

**"You are enabling people to stand tall"**

Queen Rania of Jordan, IOF patron, welcoming participants to the IOF World Congress on Osteoporosis in Rio de Janeiro



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# First ever IOF World Congress on Osteoporosis held in Latin America

Noting that the fight against osteoporosis has "become a large global, social and medical movement", Her Majesty Queen Rania of Jordan, IOF patron, opened the IOF World Congress on Osteoporosis in Rio de Janeiro from May 14-19, 2004. It was the first IOF World Congress to be held outside of Europe and the USA, and the largest gathering of osteoporosis experts ever held in Latin America.

In a video message broadcast to the delegates, Queen Rania noted that IOF is increasing its global outreach at a rate of 20% a year. She congratulated participants for "enabling people to stand tall", but noted "there are still many more lives that need our help."

The IOF World Congress on Osteoporosis, held every two years, is the world's largest conference devoted specifically to osteoporosis. In Rio, some 4,000 researchers and physicians from around the world gathered to present groundbreaking research into the diagnosis and treatment of osteoporosis and other bone diseases.



"The fight against osteoporosis has become a large, global, social and medical movement."

Queen Rania of Jordan, IOF patron

## EDITORIAL



Dear Readers

I attended the IOF-World Congress on Osteoporosis in Rio - an exciting event with news about all aspects of

skeletal diseases. And after the congress? Two days of sightseeing and an intriguing paradox:

My wife and I visited a small rural village, located on a remote branch of the Rio Negro. In the tiny village we found a two-room school. And on the wall: a poster about human bones - how they grow, how they become osteoporotic, and how osteoporosis can be prevented. Two thoughts come to mind.

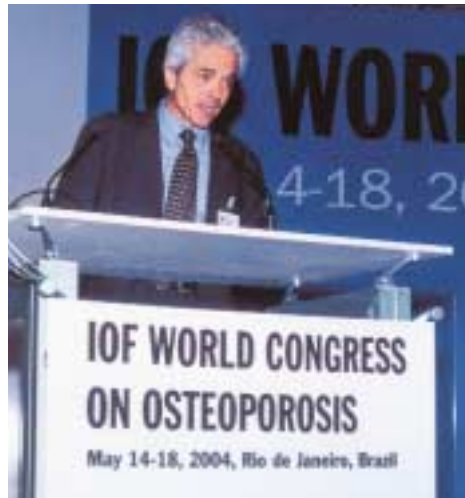
First, huge compliments to our Brazilian friends for their efforts to focus on osteoporosis prevention in even the isolated parts of this vast country!

But here's the paradox. The Rio Negro (black river) is acidic (pH 4.5), really acidic. People who live there drink this water throughout their lives. And, according to present knowledge, this chronic "acidification" should harm their bones dramatically! But this doesn't seem to be the case. People told me that the local people who live along the Rio Negro do not suffer more fractures than people in other parts of Brazil, where the pH of the water is neutral.

So, if not, why not? Surely we have much more to learn about how our bones develop and react to different environments and diet.

Yours

Helmut Minne



"You have a huge responsibility - to find ways to prevent, diagnose and treat osteoporosis."

IOF President Pierre D. Delmas

IOF President Pierre D. Delmas reminded the congress delegates, who came from some 90 countries, that they "have a huge responsibility - to find ways to prevent, diagnose and treat osteoporosis. We very much hope that the IOF World Congress on Osteoporosis will make a huge difference in how we deal with this crippling and expensive disease that causes so much suffering."

Dr. Rubem Lederman, IOF Board member and executive president of the 2004 IOF World Congress on Osteoporosis, noted: "It is appropriate that IOF has chosen to hold its bi-annual congress in Rio, in the heart of Latin America. This region will experience the greatest surge in osteoporosis fractures in coming years compared to other parts of the world." He noted that the Latin American re-

gion accounts for one in four hip fractures worldwide, and the number will increase to one in two within 50 years. In Brazil some nine million people suffer from osteoporosis.

Prof. Rene Rizzoli, chairman of the IOF Committee of Scientific Advisors and chairman of the IOF WCO scientific program, highlighted the importance of the 48 oral presentations, 430 posters, 8 satellite symposia and 17 Meet the Expert sessions during the four-day meeting. "The IOF WCO showcased the latest developments in the hard science of osteoporosis research and also provided physicians with the clinical skills they need to diagnose and treat the disease."



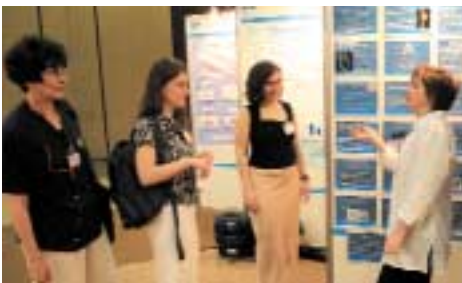
Dr. Rubem Lederman, IOF Board member and executive president of the Congress noted that Latin America will experience the greatest surge in osteoporosis fractures in coming years compared to other parts of the world.

A number of important findings and conclusions emerged from the congress:

- Diagnosis can be improved by combining information on different risk factors and body composition with measurement of bone mineral density
- Smoking is confirmed as a risk factor for osteoporosis
- Bone structure is as important as bone mineral density for preventing fractures
- Hip fracture leads to greater mortality in men than in women

- New classes of drugs help to build bone mass rather than just preventing bone loss
- Bone mass lost to osteoporosis can be regained and maintained by combining therapies
- Patients who discontinue treatment can rapidly begin to lose bone mass
- A new campaign, to be supported by IOF, will educate orthopedic surgeons to identify fragility fractures
- Genetic variations that help determine bone mass have been identified
- Vitamin D and exercise are especially important for girls, as they build bone mass to protect against osteoporosis later in life
- Hip fracture places a heavy burden on patients and families for years

Conference news reports and abstracts are available on the IOF website.



In addition to the 17 Meet the Expert sessions (above), the IOF WCO scientific program featured 48 oral presentations, 430 posters, and 8 satellite symposia.

## Latin America – comparable rate of vertebral fractures to Europe

The IOF World Congress on Osteoporosis gave special attention to osteoporosis in Latin America, with a series of symposia on epidemiology, diagnosis and treatment throughout the continent. “Some of the epidemiologic studies presented were especially significant because they used the same methodology as vertebral fracture studies in other areas of the world and so can be compared with these studies,” said Roberto Arinoviche, president of the Chilean Osteoporosis Foundation and a member of the IOF WCO scientific program committee.

Brazilian and Mexican data form part of the Latin American Vertebral Osteoporosis Study (LAVOS), the first-ever regional survey of the bone disorder. LAVOS was patterned on the long-running European Vertebral Osteoporosis Study / European Prospective Osteoporosis Study (EVOS/EPOS). Both studies receive funding support from IOF.

The coordinator of the LAVOS study, Patricia Clark of the Centro Medico Nacional Siglo XXI, Instituto Mexicano del Seguro Social, and Universidad Nacional Autonoma de Mexico in Mexico City, presented the results of the first national subset completed to date. In each of six Latin American countries, researchers closely examined the bone health of 400 randomly selected women, 100 each in their fifties, sixties, seventies, or over age eighty.

Clark and her colleagues found that 19.5 percent of the women in the Mexican sample had suffered vertebral fractures, and that the rate increased exponentially with age. This overall rate is comparable to that found in some European countries, but higher than rates detected in Beijing, China or in American women of African descent.

Also from the LAVOS study, Sergio Ragi and colleagues from the Centro de Diagnostico e Pesquisa da Osteoporose do Esp'rito Santo, located in Vitoria, Brazil, filled a prominent gap in Brazilian public health data when they reported that 33.6 percent of the women in their survey suffer from osteoporosis. Ragi admits to being surprised that the osteoporosis incidence in Brazil matches that reported in North America and Europe, given Brazil's diverse ethnic admixture (accurately represented in the study population) and exposure to sun. Sun is a key source of vitamin D, a critical element that ensures that calcium forms bones.

“These data reinforce the idea that Brazilian health authorities and health care providers should look for more resources and programs to prevent osteoporosis and to make osteoporosis therapies more widely available,” said Ragi. In a separate presentation based on the Brazilian LAVOS sample, Ragi, Clark and their collaborators confirmed that a history of osteoporotic fractures among close relatives is a major risk factor for osteoporotic fractures.

## A personal story

Domingo Di Lorenzo, Venezuela

Domingo Di Lorenzo, 77 years old, started having vertebral fractures due to osteoporosis twelve years ago.

“When I was 40 my colon was removed due to diverticulosis. Afterwards, I never ate milk or cheese since I was afraid of suffering from diarrhea. I was not told that I had to take calcium pills either.

“I had my first fracture when I was 65. Since then, I have had several fractures but they did not cause too much pain. I noticed a little humpback and realized that I was getting shorter, but I did not care because there was no pain. I never thought I had osteoporosis. Indeed, I did not know anything about that disease, and doctors never mentioned it. It was not until 1997 that I was sent to a specialized center.”

Domingo suffers from secondary osteoporosis caused by a digestive surgery and chronic calcium deficit. He illustrates the lack of information about osteoporosis among people as well as doctors. And, his is a classic example of the increased



**“I did not ask and was not told about the risks of colon surgery for bones.”**

occurrence of new fractures once the first fracture has happened. Currently, Domingo has five vertebral fractures. His story also reflects a common masculine attitude, reluctance to find medical support when health changes occur. So often, men only look for medical support when the damage is already severe.

“Nowadays”, explains Prof. Gregorio Riera Espinoza (right in photo), “Domingo has many constraints due to his severe vertebral deformity. Additionally he has had other medical problems, including an aneurysm of the popliteal artery with vascular obstruction which eventually led to a below-the-knee amputation of the left leg. Nevertheless, this man still shows enthusiasm and a love of life”. He added that doctors should take responsibility to ensure that people like Domingo Di Lorenzo are warned of their risks for osteoporosis.

# Osteoporosis – special challenges in Latin America

Latin America faces a future of increased osteoporosis due to an ageing population.

The history of osteoporosis is related to life expectancy. In 2000, life expectancy worldwide was 76 years and it will increase significantly by 2050. Around the world, one out of three women and at least one out of eight men over the age of 50 will have osteoporosis. As Latin America ages rapidly, it faces a future with this disease.

New epidemiologic data confirm that the incidence of osteoporosis in Latin America is similar to the rest of the world. The LAVOS study, the first-ever regional survey of osteoporosis (see p. 3), showed that the rate of vertebral fractures in Latin America is high. These fractures, which typically occur at a younger age than do hip fractures, pose a substantial problem in that they impact severely on both quality of life and the employment potential of sufferers.

Similar data has come from Buenos Aires, Argentina, where the TANGO study (Osteo-

porosis Int., vol 15, suppl. 1, 2004) shows that the total incidence of osteoporosis in women over 50 is 35%. This study included 4,000 postmenopausal women, 1,000 in each age group: 50-59; 60-69; 70-79 and >80. In the younger group the prevalence was 20.8%, 33.3% in the 60-70 range, 40.2% in the 70-80 range and 45.6% in the 80-99 range. BMD was assessed in both spine and hip.

Osteoporosis is a “time bomb” – a problem that will severely challenge Latin America’s health care systems in the years to come. Fortunately, effective new therapies to manage and treat osteoporosis are available. The question is whether the largely under-funded health care systems will be able to cope with the challenge of caring for a growing elderly population of osteoporosis sufferers. The economic burden of fractures alone – the cost of medical and surgical treatment as well as rehabilitation – is exorbitant for all societies, and all the more so for the weaker economies of Latin America.

A concerted effort in the form of more research, and targeted clinical and public health measures is necessary. Most important of all, the focus must be on **prevention**.

To improve women’s health in the 21st century, we need to develop strategies for effective therapeutic approaches in the postmenopausal stage. Key to this preventive strategy is improving the public’s knowledge of the disease, especially in regard to the important role of early diagnosis, calcium-rich nutrition and bone-strengthening exercise.

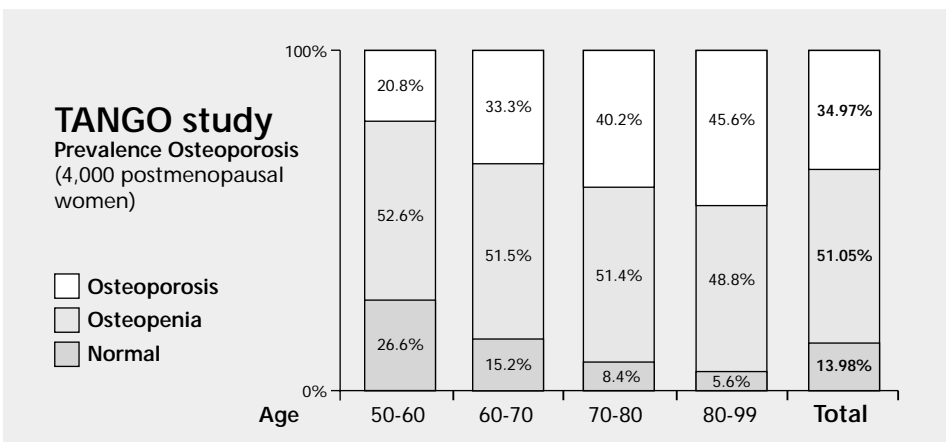
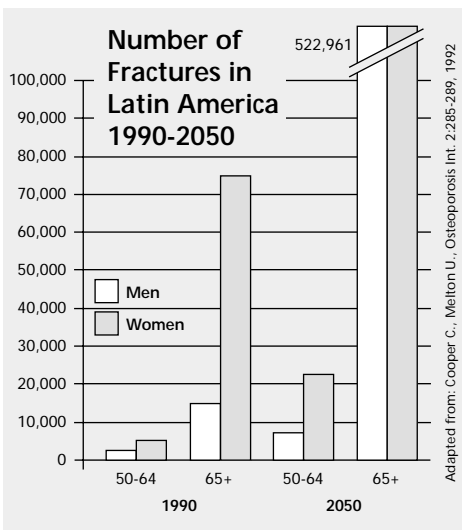
Much is being achieved in Latin America. There has been an active involvement in research and increased physician training. The IOF World Congress on Osteoporosis, held for the first time in Latin America, and



The IOF World Congress on Osteoporosis had a strong focus on Latin America, with a special symposium and Meet-the-Expert sessions on prevention, diagnosis and treatment. Dr. Jose Zanchetta at the “Osteoporosis in Latin America: Treatment” session which he chaired with Dr. M. Chalem.

regional meetings, organized under the auspices of IOF, have improved professional knowledge of the disease in the region. In addition a growing number of highly active national patient and medical societies in Latin America are offering patient services and are working to focus media and public attention on this growing epidemic. But, despite these steps forward, we still have a long way to go.

*Contributed by Prof. José Zanchetta, Argentina, IOF board member*



## The Second IOF-Alliance Osteoporosis Media Award

Two young journalists, from Costa Rica and the UK, were awarded international honors for their efforts to raise awareness about osteoporosis. Matt Thompson, from the UK, won in the medical category for his article “Tackling the hidden disease” which appeared in Middle East Health. Ivannia Varela Quirós, 33, from Costa Rica, was honored in the general category for writing “Frágiles como el Cristal” (Fragile like crystal) for La Nación Sunday Magazine, the largest Sunday supplement in the country. Each winner won a cash prize of US\$ 3,000 and a trip to the IOF World Congress on Osteoporosis in Rio de Janeiro, where the awards were presented.

IOF Chief Executive Officer Daniel Navid, who presented the award, noted, “The efforts of these journalists, and others around the world, will help to educate the public and health care professionals about osteoporosis and communicate the importance of investing in better bone health.” He thanked the Alliance for Better Bone Health (Procter & Gamble Pharmaceuticals and Aventis Pharma) which support the awards through an unrestricted educational grant to IOF. Winning articles are available on the IOF website: [www.osteofound.org](http://www.osteofound.org)



Ivannia Varela Quirós and Matt Thompson

## Hip fractures – an ongoing burden to families

The seriousness of hip fractures is well documented – approximately 20% of hip fracture patients age 50 and over die within one year due to medical complications following their fracture. The hospital costs of treating a hip fracture are also expensive and growing as the number of hip fractures increases around the world. A new study presented at the IOF World Congress on Osteoporosis in Rio de Janeiro showed that for survivors of hip fracture and their families, the costs do not end with surgical treatment and physical therapy sessions. Fully two years after hip fracture, according to French researchers, four in ten patients living at home needed significant daily assistance from their family members.

“It has been reported that around 20 percent of people who previously lived independently have to be institutionalized after a hip fracture,” said Dr. Marie-Christine De Vernejoul, of INSERM Unit 349 in Paris, France. “We suspected that there could also be a high intangible cost for people who are living with their families but are no longer independent after a hip fracture.”

De Vernejoul and her colleagues followed up on 1512 patients in Picardie, France, who had fractured their hip two years earlier. Of 599 people living in “individual accommodations,” i.e., not in nursing homes, 38 percent needed help with daily living (e.g., washing or dressing). For about half of this group, this de-



pendency extended to eating, and using the toilet. While some of the help was provided by paid workers, the majority fell to family members, usually wives and daughters. “In order to avoid institutionalization of patients after a hip fracture, help should be given to the families,” suggested De Vernejoul.

## IOF-Servier Young Investigator Research Award

*Are genetics responsible for differences in bone mineral density found in Asians and Caucasians?*

The 2004 IOF-Servier Young Investigator Research Award, valued at euro 40,000, was presented to Professor Hong-Wen Deng. The presentation was made at the IOF World Congress on Osteoporosis in Rio de Janeiro.

Hong-Wen Deng, who holds a tenured position at Creighton University, Omaha, Nebraska, USA, and also a secondary appointment at HuNan Normal University, China, won the award for his proposal to study comparative genetics of osteoporosis in Caucasians and Asians (Chinese).

“Bones in Asians and Caucasians tend to have different geometries and in Asians bone mineral density is generally lower,” said Prof. Pierre Delmas, IOF president and member of the award selection committee. “It is important to understand the biological basis for these differences,” he added. Bone mineral density (BMD) varies considerably from person to person. About 50 % of this variation is thought to have a genetic basis. While much work has been done to identify genetic differences within ethnic populations that might explain BMD fluctuation, less work has been



Dr. Hong-Weng Deng (right) receives Fellowship certificate from Dr. Christophe Charpentier, director, Medical Information Division, Servier

done to identify those differences that may exist between ethnic groups.

Deng hopes that his study will help reveal genetic variations that contribute to differences in bone mineral densities between the two populations. This information may in turn lead to the development of new diagnostic and therapeutic approaches for the management of osteoporosis.

The IOF-Servier Young Investigator Research Award is awarded to young scientists under age 40 for original research work in the field of osteoporosis. The grant, awarded every two years at the IOF World Congress on Osteoporosis, is made possible through an unrestricted educational grant from Servier Research Group.

Applications for the 2005 IOF-Servier Young Investigator Research Award are now being accepted. The deadline for applications, available on [www.osteofound.org](http://www.osteofound.org), is December 1, 2005.

## IOF Claus Christiansen Research Fellowship

The IOF Claus Christiansen Research Fellowship, named in honor of one of IOF's founders, is offered every other year. The 2004 Fellowship, valued at euro 45,000, was presented at the IOF World Congress on Osteoporosis in Rio de Janeiro to two co-winners. Dr. Yu Zhao Bagger of the Center for Clinical and Basic Research, Ballerup, Denmark received the Fellowship for her project “Genetic and environmental risk factors of osteoporosis in postmenopausal Danish women: The Prospective Epidemiological Risk Factors (PERF) study”. Dr. Muhammad Kassim Javaid, MRC Environmental Epidemiology Unit, University of Southampton, UK was honored for his project “Paternal determinants of neonatal bone mass”.



Fellowship winners, Dr. Yu Zhao Bagger (right) and Dr. Muhammad Kassim Javaid

# International surveys show bone health neglected by women

*Two recent surveys in Europe and Japan show that women do not take their personal risk for osteoporosis seriously enough – despite a good level of awareness about osteoporosis.*

## Pan-European survey shows that women do not acknowledge personal risk

A new nine-country European health survey by IOF and the European Institute of Women's Health questioned women aged over 50 about their attitudes towards health issues that affect their lives. The results, announced on June 5, 2004 during a medical conference in Nice, France, revealed that bone health is still neglected by European women. Despite a one in three risk that a woman over 50 will experience a fracture due to osteoporosis in her lifetime, only half (53%) of European women over 50 surveyed considered themselves to be at risk, and only 25% had taken steps to have their bone health checked. More worrying, just 42% of these women, who may be at risk for developing postmenopausal osteoporosis, had discussed osteoporosis with their physician.

"The results of this new survey are disturbing," observed Professor Jean-Yves Reginster, general secretary of the IOF Board, who presented the findings. "It seems that the women surveyed do not connect knowledge about osteoporosis with the reality that they might personally be at risk. We have a significant educational task in front of us to reverse this perception that 'it can't happen to me.'"

According to the survey, approximately 4.3 million\* women aged 50-74 in the nine survey countries have suffered from at least one bone fracture since their 50th birthday as a result of a very minor fall. Of those who had suffered more than one fracture, less than a quarter (24 percent) were taking a prescribed medication for osteoporosis.



"We have a significant educational task in front of us to reverse this perception that it can't happen to me."

Professor Jean-Yves Reginster, general secretary of the IOF Board

## Neglect of bone health widespread in Japan too

According to a separate survey carried out by the Japanese Osteoporosis Foundation, Japanese women also show an alarming tendency to deny their personal risk for osteoporosis. Modeled after the 11-country "How Fragile is Her Future" survey carried out by IOF in 2000, the Japanese survey assessed osteoporosis awareness in both physicians and in osteoporotic and non-osteoporotic postmenopausal women. 320 postmenopausal women (one-half with osteoporosis, average age just under 60) and 100 doctors were surveyed. The findings, like those of the latest IOF study, showed that although most postmenopausal women have a good basic understanding of osteoporosis, they do recognize themselves to be at personal risk. Only about half the women surveyed considered the disease to be serious and the percentage of those who periodically consult their doctors to receive diagnostic tests is low. The women also thought that osteoporosis could be treated and prevented by lifestyle improvements such as exercise and diet.

The physicians considered early diagnosis and prevention important, but rarely discussed osteoporosis during actual medical examinations. Diagnostic testing usually occurred only after patients complained of symptoms such as pain. Among the women diagnosed with osteoporosis, only 40% continued drug treatment – the majority did not take any treatment due to reasons such as not liking the drugs or side effects.

The survey results highlight the need to continue educational activities for postmenopausal women, with an increased focus on recognition of personal risk. They have also shown that educational training for doctors must be intensified so that diagnosis and treatment occurs before the first fracture. The need for early prevention is underlined by the fact that a woman who has had a first verte-

bral fracture has a five times higher risk of a further fracture. Furthermore, Japan has a high and growing prevalence of osteoporotic fracture. A 1987 national survey showed that there were 45,000 hip fractures – the same survey in 1992 showed an annual total of 77,000 hip fractures. And, within the last five years the figures has increased by 1.5 times!

Professor Hajime Orimo, chairman of the Japan Osteoporosis Foundation wrote, "Japan has become a country of longevity. Women's average life expectancy has exceeded 80 years of age, placing them in a situation where they are likely to live 30 or more years after menopause. For the women to enjoy enriched lives in these 30 years, with good health, is now a great issue to their families, to Japanese society, as well as to themselves."

\* This number was extrapolated based on population census data from the nine countries, 2001

Further information about the surveys is available on the IOF website.



## POLICY ACTION AROUND THE WORLD

### Irish Minister for Health speaks at Cork workshop

Speaking at a workshop held in Cork on April 5, 2004, Mr. Micheál Martin TD, Irish minister for health said "The Irish government is committed to working to try and find health-care solutions for diseases such as osteoporosis and will work together with the European Parliament and other Member States, to encourage future European health presidencies to bring forward this work".



From left: M. Martin, minister for health, Ireland; M. Anderson, IOF Board member; J. O'Toole, Irish permanent representative to the EU

The workshop, "Delivering patient expectations and managing European health priorities: the case of osteoporosis", brought together patients, medical experts, policy-makers and pharmaceutical industry representatives from Europe to discuss how governments should co-ordinate the prevention, diagnosis and treatment of osteoporosis. The event was hosted by the IOF and the Irish Osteoporosis Society (IOS) and supported by an unrestricted educational grant from GlaxoSmithKline. It was also held in conjunction with the launch of an IOS patient support group for the Cork area. "We're delighted to be able to increase the awareness of osteoporosis and to give advice on the diagnosis, prevention and treatment of osteoporosis to help patients and their families within the Cork area", said Professor Moira O'Brien, IOS president.

### MEP Mel Read receives first IOF President's Award

Former Member of European Parliament Mel



Mel Read; Prof. Moira O'Brien, IOS president

Read (UK) and founding chair of the European Parliament Osteoporosis Interest Group was presented with the first IOF President's Award in recognition of her ongoing support to improve political awareness and policies for the prevention, diagnosis and treatment of osteoporosis and related fractures. Mrs Read retired from the European Parliament this June after 15 years of service. Speaking at the Cork workshop (see previous article), Mrs. Read noted "Far too many Europeans at high risk of osteoporosis will suffer needlessly because they did not have timely diagnosis or preventive therapies."

### Osteoporosis awareness week in Kuwait

A weeklong awareness campaign involving television and radio programs, public lectures and newspaper articles took place in Kuwait in February 2004.



From left to right: Adnan Khalifa Al Rashed, Prof. Ghassan Maalouf, Dr. Mohammad Jalala, Kuwaiti minister of health, Dr. Abdel Nasser Al Othman and Mrs. Ikbal

Dr. Abdel Nasser Othman, president of the Kuwaiti Osteoporosis Prevention Society, and Prof. Ghassan Maalouf, general secretary of the Lebanese Osteoporosis Prevention Society and IOF Middle East representative, chaired a two-hour prime-time television program, in which viewers called in live with their questions from all around the world – Australia, Canada, the United States, Europe and Africa – as well as the surrounding region.

A press conference took place with full media coverage and in the presence of Sheikhha Amthal, the sister of the Emir of Kuwait. The week's activities had been organized with her help and active participation, and Prof. Ghassan Maalouf was honored with an award in recognition of his work in the field of osteoporosis in the Middle East.

Prof. Maalouf also met with Dr. Mohammad Jalala, Kuwaiti minister of health, who promised to prioritize osteoporosis in Kuwait and IOF partnership with the WHO.



Staff (and the OSC mascot!) manning a telephone hotline received an average of 80 calls per day

### TV ad campaign in Singapore

In May 2004, the Osteoporosis Society (Singapore) broadcast a television advertising campaign over a period of six weeks. The ad was in both English and Mandarin and focused on awareness in post-menopausal women. Viewers were invited to contact a hotline which received an average of 80 calls per day. The osteoporosis risk of callers was assessed using the OSTA chart – a simple self assessment test for Asian postmenopausal women based on weight and age. Callers were sent an educational booklet with further information about osteoporosis.

### Consensus guidelines prepared at Asian Regional IOF Conference

The Second Asian Regional IOF Conference on Osteoporosis was held in Hong Kong in January 2004. The two and half day conference attracted some 370 participants from 26 countries, with the largest delegations coming from China, Indonesia, Taiwan, Thailand, and Malaysia. The opening ceremony was officiated by guest of honour Dr. Leong Cheung, chair of the Hospital Authority and president of the Hong Kong Academy of Medicine.

A consensus conference on the "Guidelines for the Prevention, Diagnosis and Treatment of Osteoporosis" was held in conjunction with the event, resulting in the preparation of a final document which has been submitted for publication. The Third Asian-Pacific Regional IOF Conference on Osteoporosis will be held in Australia in October 2006.



Ribbon cutting ceremony (from left): Prof. Edith Lau, Dr. Suthorn Bavonratavech, Prof. Philip Sambrook, Prof. Pierre D. Delmas, Dr. CH Leong, Mr. William Yiu, Prof. J-Y Reginster, Prof. E. Seeman, Prof. PC Leung

# IOF welcomes four new board members from the USA

Four leading scientists, researchers, and teachers from North America were elected to the IOF's board of trustees. The four successful candidates, elected by IOF members from a slate of 10 candidates from Canada, United States and Mexico, were Harry Kenneth Genant, professor emeritus of University of California San Francisco; Bess Dawson-Hughes, professor of medicine at Tufts University, president of the National Osteoporosis Foundation (an IOF member); Paul D. Miller, founding president of the International Society for Clinical Densitometry (an IOF member), editor of Journal of Clinical Densitometry; Ethel S. Siris, Madeline C. Stabile professor of clinical medicine, Columbia University; director of the Toni Stabile Osteoporosis Center, Columbia Presbyterian Medical Center. "It is a great privilege to

welcome these world-renowned people to the IOF Board. Their experience and wisdom will help us to promote the fight against osteoporosis both in the United States and worldwide." IOF CEO Daniel Navid commented, "We look forward to the valuable input of our new North American board members in helping IOF to promote common projects and programs for osteoporosis patient and medical societies around the world."



## Committee of National Societies now with 167 members

At the May IOF business meetings in Rio de Janeiro four new members were elected to IOF's Committee of National Societies (CNS). IOF extends a warm welcome to the Hellenic Endocrine Society-Panhellenic Association of Endocrinologists (Greece); Malaysian Osteoporosis Society; Chinese Osteoporosis Foundation of the Chinese Development Foundation for Science and Technology (COF-CDFST); and the Osteoporosis Society of Sri Lanka. IOF now comprises 167 full or associate member societies in 83 countries, territories and regions worldwide.

CNS Chairman Helmut Minne also welcomed Judy Stenmark, CEO of Osteoporosis Australia, as the newly elected vice chair of the CNS.

The new board members at the IOF business meetings in Rio de Janeiro, May 2004. From left: Paul D. Miller, Ethel S. Siris, Pierre D. Delmas (IOF president), Bess Dawson-Hughes; and Harry K. Genant



International Osteoporosis Foundation



**IOF Patron**  
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Chief Executive Officer: D. Navid

IOF membership is composed of three separate committees. To contact an osteoporosis society in your country visit the IOF website: [www.osteofound.org](http://www.osteofound.org)

**IOF Committee of Scientific Advisors (CSA)**  
Chair: R. Rizzoli, 68 members

**IOF Committee of National Societies (CNS)**  
Chair: H. Minne, 167 members in 83 countries, territories and regions

**IOF Committee of Corporate Advisors (CCA)**  
Chair: Y. Tsouderos, 34 members

**IOF Scientific Publications**  
Osteoporosis International (the only international scientific journal devoted entirely to osteoporosis)  
Progress in Osteoporosis (summaries and critical analyses of the current literature)

IOF is proud to be a partner of  
the Bone & Joint Decade 2000-2010

The International Osteoporosis Foundation (IOF) is an independent non-profit umbrella organisation dedicated to the world wide fight against osteoporosis. IOF's network includes 167 member societies in 83 countries, territories and regions.

### IOF's Vision

- A world without osteoporotic fractures

### IOF's Mission

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

### IOF's Goals

- Nurture and enlarge the IOF network of member societies worldwide
- Promote medical innovation and improved care
- Expand IOF partnerships with organizations working on similar or complementary issues and projects
- Lobby for policy change in all countries so that diagnosis and treatment of osteoporosis becomes routine

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