The 8th European Union Osteoporosis Consultation Panel meeting, convening scientific and policy experts from all over Europe, took place on 7 October in Brussels, Belgium. Thirty-four participants from 15 EU countries were present, including MEP Anja Weisgerber (EPP-Germany), newly-appointed co-chair of the European Parliament Osteoporosis Interest Group, and Eduardo Fernandez Zincke, cabinet member of the EU Commissioner for Health.

Dr. Eduardo Fernandez Zincke, member of cabinet EU Commissioner for Health

Prof. Juliet Compston, Chair of the EU Osteoporosis Consultation Panel,

Prof. John Kanis, IOF president

reminded the participants that The Eight Recommendations from the European Commission (1998) Report, together with the audit report Osteoporosis in the European Union in 2008 published last year, continued to be landmark reports for policy work in the EU. Prof. Compston concluded her introductory remarks by thanking MEP Angelika Niebler (EPP/Germany) for her support and commitment since 2001, as she recently stepped down from her position of co-chair of the European Parliament Osteoporosis Interest Group, and by welcoming her replacement MEP Weisgerber. Anja Weisgerber, a lawyer, was elected to the European Parliament in 2004 and has since been an active member of the Committee on the Environment, Public Health and Food Safety.

Patrice McKenney, IOF CEO, gave an overview of the current situation of osteoporosis globally as well as in the EU. Achievements include the stabilization of the prevalence of osteoporotic fractures in the EU, as well as greater awareness among EU citizens. Many challenges remain, however IOF’s European commitment is stronger than ever. Our three main goals are:

1. Osteoporosis is included in the EU public health agenda
2. Osteoporosis is a healthcare priority in all EU countries
3. EU citizens have equitable access to diagnosis, treatment and reimbursement.

The success of IOF’s policy work in Europe will form the benchmark for future work in other regions - Asia, Middle East and Latin America.

John Kanis, IOF President, described the possible implications of the FRAX® tool in policy and clinical decision-making. By assessing the ten-year risk of osteoporotic fracture in individuals, FRAX® is an extremely useful tool for health economic analysis: it helps to establish fracture probabilities at which treatment becomes cost-effective. Treatment guidelines and reimbursement strategy are to be developed and the burden of disease needs to be evaluated. IOF therefore supports a study systematically reviewing and comparing burden of disease and patient access to osteoporosis management. The scope of this study initially focuses on five of the main EU countries (France, Germany, Italy, Spain and the UK), but may be enlarged to other EU countries in the future.

Coming back to last year’s important Osteoporosis in the EU in 2008 report, three members of the Panel described how this report has been instrumental in reinforcing policy and advocacy efforts in their countries.
• Dr Dusa Hlade Zore, from Slovenia, explained her advocacy strategy to ensure bone densitometry reimbursement for women over 65 years and men over 70 at high risk of osteoporosis.

• Gerold Holzer, from Austria, gave an overview of the media and political impact generated by the EU report. Press conferences reached medical and public newspapers with a circulation of 2.5 millions. The report was also presented to the Austrian Congress and quoted by the Ministry of Health.

• Moira O’Brien, from Ireland, gave an overview of the situation and treatment available for osteoporosis and described some of the current awareness campaigns supported by the Government.

Building on previous achievements, and setting the scene for the panel discussion, Victoria Monti, IOF Policy Manager, elucidated possible strategies for future work within the different EU institutions and groups concerned with osteoporosis:

With regard to the EU Parliament Osteoporosis Interest Group, IOF will:
- Renew the group
- Create synergies with relevant intergroups (women’s rights, healthy ageing, etc.),
- Co-ordinate and collaborate with other disease-related interest groups,
- Leverage advocacy activities within other EU institutions,
- Forge a resolution on osteoporosis.

At the level of the EU Commission, IOF will:
- Invite EU Commissioner for Health to join the Panel,
- Apply for EU funding for projects in line with the EU Commission 2010 work plan,
- Become a member of the EU Health Forum.

Work towards obtaining a Council Conclusion, followed by a Recommendation, IOF will:
- Ensure that osteoporosis is included in the Belgian Presidency health agenda (2nd semester 2010)
- Ask panel members to advocate for a Council Conclusion & Recommendation at country ministerial level
- Ensure that the EP Interest Group advocates for Council Conclusion and Recommendation in the Parliament

In addition, IOF should:
- Collaborate with other disease entities,
- Create synergies and join forces with other disease entities to maximize impact,
- Learn from successful campaigns led by other disease areas (cancer, etc.).

Socrates Papapoulos, the Panel Senior Advisor, led the panel discussion on strategies.

MEP Anja Weisgerber stated her commitment to work with IOF, and suggested ways forward to revive the EP Osteoporosis Interest Group, such as arranging a luncheon with all new MEPs during a Strasbourg session in 2010, preparing written parliamentary questions addressed to the EU Commission for Health, and involving MEP Françoise Grossetête (EPP, France), a powerful voice in all health-related matters. A parliamentary resolution, however, requires important active support from a significant parliamentary majority. It would be premature to plan for one now. Strong support within the EP should first be ensured.

Eduardo Fernandez-Zincke, cabinet member of the EU Commissioner for Health, explained the goals and the structure of the EU Health Forum, recently formed by the Commission, and advised IOF to join as soon as possible. IOF should also join the Nutrition and Physical Activity Platform, as well as the EU Cancer Platform, launched the previous week. Funding mechanisms and criteria were also discussed.
All participants agreed on the necessity to create synergies with other disease entities and avoid competition.

The last session of the meeting was dedicated to Developing and Implementing Management Guidelines. Juliet Compston stressed the importance of developing national guidelines to:
- provide a uniformly high standard of clinical care across healthcare sectors,
- provide cost-effective and clinically appropriate care,
- educate healthcare professionals.

Two elements to keep in mind when developing guidelines are their clarity and applicability. Osteoporosis guidelines should:
- Include FRAX® in the case-finding strategy
- Be underpinned by cost-effectiveness analysis
- Include all approved interventions
- Their scope should include postmenopausal women, men and glucocorticoid-treated subjects.

Finally, all participants should remember, when considering the use of guidelines in clinical practice, that:
- Guidelines are not commandments,
- Guidelines are a reference point for clinical decision making,
- Guidelines should not over-ride clinical judgment,
- Guidelines should evolve as new evidence and results of audits become available.

After a guidelines brainstorming session led by Socrates Papapoulous, Juliet Compston concluded the meeting by asking panel members to advocate for their governments to declare osteoporosis a national health priority, and to push their MEPs to join the EP Osteoporosis Interest Group.