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**OFFICE BEARERS:**

Prof. Jill Cornish  
**PRESIDENT**

Prof. Philip Sambrook  
**PRESIDENT ELECT**

Assoc. Prof Roger Price  
**TREASURER**

A/Prof David Findlay  
**HONORARY SECRETARY**

**COUNCIL MEMBERS:**

Assoc. Prof Rebecca S. Mason  
Prof. Geoff Nicholson  
Dr Peter Nash  
Assoc. Prof Matt Gillespie



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## PRESIDENT'S REPORT

### Kia Ora / Giddyay

The newly appointed Dean of the Faculty of Medical and Health Sciences, University of Auckland, New Zealand, quoted the above Maori whakatauki (proverb; at right) at the commencement of his inaugural speech to the Faculty.

This whakatauki, given by the first Maori King in an address in 1858, reflected the King's commitment to the unity of multiple pathways, especially people and cultures. A metaphor that can be developed from this proverb is that many different colours of threads can be woven together to form a strong rope (united bond) and I think it is fitting to apply this metaphor in relation to our Society. The threads of talent within our Society are woven into a strong rope of knowledge from our diverse pool of experts in the basic and clinical bone areas. Also, we have partnerships with a variety of specialty and support groups (RACP, OA, ONZ, ASMR, Diabetes Australia, Endocrine Society and many others). These groups represent additional threads which I believe will further increase the strength of our Society. This would produce a united approach to influence and educate policymakers to form policies that will assist the community in aspects of health, education and research funding.

My first duty and pleasure as President of the Society is to acknowledge the tremendous energy, time and commitment that Ego

**Kotahi te kowhao o te ngira**

**E kuhuna ai**

**Te miro ma**

**Te miro pango**

**Te miro pango**



Seeman has put into the ANZBMS in the last two years as President. Ego, with his usual flair and colour, has assisted the Society in many ways which have raised our international status. This is illustrated by the exceptional effort Ego, along with the Programme Organising Committee, continues to put into organising the 2006 Combined ANZBMS/Asia Pacific Regional IOF Meeting. Ego is also continuing to be instrumental in raising sponsorship for this important Annual Scientific Meeting.

Another committed, hard-working member of the Council who has now retired is Mark Forwood. Mark has maintained the responsibility of being Treasurer of the Society for many years and has completed his tasks in an impeccable and dedicated manner.

Thank you Ego and Mark.

As a Society, we are very lucky to be the umbrella under which various committees operate. In the last year, we have seen the inception and growth of the Bone Densitometry Training Course, which educates technicians and physicians. This highly

rated course is proving to be most successful, thanks to the phenomenal amount of work from the Densitometry Committee lead by Roger Price and Nick Pocock.

**The other committees are:**

**Medical Affairs Committee,** lead by Geoff Nicholson

**Therapeutics Committee,** lead by Philip Sambrook

**Sponsorship Committee,** lead by Ego Seeman

**RACP Liaison-** Michael Hooper

**Paediatric Bone Group Sub-Committee -** Chris Cowell

**Research Sub Committee -** David Findlay

**OA -** Rebecca Mason

**ONZ -**Jill Cornish

**POC - Chair** for 2006 is Edith Gardiner

**LOC Chairman** for 2006 is Mark Forwood

## NEW MEMBERS

Dr Gerald Atkins  
Mrs Azam Baheiraei  
Ms Rebecca Barnett  
Mrs Mira Bellon  
Dr Ashild Bjornerem  
Dr Steve Bouralexis  
Ms Jenni Boyle  
Dr Malgorzata Brzozowska  
Miss Ming Chang  
Mr Kuan-Sheng Chen  
Dr Rong Chen  
Ms Elle Clark  
Ms Lauren Day  
Mrs Shona Esson  
Ms Sharon Gill  
Dr Shyan L Goh  
Mr Andrew Hattam  
Ms Lauren Hodgson  
Dr Charles Inderjeeth  
Mrs Lorili Jacobs  
Mrs Susan Kantor  
Mr Leo Klein  
Dr Grace Kong  
Mr Wing Fai Lam  
Miss Zhen Lin  
Ms Lay Hoon Loh  
Mr Cheng Long Lu  
Dr Jarrod Meerkin  
Dr Maree P Mungomery  
Mr Nicholas Nguyen  
Dr Andrew Paszkowski  
Dr Tanya Phillips  
Mr Christopher Schultz  
Miss Susan Senn  
Mr Jaime Simpson  
Dr Seeva Sivakumaran  
Mrs Suzanne Todd  
Miss Claire Yi-Tzu Wang  
Ms Hayley Wilson  
Mrs Jenny Wormald  
Ms Ruyu Yao  
Ms Cath Young  
Ms Tara Zammit  
Dr Reza Zarrinkalam  
Ms Huiqiong Zhou

## PRESIDENT'S REPORT... *continued*

### Charitable Status

Council is addressing the possibility that ANZBMS should have a charitable status, which will enable us to receive monies for research and education. We are endeavouring to do this with an Agreement of Memorandum of Understanding with Osteoporosis Australia.

### Future Annual Scientific Meetings

As mentioned above, in 2006 there is to be a special ANZBMS/IOF Meeting, 23 - 26 October 2006 at Port Douglas. In 2007 a Meeting in Melbourne is being planned, 2008 in Queenstown, New Zealand, and in 2009 a special ANZBMS/IBMS combined meeting in Sydney.

I am delighted to take up the role as President of the Society for the next two years. As a basic scientist and a kiwi female I am going to enjoy the challenge of keeping male, Australian clinicians in control!!! In reality, I look forward to keeping in touch with all members of our Society and welcome any correspondence.



Jill Cornish.

## OUTGOING PRESIDENT'S REPORT

The overwhelming thought I have as I move on from being President is just how quickly these two years has passed. The overwhelming fear I have is that not enough has been achieved. By the time of the first meeting of the new council, 4-6 months have passed and setting up the chess pieces on the board is just complete. Then there is the middle game of ideas, a 12-18 month period where some sense of direction and rhythm is obtained and there is movement of ideas, familiarity and trust emerging in councillors and just when you think its time to rock and roll, it's the end game, and time to become caretaker and buzz off.

A case can be made for a longer term than 2 years for the President and Council but what if they are all duds - how do you get rid of them? So, the saving grace is that a good Council see a historical continuity and so they recognise that completion of any real task is not feasible in a two year term. With that knowledge comes a sense of peace provided that some things have been initiated.

The council has forged a place for the society on the global, hemi-global and National levels and this is important to maintain the growth. I think this will continue as many of the current councillors stay on to provide this continuity. The society has grown, from 64

in 1992 to about 460 now. At our meeting in 1992 there were 78 abstracts submitted, and this number ranged between 23-105 before 1998. Since 1998 the abstract numbers range between 105 and 194. Our links with the bone biology community globally have increased. We have organised a range of meetings in collaboration with international societies and forged some links with many. The Coolum meeting brought 440 people together, many of the best minds because they came to honour our greatest investigator, T J Martin. Next year we have our annual scientific meeting combine with the Third Asia-Pacific Regional IOF Osteoporosis meeting at which at least half the ~26 invited guests are from the Asia-Pacific rim and we play host. Discussions are underway regarding a joint meeting with the IBMS.

Our members are more visible on the world stage, John Eisman is Editor of JBMR, Judy Stenmark is the new Chair of the IOF Committee of National Societies and Ian Reid is the President of IBMS. I have the pleasure of assuming Associate Editorship of Osteoporosis International this month. The bone densitometry course has forged links with the IOF and will offer training courses in the Asian region with our own faculty in collaboration with the IOF training course.

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Do we need to have our toys in the international playground? Yes we do. The links forged are the door to continued scientific growth as these links offer opportunity for training of young investigators, research opportunities in collaboration with great minds in the USA and Europe and funding opportunities in collaborative multi-centre trials. We need to be a strong voice in the hemi-global region as opinion leaders and forge strong relations with our Asian neighbours as the United States of Oceania, the United States of the Asia-Pacific Rim - the new cradle of growth in the world. That's the importance of next year's meeting and our role as gracious host spoiling out guests is our first and foremost priority.

The Society has also more visibility nationally. Do we need this? Yes we do. Again, the clinical problems of metabolic bone disease are managed (and mismanaged) in many specialties and the growth in our understanding of the pathogenesis of bone fragility and advances in treatment need to be discussed and taught by us. We meet with the Endocrine society this year and have had symposia with two specialist societies (Arthritis, Respiratory). There is an opportunity to meet with the Menopause society in Adelaide next year. We have not achieved any union with orthopaedics and this needs work. We need to meet with General Medicine and other learned bodies to educate regarding the neglected management of osteoporosis and to draw young physician/scientists away from them into our field as we need new kids on the block.

We have secured a range of activities that are increasing our visibility. Nick Pocock and Roger Price have done a spectacular job in developing a physician and technician manual. The densitometry course is having its second meeting in Sydney this last weekend in August and the next two are in place for March and October. The first two meetings were booked to capacity, the third is already nearly filled by registrants.

In collaboration with Judy Stenmark, CEO of Osteoporosis Australia, we have developed Physicians Update that has its second meeting in two weeks, the day prior to the ASM in Perth. This is a general education day and covers the important clinical and practical issues of the epidemiology, pathogenesis, investigation and treatment of osteoporosis. It continues to grow with attendance of about 100 doctors and I am grateful to Judy for this initiative and believe this is just one of many new initiatives that will be forthcoming though the collaboration that is taking place between OA and ANZBMS.

During its term, the Council, building on the work of previous councils, has returned on average 50% more to each member than the current registration fee. That is for your 80 dollars we give you 120 dollars, that's not too bad and translated this year into 54 travel grants costing 32,000 dollars. At Coolum net profit was 100,000 dollars. New awards include the three PhD scholarships given last year, the Kay Ibberton award, and support for the paediatric meeting, the confocal workshop, and discounted journal subscriptions.

We are obtaining charitable status. This is important because this opens doors to tax deductible funding from the rich and famous. We cannot rely just on the support of the Pharmaceutical Industry and that's why we have set this up. The work begins for the next President and council to make this happen. That's what I mean by a short time, just to get this mobilized, to get the right subcommittee of individuals to work on finding donors is a huge and difficult task that will take a lot of thought, work and commitment from councillors and the subcommittee formed to

spear-head this program. I do wish the new council luck in this endeavour and I believe, if successful, will be a most important ongoing contribution. It deserves a lot of thought and members of the society who feel they have skills, energy, vision, initiative and ambition in this sort of work should step forwards.

The Society is young. We started with a small group, and this beginning is very much the child of Michael Hooper, the President before me and so I would like to thank you Michael for your initiative and I hope you feel your child is growing into a bright young adult with a future that will contribute to the world of science. Your contribution, your initiative is not forgotten.

Life is short and before you know it, we are in the End game. I leave a little sad as I have enjoyed my time as President enormously for many reasons. I thank Rebecca for her wisdom and wise council, for keeping the reigns tight on me wearing down my molars with her archetype of the great Mother Teresa and Talmudic scholar. I thank Jill for her strength and support and clarity of thinking, Egyptian Goddess-like decision making, and never ending reminders of two of the letters in the ANZBMS, I'm sure these will loom larger than ever in the next two years and so they should. I thank Roger for his total devotion to the ANZBMS and his tremendous energy in getting the densitometry course going under more than difficult circumstance. I thank Geoff Nicholson for his quick decision making and guidance, Phil Sambrook for his many initiatives, and David Findlay for his support and practicality, and all for giving me a hard time from time to time. I also especially thank Mark Forward for the thankless task of the Treasurer, everything that goes wrong is the Treasurer's fault of course and nothing has gone wrong and it's been nothing but a pleasure to work with him. I would also like to thank Edith Gardiner for her hard work during the last three years as chair of the program organising committee, it's hard to make everyone happy but you have.

As for you, the members of the society, I was upset and disappointed that only 130 of 440 members voted at this election. I don't know why that occurred. I urge you to keep the continuity. There is no loneliness in a mind filled with questions and in dialogue with colleagues around the world so just see this is yours and it's a privilege so keep it going. Without you we are lost but without the society so are you. A mistake I made was to fail to create subcommittees involving chairmanships from members. We confined this to councillors and I hope that Jill might consider changing this. Shyness is probably why several of you did not throw in your hats for election as councillors even though you did express an interest to do so.

I would like to thank the members of the Pharmaceutical Industry for their support. Our working relationships are good, rarely bad and never ugly and will continue as our survival is yours. The dialogue will continue.

Lastly, first amongst equals is Ivone, her energy and quickness is at the heart, is the heart of commitment and the continuity of the Society. Her selfless ability to just get on and push all of us around to get what needs to be done is spectacular and we are lucky to have you. You make work play and the chores of responsibility easy to fulfil. I will miss your hundreds of emails driving me crazy.

**E Seeman**  
**Outgoing President**

## ANZBMS GRATEFULLY ACKNOWLEDGES:

### Major Annual Scientific Meeting Sponsors

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Merck Sharp & Dohme -  
Christine and  
T Jack Martin Research  
Travel Grant



*Kerri Sanders*

# CHRISTINE AND T. J. MARTIN RESEARCH TRAVEL GRANT – KERRIE SANDERS

## Synopsis

### Study centre visits:

1. Dr Eugene McCloskey and Prof John Kanis, Centre for Metabolic Bone Disease (WHO Collaborating Centre) University of Sheffield Medical School, Sheffield, UK
2. Prof Olof Johnell, Department of Orthopaedics, Malmo General Hospital, Malmo, Sweden
3. Dr A Oden; Statistician Solberg, Romelanda, Sweden
4. Prof Huibert Pols and Dr AG Uitterlinden The Rotterdam Study Erasmus Medical Centre and University Hospital, Rotterdam The Netherlands

### Conference: attendance and presentation

1. Tenth National Osteoporosis Society conference; Harrogate, UK.

## Report

The travel opportunities afforded to me by the Christine and TJ Martin Research Travel Grant helped establish valuable collaborative work for the Geelong Osteoporosis Study and also gave me a huge morale boost to continue a career in research. The experience helped me to gain a worldwide perspective on the research field of osteoporosis. Through my visits to several study centres in Europe and the UK I developed a sense of camaraderie and a united 'front' in the battle against fractures and osteoporosis. The researchers, although well aware of work done in Australia, were eager to know more. The study centre visits were as much about promoting osteoporotic research in Australia as they were about me gaining knowledge and learning from their experiences. I hope I was a worthy ambassador.

My initial study visit was to the Orthopaedics department, Malmo General Hospital, Sweden. Professor Olof Johnell is a well-known collaborator with many European and UK study groups. He is a chief investigator in several continuing population-based studies using the populations of Malmo (similar population size to Geelong) and Gothenburg. His expertise in the osteoporosis field includes genetics, epidemiology and cost analysis although our discourse highlighted a common interest in the epidemiology of diet, cancer and bone. He has published extensively on the relationship between bone mineral density and other predictors of fracture. Along with Prof John Kanis, he is an integral team member on the WHO collaboration to establish an international model in the use of clinical risk factors to enhance the performance of BMD in the prediction of osteoporotic fractures. My impression is that the European osteoporosis research groups have more established links

of collaboration than similar Australian groups. The significance of the findings that continue to emerge from the landmark studies of the European Vertebral Osteoporosis Study that later became known as the European Prospective Osteoporosis Study (EVOS/EPOS) suggest that Australian research could contribute more globally through joint publications of our regional studies.

From Malmo it was a three-hour train trip heading northwest to Gothenburg. Accommodation options were limited as my visit coincided with a medico conference of 10,000 registrants! Prior to the visit I had been corresponding via email with Dr Helena Johansson, a statistician who works for Dr Oden. My command of foreign languages is unfortunately abysmal but thankfully Helena's English was quite good. Our emails regarding the Geelong database had included her wish for it to snow while I was in Gothenburg. As so often happens, it snowed before and after my visit but not during my stay. Nevertheless the beauty of our location took me aback. Dr Oden is a widely published statistician in private practice. He has an ongoing contract with the WHO collaborating group led by Prof John Kanis. We conducted our work in Prof Oden's home office. He lives about one hour's drive from the city of Gothenburg. His house is set in a sparsely populated area of Sweden where, during winter the locals ski to the nearby shops. We sat at his table having hot soup listening to the sound of a small creek flowing outside his front door. Prof Oden was overly concerned that I would not add to the fracture statistics by slipping on his wet front lawn. They keep ski poles by the garage to assist the walk from the drive to the door. Despite the disparities of our work environments we had a lot in common. Prof Oden has worked on a vast array of clinical research projects and is extremely competent in identifying the objectives and the possible clinical confounders affecting statistical analysis.

The next stop on my travel agenda was the National Osteoporosis Society conference in Harrogate (near Leeds) in the UK. There I met with Prof John Kanis and was introduced to Dr Eugene McCloskey from the University of Sheffield's Centre for Metabolic Bone Diseases. During his keynote presentation John Kanis stirred up the audience with a flippant dismissal of the relationship between falls and fractures. He appeared to be using Ego's tactics to stimulant the audience into a heated discussion. It worked! The NOS conference was quite different to ASBMR meetings I have attended. The 'national' status of the Harrogate NOS conference meant there were few international attendees. While this

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limited the range of presentations it facilitated a very friendly and relaxed interaction between presenters and the audience. The program was well planned with mid afternoon “wake me up” sessions consisting of panel debates conducted along the lines of a Geoffrey Robertson ‘Hypotheticals’ television debate. New findings on metabolic bone research were cleverly portrayed as quiz questions based around a set of disparate photos of celebrities, the royal family and a spineless lizard in a “spot the difference” competition. Prof Michael Holick’s presentation on Vitamin D although stopping short of the most recent study findings, was a highly entertaining summary of the clinical history of vitamin D leading up to its present day status as a potentially important modifiable risk factor. My presentation on the “Anti-fracture treatment of nursing home and hostel residents is cost-effective” was well received and won a PAM award. Thanks to Servier for their generous sponsorship of this award. Prof Cyrus Cooper, as the incoming President of the NOS, was particularly welcoming of my representation of the ANZBMS and immediately offered to host a visit to his MRC Epidemiology Resource Centre in Southampton.

This year I have commenced a postgraduate course in health economics. While I had been considering this for some time the decision was made after attending a workshop at the Harrogate conference entitled ‘Health Economics versus clinical practice: did NICE get it right? (NICE = National Institute for Clinical Excellence). With health economists on one side and clinicians on the other, a rather heated discussion evolved. The health economist obviously had extensive experience in health economics and prescription benefit schemes but had only received a crash course in clinical practice of osteoporotic patients. The professionals arguing for a change in the eligibility criteria for antiresorptive therapy had a wealth of experience in clinical practice and bone research but the decision for NICE regulations ultimately lay with the economist. While clinician’s discussion around clinical practice issues was well informed, members of the audience offered little insight into the economic problem of maximising the marginal benefit of each and every dollar potentially spent on osteoporotic therapy. The need to balance health economic issues with clinical practice is relevant to most ageing populations including Australia. The ability to be able to speak both ‘languages’ would seem like a big advantage!

From the very pretty surroundings of Harrogate it was a fairly short train journey to Dr Eugene McCloskey’s department in Sheffield. The department has many ongoing studies on arthritis and osteoporosis. In a unique study the Sheffield group have a randomly selected cohort of 5,600 women aged 70+ years who were initially assessed for skeletal status between 1993 and 1999. The women were randomly allocated to treatment with placebo or the bisphosphonate Clodronate. Femoral neck BMD was measured in over 2,150 participants. The study had two buses that collected these older women each morning between 7.30 and 8.30am. After the obligatory cup of tea upon arrival, the women were assessed using a variety of tests including postural sway, falls frequency, heel ultrasound, Hologic BMD and questionnaires. The women were driven home by 3pm but were not informed as to what disease/disorder was being investigated. The investigators found the common bias in participation weighted towards the more healthy women with the prospective fracture rate only 50% of the expected rate. Importantly the women were assessed for baseline vertebral fractures and prospectively followed. Dr McCloskey’s group have subsequently published widely on the epidemiology of vertebral fractures from this valuable dataset.

My final study visit was to the Rotterdam Study group located within the Erasmus Medical Centre and Erasmus University Rotterdam. There I met with Prof Hubert Pols, Head of Department; Dr Uitterlinden who specialises in bone genetics and Dr Rivadeneira Ramirez, a medical practitioner from Columbia who had recently completed his PhD on genetics epidemiology of osteoporosis. Within the Erasmus Medical Centre there are several large studies investigating a variety of chronic diseases including osteoporosis, ocular macular degeneration and coronary heart disease. The Rotterdam Study commenced in 1990 and is an ongoing prospective cohort study that aims to examine and follow up all residents aged 55+ years living in Ommoord, a district of Rotterdam. Medical events including fractures are ascertained through an automatic link with general practitioner computer systems, hospital admission data and centralised pharmacy data. With a 78% response rate, there are almost 8,000 residents involved in the study. Initially all participants were visited at home (8,000!) for signing the consent and completion of the study questionnaire. This was followed by two half-day study visits to the hospital that included pathology and hip BMD. The Erasmus Rucphen Family (ERF) Study is a separate study that is part of the GRIP program – Genetic Research in Isolated Populations. Over 2,500 people have been invited to participate. These people are all descendants of Catholic families living within eight adjacent villages in The Netherlands who were baptised in the community church between 1890 and 1900. Phenotyping on this group of participants begun in mid 2002 and will be completed this year. The ERF study visit included multi-site DEXA scans, anthropometrics, muscle strength, physical activity estimates and medication use. The third initiative multi-disease study in Rotterdam is a longitudinal study involving 10,000 invitees. All pregnant women residing within a study region are invited to participate at 20 weeks gestation. Initial tests at this stage include ultrasound, pathology and questionnaire data. It is anticipated that these infants will be followed throughout their entire lives from ‘in utero’ to death. Bone parameters are measured neonatally and will be repeated at a specific time periods during their life. In conjunction with DNA profiles and phenotyping these assessments will be related to bone status and fracture risk later in life.

It is difficult to fully convey the huge advantage I gained from visiting these groups ‘on site’. Although there is no disputing the value of conferences, the opportunity of discussing work without the time constraints of a conference programme, to observe other facilities and equipment, to meet other staff in the department and to observe the day-to-day procedure of each research project, is an invaluable opportunity that I am sure will reap many benefits in the future. In the short term the direct results of this trip include a collaborative manuscript currently in draft form, the PAM award from NOS and my health economics study. I am extremely grateful to Merck, Sharpe and Dohme for the sponsorship of this travel award. Prof Jack Martin is a medical scientist that I hold in huge regard and so feel especially privileged to be the 2004 recipient of the Christine and TJ Martin Research Travel Grant. My sincere thanks are also extended to the ANZBMS committee who continue to offer such fantastic opportunities to bone researchers from Australia and New Zealand.

I hope that this report adequately conveys the immense professional satisfaction and personal growth I gained from this travel opportunity.

**Kerrie Sanders**

## SUBSCRIPTION FEES

At the AGM in Perth members passed a motion that the ANZBMS subscription fees be increased in 2006.

**The new fees** (excluding GST) will be:

**Full member**  
\$100.00;

**Overseas Full member**  
\$100.00;

**Student member**  
\$35.00;

**Overseas student member**  
\$35.00;

**Retired member**  
\$30.00.

## PROGRAM ORGANISING COMMITTEE REPORT 2005

The 15<sup>th</sup> ANZBMS Annual Scientific Meeting is being held at the Burswood Resort, Perth, 7-9 September 2005. The scientific program consists of 19 invited presentations, 48 free oral presentations from abstracts and 97 poster presentations. Three of the nine sessions consist of concurrent clinical and basic presentations. The 222 registrants are 135 full members, 70 student members, 8 non-members and 9 day registrants.

We are very grateful to our international guests Professor Raj Thakker, Professor Brendan Boyce, and Professor Richard Eastell, for travelling the long way to Australia and for participating in the meeting in multiple ways. The excellence of their contributions has added greatly to the scientific standard of the meeting as well as to its breadth of interest and educational value.

A feature of the 2005 meeting is the shared morning session on 7 September with the Endocrine Society of Australia at the Perth Convention Centre, and the shared afternoon session on the same day at Burswood. The adjoining of the ANZBMS and ESA meeting schedules sought to enhance interaction between practitioners in bone and the other endocrine specialties. The integrated nature of endocrine physiology makes this a practical imperative.

The ANZBMS/ Osteoporosis Australia Clinical Update Day preceded this year's ASM. This important event, attended by 118 registrants, reinforces the clinical dimension of the ASM and we are very grateful to Judith Stenmark of OA for her efforts in organising the day and to Merck Sharp & Dohme, Sanofi Aventis & Wyeth for their generous sponsorship of the event.

The success of the ASM is, of course, due to the generous support of our major sponsors Merck Sharpe & Dohme, Roche Products, Sanofi Aventis, Servier Laboratories, and Eli Lilly, as well as Osteoporosis Australia and our exhibitors. Each has contributed in various ways to enable us to assemble a high quality and successful meeting, including the lunchtime educational symposia sponsored by Servier and Sanofi Aventis.

Finally, I thank the Local Organising Committee, chaired by Kathy Briffa, for their persistent focus on delivering a pleasant and efficient meeting, and the organisational team at Conference Action, particularly Emma Waygood, for their professional approach. It has been a pleasure to work with them in the planning and execution of this meeting. I also thank Ego Seeman and my fellow members of the Programme Organising Committee for their contributions and wisdom.

**Edith Gardiner**

## MEDICAL AFFAIRS AND SCIENTIFIC COMMITTEE (MASC)

### Position statements

"Vitamin D and adult bone health in Australia and New Zealand: a position statement. Working group of the Australian and New Zealand Bone and Mineral Society, Endocrine Society of Australia and Osteoporosis Australia" was published in the Medical Journal of Australia in March (MJA 2005; 182:281-285). The working group members were Terry Diamond, John Eisman, Rebecca Mason, Caryl Nowson, Julie Pasco (Chair), Philip Sambrook and John Wark. Many thanks to these members who worked tirelessly and cohesively to produce this excellent document.

Position statements on the following topics remain in preparation: Calcium (Chair Kerrie Sanders); Ultrasound (Nic Pocock); Paget's Disease (Michael Hooper); Bone Markers (Peter Ebeling); Anabolic therapies (Peter Nash); Osteoporosis Management (Ego Seeman). Clearly, it is not practical to have more than 1 or 2 of these published in Australia each year. Members interested in contributing should contact the relevant Chair.

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# ANZBMS POSTGRADUATE RESEARCH SCHOLARSHIPS

Three, one-year postgraduate scholarships were awarded for 2005. At this time, it is likely that no more scholarships will be awarded until the financial status of the Society improves. Efforts are underway to obtain sponsorship.

## **PBS subsidy for drug treatment in individuals with low BMD without fracture.**

Members of MASC have participated in a second meeting with the Pharmaceutical Benefits Advisory Committee (PBAC). Problems still exist in defining the group(s) where treatment is cost-effective. Another obstacle is equitable access to DEXA scans for individuals without fracture. A separate Commonwealth committee (the Medical Services Advisory Committee, MSAC) is responsible for Medicare benefits for DEXA scans and neither PBAC nor MSAC seem able to move forward alone. The recently formed ANZBMS Therapeutics Committee (Chaired by Philip Sambrook) will now be responsible for this issue.

## **Vitamin D and Calcium Forum, Melbourne 28-29 July 2005**

The forum, chaired by John Eisman and Peter Ebeling was a joint endeavour of the Commonwealth Dept of Health and Aged Care, Osteoporosis Australia and ANZBMS. Eighteen speakers comprehensively reviewed the evidence and issues related to vitamin D and calcium. The forum formulated recommendations that will be written-up by the Chairs and should be available to members shortly.

**Geoff Nicholson**

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# ANZBMS RESEARCH COMMITTEE REPORT, 2005

The Research Committee seeks to progress Bone and Mineral research, both basic and clinical. The treasurer's report lists some of the numerous practical ways, in which the Society assists its members in research endeavour. These include the award of the Christine and T Jack Martin Research Travel Grant, Outstanding Abstract awards at the ASM, The Roger Mellick and Chris and Margie Nordin Young Investigator awards, PhD scholarships and the Kaye Ibbertson Award for Metabolic Bone Disease. The outcomes of member research being conducted in Australia and New Zealand are evident, with numerous high quality bone-related publications (see, for example, a recent publication list: [http://www.anzbms.org.au/news/ANZBMSnews\\_Apr05.pdf](http://www.anzbms.org.au/news/ANZBMSnews_Apr05.pdf)).

This productivity is no doubt at least partly due to the increased research funds available in recent years, but this period of increase may now have reached a plateau. To quote from the July Newsletter of the ASMR, "As you would be aware, the Howard Government's doubling of the NHMRC budget between 2000 and 2005 in response to the Wills Review is now complete. The Investment (Grant) Review of Health and Medical Research released in December of 2004 has validated the Government's investment, reporting a positive return in both health and economic terms. The Grant review calls for further substantial investment, which will bring Australian spending up to the current OECD average on a %GDP basis. The Federal Government is currently considering these recommendations."

It is incumbent on all of us to support the lobbying of government to further increase its investment in health and medical research in general, and in bone-related research in particular. This will primarily take the form of writing to our Federal Members of Parliament. It is also important to

support the work of ASMR to highlight the necessity for continued high level funding and patient advocacy groups, such as Osteoporosis Australia, to draw attention to the impact of bone and joint disease.

I would also like to suggest that we make better use of the funds available by seeking synergies with other investigators, both within the bone field and in other disciplines, and on our own campuses and beyond. I am convinced that new understandings and better approaches to patient care will emerge from an expanded view of biomedical research. I congratulate you all on an excellent year and encourage you to 'power on' into 2006.

**David Findlay**

## 2005 CAREER ENHANCEMENT AWARD

Congratulations to ANZBMS Member Dr Jiake Xu who has won the 2005 Career Enhancement Award from ASBMR

The ASBMR Career Enhancement Awards program was developed to foster the academic potential and careers of clinical, basic and translational scientists in the bone and mineral field. We hope this grant will facilitate acquisition of skills and knowledge not otherwise available to you, and we look forward to learning about the results of your research efforts.

Dr. Xu is a Senior Lecturer at the School of Surgery and Pathology at the University of Western Australia. Dr. Xu is to acquire new skills in two major areas: 1) a novel system for long-term gene silencing using retroviral and/or lentiviral vectors, and 2) to gain knowledge and information on the generation of knockout and transgenic mouse models to study the in vivo role of *tctex-1* in osteoclast function. The mentor, Dr. Patrick Ross, is a Professor of Pathology and Immunology at Washington University School of Medicine.

## ANZBMS 2005 AWARD AND GRANT WINNERS

### **Roger Melick Young Investigator Award**

The Roger Melick Young Investigator Award was presented to James Doecke who presented data on "Differential activity of human RUNX2 P2 promoter alleles associated with an allele-specific DNA-protein interaction"



*James Doecke and Ego Seeman*

### **Christopher and Margie Nordin Poster Award**

Christopher and Margie Nordin Poster Awards were presented to Mark Bolland whose poster was titled "HIV infection is not associated with reduced bone density in Caucasian men" and Catherine Wang whose poster was titled "Truncation mutants of RANKL inhibit RANKL-induced osteoclast differentiation and activation"



*Mark Bolland and Christopher Nordin*



*Ming Zheng accepting for Catherine Wang*

### **Christine and TJ Martin Research Travel Grant**

The Christine and T J Martin Research Travel Grant, sponsored by Merck, Sharp and Dohme, was awarded to Susan Allison from The Garvan Institute of Medical Research.



*Jack Martin and Susan Allison*

### **Outstanding Abstract Award**

Outstanding abstract awards were presented to Markus Seibel, who presented data on "High bone turnover predicts mortality in the frail elderly : A prospective cohort study" and Julian Quinn, who presented data on "IL-11 and Il-6 stimulation of osteoclast formation depends on STAT-but not ERK-mediated pathways in osteoblasts".



*Julian Quinn, Ego Seeman and Markus Seibel*

### **Kaye Ibbertson Award**

The Kaye Ibbertson Award was presented to Roger Zebaze from Austin Health, Victoria.



*Roger Zebaze and Kaye Ibbertson*



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## TREASURER'S REPORT 2004-2005

The Society remained in a sound financial state during 2004-2005, achieving a surplus of \$13,053, and with growth in its capital as indicated by the accumulated funds of over \$500,000. This is a result of the continued growth in membership, surpluses from the ASM, other meeting income and support from our industry partners.

The moderate surplus represents the philosophy of the society to support members to achieve their educational, clinical and scientific goals. We use resources to provide a high level of education to members and support of research, and clinical education. The financial support we provide to members includes travel grants to attend the ASM, the Christine and T Jack Martin Research Travel Grant, Outstanding abstract awards at the ASM, The Roger Mellick and Chris and Margie Nordin Young Investigator awards, financial support for life members to attend the ASM, and a PhD scholarship. In 2005 we have also initiated the ANZBMS Kaye Ibbertson Award for Metabolic Bone Disease. We have about 300 financial members (470 members in total), some of whom are student members. Full members pay ~\$80.00 p.a. Based on 470 members, average returns to members (excluding the PhD scholarship) suggest we pay back \$120.00 per member. The ANZBMS is generous in supporting all aspects of bone and mineral metabolism.

For this level of support to be sustainable, the income to the Society needs to be higher. Until recently, our corporate partners were major supporters of the Society's administration. In the last year, we are grateful that our industry partners have continued to support the ASM generously with symposia and exhibition space. Despite extensive discussions with industry as a group and independently, annual corporate sponsorship of the Society per se has dropped markedly in 2004-2005 to \$12,500. This has resulted from increasing market pressure on some industry partners, reluctance to commit beyond funding periods of 12-months, and issues of scientific independence that Council applied to some formal sponsorship packages.

If this low level of Corporate sponsorship continues, it is likely that the Society will experience deficit budgets in the future. This will occur as our liabilities are realised, unless we can convince industry of the value of our Society to their activities (even during periods of market pressure) and also generate alternative sources of income as discussed in the President's report. Although profit is not an objective of our meetings, the ASM has become an important contributor to the Society's income. These have returned a surplus for the past 5 years as indicated: 2000 ASM - \$100,000; 2001 ASM - \$24,556; 2002 ASM - \$40,609; 2003 ASM - \$77,928; 2004 ASM - \$25,341.

The last increase in subscriptions for full members was carried at the AGM in 1999. Council agrees that it is reasonable to increase fees for 2006 and proposes the following motion to members:

**MOTION.** Council proposes that subscription fees (excluding GST) be increased in 2006 according to the following recommendations: Full member \$100.00; Overseas Full member \$100.00; Student member \$35.00; Overseas student member \$35.00; Retired member \$30.00.

Finally, this is my last report as Honorary Treasurer. It has been an honour to serve with the numerous Councillors and four Presidents over the past eight years. Once again I must reinforce that daily maintenance of our accounts, management of GST responsibilities and Company details are undertaken by Ivone Johnson, with assistance by Melissa Dupavillon. We are fortunate to have Ivone who reduces the burden of bookkeeping from ANZBMS Treasurers. I cannot thank Ivone enough for her work with ANZBMS and hope that she continues to serve the next Council with the same care and enthusiasm.

**Dr Mark R. Forwood**  
*Honorary Treasurer*

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## PAEDIATRIC COMMITTEE REPORT

### **Vitamin D Deficiency**

In March, the ANZBMS published in the MJA their comprehensive report on vitamin D deficiency in adults in Australia and New Zealand. The paediatric sub-committee is drafting a similar publication to address the health issues of vitamin D deficiency in infants, children and their mothers. This is a significant issue with a rapidly increasing prevalence of clinical nutritional rickets being seen in the capital cities as a consequence of the current refugee intake from Africa. The draft has been circulated to the individuals of the writing group and hopefully should be submitted for publication in November 2005.

To ascertain the incidence of nutritional rickets in Australia, Dr Craig Munns with co-investigators in all states has developed a protocol for reporting children and infants with clinical rickets to the Australian Paediatric Surveillance Unit over a 2 year period. It is hoped that the New Zealand Paediatric Surveillance Unit will collect similar data over the

same time period. The collection of these data will be most useful in trying to address the public health issues of nutritional rickets in children in Australasia.

### **Paediatric Bone Symposium 2006**

The Paediatric Bone Symposium held in 2004 just prior to the ANZBMS ASM in the Hunter Valley was a very useful interactive forum and enjoyable meeting. A similar meeting is planned to be held in association with the ANZBMS ASM in October 2006. A key international speaker will be invited to the meeting which provisionally will be held in Brisbane with Professor Jenny Batch as convenor. More information will be available about the meeting in early 2006. Profits from the 2004 Paediatric symposium will be used to help fund the 2006 meeting.

**Chris Cowell**

The relationship between OA and ANZBMS continues to be very positive, with mutually beneficial outcomes. Apart from raising awareness of osteoporosis with the public and government, OA now funds several PhD scholarships and research fellowships. Most of the recipients are ANZBMS members. This year, OA and ANZBMS have made a number of coordinated submissions to the Pharmaceutical Benefits Advisory Committee and Medical Services Advisory Committee. A recent, government-sponsored, joint OA and ANZBMS forum on Calcium and Vitamin D was highly successful and will result in brochures for general practitioners and the public. Joint position statements have been published, including one on vitamin D, which was also coordinated with the Cancer Councils of Australia. A joint position statement on Calcium is soon to be submitted for publication. Clinical update days, under the OA and ANZBMS banners, have been organized.

Rebecca Mason

## OSTEOPOROSIS NEW ZEALAND REPORT

The last 18 months have seen many changes, one of the most significant being The Hon. Margaret Austin stepping down from her role as Chair in early 2004. We said farewell to Margaret at the 2004 'You Deserve a Medal' Award ceremony held at Parliament in September last year, where Prof Ian Reid warmly congratulated Margaret on the major contribution she has personally made to improving the health of New Zealanders.

Mrs Claire Mackintosh was appointed to the role of Chair with the unanimous support of the Board. Claire has a background in Public Relations and Fundraising and is Development Director at Rangī Ruru Girls' School in Christchurch.

### 2004

World Osteoporosis Day was celebrated in a number of ways with a press release that gained national coverage quoting Dr Peter Snell (famous NZ runner), who aided our endorsement and support of the International Osteoporosis Foundation theme-Osteoporosis and Men.

We were proud to announce the appointment of our Bone Ambassadors - Georgina and Caroline Evers-Swindell - Olympic Gold medal rowers, who were thrilled to take on the role of promoting beautiful bones to young women. The girls are committed to encouraging their peers to lead active healthy lifestyles to prevent osteoporosis.

Finally we had the privilege of being appointed the charity aligned with the 2004 Air New Zealand Fashion Week - at which our newly appointed Bone Ambassadors spoke, emphasising the importance of a healthy lifestyle.

### 2005

The third National Osteoporosis - DEXA Meeting was held in May with representatives from nearly every bone densitometry service in the country attending, together with over 30 physicians. This meeting was supported by ANZBMS with Dr Nick Pocock attending as a bone densitometry expert from Sydney. The event was sponsored by Merck Sharp and Dohme NZ Ltd with an unlimited education grant; enabling us to continue to keep costs of attendance to minimum to enabling as many people as possible to attend. The meeting included a political forum, attended

by the five main political parties, all supporting our endeavours to reduce the effects of osteoporosis on New Zealanders. The Hon Ruth Dyson opened the meeting as well as participating in the forum, at which attendees were able to question both the politicians and also PHARMAC.

We have been working with a number of new sponsors and partners in 2005, with Healtheries of NZ Ltd joining Merck Sharp and Dohme NZ Ltd as a principal sponsor. ACC, PHARMAC, SPARC and Mainland Products Ltd (Calcitrim brand) join us as supporters of the 'You Deserve a Medal' Awards and we have received considerable pro bono support from Peard PR and Dashwood Design of Auckland. SHE Magazine also support our cause, and for the second year will be running a major feature article on osteoporosis to support our Awareness Week in October.

The restrictive access criteria for alendronate are currently under review by PHARMAC, something we have strived for over the last six years. We welcome this review and support their proposed changes fully. Success will mean that our focus moves to improving access to bone density scans and lobbying for alternate treatments to bisphosphonates being made available.

**..... so it has been another action packed year with the promise of more to come!**

# DATES FOR THE DIARY

## 2006

18-22 March 2006  
Frontiers of Skeletal Biology  
Eleventh Workshop on Cell  
Biology of bone and  
Cartilage Disease  
Davos, Switzerland  
Website: [www.ibmsonline.org/  
cellbiology.htm](http://www.ibmsonline.org/cellbiology.htm)

29-31 March 2006  
5<sup>th</sup> Meeting of the Hip Section  
of the Asia Pacific Orthopaedic  
Association (Hip APOA-06)  
Adelaide, SA  
Website:  
[www.hipapoa06.org.au](http://www.hipapoa06.org.au)

8-12 April, 2006  
Lotus Ponds Building  
Yunan Conference  
Resort, Kunming, China  
Website: [http://  
www.chinaosteofound.org/en](http://www.chinaosteofound.org/en)

8-9<sup>th</sup> April 2006  
ANZBMS Clinical Densitometry  
Course Melbourne  
Contact: Ivone Johnson  
Email: [anzbms@racp.edu.au](mailto:anzbms@racp.edu.au)  
Website: [http://anzbms.org.au/  
densitometryCourse/index.htm](http://anzbms.org.au/densitometryCourse/index.htm)

22-24 May 2006  
The 10<sup>th</sup> Conference of the  
International Society for  
Fracture Repair (ISFR)  
Adelaide, SA  
Website: [www.isfr06.org.au](http://www.isfr06.org.au)

2-6 June, 2006  
IOF World Congress on  
Osteoporosis Toronto, Canada  
Website: [www.osteofound.org/  
wco/2006](http://www.osteofound.org/wco/2006)

24-27 June 2006  
ENDO 2006  
Boston Convention & Exhibit  
Center  
Website: [www.endsociety.org](http://www.endsociety.org)

19-20<sup>th</sup> August 2006  
ESA Clinical Weekend  
Royal Pines Resort, Gold Coast  
Contact: ASN Events  
Website: [http://  
www.esaclinicalweekend.org.au/](http://www.esaclinicalweekend.org.au/)

20-23<sup>rd</sup> August 2006  
ESA/SRB Annual Scientific  
Meeting  
Gold Coast Convention Centre  
Contact: ASN Events  
Website: [http://  
www.esasrb.org.au/](http://www.esasrb.org.au/)

23-25<sup>th</sup> August 2006  
ADS/ADEA Annual Scientific  
Meeting  
Gold Coast Convention Centre  
Contact: ASN Events  
Website:  
<http://www.ads-adea.org.au/>

15-19 September 2006  
Annual Meeting, American  
Society for Bone and Mineral  
Research  
Philadelphia Convention  
Center  
Philadelphia, Pennsylvania,  
USA  
Phone: (202) 367-1161  
Fax: (202) 367-2161  
E-mail:  
[asbmr@smithbucklin.com](mailto:asbmr@smithbucklin.com)

20-22 September 2006  
Australasian Paediatric  
Endocrine Group Annual  
Scientific Meeting  
Hotel Grand Chancellor,  
Hobart, Tasmania  
Website:  
[www.willorganise.com.au/  
apeg06](http://www.willorganise.com.au/apeg06)

22-26<sup>th</sup> October 2006  
Combined Third IOF Asia-  
Pacific Regional Conference on  
Osteoporosis and 16<sup>th</sup> Annual

Scientific Meeting of the  
Australian and New Zealand  
Bone and Mineral Society  
Sheraton Mirage, Port Douglas,  
Queensland  
Contact: Ms Ivone Johnson  
Email: [anzbms@racp.edu.au](mailto:anzbms@racp.edu.au)  
Website: [www.anzbms.org.au](http://www.anzbms.org.au)

10-14 December 2006  
Cancer and Bone society's  
(CABS) International Meeting  
on Cancer Induced Bone  
Disease  
San Antonio, Texas, USA  
Website: [www.ibmsonline.org/  
cabs06.htm](http://www.ibmsonline.org/cabs06.htm)

## 2007

24-29 June 2007  
IBMS 17<sup>th</sup> Scientific Meeting  
Montreal, PQ, Canada  
Email: [ibms@dc.sba.com](mailto:ibms@dc.sba.com)

16-20 September 2007  
ASBMR 29<sup>th</sup> Annual Scientific  
Meeting  
Honolulu, Hawaii, USA  
Email:  
[asbmr@smithbucklin.com](mailto:asbmr@smithbucklin.com)



*ANZBMS is a professional medical / scientific society  
established in 1989 to bring together clinical and experimental  
scientists and physicians actively involved in the study of bone  
and mineral metabolism in Australia and New Zealand.*

# The 3rd IOF Asia-Pacific Regional Conference on Osteoporosis & The 16th Annual Meeting of the Australian and New Zealand Bone and Mineral Society

Monday 23 October – Thursday 26 October 2006  
Sheraton Mirage Resort, Port Douglas, Queensland, Australia



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## ANZBMS Membership

[www.anzbms.org.au](http://www.anzbms.org.au)

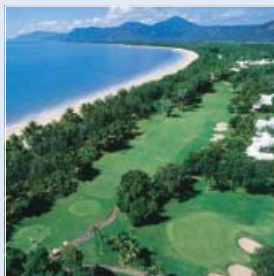
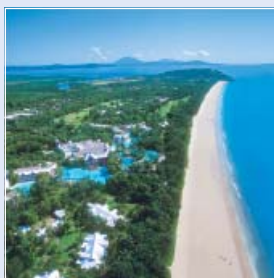
## Key Dates

### 1 June 2006

Deadline for submission of abstracts, early-bird registrations and hotel reservations

### 1 August 2006

last possible date of acceptance of abstract



## Invited Plenary Lectures

### *Epidemiology and Genetics*

Goodbye T and Z, hello Absolute risk on the Y-axis  
Epidemiology of Fractures – Known and Unknown  
Genetics – What are the Questions, how to answer them  
Genetics – What are the Answers

### *Central Control of Bone Material and Structure Pathogenesis Modelling and Remodelling*

Why do Bones Break – the Material and Structural Basis  
of Bone Strength

Pathogenesis of Bone fragility – Racial and Sex Differences  
Pathogenesis and Prevention of Arthritis

Growth Related Origins of Bone Disease

### *Cellular Symphony of Osteoclastogenesis*

Osteoblast to Osteoclast, a Two Way Ticket  
Immune Mechanisms in Osteoclastogenesis  
Nuclear Receptor Targets in Bone Mesenchymal/  
Haemopoietic Interactions in Osteoclastogenesis  
Mechanical stress-induced AP-1 and Smad signalling for  
osteoblastic differentiation

### *Therapeutics*

New Drugs, New Mechanisms (Strontium Ranelate,  
AMG 162, Vit K)

Anabolic Agents – Approaches to The Holy Grail for Bone  
Future of new Vitamin D analogs

### *Other Topics*

Corticosteroids and Bone – Mechanisms, Treatment  
Multiple Myeloma

Cancer and Bone - a New Frontier in Drug Discovery  
in Oncology

Growth – Choosing the Right Parents

FGF 23 Phosphatonin

Signaling for Cartilage Differentiation

*Plenary orals* - 72 orals chosen from abstract submissions

*Poster sessions* - daily, posters mounted throughout the meeting

*Industry sponsored symposia* - 5 x 2 hour slots

*Expert Committee Working discussion groups*

Inter and intracellular signalling

Bone Quality - what is it, can it be measured and applied clinically

Treatment - why, who, when, what drug, how long? - Thursday

### *Weekend prior*

Densitometry training course for Technicians and Physicians

IOF Meeting

Paediatric satellite meeting