediate experience. Obes Surg 1999;9(2):188-90.
Notes: Quality Reviewed for Surgery Analyses.

Aghahosseini H, Roulet D, Cavin R. [Treatment of morbid obesity with adjustable gastric prosthesis: experience and results at the Riviera Hospital in Montreux]. Rev Med Suisse Romande 2001 ;121(10):709-12.
Notes: Quality Reviewed for Surgery Analyses.

Agren G, Naslund I. A prospective randomized comparison of vertical banded gastroplasty (VBG), loop gastric bypass (GBY), and gastric banding (GB). Int J Obes 1989;13:595.
Notes: Quality Reviewed for Surgery Analyses.

Al-Jiffry BO, Shaffer EA, Saccone GT, et al. Changes in gallbladder motility and gallstone formation following laparoscopic gastric banding for morbid obesity. Can J Gastroenterol 2003;17(3):169-74.
Notes: Quality Reviewed for Surgery Analyses.

Alden JF. Gastric and jejunoileal bypass. A comparison in the treatment of morbid obesity. Arch Surg 1977;112(7):799-806.
Notes: Quality Reviewed for Surgery Analyses.

Alper D, Ramadan E, Vishne T, et al. Silastic ring vertical gastroplasty- long-term results and complications. Obes Surg 2000;10(3):250-4.
Notes: Quality Reviewed for Surgery Analyses.

Andersen T, Backer OG, Astrup A, et al. Horizontal or vertical banded gastroplasty after pretreatment with very-low-calorie formula diet: a randomized trial. Int J Obes 1987;11(3):295-304.
Notes: Quality Reviewed for Surgery Analyses.

Andersen T, Backer OG, Stokholm K H, et al. [Gastroplasty versus very low calorie diet in morbid obesity. Short-term results of a randomized clinical trial]: <Original> Gastroplastik versus ekstrem lavkalorie-diaet (very-low-calorie diet) ved svaer adipositas. Korttidsresultater af en randomiseret klinisk undersogelse. Ugeskrift for laeger 1982;144(6):390-4.
Notes: Quality Reviewed for Surgery Analyses.

Andersen T, Backer OG, Stokholm K H, et al. Randomized trial of diet and gastroplasty compared with diet alone in morbid obesity. *New England journal of medicine* 1984;310(6):352-6.
Notes: Quality Reviewed for Surgery Analyses. Reports on Diethylproprion; no analysis performed, summary of recent meta-analysis provided.

Andersen T, Stokholm KH, Backer OG, et al. Long-term (5-year) results after either horizontal gastroplasty or very-low-calorie diet for morbid obesity. Int J Obes 1988;12(4):277-84.
Notes: Quality Reviewed for Surgery Analyses. Reports on Diethylproprion; no analysis performed, summary of recent meta-analysis provided.

Anderson AE, Soper RT, Scott DH. Gastric bypass for morbid obesity in children and adolescents. J Pediatr Surg 1980;15(6):876-81.
Notes: Quality Reviewed for Surgery Analyses.

Anderson JW, Greenway FL, Fujioka K, et al. Bupropion SR enhances weight loss: a 48-week double-blind, placebo-controlled trial. Obes Res 2002;10(7):633-41.
Notes: Quality Reviewed for Medication Analyses.

Anderson James W, Greenway Frank, Fujioka Ken, et al. Buproprion SR significantly enhances weight loss when used with a moderate-intensity lifestyle intervention. *Diabetes* 2001;50(Supplement 2):A21.
Notes: Quality Reviewed for Medication Analyses.

Anderson JW on behalf of the orlistat weight maintenance study group. Prevention of weight regain after conventional dieting: a 1-year study with orlistat (xenical), a new gastrointestinal lipase inhibitor. *Obesity Research* 1997;5(Suppl 1):S2.
Notes: Quality Reviewed for Medication Analyses. Excluded at meta-analysis.

Anthone GJ, Lord RVN, DeMeester TR, et al. The duodenal switch operation for the treatment of morbid obesity. *Ann Surg* 2003;238(4):618-628.
Notes: Quality Reviewed for Surgery Analyses.

Bakris G, Calhoun D, Egan B, et al. Orlistat improves blood pressure control in obese subjects with treated but inadequately controlled hypertension. *J Hypertens* 2002;20(11):2257-67.
Notes: Quality Reviewed for Medication Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

Belachew M, Belva PH, Desaive C. Long-term results of laparoscopic adjustable gastric banding for the treatment of morbid obesity. *Obes Surg* 2002;12(4):564-8.
Notes: Quality Reviewed for Surgery Analyses.

Belachew M, Legrand M, Vincent V, et al. Laparoscopic adjustable gastric banding. *World J Surg* 1998;22(9):955-63.
Notes: Quality Reviewed for Surgery Analyses.

Berkowitz RI, Wadden TA, Tershakovec AM, et al. Behavior therapy and sibutramine for the treatment of adolescent obesity: a randomized controlled trial. *JAMA* 2003;289(14):1805-12.
Notes: Reports on Sibutramine; no analysis performed, summary of recent meta-analysis provided.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Medication Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

Breum L, Bjerre U, Bak JF, et al. Long-term effects of fluoxetine on glycemic control in obese patients with non-insulin-dependent diabetes mellitus or glucose intolerance: influence on muscle glycogen synthase and insulin receptor kinase activity. *Metabolism* 1995;44(12):1570-6.
Notes: Quality Reviewed for Medication Analyses.

Brolin RL, Robertson LB, Kenler HA, et al. Weight loss and dietary intake after vertical banded gastroplasty and Roux-en-Y gastric bypass. *Ann Surg* 1994;220(6):782-90.
Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

Brolin RE, Kenler H A, Gorman J H, et al. Long-limb gastric bypass in the superobese. A prospective randomized study. *Annals of surgery* 1992;215(4):387-95.
Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Medication Analyses. Excluded at meta-analysis.

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Notes: Quality Reviewed for Medication Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Medication Analyses.

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Notes: Quality Reviewed for Medication Analyses. Excluded at meta-analysis.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Medication Analyses.

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Notes: Quality Reviewed for Medication Analyses.

Dargent J. Laparoscopic adjustable gastric banding: lessons from the first 500 patients in a single institution. *Obes Surg* 1999;9(5):446-52.
Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Medication Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

De Luca M, de Werra C, Formato A, et al. Laparotomic vs laparoscopic lap-band: 4-year results with early and intermediate complications. *Obes Surg* 2000; 10(3):266-8.
Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Medication Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

DeMaria EJ, Sugerman HJ, Meador JG, et al. High failure rate after laparoscopic adjustable silicone gastric banding for treatment of morbid obesity. *Ann Surg* 2001;233(6):809-18.
Notes: Quality Reviewed for Surgery Analyses.

Derosa G, Mugellini A, Ciccarelli L, et al. Randomized, double-blind, placebo-controlled comparison of the action of orlistat, fluvastatin, or both an anthropometric measurements, blood pressure, and lipid profile in obese patients with hypercholesterolemia prescribed a standardized diet. *Clin Ther* 2003;25(4):1107-22.
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Notes: Quality Reviewed for Medication Analyses. Excluded at meta-analysis.

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Notes: Reports complications, considered for surgery analysis.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

Doldi SB, Micheletto G, Lattuada E, et al. Adjustable gastric banding: 5-year experience. *Obes Surg* 2000;10(2):171-3.
Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Medication Analyses. Excluded at meta-analysis.

Fobi MA. Vertical Banded Gastroplasty vs Gastric Bypass: 10 years follow-up. *Obes Surg* 1993;3(2):161-164.
Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

Foreyt J. A 2-year multicenter study of the effects of Orlistat (Xenical) on weight loss and disease risk factors. *Obesity Research* 1997;(5):53.
Notes: Quality Reviewed for Medication Analyses. Excluded at meta-analysis.

Forsell P, Hallerback B, Glise H, et al. Complications following Swedish adjustable gastric banding: a long-term follow-up. *Obes Surg* 1999;9(1):11-6.
Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Surgery Analyses.

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Notes: Quality Reviewed for Medication Analyses.

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Appendix G

Excluded Studies

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Excluded. Duration of treatment < 6 months.

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