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**International Osteoporosis Foundation**  
*Fighting osteoporosis and other skeletal diseases*

# Osteoporosis Action

# The U.S. Surgeon General issues first-ever report on nation's bone health

A landmark report released in October 2004 by the Surgeon General of the United States, forcefully brings to the attention of the American people the serious public health crisis created by osteoporosis and related fractures.

After informing the public and health-care providers that the state of the nation's bone health is not good, Surgeon General Dr. Richard Carmona issued a call to action to put into practice the substantial knowledge that has been gained in recent years in order to reduce the human suffering and economic costs that result from fragility fractures.

The comprehensive 400-page report was produced by a large group of scientists, clinicians and public health specialists who are leaders in the bone field, working together with several US government agencies. The report provides an extensive body of information about osteoporosis as well as about other bone disorders such as Paget's disease of bone, hyperparathyroidism, osteogenesis imperfecta, renal bone disease and skeletal complications of malignancy.

Substantial publicity about the report followed its release and the expectation is that it will be widely distributed and influential.

Well-referenced and evidence-based, the report is divided into six sections. The first defines both bone health and disease in an easy-to-understand style designed for the public at large. The second part reviews the less-than-ideal state of bone health in the U.S. today and explains the seriousness of the problem. Suc-

ceeding sections discuss what we know today about bone health and what can and should be done to improve the situation – focusing on actions needed from individuals, health care providers and from the overall health care system.

## Prevention of osteoporosis a major theme

The final section of the report discusses the hopes and possibilities for the future. Prevention of osteoporosis is a major theme, focusing on the need for a healthy lifestyle, calcium and vitamin D deficiency, and adequate exercise at every age. Risk factors for osteoporosis and fracture in men and women and all ethnic groups, the role of bone density testing, and the data on the established pharmacological agents for prevention and treatment of osteoporosis are all carefully reviewed.

## An influential health policy document which defines standards of care

A Surgeon General's report has enormous influence because it provides a scientific body of evidence to both individuals and clinicians with a level of legitimacy, credibility and urgency underscored by the authority of the country's chief physician.

One of its most important messages is that we have the knowledge base at this time to make a great difference in people's lives, but that we have to narrow the substantial gap between what we now know about bone biology and skeletal health and what we actually do in medical practice to prevent osteoporosis and fractures. In essence, it defines standards of care.

The initial request for a Surgeon General's Report was brought to the U.S. Congress – the body that commits government funds for the creation and dissemination of such a major undertaking – by a coalition of advocacy and scientific organizations led by the National Osteoporosis Foundation, the American Society of Bone and Mineral Research, the Paget Foundation for Paget's Disease of Bone and Related Disorders and Osteogenesis Imperfecta Foundation. Their persuasive efforts led the Congress to authorize the Surgeon General to proceed, and this major health policy document is the result.

It is everyone's hope that the messages in this report will be heard and understood by millions of people, and that a real and meaningful improvement in bone health will be the ultimate outcome.

## EDITORIAL



Dear Readers

When is a disease a disease in our modern times?

When people suffer? The answer is 'no', because otherwise the million-fold suffering from osteoporotic fractures would have triggered the widespread use of the effective and proven treatments now available. Today, only a fraction of people with osteoporosis are treated.

When societies suffer? The answer is 'no', because otherwise the billions of dollars, euro, yen and other currencies needed for the treatment of un-prevented fractures, would have triggered changes in the attitudes of governments, insurances and health care providers. Today, the economic and social burden (which will double within the next few decades) is being ignored by governments.

When a 'U.S. Surgeon General's Report on Osteoporosis' is published in the U.S.? The answer, I hope, is 'maybe'.

Perhaps this influential report will make all the 'Surgeon Generals' of this world sit up and listen.

Yours

Helmut Minne

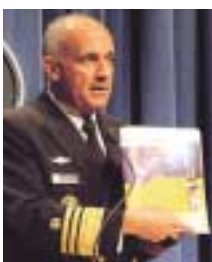
The full report, executive summary, and a brochure for patients, are available online at [www.surgeongeneral.gov](http://www.surgeongeneral.gov). Printed copies of the documents can also be requested.

*Contributed by Prof. Ethel Siris, IOF Board member, Department of Medicine, College of Physicians and Surgeons of Columbia University, and director of the Toni Stabile Osteoporosis Center of the Columbia-Presbyterian Medical Center, New York.*



"It is everyone's hope that the messages in this report will be heard ... and that a real and

meaningful improvement in bone health will be the ultimate outcome" Prof. Ethel Siris



### Startling facts from the U.S. Surgeon General's report

The Surgeon General warns that by 2020, half of all American citizens older than 50 will be at risk for fractures from osteoporosis and low

bone mass if no immediate action is taken by individuals at risk, doctors, health systems, and policymakers. U.S. statistics also show:

- Each year, roughly 1.5 million people suffer a bone fracture related to osteoporosis.
- About 20% of senior citizens who suffer a hip fracture die within a year of fracture.
- About 20% of individuals with a hip fracture end up in a nursing home within a year.
- Hip fractures account for 300,000 hospitalizations each year.
- The direct care costs for osteoporotic fractures alone are already up to \$18 billion each year. That number is expected to increase if action to prevent osteoporosis is not taken now.

# Osteoporosis affects one in five men over 50

**New report shows disease is more serious in men than previously estimated**

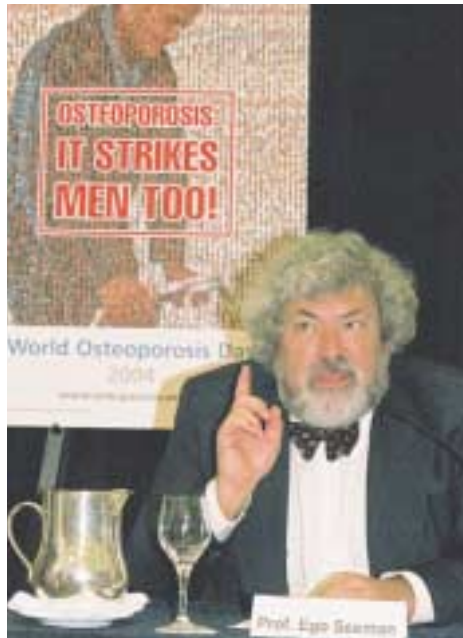
Osteoporosis in men is much more widespread than previously estimated, according to a new report issued to mark World Osteoporosis Day on October 20, 2004.

Worldwide, one in five men over 50 will have an osteoporosis fracture, according to *Osteoporosis in Men*, a report issued by IOF and released in Sydney, Australia. The lifetime risk of a man suffering an osteoporotic fracture is greater than his likelihood of developing prostate cancer. In Australia the rate is even higher, where one in three men over 60 will suffer a fracture due to osteoporosis. This is a rate similar to that of women, which is generally estimated worldwide as one in three for women over 50.

The report is written by Ego Seeman, professor of medicine at University of Melbourne, IOF International Board member and editor of *Progress in Osteoporosis*.

In his foreword Professor Seeman notes that "osteoporosis does not just occur in women ... men who sustain fractures may suffer more severely in terms of the quality and quantity of their lives than when fractures occur in women." A major problem, he points out, is that "most men, most doctors and most governments are not aware of the problem of osteoporosis in men. Osteoporosis does not show any sex discrimination. It is an equal opportunity disease"

IOF Chief Executive Officer Daniel Navid, speaking at the report's launch, noted



**"Most men, most doctors and most governments are not aware of the problem of osteoporosis in men."**

Ego Seeman, professor of medicine at University of Melbourne, IOF International Board member, editor of *Progress in Osteoporosis*.

that while it is routine for a male patient to be examined for risk factors relating to heart disease, prostate cancer and stroke, physicians rarely check for osteoporosis and fractures. He praised the efforts of many of IOF's 168 member societies to increase awareness of this issue by focusing their World Osteoporosis Day campaigns on osteoporosis in men (see page 7). "We encourage individuals to take the IOF One

**Facts from the report:**

- Worldwide, one in five men over the age of 50 will have an osteoporosis-related fracture in their remaining lifetime.
- When fragility fractures occur in men, they are associated with higher morbidity and death than when they occur in women.
- The lifetime risk of a man suffering an osteoporotic fracture is greater than his likelihood of developing prostate cancer.
- Overall, 23% of the hip fracture expenditure occurs in men.

Minute Risk Test, and if they have risk factors, consult their doctors for further tests and treatment," Navid added.

Copies of the 20-page report are available on the IOF website [www.osteofound.org](http://www.osteofound.org)



**"There should be more awareness campaigns directed to men"**

## A personal story

Sergio Barrientes Arellano, Mexico

At the age of 42 Sergio Barrientes, a bus driver and mechanic, started having pain in his arms and later began experiencing excruciating backache. Although he went from one doctor to another in search of help it was only a few years later, after a family member heard a radio program on osteoporosis, that Sergio got in touch with a bone clinic to check for osteoporosis. When Sergio arrived at the clinic his initial reservations that "osteoporosis is a women's disease" seemed to be confirmed: There were only women in the waiting room and the questionnaire he was given contained questions about menstruation and menopause. Sergio didn't think osteoporosis could possibly be the cause of his problems. To his surprise, the subsequent DXA scan showed that he had osteoporosis, with bones so fragile that his physician said, "they could break at any moment". Sergio began medical treatment immediately and stopped working as a mechanic, taking on a less physically strenuous position. He also started exercising and eating healthy, calcium-rich food. The treatment has paid off – subsequent DXA scans have shown that his bone health is improving and Sergio feels much better. He encourages others to have a bone test, saying, "it is very important to have a DXA scan, and I can testify that bones can get stronger – I am living proof of it."



**IOF President Pierre D. Delmas wins 2004 Frederic C. Bartter Award**

The award, presented at the annual meeting of the ASBMR in October 2004, is given by the ASBMR in honour of outstanding clinical research in the field. Pierre D. Delmas is only the second European researcher to receive this prestigious award.

# Report urges EU governments to address inadequate DXA scanning facilities

## European Parliament Osteoporosis Interest Group and the EU Osteoporosis Consultation Panel meet in Brussels

The number and availability of DXA scanners in Europe is inadequate to effectively diagnose and treat osteoporosis fractures, according to a new report released in Brussels, Belgium on November 10, 2004. DXA (dual energy X-ray absorptiometry), is the most reliable way to determine bone density, a major risk factor of fractures.

The report, "Requirements for DXA for the management of osteoporosis in Europe", was written by John Kanis, director of the WHO Collaborating Centre for Metabolic Bone Disorders in Sheffield, UK, and Olof Johnell, vice chairman of the IOF Committee of Scientific Advisors. It will be published in the peer-reviewed journal *Osteoporosis International* early next year.

The authors highlighted the level of shortfall of DXA scanners in Europe. Looking at data on fractures from a large number of European countries, they concluded that, even with effective screening, both DXA availability and usage was sub-optimal in many countries. According to the report the burden of osteoporosis would continue to grow dramatically unless decisive action is taken now at national and European levels.

The report was discussed at a meeting of the European Parliament's Osteoporosis Interest Group. The group is calling for EU Member States to take concrete action to ensure that those at risk from osteoporosis receive timely diagnosis, life style advice and treatment, as outlined in the 1998 Recommendations of the European Commission. To aid this goal Mary Honeyball, MEP and Angelika Niebler, MEP, on behalf of the group, called for a Council Conclusion on Osteoporosis to ensure that priority is given to this disease at national level. Over 70 committed stakeholders, including MEPs, Commission officials, national health advisors, NGOs, from more than 20 Member States, including representatives from the new EU Member States, attended the meeting.



"We need to work together to ensure that those most at risk are identified and advised before the first fracture happens ..."

M. Skar of the European Commission, directorate general public health, speaking on behalf of the European Commission

## European experts and policy makers set clear targets: Council Conclusion, evidence-based guidelines and fracture registry

The meeting in the European Parliament was held in conjunction with the 3rd meeting of the European Union Osteoporosis Consultation Panel. For the first time, representatives from the new EU Member States participated at the all-day meeting.

In addition to the European Parliament Osteoporosis Interest Group co-chairs who welcomed the panel participants, Mariann Skar of the European Commission, directorate general public health, spoke on behalf of the European Commission.

Saying that the Commission would support osteoporosis prevention through the promotion of healthy lifestyles and possibly assist with fracture data collection, Ms. Skar concluded, "We need to work together to ensure that those most at risk are identified and advised before the first fracture happens, and that known ways of reducing the risk for this disease are widely promoted."

Prof. Juliet Compston, chair EU Osteoporosis Consultation Panel and IOF Board

member stressed the need for a Council Conclusion on Osteoporosis to assist Member States with the ongoing implementation of the recommendations of the 1998 European Commission report

Also speaking at the meeting were Mary Anderson, EU Osteoporosis Consultation Panel co-ordinator and IOF Board member; Prof. Liana Euler-Ziegler, Bone & Joint Decade French Network co-ordinator; Prof. Christel Lamberg-Allardt, Finnish Bone Society and Finnish Osteoporosis Association; Prof. David Marsh, president, International Society for Fracture Repair; Prof. John Kanis, WHO Collaborating Centre for Metabolic Bone Diseases; Prof. Olof Johnell, WHO working group & vice-chair, IOF Committee of Scientific Advisors.

In his closing remarks, Prof. Socrates Pappoulos, EU Osteoporosis Consultation Panel senior advisor & IOF Board member, underlined the fact that so far quite a lot has been achieved in a step-by-step approach and by following clear targets. He reminded participants that the main concrete action to be expected from the European Commission is a

Below, from left: Participants from the UK included T. McWalter MP, J. Owen (NOS), A. Jordan (NOS) and J. Austin MP. Bottom: Prof. Juliet Compston, chair EU Osteoporosis Consultation Panel and IOF Board member



"A Council Conclusion on Osteoporosis is essential"

Ms. M. Honeyball, MEP (left) and Ms. A. Niebler, MEP (center) both stressed the need for a Council Conclusion on Osteoporosis to ensure that priority is given to this disease at the national level.





**"We must raise awareness among policy makers ... the link between bone mineral density**

**(BMD) and fracture risk should be as obvious as is the link between high blood pressure and cardiovascular disease."**

**Prof. S. Papapoulos, EU Osteoporosis Consultation Panel senior advisor & IOF Board member**

Council Conclusion which may then influence national governments to take action. Furthermore, two specific issues should be seen as priorities for 2005: furthering the publication of clinical guidelines in each country and establishing a fracture registry. The fracture registry will provide the hard evidence of the burden of osteoporotic fractures which will encourage governments to focus on osteoporosis.

Meeting report, presentations and press releases are available on the IOF website: [www.osteofound.org](http://www.osteofound.org)

### Member States' Policy Progress Reports

Prior to the Brussels meeting, national panel members submitted one-page outlines of policy progress (and challenges) made in each country in 2004. The resulting policy progress report shows that, although much remains to be achieved, a large amount of good work has already been done at a political level in many Member States, including ...

**Finland:** government supports programme to improve diagnosis and treatment of fragility fractures;

**France:** osteoporosis becomes a national health priority in its new public health legislation;

**Greece:** new awareness-raising campaign endorsed by Ministry of Health;

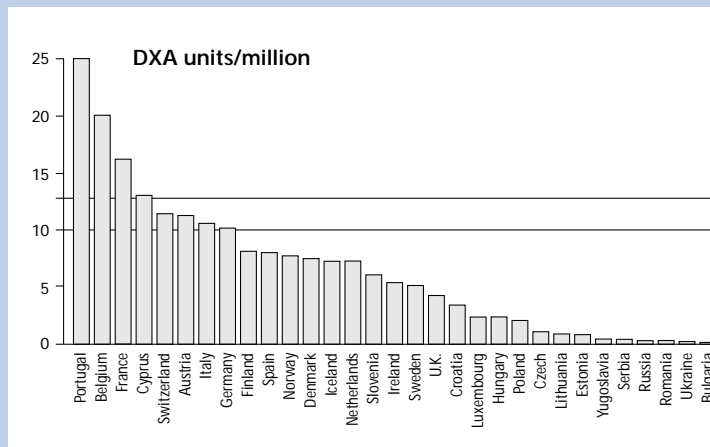
**Ireland:** government funding provided for the Irish Osteoporosis Society;

**Italy:** Senate recommendations on management of osteoporosis are being implemented by regional health authorities;

**Portugal:** Ministerial approval of strategic plan for rheumatic diseases – including osteoporosis;

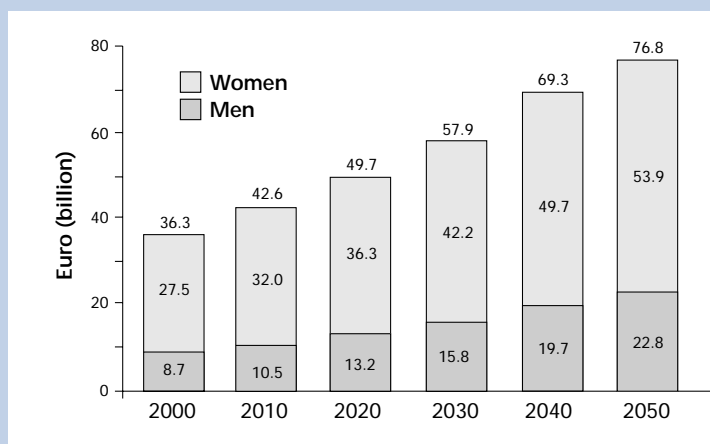
**Spain:** Widespread distribution and promotion of European Osteoporosis Action Plan to policy makers, Senate hosting meeting in Parliament on Osteoporosis on 25th November 2004.

### Density of DXA scanners in Europe



In most European countries, diagnostic equipment is under-resourced given that the burden of fractures for women over the age of 50 is already greater than breast cancer and equivalent to cardiovascular diseases.

### Projected costs of osteoporosis in Europe



The projected costs of osteoporosis in Europe show how the burden of osteoporosis will more than double by 2050.

Graphs courtesy of Prof. John Kanis, WHO Collaborating Centre for Metabolic Bone Disorders, IOF Board member



### IOF visit to the EMRC in Tehran

Recognizing that osteoporosis is a global problem, Ayatollah Hashemi Rafasanjani, former president of Iran, promised his support to IOF member, the Endocrinology and Metabolism Research Center (EMRC), particularly in their efforts to promote vitamin D supplementation.

Currently head of the country's Expediency Discernment Council, Rafasanjani was speaking following a one-hour meeting in the context of an IOF Targeted Support visit to the country in September 2004. He congratulated IOF for its good work in all countries, without regard for politics, and urged international exchange of information and support.

In other meetings the Targeted Support team (Bagher Larijani and Eghbal Taheri of EMRC and Ghassan Maalouf and Paul Sochaczewski of IOF) discussed and adopted some 20 recommendations for EMRC and also obtained promises of increased support from two strong EMRC partners – the deputy minister of health and the director of the national television board. Discussions also took place with Prof. Tabatabai, who is the director of the newly created patient society - the Iranian Osteoporosis Society.

The IOF visit led up to the successful First International Seminar on Prevention, Diagnosis and Treatment of Osteoporosis organized by the EMRC from September 23-24, 2004. The seminar featured international as well as Iranian scientific speakers and attracted 1200 health professionals.

# Launch of first Asian regional advertising campaign

The first Asia-wide advertising campaign promoting action against osteoporosis was launched in Hong Kong on October 18, 2004 as the highlight of a World Osteoporosis Day press conference.

The campaign, prepared by IOF and its 24 member societies in Asia, urges women to take control of their bone health by taking the "IOF One Minute Osteoporosis Risk Test" through TV spots and print ads. Part of the campaign also focuses on physicians, to enable them to do a better job of diagnosing and treating patients with osteoporosis.

## The TV spot and print ads

The campaign is spearheaded by a TV spot that urges women to take responsibility for their bone health. In the 30-second public service announcement, the form of one mannequin, representing the one in three women over 50 who will get osteoporosis, suffers the three most common osteoporosis fractures – wrist, spine and hip.

The film, shot in Mumbai, India, was directed by Naren Multani, one of India's leading film makers. Leading TV stations throughout the region agreed to broadcast the TV spot without charge. They include, among others, CNBC, CNN, Star TV, Discovery Health Channel, National Geographic Channel, MediaCorp News. A print ad, derived from the TV spot, has appeared in major newspapers, including the *International Herald Tribune* and in poster form.

## Tool kit for doctors

By 2050, at least 6.4 million people worldwide will suffer a hip fracture annually, with 51% of these fractures occurring in Asia. Because health professionals need to be aware of osteoporosis and its diagnosis and treatment, an integral part of the campaign is the medical tool kit for doctors.

Prof. Edith Lau, president of Hong Kong Osteoporosis Foundation and an IOF Board member said, "Asians are at high risk of os-

teoporosis." She noted that in Hong Kong, 45% of women aged 65 and above have osteoporosis, while 42% of them have low bone mass (osteopenia). In 2001, eight in every 1000 women and three per 1000 men fractured their hip. The death rate for hip fractures is 10 percent and 50 percent become disabled due to the hip fracture. Yet about half of hip and vertebral fractures can be prevented, if the disease is treated promptly and adequately, Dr. Lau said.

Prof. Annie Kung, president of Osteoporosis Society Hong Kong, urged people to take responsibility for their bone health. She said, "Osteoporotic fractures often result in a loss of productivity and mobility. Only by regularly checking our bone density can we Asian women be sure we will be able to retain our independence. The TV spot will alert women throughout Asia that they can easily find out if they are at risk of osteoporosis by taking the risk test."

## Launches result in media blitz

The campaign was also launched in Singapore and in India with great media resonance. In both Hong Kong and India leading daily newspapers and news stations featured stories on the campaign.

The film and the campaign's coordination and launch were realized through services donated by agencies within the Interpublic Group of Companies. IOF thanks Torre Lazur-McCann Healthcare Worldwide, a member of the IOF's Committee of Corporate Advisors, which provided coordination support and connected their affiliates with IOF member osteoporosis societies throughout Asia to initiate the campaign in local markets. They also developed the creative concept and produced the television commercial. The launch event and media relations were undertaken by Weber Shandwick, the world's largest public relation agency, and Universal McCann advised on media strategy and negotiated pro bono media coverage.



From top: Chief Minister of Delhi Sheila Dixit was at the launch of the Indian advertising campaign, officially releasing the TV ad and CD for doctors at her residence. The news was carried on leading TV stations and daily newspapers.



From left: IOF CEO Daniel Navid, Prof. Edith Lau and Prof. Annie Kung at the launch of the advertising campaign in Hong Kong. The enormous media interest resulted in TV interviews and front page headlines.



The poster ads in Singapore, created in both English and Chinese, appeared in newspapers as well as 200 bus shelters throughout the country.



Below: Scenes from the TV spot "Mannequin"

## WORLD OSTEOPOROSIS DAY

IOF members worldwide used the occasion of World Osteoporosis Day, October 20, 2004 (WOD 2004) to raise awareness of osteoporosis through various community events, press conferences and media campaigns. As osteoporosis in men was the designated theme of WOD 2004, IOF prepared poster artwork and launched a report (see page 3) which focused on this issue.

### Leading sportsmen help raise awareness of osteoporosis in men

In many countries leading sportsmen helped focus media attention on the WOD 2004 theme. In **Australia**, speakers at a press conference and sportsmen's lunch organized by Osteoporosis Australia included some of the country's leading sports figures and celebrities. This resulted in unprecedented media uptake, with leading newspapers and all major TV channels featuring stories on osteoporosis in men on the main evening news.

In **Iceland**, Beinvernd, the Icelandic Osteoporosis Society, invited players of the national football (soccer) team to have their bones tested, just days before an important world cup qualifying match. This too resulted in front page newspaper and TV news coverage.

**Italy's** soccer legend Paulo Rossi, renowned for scoring the way to Italy's World Cup victory in 1982, spoke to journalists at a press conference held in the Soccer Museum of Florence. His participation as well as that of other prominent speakers from the Italian soccer league, ensured coverage in most of the country's important TV stations and leading Italian newspapers.

The **Palestine** Osteoporosis Prevention Society (P.O.P.S) teamed up with the National Basketball Association to focus on osteoporosis in men. Ten first league teams competed through the whole month of Ramadan, with banners focusing on osteoporosis in men posted in the stadium.

The **Slovak** Society for Osteoporosis and Metabolic Bone Diseases and the Slovak Union Against Osteoporosis, invited top hockey players from HC Kosice to have their bones tested. The results of the examinations will later be compared with results of bone

density measurements in coming seasons, to gain information about bone density for concrete applied loads.



Dr. Peter Snell, **New Zealand's** renowned middle distance runner has thrown his weight behind Osteoporosis New Zealand's campaign to raise awareness of osteoporosis in men. Still competing in orienteering events at 65, Snell says

"I believe the key to preserving strong bones as you age and levels of bone-building hormones get lower, is to keep physically active, eat a calcium-rich diet, refrain from smoking and drink alcohol in moderation. These are simple strategies that not only will protect your bones, but reduce the risk of disability from other silent diseases as well."



Photos left, from top: Iceland's soccer team having their bones tested. Middle: Paolo Rossi (right), the world famous football player with his former team colleague Giancarlo Antognoni and Prof. Maria Luisa Brandi, osteoporosis expert and member of the IOF Committee of Scientific Advisors. Bottom: Hockey players from HC Kosice have their bones tested.

### 'Shining a Spotlight on Osteoporosis' in four European cities

The WOD initiative, "Shining a spotlight", aimed to raise the profile of osteoporosis by bringing together advocacy groups, national celebrities, and politicians, to highlight the impact of the disease. Spearheaded by national osteoporosis advocacy groups, the initiative involved the projection of a large green or yellow ribbon on world-famous landmarks in **Italy, Bulgaria, Hungary, and Slovenia** at around the same time. The ribbon underlines the importance of raising awareness of osteoporosis and is a symbol of solidarity among people at risk across Europe and the rest of the world. The initiative was accompanied by various activities involving celebrities and high-ranking government officials among the participating countries.

The Italian League for Osteoporosis and the Housewife Association teamed up to launch the campaign in Rome, Italy. Prior to the launch, a talk-show involving local celebrities such as fashion designer Anna Molinari and actress Daniela Poggi was held. The event culminated with a projection of the ribbon onto Castle Saint Angelo – originally built to house Roman Emperor Hadrian's mausoleum.

The Bulgarian League for Osteoporosis Prevention and the International Women Club collaborated with the Bulgarian Women's Party to project the ribbon onto the National Museum of Archaeology in Sofia. The festivities were attended by members of parliament and other politicians who support the



The spotlight campaign distributed ribbons to raise awareness of osteoporosis – ribbons were also projected on monuments (above, the National Archeological Museum in Sofia, Bulgaria), and on a giant balloon floating over the Danube River in Budapest.

National Campaign for Osteoporosis Prevention as well as the famous Bulgarian actress Iskra Radeva and the World Champion in Art Gymnastics Lilly Ingatova.

The Hungarian Association for Osteoporotic Patients organized its festivities in Budapest aboard the 'Europa Ship' located on the Danube River. Green ribbons were distributed to the guests and, as part of the day's activities, a giant balloon with a green ribbon accompanied the ship as it cruised down the river. The initiative culminated with the green ribbon being projected from the boat across the Gellert mountain range.

**Other activities around the world**

In South America, many countries used WOD as a focal point for public and media activities. In **Argentina** the country's leading newspaper had a feature article on osteoporosis. Both in **Brazil** and **Columbia**, public walking and information events, followed by free bone testing for those at risk, were held. In **Panama**, an entire week of events around WOD included interviews on major TV and radio stations, free bone density testing, and a gala evening featuring a concert by the famous Hispanic singer, Soraya.

The **Cyprus** Society Against Osteoporosis organized a WOD event which attracted some 400 people. Held in memory of the founder and first president of the society, Dr. Petros Petrou, the event was held under the auspices of the wife of the Cyprus President, Mrs. Fotini Papadopoulou. The meeting was preceded by a live interview on the national (and largest) Cyprus television station.

In **Israel** an exciting project called FRAGILE was launched in which bone china cups, as a symbol of fragility resulting from osteoporosis, are decorated by celebrity women from theater, film, TV, sports, art and the fashion world. The accompanying artistic photographs of these prominent women are helping to raise awareness about osteoporosis, with all proceeds going to the Israeli Foundation for Osteoporosis and Bone diseases (IFOB).

The National Osteoporosis Foundation of **South Africa** used the logo 'Osteoporosis is a silent disease. Make a noise' on hundreds of vevusela horns (those irritating horns that blare at sporting events). Risk tests were distributed through a national gym chain and the new 'Road to Wellness Campaign' was launched.



Top photo: Support for WOD in Panama, from left: T.V. show hosts, M. Leignadier and M. Moreno, both ex Miss Panama, patron Miss Universe 2002 J. Pasek, Dr. J. Levin, and Mrs. M. de Bermudez, sponsor for "Blue and Pink" Soraya concert  
Bottom photos: Ephrat Raiten, TV broadcaster and the cup she designed for the FRAGILE project



**IOF** International Osteoporosis Foundation



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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, 71 members

**IOF Committee of National Societies (CNS)**  
Chair: H. Minne, 168 members in 84 countries, territories and regions

**IOF Committee of Corporate Advisors (CCA)**  
Chair: Y. Tsouderos, 32 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 168 member societies in 84 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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