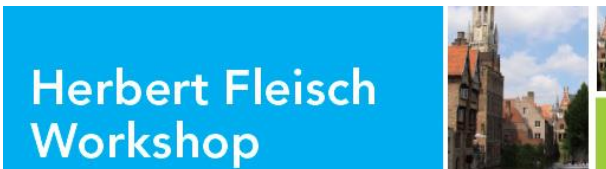
ANZBMS e-News

11 February 2014



Now Available Online - Scientific Program!

Call for Late Breaking Abstracts Deadline: 20 February

Workshop attendance is limited to 150 attendees
IBMS Members and Member Society Members Receive Discounted Registration Rates

Students, postdocs, and early stage PI's are particularly encouraged to submit an abstract. All aspects of bone biology, basic and applied, are welcomed. The following sessions will be covered by six invited plenary speakers during the meeting :

- Osteo-anabolic research and osteoblast biology
- Mechanisms of skeletal diseases and translational research
- Skeletal development and growth
- Human and mouse genetics of skeletal diseases
- Mechano-biology of bone, fracture repair and skeletal regeneration
- Integrative physiology

There will be both oral and poster presentations at the meeting, with **much emphasis on discussion of posters, including active participation of the invited senior scientists** . People selected for oral presentation are therefore encouraged to also bring a poster about their work.

All are welcome as participants, with priority in programming given to young investigators.

Submit Abstract

Direct your musculoskeletal research applications to the MSK Peer Review Panel!

If and where appropriate, please make sure to list your grant applications for review by the **'Musculoskeletal PRP".** It is important that enough applications go to the MSK PRP to ascertain sufficient numbers so that the NHMRC can form a functional MSK/Endocrinology PRP.

Kind regards

Markus Seibel
President, ANZBMS

ANZBMS Annual Scientific Meeting 7-10 September 2014, Queenstown Website: http://www.anzbmsconference.com/index.asp

International Speakers

Professor Per Aspenberg,
Linköping University, Sweden

Dr. Sarah L. Dallas, Ph.D.,
Professor,
University of Missouri, Kansas City

Amgen / GSK 2014 ANZBMS Osteoporosis Australia Clinical Grants Program

Amgen Australia and GSK Australia are proud to announce the third year of the Osteoporosis Australia-ANZBMS Clinical Grants Program.

This program has been established to support projects that:

- **Evaluate the quality use of medicines in the treatment of osteoporosis; or**
- **Advance the diagnosis or management of patients with osteoporosis.**

APPLICATIONS NOW OPEN FOR 2014

- **Information Guide**
- **Application Form**

Website: http://www.osteoporosis.org.au/research/current-grants/

Musculoskeletal conditions

Musculoskeletal clinical trials performed in Australia: https://www.anzbms.org.au/news.asp

Musculoskeletal conditions are the leading contributors to disability burden globally and account for 27.4 per cent of total disability burden in Australia.

Arthritis and other musculoskeletal conditions cost Australia $55.1 billion annually but only $4 million is spent on clinical trials, a new report shows.

A new report into the scope of musculoskeletal (MSK) clinical trials in Australia has revealed that, relative to the burden of arthritis and other MSK conditions on the Australian community, national funding for research is disproportionately low.

The report, led by Professor Rachelle Buchbinder, from the Department of Epidemiology and Preventive Medicine and the Cabrini Institute, shows that despite arthritis and MSK conditions affecting 6.1 million people (26.9 per cent of the Australian population), research is severely underfunded.

Funded by Arthritis and Osteoporosis Victoria (A&OV), *The scope, funding and publication of musculoskeletal clinical trials performed in Australia (2009 - 2013)* report published in the *Medical Journal of Australia,* found that despite the rising cost of MSK conditions in Australia - $55.1 billion in 2012 – only $4 million was spent on clinical trials in the same year.

The findings suggest an urgent need for greater investment to provide relief to the 6.1 million Australians who live in pain from MSK conditions.

Professor Buchbinder noted that the $55.1 billion cost to the Australian community is projected to rise as the population ages.

“Timely research that addresses important questions relevant to consumers, clinicians and policymakers and reduces the sizeable delays in translating evidence into practice is critical for reducing the burden associated with these conditions,” Professor Buchbinder said.

In the last five years, the National Health and Medical Research Council (NHMRC) has awarded 29 project grants (and over $17.6 million) in support of Australian MSK trials. While this may seem a lot, it actually works out to be 0.8 per cent of the total NHMRC grants (29 out of 3631 or $17.6 million out of $354 million).

A&OV is the peak body representing Victorians living with arthritis and over 100 other MSK conditions.

NHMRC – The best research projects for 2013

New options to delay joint replacement

Chief investigator, Professor Graeme Jones
Professor Flavia Cicuttini
Associate Professor Changhai Ding
Associate Professor Tania Winzenberg
Dr Dawn Aitken
Dr Laura Laslett

When Professor Graeme Jones was starting out in Rheumatology training in the early 1990s, very little was known about what caused osteoarthritis and how best to treat it.

At that time, few treatments were available, and those that were being used had significant potential for adverse side effects. Osteoarthritis, the most common form of arthritis, causes pain, reduced mobility and loss of independence for more than a million Australians, mostly over the age of 55, and it often leads to expensive hip and knee replacement surgery.

Professor Jones and his team at the University of Tasmania wanted to make a real difference to the quality of life for these patients, and to delay the onset of this disease in our ageing population.

"The last ten years have seen tremendous improvements in rheumatoid arthritis therapy and my desire was to match this progress for patients suffering osteoarthritis," Professor Jones says.
The first step was to understand the disease by seeing how it developed, and exciting new advances in medical imaging made this possible.

"Through dual-energy X-ray absorptiometry we were able to examine bone density, and through magnetic resonance imaging we could see what was actually happening to the internal structures of the joint in osteoarthritis sufferers, long before these arthritic changes could possibly be detected using existing X-ray technology."

This was a real advantage for Professor Jones in developing a better understanding of the early factors that lead to the disease, and made it possible for the team to start designing trials of innovative new therapies that would target these early changes.

"Until relatively recently, we simply didn't have sophisticated enough tools to accurately measure this disease. Our almost total reliance on X-rays set the field back rather than encouraged progress. New medical imaging changed all this."
By watching and precisely describing the early changes occurring in knee joint osteoarthritis and then specifically targeting these changes, Professor Jones has been able to design new early preventative interventions that will improve symptoms and slow progress of this disease.

Some treatments showing great potential include new bone agents to reduce bone swelling, vitamin D therapy for cartilage repair, gastric banding surgery to preserve joint structures in patients who are overweight or obese, statin agents to reduce inflammation and improve cartilage regeneration, and fish oil supplements to improve patients' symptoms and reduce cartilage damage.

Professor Jones says, "We hope these new options will delay the need for joint replacement surgery, lessen the burden on our health system and allow much more functional and healthy joint ageing."

Professor Jones and his team will continue to research the effectiveness of these treatments to assess whether therapy both alleviates the symptoms and improves bone and joint structures in osteoarthritis patients, with a view to expanding the list of effective therapies.

Website: http://www.nhmrc.gov.au/guidelines/publications/r53

Calendar

28-31 March 2014
The Eight Clare Bone Meeting
Clare, SA
http://www.themeetingpeople.com.au/CLARE

9-11 April 2014
10th Asia Pacific Musuloskeletal Tumour Society (APMSTS)
http://www.apmsts2014.aoa.org.au

3-7 May 2014
ECE 2014
Wroclaw, Poland
http://www.ece2014.org/

17-20 May 2014
41st European Calcified Tissue Society Congress
Prague, Czech Republic
http://www.ectscongress.org/2014/

21-24 June 2014
ICE/ENDO 2014
Chicago, USA
https://www.endocrine.org/meetings/ice-endo-2014/endo-2014#/nav/

25-28 August 2014
ESA/SRB ASM
Melbourne Convention Centre
http://www.esa-srb.org.au/

27-29 August 2014
ADS/ADEA ASM
Melbourne Convention Centre
www.ads-adea.org.au

7-10 September 2014
24th ASM of ANZBMS
Queenstown, New Zealand
https://www.anzbms.org.au/

12-15 September 2014
ASBMR 2014
Houston, Texas, USA
http://www.asbmr/meetings

16-19 October 2014
7th International conference on Osteoporosis and Bone research
Xiamen, China
www.csobmr.org.cn/2014

5-8 March 2015
ENDO 2015
San Diego, CA, USA
https://www.endocrine.org/meetings/endo-annual-meeting-related-pages/past-and-future-endo-meetings

9-12 October 2015
ASBMR 2015
Seattle, Washington, USA
http://www.asbmr/meetings

ANZBMS future meetings:

November 2015: Hobart, Tasmania

November 2016: AHMRC, Sydney

25 – 28 March 2017: IBMS-ANZBMS Joint Meeting, Brisbane

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