

## Letter from the Editor



Dear Readers,

In this edition of IOF News we carry a preliminary report of our survey evaluating osteoporosis awareness, diagnosis and therapy (see page 2).

In the first phase, initiated before the launch of IOF, questionnaires were sent to the headquarters of member societies in Europe and the Middle East. The next phase is currently underway and looks at other regions worldwide.

The survey results are worrying. They highlight the frustration experienced by European member societies, where in many cases apathy and ignorance are the dominant responses by professionals and public. In contrast, osteoporosis awareness has improved markedly in the Lebanon despite its weaker economic condition.

This beneficial result should be a reminder to developed countries not to become complacent. Osteoporosis awareness and availability of diagnosis and treatment do not automatically go hand in hand with economic development – our efforts and activities are still needed.

Yours sincerely

Helmut Minne

## IOF Vision

The vision of the International Osteoporosis Foundation is a world without osteoporotic fractures

## IOF Mission

- To support national osteoporosis societies in order to maximise their effectiveness
- To increase the awareness and understanding of osteoporosis
- To motivate people to take action to prevent, diagnose and treat osteoporosis

## IOF Goals

- Nurture and enlarge the IOF network of member societies worldwide
- Promote medical innovation and improved care
- Expand IOF partnerships with organisations working on similar or complementary issues and projects
- Lobby for policy change in all countries through implementation of the recommendations of the Report on Osteoporosis in the European Community – Action for Prevention, and other appropriate policy instruments

## LETTER FROM QUEEN RANIA OF JORDAN

Dear IOF members

As patron of the International Osteoporosis Foundation I am acutely aware that in order to reduce the impact of osteoporosis we urgently need to increase the public awareness of this disease and the visibility of IOF. Not only does increased visibility lead to further awareness, but it is also essential for our fundraising work which supports important research and educational programs across the globe.

Indeed, I am delighted to do all that I can to help publicize IOF and its important activities. I look forward to increasing awareness about osteoporosis through my travels worldwide, in media interviews, and as a spokeswoman for IOF during events related to World Osteoporosis Day. I will also work to encourage well-renowned individuals across the globe to join the IOF team as ambassadors, thus helping the organization in its efforts to fight osteoporosis and other skeletal diseases. It is also my privilege to serve as patron and first member of "The 206: A Bone Trust" which aims to establish a capital fund that will help ensure future financial security for IOF's work. The trust, whose name is based on the number of bones in the human body, invites 206 individuals to donate a specific amount to the capital fund which will, among other things, support the World Osteoporosis Day 3-year 'invest in your bones' program. This comprehensive communications and research program will help bring osteoporosis to the top of the agenda for potential sufferers, healthcare professionals, and government ministries. Indeed, I am proud to be the first member of "The



Queen Rania of Jordan at the Paris press conference at which she became patron of IOF, with Prof. Pierre D Delmas, President of IOF

206", and to help launch the trust in Jordan later this year.

Finally, I would like to take this opportunity to express strong support for the First Pan Arab Osteoporosis Conference, to be held in Lebanon this coming October. Organized jointly by the Pan Arab Osteoporosis Society and the Lebanese Osteoporosis Prevention Society, and indeed supported by IOF, this landmark event will certainly play a key role in bringing osteoporosis to the attention of the entire Arab world.

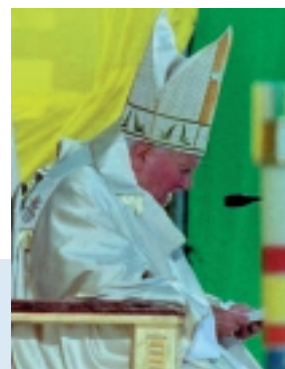
With all good wishes

Rania Al-Abdullah  
Queen of Jordan

## POPE SUPPORTS THE BONE & JOINT DECADE

The Italian action network was pleased to convey a message of support from His Holiness Pope John Paul II. The Pope, who has himself suffered a hip fracture, sent his warm greetings and prayers to all involved in the BJD, hoping that its benefits would be brought to more people and especially those affected by poverty and endemic disease.

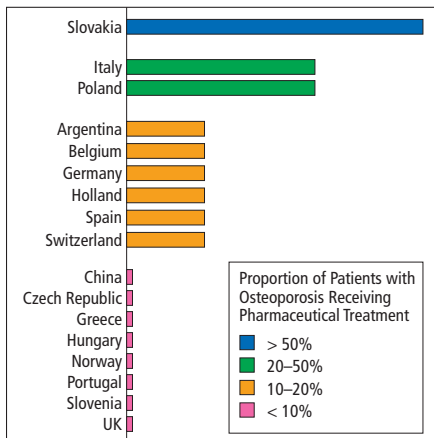
(see article on page 3)



His Holiness Pope John Paul II hopes for widespread benefits from the Bone & Joint Decade.

## IOF INTERNATIONAL SURVEY: A CAUSE FOR CONCERN

Over the past two years IOF has been carrying out a survey among its member societies to evaluate international awareness of osteoporosis and availability of diagnostic tools and therapy.



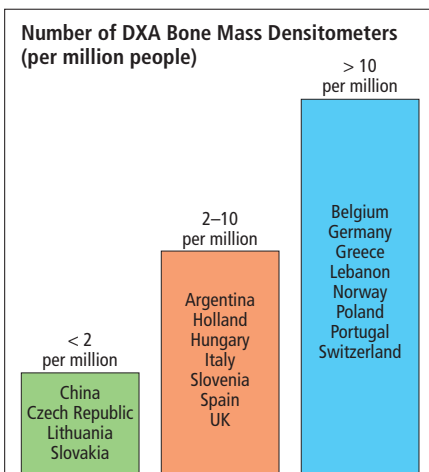
To date nineteen countries, mostly from Europe but including Lebanon, China and Argentina, have taken part. Using a standardised questionnaire, societies were asked to detail their national experience of fracture rate, proportion of osteoporosis patients receiving regular treatment, awareness of osteoporosis in the general population and among physicians, treatments available, and the availability and reimbursement of bone densitometry and X-ray for vertebral fractures.

The results were presented at the meeting of the Committee of National Societies in Brussels on November 19th last year – and are a cause for concern.

- Overall awareness of osteoporosis in the general population is low in most countries. Even more worrying is the low awareness among physicians, reported by 12 out of 16 European countries. Awareness seems to be unrelated to a country's economic condition – a high level of awareness is reported by Portugal and Lebanon, a low level by Belgium and Germany.
- Regular treatment of patients is still the exception throughout Europe. In most coun-

tries the proportion of osteoporosis patients receiving pharmaceutical treatment is under 20%. This might be expected of countries with low awareness of osteoporosis, but sadly it seems to be equally true of countries claiming a high awareness among physicians and the general public, such as Norway, the UK and Holland.

- It is a particular scandal that in the overwhelming majority of countries surveyed, patients who have had a hip fracture are not provided with pharmaceutical treatment during follow up – even though this is known to minimize the risk of new fractures. Exceptions here are Lebanon and (in some cases) Germany.
- HRT in osteoporosis prevention is accepted by physicians in 9 out of 16 countries, but in most countries the women themselves are more negative towards it. Substantially more



women accept the role of calcium and of exercise in preventing osteoporosis, while the importance of vitamin D remains disputed by physicians in 8 out of 16 countries surveyed.

- Although bone mass measurement is available in all 16 European countries surveyed and is in routine use in 13 of them, 7 of these offer no or only restricted reimbursement for bone densitometry. In addition the

	Awareness in the General Population	Awareness among Physicians
<b>Neglect</b>	China	China Hungary
<b>Low</b>	Argentina Belgium Czech Republic Germany Greece Hungary Lithuania Slovenia Spain	Argentina Belgium Czech Republic Germany Greece Italy Lithuania Norway Slovenia Spain
<b>High</b>	Holland Italy Lebanon Norway Poland Portugal UK	Holland Lebanon Norway Poland Portugal UK

number of densitometers varies enormously, from less than 1 per million population (China, Lithuania) to more than 10 (e.g. Belgium, Germany, Portugal); Lebanon is again exceptional with as much as 25 machines per million. Documentation of vertebral fractures by X-ray is performed occasionally in most countries, but Slovenia is the only country where it is done on a regular basis.

### The conclusions are clear:

- Awareness of osteoporosis is still unacceptably low, as is the proportion of patients who receive appropriate treatment
- Although diagnostic tools are widely available, countries still experience problems in their use.
- Programs that will effectively increase osteoporosis awareness, appropriate use of diagnostic tools and availability of therapy, are urgently needed.

**Our actions so far, although valuable, have been of limited success. Some changes are needed to achieve our goals more effectively.**

## IOF Update

### IOF'S MOST INTERNATIONAL TRAINING COURSE



IOF's annual two and a half day Advanced Training Course on Osteoporosis, the ninth, was held in Lyon from January 24-27<sup>th</sup>. The course is for healthcare professionals and given by an internationally renowned faculty. This year's was the most international to date, with 144 participants from 39 countries. To enable healthcare professionals working with IOF member societies to attend the course, IOF made 21 grants to participants from around the world, including

India, China, Russia, Bulgaria and Turkey. Armed with the latest information on osteoporosis, grant recipients returned home able to pass on their new knowledge – a major benefit for more isolated member societies.

For enquiries about the 10<sup>th</sup> Advanced Training Course, January 22–25<sup>th</sup> 2000, please contact: [mariefrance@ioflyon.org](mailto:mariefrance@ioflyon.org)  
tel: +33 472 914177  
fax: +33 472 369052

## LAUNCH OF THE BONE & JOINT DECADE 2000-2010

As reported in IOF News last year (No 2, Vol 3, Spring 99), IOF joined the Bone & Joint Decade 2000-2010 when Mary Anderson, Executive Director of IOF, was unanimously elected to the Decade's Steering Committee in March. The Decade was officially launched at a Press Conference and Educational Program on January 13th at the Hôtel Président Wilson, Geneva, followed in the evening by a Gala Dinner where some 200 international guests marked the occasion. At the Dinner the prestigious SALUS Foundation Scientific Prize was presented to Professor Björn Rydevik for his research into spinal disorders.

After the Bone & Joint Decade's official launch a 2-day workshop was held by WHO, opened by its Director General Dr Gro Harlem Brundtland. Dr Brundtland gave her views on the importance of musculoskeletal disorders, and osteoporosis in particular, to the burden of disease in both the developed and developing world. She noted that "the available data leave little doubt that osteoporosis is reaching epidemic proportions". WHO aims to prevent chronic musculoskeletal diseases by integrating them into comprehensive noncommunicable disease prevention and control programs. Dr Brundtland highlighted the role of the Bone & Joint Decade 2000-2010 in improving the health-related quality of life for people with musculoskeletal disorders throughout the world.



**Bone & Joint Decade International Steering Committee: from left to right Tony Woolf, Armin Kuder, Kristina Akesson, Lars Lidgren (Chair), Nicolas Walsh, Karsten Dreinhöfer, Mary Anderson, Mieke Hazes, Dieter Grob, Bruce Browner**

Professor Lars Lidgren is Chair of the Bone & Joint Decade International Steering Committee. IOF News interviewed him on the work of the Decade and its contribution to the fight against osteoporosis.

### What is the Bone & Joint Decade?

The Bone & Joint Decade is an international initiative of the medical and patient community concerned about musculoskeletal disorders. It is committed to reducing the severe, long-term burden of these disorders throughout the world.

### How big is the scale of the problem?

Several hundred million people already suffer from bone and joint diseases and injuries

worldwide. With a growing and ageing population, this figure is expected to increase sharply by the year 2020. The BJD wants action to be taken now.

### Who is taking part in the BJD?

The Decade is an umbrella organisation covering more than 750 patient and professional member organisations from all over the world. The International Steering Committee acts as an overall coordinating body.

### Who is supporting the BJD?

We know that it is crucial to get support from governments and major organisations to achieve our goals. Twenty governments have already endorsed the Bone & Joint Decade, and 80 countries either have or are in the process of setting up National Action Networks, many of which include IOF member national societies. 750 organisations and publications around the world support us, and we are particularly pleased to have the personal support of Kofi Annan, Secretary-General of the UN, the WHO and the World Bank.

### What does the Decade hope to achieve?

We have determined several key goals for the Decade (see box). In each case we have defined specific goals that will prove we are achieving our aims as we move through the Decade. For example, as part of our goal of raising public awareness we want to have 100 countries actively participating in the Decade by 2002. The annual action week, which ends on World Osteoporosis Day, October 20th, provides an important focal point to raise public awareness.

### How do you see these goals being reached?

To reach our goals requires a true team effort encompassing many medical disciplines and

patient groups. We must rely on each other and use the limited resources we have at our disposal wisely. The main actions will be achieved through partnerships at the national level. The WHO/BJD burden of musculoskeletal conditions monitor project will help to provide a measure of progress at 5 and 10-year intervals.

### How important are IOF and its member societies to the work of the BJD?

Extremely important, as osteoporosis is one of the most significant musculoskeletal conditions, causing substantial suffering and mortality – an estimated 2.5 million osteoporotic fractures occur worldwide each year. We are pleased that IOF is represented on the BJD Steering Committee and I have no doubt that IOF's extensive contacts and experience will be an invaluable part of the Decade's work.

### Do you think the BJD will increase public awareness of osteoporosis?

One of our primary goals is to raise the public awareness of all these conditions, which suffer because they are perceived, quite wrongly, as not 'serious'. IOF's involvement in the BJD will mean that osteoporosis forms a major part of this endeavour.

### How can IOF member societies become involved in the BJD?

Many IOF member societies are already actively involved in the BJD through their membership of the national action networks. If IOF member societies have not already done so we invite them to sign the declaration of support, join the national action network in their own country and if there isn't a national action network, to help form one.



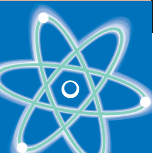
## KEY GOALS OF THE BONE & JOINT DECADADE

### To keep people moving

1. Raise awareness of the growing burden of musculoskeletal disorders on society.  
Specific goal: 100 countries as active participants in the Bone & Joint Decade by 2002
2. Promote prevention of musculoskeletal disorders and empower patients through education campaigns.  
Specific goal: Establish public and patient education programs in all participating countries through partner organizations
3. Advance research in prevention, diagnosis and treatment of musculoskeletal disorders.  
Specific goal: Triple existing national re-

search council funding during the Decade

4. Improve diagnosis and treatment of musculoskeletal disorders.  
Specific goals: Medical schools to include at least 6 months of training on musculoskeletal disorders, to improve GP diagnostic skills and accurate referrals and institute similar programs for other medical groups  
25% reduction in expected increase in osteoporotic fractures  
25% reduction in expected increase in joint destruction due to joint disease  
25% reduction in expected increase in severely injured people  
25% reduction in expected increase in indirect costs for spinal disorders.



## ENCOURAGING NEW AVENUES OF RESEARCH

Evaluating different treatments for osteoporosis still causes considerable debate amongst experts. This is frequently exploited by health authorities to play down the importance of treating the disease, despite the fact that effective drug treatments exist. This places increased emphasis on the development of new drug treatments for osteoporosis. Drug development is a time-consuming process and breakthroughs are rare, so that advances in this field of study are always very welcome. At the end of last year, two new studies were reported which provide encouraging new potential for osteoporosis treatment.

In the scientific journal "Nature", Roma Mühlbauer (Bern, Switzerland) described a study in which rats fed with onion powder showed a remarkable increase in bone mass. Researchers observed an 18% increase in bone formation in rats fed 1 g of onion powder daily over a four-week period compared to control animals. Although this is an important observation, the equivalent daily dose for a human would be an unpalatable 0.35 kg of onion powder per day! Further research is required to identify the active compound that may form the basis of an effective and acceptable treatment.

In "Science" Greg Mundy (San Antonio, USA) reported the effects of cholesterol lowering drugs (statins) on skeletal metabolism. Statins stimulated bone formation both locally and

systemically. Since statins are already widely used for the prevention of cardiovascular disease, this new observation opens up a novel area of research that may well lead to new treatments for osteoporosis.

Sound scientific research has given us considerable progress since the first ideas about osteoporosis treatment were discussed decades ago. Continuing advances will provide us with more therapeutic alternatives and further discourage those who would play down the importance of the treatment of osteoporosis.

**Helmut Minne**  
Editor, IOF News

## Organisation



### IOF Board:

Dr John Bilezikian; Prof. Peter Burckhardt (ex officio); Prof. Pierre D Delmas (President); Mrs Linda Edwards; Prof. Herbert Fleisch; Prof. Carlo Gennari; Mrs. Joyce Gordon; Prof. John A Kanis; Prof. Ruben Lederman; Prof. Uri Liberman; Dr Ghassan Maalouf; Prof. Pierre J Meunier; Prof. Helmut Minne; Prof. Hirotohi Morii; Prof. Socrates Papapoulos; Prof. Jean-Yves Reginster; Prof. René Rizzoli (ex officio); Prof. Ego Seeman; Mr Leo van Wersch (ex officio); Dr Jose Zanchetta.

### IOF Committee of Scientific Advisors:

Dr. Jonathan Adachi, **Canada**; Prof. Silvano Adami, **Italy**; Dr. Roberto Arinovich, **Chile**; Dr. John Bilezikian, **USA**; Prof. Jean-Philippe Bonjour, **Switzerland**; Dr. Aurelio Borelli\*, **Brazil**; Prof. Maria Luisa Brandi, **Italy**; Dr. Narong Bunyaratavej\*, **Thailand**; Dr. Daniel Chappard, **France**; Prof. Claus Christiansen\*, **Denmark**; Dr. Juliet Compston, **UK**; Prof. Cyrus Cooper, **UK**; Prof. Marie-Christine de Vernejoul, **France**; Prof. Pierre D. Delmas, **France**; Prof. Jean Pierre Devogelaer, **Belgium**; Prof. Martina Dören, **UK**; Prof. John Eisman, **Australia**; Dr. Erik Fink Eriksen, **Denmark**; Prof. Dieter Felsenberg, **Germany**; Prof. Jose Luis Ferretti, **Argentina**; Prof. Herbert Fleisch, **Switzerland**; Prof. Carlo Gennari, **Italy**; Prof. Piet Geusens, **Belgium**; Prof. Claus Glüer, **Germany**; Dr Shi-fu Guo, **China**; Prof. Stephen Hough, **South Africa**; Prof. Olof Johnell, **Sweden**; Prof. John A. Kanis, **UK**; Dr. Jean Marc Kaufman, **Belgium**; Mr Sundeep Khosla, **USA**; Mrs Edith Lau, **China**; Prof. Uri Liberman, **Israel**; Dr. Paul Lips, **The Netherlands**; Dr. Sverker Ljunghall\*, **Sweden**; Prof. Roman Lorenc, **Poland**; Prof. Frank Luyten\*, **Belgium**; Prof. George P. Lyrakis, **Greece**; Dr. Michael McClung, **USA**; Dr. Daniel Messina, **Argentina**; Prof. Pierre J. Meunier, **France**; Dr. Paul D. Miller, **USA**; Dr. Jorge Morales Torres, **Mexico**; Prof. Hajime Orimo, **Japan**; Dr. Sergio Ortolani, **Italy**; Prof. Socrates Papapoulos, **The Netherlands**; Prof. Mario Passeri, **Italy**; Dr. Gyula Poor, **Hungary**; Dr. Christine Pouliart, **Belgium**; Dr. Jonathan Reeve, **UK**; Prof. Jean-Yves Reginster, **Belgium**; Prof. Ian R. Reid, **New Zealand**; Prof. Johann Ringe, **Germany**; Prof. René Rizzoli, **Switzerland** (Chairman); Dr. Christian Roux, **France**; Dr. Graham Russell, **UK**; Prof. Ego Seeman, **Australia**; Prof. Markus J. Seibel, **Germany**; Prof. Alan Silman, **UK**; Dr. Jan Stepan, **Czech Republic**; Prof. Nelson B. Watts, **USA**; Prof. Christian Wüster, **Germany**.

\* Corresponding Member

### IOF Committee of National Societies:

**Argentina**: Sociedad Argentina de Osteoporosis; **Australia**: Australian & New Zealand Bone & Mineral Society, Osteoporosis Australia; **Austria**: Austrian Menopause Society, Austrian Society of Bone and Mineral Research, Österreichische Osteoporose Selbsthilfe\*; **Belgium**: Belgian Bone Club, Société Royale Belge de Rhumatologie; **Brazil**: Brazilian Society of Osteoporosis; **Bulgaria**: Bulgarian League for the Prevention of Osteoporosis, Foundation „Women without Osteoporosis“\*; **Canada**: Osteoporosis Society of Canada; **Chile**: Chilean Society of Osteology and Mineral Metabolism; **China**: Osteoporosis Committee of China Gerontological Society; **Colombia**: Asociacion Colombiana de Endocrinologia, Asociacion Colombiana de Osteologia y Metabolismo Mineral; **Croatia**: Croatian League against Rheumatism, Croatian Osteoporosis Society\*; **Cuba**: Sociedad Cubana de Reumatologia; **Czech Republic**: Czech Society for Metabolic Skeletal Diseases; **Denmark**: Danish Bone Society, Osteoporoseforeningen\*; **Egypt**: Egyptian Osteoporosis Prevention Society\*; **Estonia**: Estonian Osteoporosis Society; **Finland**: Finnish Bone Society, Finnish Osteoporosis Society\*; **France**: Association des Femmes contre l'Ostéoporose\*, Groupe Recherche et d'Information (GRIO); **Germany**: Bundesselbsthilfeverband für Osteoporose, Deutsche Gesellschaft für Osteologie, Deutsches Grünes

Kreuz, German Academy of the Osteological and Rheumatological Sciences, German Society for Endocrinology, Kuratorium Knochengesundheit; **Greece**: Hellenic Society for the Study of Bone Metabolism; **Hungary**: Hungarian Osteoporosis Patients' Association\*, Hungarian Society for Osteoporosis; **Iceland**: Beinvernd\*; **India**: Indian Rheumatism Association; **Ireland**: Irish Osteoporosis Society; **Israel**: Israeli Foundation for Osteoporosis and Bone Disease\*, Israel Society on Calcified Tissues; **Italy**: Italian Society for Mineral Metabolism, Italian Society for Osteoporosis, Italian Society of Rheumatology, Lega Italiana Osteoporosi; **Japan**: Japan Osteoporosis Foundation, Japanese Society for Bone and Mineral Research; **Jordan**: Jordanian Osteoporosis Prevention Society (JOPS); **Korea**: Korean Society of Osteoporosis Research; **Lebanon**: Lebanese Osteoporosis Prevention Society; Société Libanaise de Rhumatologie; **Lithuania**: Lithuanian Endocrine Society, Lithuanian Fund of Osteoporosis\*; **Luxembourg**: Association Luxembourgeoise d'Etude du Métabolisme (ALEMO); **Mexico**: Comité Mexicano para el Estudio de la Osteoporosis; **Morocco**: Moroccan Society for Rheumatology; **New Zealand**: Australian & New Zealand Bone & Mineral Society, Osteoporosis New Zealand Incorporated\*; **Norway**: Norsk Osteoporoseforening, Norwegian Society for Rheumatology; **Palestine**: Palestinian Osteoporosis Prevention Society\*; **Philippines**: Philippine Society of the Philippines; **Poland**: Multidisciplinary Osteoporotic Forum, Polish Foundation of Osteoporosis; **Portugal**: Associacao Nacional contra a Osteoporose (APOROS), Associacao Portuguesa de Osteoporose (APO), SPODOM; **Romania**: Association for Prevention of Osteoporosis in Romania\*, Romanian Society of Osteoporosis, Romanian Society of Rheumatology; **Russia**: Russian Association on Osteoporosis, Russian Patient Society of Osteoporosis & Bone Diseases\*; **Saudi Arabia**: Saudi Osteoporosis Club; **Slovak Republic**: Slovak Society of Osteoporosis and Metabolic Disease; **Slovenia**: Slovene Bone Society; **South Africa**: National Osteoporosis Foundation; **Spain**: Fundacion Hispana de Osteoporosi y Enfermedades, SEIOMM; **Sweden**: Swedish Osteoporosis Patient Society, Swedish Osteoporosis Society; **Switzerland**: Association Suisse Contre l'Ostéoporose, Donna Mobile; **Thailand**: Thai Orthopaedic Association; **The Netherlands**: Dutch Society for Calcium and Bone Metabolism, Osteoporosis Stichting, Osteoporose Vereniging; **Turkey**: The Society of Endocrinology & Metabolism of Turkey, Turkish Osteoporosis Society, Turkish Rheumatism Society; **UK**: Bone and Tooth Society, National Osteoporosis Society, Osteoporosis 2000; **Ukraine**: Ukraine Association on Osteoporosis; **Uruguay**: Sociedad Uruguaya de Reumatologia; **USA**: International Society for Clinical Densitometry; **Venezuela**: Fundacion Venezolana de Menopausia y Osteoporosis\*, Sociedad Venezolana de Menopausia y Osteoporosis; **Yugoslavia**: Yugoslav Osteoporosis Society.

\*Associate member

### IOF Committee of Corporate Advisors:

Abiogen Pharma srl, Asta Medica, Aventis Pharma, Beckman-Coulter, Besins Iscovesco, Byk Gulden Lomberg Chemische Fabrik GmbH, Eli Lilly Italia SpA, Hologic Europe NV, IGEA srl, IRIS, Lunar Europe NV, Merck KGaA, MSD; Nestlé Suisse SA, Norland Medical Systems Inc, Novartis, Novo Nordisk A/S, NV Organon, Osteometer Biotech, Osteometer Mediatech A/S, Pfizer, Procter & Gamble Pharmaceuticals Europe, Pronosco, Roche, Rotta Research Laboratorium, Schering AG, SmithKline Beecham, Strathmann AG, Sunlight Ultrasound Technologies, Teva Pharmaceutical Industries Ltd, Union Chimique Belge (UCB), Wyeth Ayerst, Yamamouchi Europe BV.

### IOF Staff:

**Executive Director**: Mary Anderson; **Office Manager**: Véronique Forterre-Orioni; **Funding Advisor**: Margaret Reilly Baer; **Communications Advisor**: Paul Sochaczewski; **Web editor**: Laura Misteli; **Assistants**: Patricia Bisch, Choon Blanchard, Marie-France Bragagnolo, Alexandra Galvan, Silvy Grazioli.

## Acknowledgements

Many thanks to all those who contribute to IOF News. IOF News is funded in part by Osteoporosis International (the only scientific journal devoted entirely to osteoporosis), Eli Lilly, Merck Sharp & Dohme, Roche Pharmaceuticals and Teva.

## Feedback & subscription

Please contact Mary Anderson (formerly Fraser), IOF Secretariat, 71 Cours Albert Thomas, F-69003 Lyon, France, tel +33 472 914177, fax +33 472 369052, e-mail: osteofound@net.asi.fr, IOF website <http://www.osteofound.org>