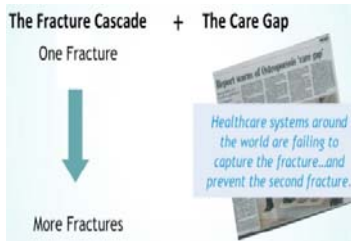
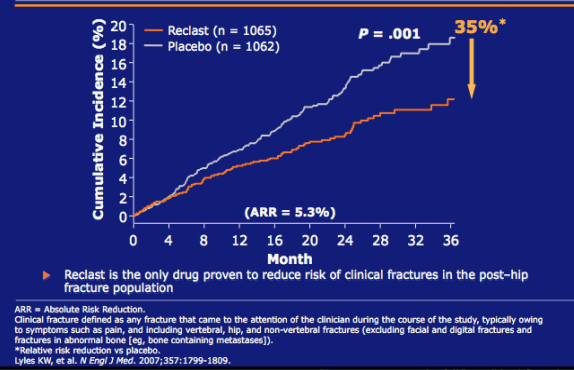


Medical Management of Osteoporosis: Why is there a Care Gap in this Electronic Age?

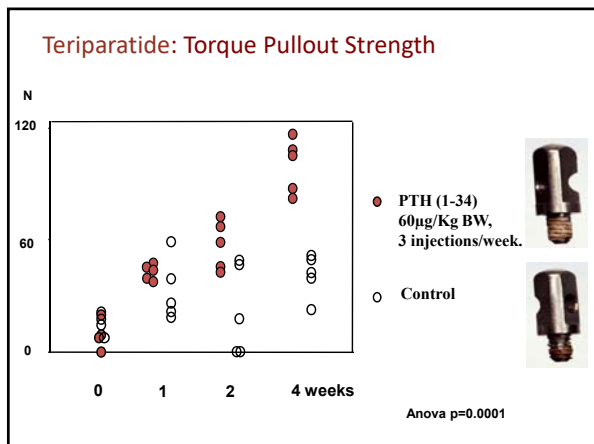


HORIZON Recurrent Fracture Trial: Reclast Reduced Cumulative 3-Year Risk of Clinical Fractures by 35%



Anabolics: Teriparatide and Romosozumab

- Teriparatide (TPTD) is an amino acid terminal fragment 1-34 of parathyroid hormone
 - Stimulates osteoblastic and osteoclastic activity
 - Promotes the formation of new bone by increased remodeling
- Romosozumab is a monoclonal antibody that binds sclerostin, an osteocyte-derived inhibitor of bone formation
 - Stimulates osteoblastic activity and reduces osteoclastic activity
 - Promotes the formation of new bone and decreases bone resorption



Teriparatide and Fracture Healing

Primary Outcome

- Estimated median healing Time (weeks) from fracture to first radiographic evidence for complete cortical Bridging in at least 3 of 4 cortices; overall P=0.01
 - Placebo, 9.1 weeks
 - Teriparatide 20, 7.4 weeks
 - Teriparatide 40, 8.8 weeks
- No difference w time to healing teriparatide 40 vs placebo (-1.1 to 0.6 wks) P=0.4
- Time to healing shorter in teriparatide 20 group than in the placebo group (95% CI for difference of medians: -2.8, -0.6 wks) P=0.003

Romosozumab and Teriparatide Effects on Bone Mineral Density

- A previous study examined the effects of 12 months TPTD and Romosozumab in a phase 2, international, randomized, placebo-controlled trial¹
 - Placebo reduced DXA lumbar spinal BMD by -0.1%
 - 20 µg TPTD daily increased DXA lumbar spinal BMD by +7.1%
 - 210 mg Romosozumab monthly increased DXA lumbar spinal BMD by +11.3%
- DXA measurements do not distinguish cortical versus trabecular changes, nor identify the location or distribution of added bone mass

