

**The Annual General Meeting of the
Australian & New Zealand Bone & Mineral Society
will be held on Tuesday 23rd August 2016
at Gold Coast Convention Centre
Room 8
5.00-6.00pm**

1. Welcome to ANZBMS Members

Mark Cooper, Gustavo Duque, Elaine Dennison, Rob Daly, John Eisman, Gragame Elder, Jack Martin, Allison Pettit, Jackie Centre, Natalie Sims, Ego Seeman, Julie Pasco, Sharon Brennan-Olsen, Joshua Lewis, Don Gutteridge, Eleanor Mackie, Athena Brunt, Cory Xian, David Findlay, Kun Zhu, Patricia Linnenlucke, Audrey Chan, Gerald Atkins, Rory Clifton-Bligh, Frances Milat, Paul Baldock, Tuan Nguyen, Mark Forwood, Sue Lynn Lau, Julian Quinn, Tania Winzenberg, Mark Kotowicz, Peter Ebeling, Christina Vrahnas, Jonathan Gooi, Matthew Gillespie, Ian Reid, Jill Cornish, Chris Schultz, Nick Pocock, Rachel Davey, Rebecca Mason, Wendy Kelly, Paul Anderson, Emma Duncan, Nathan Pavlos Julie Briody

2. Apologies

Rachelle Buchbinder, Don Perry-Keene, Peter Croucher

3. Confirmation of the Minutes

Annual General Meeting 3rd November 2015, Hobart

Minutes from the Annual General Meeting that was held on 9th September 2014, Queenstown were accepted as a true and accurate record.

4. President's Report (Emma Duncan)

Thank you for coming to the annual general meeting; and I particularly welcome people who might think of themselves as younger investigators. Our annual general meeting is the opportunity for everyone to hear about what our society has been up to, to ensure that we have been using our collective funds responsibly, to discuss our internal activities (such as our ASM), and our external engagement (with many different bodies), and, I hope, to consider volunteering for committees or other responsibilities within our society. I hope you will find it a vibrant meeting.

I have given a lot of thought over this last year about why the ANZBMS exists and what makes us different from other professional societies; about what I see as priorities and challenges for our society, and how we should meet these.

In terms of the first question – why the ANZBMS – the mission statement is on the website. We exist to promote excellence in bone and mineral research; to foster excellence in the integration of clinical and basic science; and to facilitate the translation of science to health care and clinical practice. The various activities of our society need to be viewed through this prism, to see if we are achieving these aims.

To a certain extent, though, just looking at the mission statement skirts the question. Many of us pursue these aims in our everyday jobs; and there are several other societies with similar interests – most obviously the ESA, the ARA, and Osteoporosis Australia. So why have a separate organisation?

In terms of what makes the ANZBMS unique, it is hard to think of any other professional society that has the breadth of disciplines within its members. The activities of our society span an incredible cross-section of clinical specialities - endocrinology, rheumatology, general medicine, geriatrics, orthopaedics, physiotherapy, and exercise physiology and the full gamut of research - from genetics to cell biology to mice models to drug development to human trials to epidemiology. This is both our blessing and our curse. The blessing is demonstrated abundantly at our annual scientific meeting, at which the extraordinary breadth of knowledge and experience of our members is so evident. I would like to thank our POC co-chairs for this year, Mark Cooper and Mike Rogers,

and their full committee for their hard work in putting together such a terrific programme. I have had wonderful feedback from both our members and members from ESA and SRB; and that we reached 924 attendees (at last count) means our delegates similarly viewed the programme as outstanding. Our ASMs are powerhouses of thinking about bone and mineral: great opportunities for cross-fertilisation of ideas and for learning from people outside our immediate discipline. The LOC, chaired by Mark Forwood, have ensured that the venue and social activities support the delivery of the academic programme in a collegiate and convivial atmosphere. In other words, we've all had a good time. The consequence of our vibrant bone community is seen internationally. Like our Olympic team (particularly the sailors), Australian bone and mineral research has a disproportionately large impact on the world stage relative to our size.

The curse of our diverse society I think is best illustrated in the difficulties we have in research funding and support. Because we are spread across many disciplines, it is hard for the funding bodies to see our activities. This was particularly evident in responding to the Medical Research Futures Fund roadshow, in the last few weeks. Musculoskeletal disease is just not seen by the politicians or by the bodies tasked with funding health care and research. The ARC funds multidisciplinary research at lower levels than single discipline projects. We have struggled to have fair NHMRC committee assessment of our projects, with consequent lower funding rates. These are issues we have been grappling with, particularly through the work of the research committee chaired by Paul Baldock.

So one of the big challenges I see is how to ensure our longevity, because if we think our society's existence and activities are worthwhile then we need to ensure we still have a society in 20 years' time. In part this is achieved by prudent management of our fiscal resources - I would like to thank Nathan Pavlos, our honorary treasurer, who has chaired the financial committee and will present the audited reports and discuss our financial strategy. Our collective resources are there to be used to further the interests of our society and its members. We need to balance our support of individuals, though prizes, travel support for international meetings, and grants such as our Gap Fellowship, with support for new ventures such as lobbying for fracture liaison services and other initiatives. However, a bigger issue beyond balancing the budget is ensuring that younger people engage in our society. To this end Council has decided to develop a Young Investigators Committee, whose chair will also attend Council meetings in an honorary capacity. Peter Croucher will be discussing the remit for this committee more fully; and I would encourage anyone who regards themselves as a young investigator to put up their hand. It's a great opportunity to learn about leadership and governance; how to shape meetings; and to have input and influence into how the society supports its younger members' careers and opportunities.

A specific concern is how to ensure that junior doctors engage with our society. Endocrine trainees are required to attend an event organised by the ANZBMS - our ASM, our registrars' meetings or our densitometry course. Most attend one of the latter, do not join the society, and never come to the ASM - it's just not on the radar, whereas the ESA and ADA meetings are. Part of the reason we joined with ESA and SRB for this year's conference was to make our society more visible to these trainees, and to show them that coming to the ANZBMS is of benefit for their education and will be useful for their clinical practice. From looking at the audiences at our sessions, I think this has been very successful. Rheumatology trainees don't have to attend any ANZBMS-badged event as part of their training and our activities seem to be unknown to many in the ARA - indeed, the current president of the ARA, Rachelle Buchbinder, thought our advanced training meeting was an excellent idea and was completely unaware of it prior to discussions at council. Rachelle's membership of council is thus a great opportunity for us to improve our profile with ARA members not only wrt engagement and education of trainees but also to improve our scientific and academic collaborations with the ARA. I hope with Gustavo Duque who has been appointed Chair of the newly formed Professional Affairs Committee and who is a geriatrician we will see similar connections forged with both the trainees and the geriatrics society. Our professional affairs committee also includes members from orthopaedics for similar reasons.

I see improving our collaborative relationships with sister societies as very important for our future. The success of this year's meetings with ESA/SRB was not just in terms of attendance and sponsorship but more importantly in terms of collaboration and collegiality with respect to our shared academic interests. Our MRFF response and submission has brought all the MSK societies together and there is a palpable keenness that the camaraderie expressed in our political battles should extend to camaraderie in other areas, such as meetings and educational activity. At a time of decreasing pharma support we need to use this generous and much appreciated support smartly and efficiently. We all recognise that we are all fairly small societies in a country with a small population a long way away from the rest of the world. United we stand, divided we fall.

When I came into this position in November, I followed the principle that time spent in reconnaissance was seldom wasted, so I asked Rebecca Mason how she thought the president should manage – because there is an awful lot that comes across the desk. I am paraphrasing but essentially her advice included delegating where possible. This of course is only possible when one has excellent people to delegate to – and here I have been blessed, by the members of Council Elaine Dennison, Rob Daly, Paul Anderson, Markus Seibel, Peter Croucher, Rachelle Buchbinder, Nicholas Pocock and Allison Pettit; by many others in our society who have volunteered their time and expertise; and by having Ivone and Melissa whose help as executive officers of our society is invaluable. The work and input of many many individuals is what makes our society work, and I would like to say thank you to you all.

So to specific events and activities:

a) ESA/SRB/ANZBMS ASM 2016

A great success – 924 attendees. In addition to thanking the POC and LOC chairs (who will give the meeting report) I would also like to thank ASN events for their help and support in organisation; and all the sponsors, particularly those who are perhaps more “bone field” - including platinum sponsors Amgen, gold sponsors Lilly, MSD, TEVA (formerly Allergan), and NovoNordisk, silver sponsors Novartis and Ipsen, and bronze plus sponsors Medtronic and Sanofi, as well as others in the trade display area.

b) ANZBMS-IFMRS-JSBMR 2017

This is our next challenge. We will be hosting the inaugural meeting of the newly-formed international federation of musculoskeletal societies next year, in Brisbane in June. We are particularly pleased that this meeting will be in collaboration also with our friends and colleagues the Japanese Society for Bone and Mineral Research. It’s looking like being a spectacular programme and we are hoping for 750 attendees. The POC chairs will be Mark Cooper and Mike Rogers again and they will present the current state of play in their report.

I just wanted to highlight a few strategies for this meeting. In addition to collaborating with our international fellow societies, particularly JSBMR, we will be reaching out to other Australasian societies to co-badge sessions. We will be co-badging symposia in osteoimmunology and inflammation in bone with the ARA; and similarly we are hoping to reach out to the oncology community to co-badge symposia in malignancy in bone. We are planning workshops around the meeting – including genomics in bone. Each day will have sessions aimed towards practising clinicians. And we will have career development and leadership training as part of the mentoring of our younger investigators.

c) Meetings after 2017.

Current plans are that our next meeting in 2018, after all these big events, will be a standalone ANZBMS meeting, and Adelaide looks like the most likely venue. Our new POC chairs have been approached and I hope will accept. Subsequent meetings will probably be in Sydney and New Zealand though these plans are very fluid currently. The 2018 meeting will be our first standalone meeting in five years. Strategically, there is value in both standalone meetings and in conjoint meetings; we just need to get the balance right.

I have reformed a Meetings Committee, currently chaired by Peter Croucher as president-elect. This committee will be responsible for long term planning and for liaising with other societies who are keen to work with us about future joint meetings.

d) Other educational activities

This year, we ran one Advanced Clinical Postgraduate Meeting in Bone Disease in Sydney, chaired by Markus Seibel and supported by Allergan (now TEVA). We have had a lot of discussion about this meeting’s structure as it is currently completely free to registrars. Whilst it is important to reach registrars it is not sufficient to have one day of training only and be completely competent in bone. We really want them to engage longer term in education in this area. We also want to future proof this meeting against potential decreases in pharma sponsorship without in any way diminishing our gratitude for the support we have received. Council has decided that this meeting will be free for ANZBMS members and that the cost of the meeting will be the same as the cost of membership to non-members (which is \$60.50 currently).

The next meeting is planned for Melbourne in 2017, and will be chaired by Rob Daly.

We are keen to see if making this meeting available as a webinar or similar would be useful for trainees particularly for regional and remote regions, and are exploring these options.

e) Committees

As a society, our activities are vast; and we need to ensure that all our activities are carried out with good governance and at a high standard. The purpose of having committees is because no one person, or few individuals, can manage all the activities. Also, a lot of people have good ideas to contribute.

To this end, I've already mentioned that we have formed several new committees this year, and each will be providing a report to the meeting.

- Professional affairs committee
- Meetings committee
- Young Investigator committee

We also have an honorary secretary in Paul Anderson, whose brief has also essentially become large enough for a committee. We've been particularly looking at new means of communication, including twitter, facebook, on-line resources (in collaboration with the RACP perhaps) as well as webinars for our educational meetings.

All the committees will be presenting their own reports to the meeting; however, I just wanted to briefly highlight:

- a. ANZBMS has continued to engage with fracture liaison initiatives and osteoporosis action plans, through our professional affairs committee.
- b. Our research committee has been particularly active in responding to the MRFF and NHMRC review processes.

It only remains for me to again thank Ivone and Council members for their support, and for the society for the honour of serving as president. I look forwards to the next year – and to handing over to Peter Croucher at the next AGM!

5. Meetings Committee (Peter Croucher)

5.1 ESA-SRB-ANZBMS 2016

POC report - Mark Cooper, Mike Rogers

The ANZBMS POC has worked hard to develop an exciting program for this year's meeting. We had to adapt our usual meeting format to fit in with the framework of the ESA-SRB meeting, which placed some pressure on scheduling and ability to include all the usual components of an ANZBMS meeting. However, we are confident that the final program offers a good balance between basic and clinical sciences and, although being a stand-alone meeting, is likely to have appeal to members of the other societies involved. The representatives of ESA and SRB were a pleasure to work with and we have 2 joint symposia with ESA. We are fortunate to have 2 high profile overseas plenary speakers in Christopher Kovacs (Canada) and Seiji Fukumoto (Japan) who will greatly enhance the meeting through their lectures and mentorship. In the main program we have 35 invited speaker presentations, 36 oral communications, 21 plenary posters and 65 regular posters.

Overall ESA-SRB-ANZBMS looks on target to be a great success in many respects and the total delegate number for the whole meeting is ahead of expectations. The amount of sponsorship attracted to the meeting has also greatly exceeded expectations.

We would like to thank all the individual members of the ANZBMS POC for their multiple contributions, the ANZBMS Council for additional speaker suggestions, the abstract reviewers (who worked hard to mark abstracts to a tight schedule) and all the session Chairs and co-Chairs. Special mention is required for the considerable input of Ivone Johnson, Mark Forwood (and the local POC) and the ASN staff (Mike Pickford, Jim Fawcett and Brad Ogden) in the development of the meeting and its coordination.

LOC report – Mark Forwood

Members of the LOC for 2016 included Mark Forwood (Chair), Belinda Beck (ANZBMS), James Cuffe (SRB), Lisa Akison (SRB) and Mark Forbes (ESA). The LOC was supported and guided by Ivone Johnson (secretariat ESA and ANZBMS) and the ASN Team, Jim Fawcett, Brad Ogden and Jennifa Vo. At the last meeting of the LOC (12/08/16), registrations had reached 854, which was very positive. Registrations for other events included the Welcome reception (553), Meeting of the Minds function (Early career researcher)(100), conference dinner (338), SRB Early and Mid-Career session (170) and the public symposium "Big Ideas in Pluripotency and Re-programming" (140). Major events requiring catering included the welcome Reception, Meeting of the Minds, Conference Dinner, ECR function, Poster session Monday evening; and, the ANZBMS

President's Dinner (42 attendees at Hank Dining and Bar, Broadbeach). A band is engaged for the Conference Dinner and an acoustic musician for the Meeting of the Minds function.

At the end of July, the meeting had attracted 19 sponsors/exhibitors: Amgen Australia (Platinum Sponsor); Allergan, MSD, Novo Nordisk and Eli Lilly (Gold Sponsors); Novartis (Silver Sponsor); Sanofi, Medtronic Australasia (Bronze Sponsors); Mercy Hospital for Women (advertising); Siemens Healthcare (satchel inserts) and RACP (advertising). Exhibitors included: Besins Healthcare, MYLAN, Mater Pathology, InMed Pty Ltd, Getz Healthcare, Thomson Scientific Instruments Pty Ltd, and Lawler Pharmaceuticals.

The meeting has also purchased access to a Mobile App (Test-Flight) as a meeting planner. This will be the first ESA-SRB-ANZBMS native app. As a **native** app, its reliance on Wi-Fi is minimal (only required for initial download and periodic updates) thus it provides fast access to all the essential conference information including: Program, Abstracts, Speaker biographies, Access to live broadcasts, Supporter information, Exhibition floor plan, Venue information, Push notifications/messages for the conference, Recording session notes plus other planning functions.

5.2 ANZBMS-IFMRS-JSBMR 2017 POC report - Mark Cooper, Mike Rogers

The 2017 annual scientific meeting in Brisbane (17-21 June 2017; www.anzbms-ifmrs.org) will be the first to be held together with the International Federation of Musculoskeletal Research Societies (IFMRS, formerly IBMS) and promises to be an exceptionally well-attended and vibrant meeting. We are delighted that the meeting will also be in conjunction with the Japanese Society for Bone & Mineral Research (JSBMR). The program is being coordinated by the co-Chairs of the ANZBMS POC (Mike Rogers & Mark Cooper), the IFMRS POC (John Eisman & Roland Baron) and the JSBMR POC (Riko Nishimura and Seiji Fukumoto). The ANZBMS POC also consists of Jill Cornish, Natalie Sims and Gustavo Duque.

There will be a varied program of cutting edge basic and clinical science (with at least one session per day that will appeal to physicians and clinical researchers), poster and meet-the-professor sessions, and activities aimed specifically to encourage early career researchers to attend and actively participate in the meeting. In contrast to our usual annual meetings with 2 plenary international speakers, in 2017 we will have at least 14 speakers with a truly international profile (including Australia, Canada, Japan, New Zealand, Europe, the United Kingdom and the USA) covering topics including live imaging of bone cells; 3D printing applications in orthopaedics; insights into skeletal biology from rare bone diseases; genomics and epigenetics; exercise, muscle and bone; fracture prediction and fracture care; cancer and the skeleton; and the latest updates on bone therapeutics. Inflammation will be a major theme of the meeting, with symposia on osteoimmunology and on inflammation and bone. We are excited to be in discussion with the Australian Rheumatology Association (ARA) about developing these topics for broader appeal to rheumatologists, with the aim of developing stronger links and more interactions with the ARA at future meetings. We are also planning pre-meeting and post-meeting workshops, including a clinical update on osteoporosis for clinicians and allied health professionals, and basic science workshops on autoinflammatory/autoimmune diseases, gene editing, and managing big data.

To complement the main scientific program, the local organising committee, chaired by Mark Forwood, will ensure ample opportunities for socialising and networking, with student and young investigator barbeques, a gala dinner-dance, a cocktail party at the Gallery for Modern Art, and other social events in the beautiful Southbank Parklands of Brisbane on the edge of the river.

We are sure that the 2017 meeting will be a truly exciting and memorable one and we look forward to seeing you there.

LOC report – Mark Forwood

Members of the LOC for 2017 include Prof Mark Forwood (Chair), Prof Belinda Beck (ANZBMS) and Dr Andy Wu (ANZBMS). The LOC is supported and guided by Ivone Johnson (secretariat ANZBMS) and the ASN Team, Jim Fawcett, Brad Ogden and Jennifa Vo. The meeting is scheduled from Saturday 17th June, 2017 to Wednesday 21st June, 2017 at the Brisbane Convention and Exhibition Centre. The following social functions have been

scheduled by the LOC, and the LOC is also investigating other social and physical activities associated with Southbank Parklands:

- Welcome Reception Sat 17th June, BCEC Exhibition Area. Entertainment includes an Indigenous welcome to Country (prior to plenary session) and Indigenous performance at the Welcome Function
- Gallery of Modern Art (GOMA) Function, Sun 18th June. Entertainment includes a Children's Choir
- Meeting of the Minds (Early and Mid Career Scientists), Mon 19th June BCEC Sky Room. Entertainment to be determined.
- Conference Dinner Tuesday 20th June, BCEC Boulevard Room. Entertainment – band to be determined
- ANZBMS President's Dinner, Sunday 18th June, Rydges Southbank Rooftop North.

5.3 Future meetings

6. Treasurer's Report (N. Pavlos)

General Financial Result

2016 Member's funds = \$1,107,226

2015 Member's funds = \$1,158,532

The society remains in a sound financial position with considerable funds conservatively invested. These funds have decreased marginally compared to the previous period due to a small loss from the last joint annual meeting and the introduction of the ANZBMS Gap Fellowship Scheme, discussed later in this report. Current external support is also significantly down on previous years and will likely remain at reduced levels in the immediate future. This inevitably impacts profits from our meetings and we will likely see only small profits if any from future joint ASMs (except joint international meetings).

Overall Loss

\$51,305 Loss (2015=\$79,747, 2014 = \$43,041; 2013 =\$18,374 profit)

Despite the 2015 ASM in Hobart realising a profit (~\$35,000), we incurred a small loss (~\$1200) following distribution of agreed profit splits with MBSANZ and MEPSA and after adjusting for speaker costs (~ \$24,000) which lay outside of the ordinary meeting budget. Council agreed that this was a small price to bear considering the high quality of the meeting which hosted an unprecedented 10 international invited speakers and in the interest of collegiality for future joint meetings.

Following Australian accounting standards the Auditor assigns ASM revenues to the year received, and expenditure to the year when committed. Consequently, the gross income and gross expenditure in respect of each ASM will be reflected in the profit and loss account, as they occur, rather than simply recognizing a 'net profit' of each individual meeting.

Investments

\$600,698.00 Rural Bank Term deposit @ 2.95%. Matures 28/08/2016

\$285,714.09 Bank of Queensland 2.75% Matures 30/9/16

\$137,019.97 Bank of Queensland 2.75% Matures 30/9/16

Total: \$1,023,432.00

We continue to exercise a conservative investment approach, although this strategy will be subject to revision in 2016/17. Term deposits are at <3%, which yielded \$33,388 in 2015-2016 with this income increasing over (2015-2014; \$29,163).

Expenses

Our society expenses are stable at about \$96,000 for 2015-2016.

This includes;

Office - \$65,000 (Rent + salaries + minor extras)

Audit - \$4,750

Council meeting costs - \$7,430

Awards - \$20,000 (Christine & T Jack Martin Research Travel Grant (\$15,000 - Amgen funded), Amgen-ANZBMS Outstanding Abstract award (x5, \$1,000 each - Amgen funded), Roger Mellick and Chris & Margie Nordin Young Investigator Awards, Kaye Ibbertson Award, Sol Posen Award (all \$1,000, funded by the society))

Income

Sponsorship - \$19,000

Amgen donation - \$20,000 (covers Christine & T Jack Martin Research Travel Grant (\$15,000) and 5 Amgen-ANZBMS Outstanding Abstract awards (\$1,000 each)

ANZBMS satellite meetings (post graduate trainee meetings + densitometry courses) - \$69,386

Subscriptions - \$63,000

Interest from term deposits - \$28,000

Subscriptions have increased significantly over the last few years through reviewing unfinancial members and encouraging them to renew. Many thanks to Ivone for managing this. The Society should acknowledge the contributions of the 2016ASM POC and Nick Pocock for overseeing the Densitometry Courses and Markus Siebel for his efforts for the postgraduate training meetings.

Future directions

For 2015-2016 we encountered a downturn in overall profits (~\$50,000) reflecting a modest loss from the 2015 joint MBSANZ/MEPSA/ANZBMS ASM, declining sponsorship and increased fiscal demands incurred from the introduction of the ANZBMS Gap Fellowship Scheme (\$50,000). Continuation of this scheme will be reviewed for the 2016/17 period. Moderate profits realised from future meetings and diversifying our current investment portfolio may provide a viable fiscal mechanism to offset the Gap Fellowship scheme.

For 2017, our standard outgoings are likely to be largely unchanged. We anticipate income from interest to be ~\$28,000 (at an interest rate of 2.95%), accounting for slightly reduced term deposits due to supporting the Gap Fellowship. A challenge will be to continue to attract and maintain the level of sponsorship support afforded in previous years.

I would like to offer my thanks to members of the Finance Committee, Ivone Johnson and Melissa Dupavillion who have provided excellent guidance and support to me and Rod Laws of Tinworth & Co Chartered Accounts for overseeing the accounts.

6.1 Audited accounts

Motion – Ratify audited accounts

The audited accounts were adopted by the members.

CARRIED.

7. Secretary's Report (P. Anderson)

8. Reports of Committees

8.1 Densitometry sub-committee (N. Pocock)

ANZBMS Training Course

The course in Sydney in April was very successful with over 70 registrants. The next course is due to run in Adelaide in September 2016.

DXA Medicare Item No.

The review of Medicare service provision, including the DXA item, is still underway. No draft recommendations for public comment have yet been provided.

8.2 Research Sub-committee (P. Baldock)

8.2.1 MRFF submission

The Sub-committee would like to thank Nathan Pavlos for his efforts as Chair in 2015. The committee welcomed Sharon Brennan as our newest member. I'd like to thank all of the Research Sub-committee members for their contributions and support. Their thoughtful and timely responses have made my job much easier.

Medical Research Future Fund Priorities submission.

- Alerted by David Findlay after the MRFF Road Show in Adelaide, Burden of Disease estimates for musculoskeletal disease was an order of magnitude lower than actual. BoD is a fundamental component of the funding priority matrix for the MRFF Advisory Board. One submission was driven by Arthritis Australia, including all musculoskeletal disease, a specific paragraph addressing osteoporosis was written by the ANZBMS and included in the submission.
- A second submission driven by ANZBMS and focussing upon improved health outcomes and secular changes has been drafted and submission is imminent.
- It is important to note the enthusiasm shown by the entire MSK sector in responding to the MRFF.

Annual Scientific Conference/Awards

- The committee conducted an audit of the processes used to adjudicate the various awards given by the ANZBMS. Various changes were suggested. This process will continue after the AGM, focussing upon whether the submission requirements and information are appropriate for the various awards.
- The first action of the committee in late 2015 was the judging of the ANZBMS GAP Fellowship and the International Travel Award, for attendance to the IBMS Herbert Fleisch Workshop in Brugge. It was noted that half of the ITA applicants filed incomplete awards; it was decided to allow subsequent submissions to complete applications.
- ASM: The committee contributed to scoring of abstracts, and conferred as to the appropriateness of awards allocated based upon these scores. Additionally, applications for the Sol Posen, Kaye Ibbertson and Christine and T Jack Martin Travel Awards were judged. Members of the Research Subcommittee also actively participated in the review of several high quality applications for this year's Amgen GSK/OA ANZBMS awards.
- It was noted that many high ranking posters for the ASM were from overseas authors, and thus not eligible for the Nordin Poster prize. This may be worth thought before next year's IFMRS/ANZBMS meeting.

8.3 Professional Affairs committee (Gustavo Duque)

8.3.1 Osteoporosis initiatives/fracture liaison services

8.3.2 RACP

8.3.3 Other

The new Professional Affairs Committee was implemented in February 2016 with the mission to engage with other Scientific Societies, Non-governmental organizations (NGOs) and Professional Colleges sharing a similar interest in promoting high quality research, strong scholarship and professional development in areas directly or to some extent associated with musculoskeletal diseases. Membership of this Committee was finalised in March 2016. The Terms of Reference for this Committee were presented and approved at the last meeting of the Council. Since then, several members of the Committee have represented ANZBMS at activities and meetings organised by our partner Organisations, NGOs and Colleges.

8.4 Therapeutics committee (M. Kotowicz)

We welcomed Fran Milat and Rachelle Buchbinder to the committee in November 2015

MASC Application 131 – Bone densitometry item number for women with breast cancer on or commencing aromatase inhibitors

In November, we were invited to respond to the MSAC rejection of our application. We indicated that ANZBMS are unhappy with the outcome as the application appears to have been rejected because of an unfavourable cost benefit of diagnosis and treatment driven by the inclusion of women with osteopenia in the economic modelling. This means that high risk women with osteoporosis commencing aromatase inhibitor therapy, for whom this strategy appears cost-effective based on the ESC analysis, are also being denied the possible benefits of identification an intervention. The introduction of extraneous material relating to the use and possible abuse of DXA was not relevant to this application and one cannot help but feel that MSAC has pre-empted the outcome of the Medicare review in their decision-making process.

Given the current Medicare Review into bone densitometry, the committee has felt that a reapplication should be kept on hold pending the outcome of this review that could potential result in changes to indications for densitometry and changes in remuneration.

MBS Review:

that the purpose of the review was to create incentives for the use of high value items and discourage the use of low value items. The review aimed to be completed in mid-2017 and it's vision was "to ensure that the MBS provides affordable universal access to best practice health services that represent value for both the individual patient and the health system".

More than 25 groups have been established – Prof Johnathan Sepell will chair the Endocrinology review. The process consists of triage and evaluation of evidence leading to draft recommendation that will be followed by consultation with peak bodies, colleges and stakeholder before final recommendations are sent to the Minister who has final approval.

The review would:

- Recommend changes to existing items or removal of obsolete and low value items
- Recommend new items or services
- Recommend detailed rapid review of new items

Evolve:

This RACP initiative seeks to reduce the costs associated with low value procedures and seeks to develop lists of low value procedures from each of the Specialty Societies associated with the College, supported by an appropriate literature review. The Committee's draft list has been circulated to the membership and feedback received from forty-five members, resulting in refinement of the list. We have proposed that our list be circulated to the ARA and Endocrine Society membership for further feedback.

Suggestions relating to bone densitometry have been noted but not currently included given the politics currently surrounding densitometry.

The current top five on our list are as follows:

- Do not prescribe calcium or vitamin D alone or in combination as treatment of osteoporosis or for fracture prevention
- Do not screen for vitamin D deficiency in low-risk individuals or for non-skeletal indications; and do not prescribe vitamin D for non-skeletal indications
- Do not recommend anabolic steroids for fracture prevention in osteoporosis except in androgen deficient males
- Do not organise imaging of the parathyroid glands (either by ultrasound and/or sestamibi scanning) for individuals with primary hyperparathyroidism until a decision has been made that surgical management (i.e. parathyroidectomy) is indicated
- Do not routinely prescribe calcitriol as treatment of postmenopausal osteoporosis

Clinical Standards for Fracture Liaison Services in New Zealand

ANZBMS has endorsed these standards that have now been published by Osteoporosis New Zealand: <http://osteoporosis.org.nz/news/clinical-standards-for-fracture-liaison-services-in-new-zealand/>

Osteoporosis Clinical Guidelines – New Zealand:

ANZBMS has provided feedback on these guidelines, including a suggestion that an attempt be made to harmonise these guideline with those currently under review by

Osteoporosis Australia, taking into account differences in the availability of therapeutic agents in Australia and New Zealand.

Nurse Practitioner initiation of denosumab

ANZBMS has provide support for this proposal with the caveat that approval should contingent on ensuring that Nurse Practitioners are trained to interpret the clinical and technical data used to initiate treatment with denosumab and that guideline ensure that patients are vitamin D replete and do not have advanced chronic kidney disease. In addition, the Nurse Practitioners would need to be able to recognise acute hypocalcaemia and ensure that patients receive appropriate management of this complication.

8.5 Young investigators committee

The purpose of the ANZBMS Young Investigator Committee (YIC) is to encourage and support the active participation of young investigators in ANZBMS activities.

9. Other business

10. Date of next AGM – June 2017