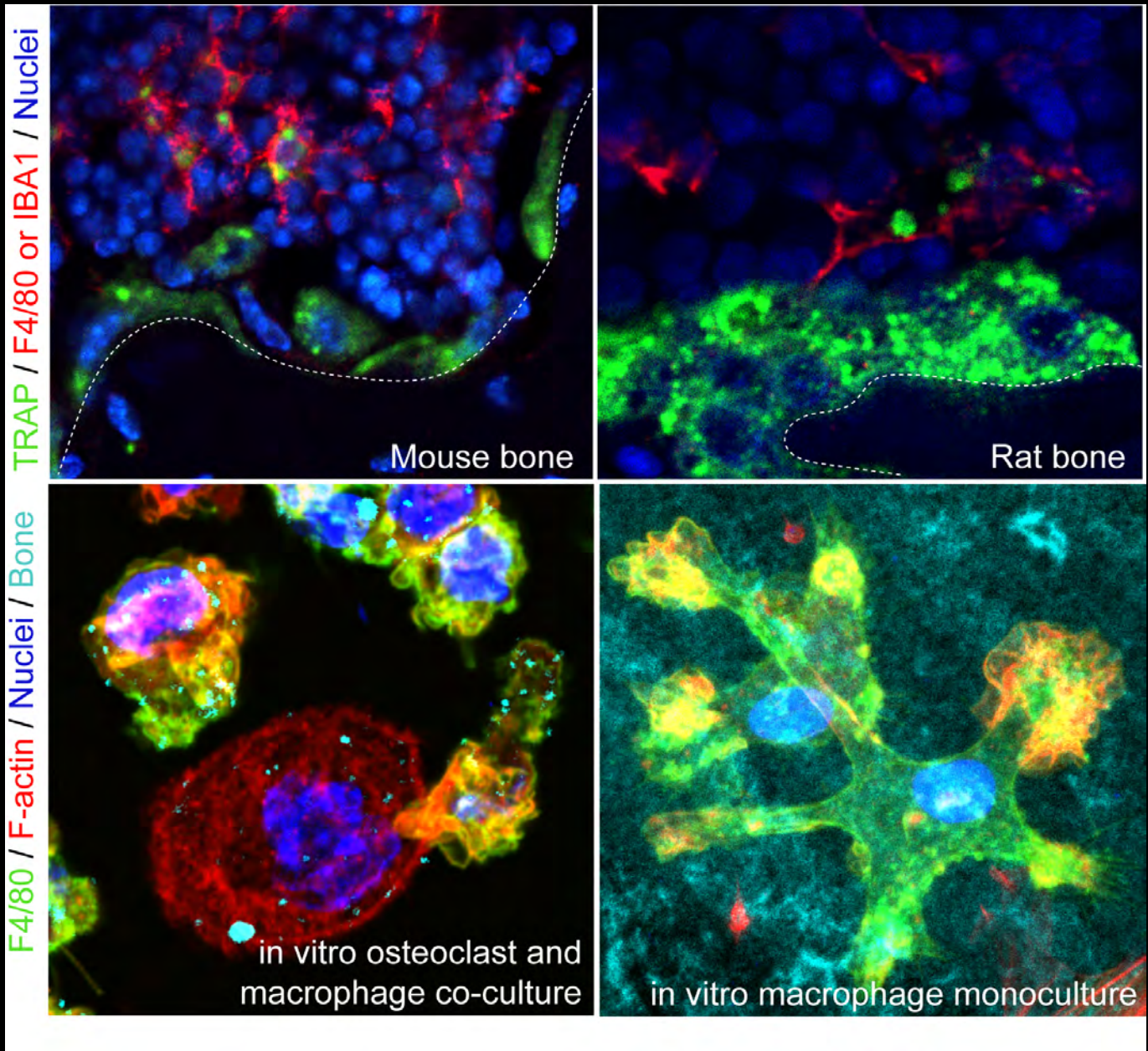


ANZBMS Newsletter



ESA-SRB-ANZBMS Annual Scientific Meeting

Committee updates

Member publications

Cover image: Fluorescent confocal imaging of the metaphyseal regions of mouse and rat tibiae (top panel, left and right respectively), of mouse osteoclast and macrophage co-culture (bottom left) and mouse macrophage mono-culture (bottom right). Courtesy of Lena Batoon, Mater Research Institute-UQ





Welcome to ANZBMS newsletter

Welcome to the August Issue of the ANZBMS newsletter!

Hope you are well! We're getting closer to this year's Annual Meeting, and the Program Organising Committee have put together an exciting program. Details about this year's meeting can be found on pg. 3 and 4.

In this issue

ANZBMS ASM (3)

Member awards (5)

New Member Spotlights (5)

Committee News (6)

Member Publications (7)

Calendar of Events (14)

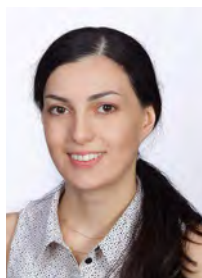
Our publication section continues to highlight the work of ANZBMS members. This edition features a range of articles with content about osteomacs in an ovariectomised rodent model, nutritional recommendations for bone health, the Australian Body Composition (ABC) study, management of bone health in ovarian insufficiency and differences between the sexes in terms of risks of cardiovascular disease and osteoporosis in The Gambia.

We also invite you to see what is new with the IFMRS's online learning platform, Huble.

We would like to thank David Musson, Kiranjit Joshi and Feng Pan for their contributions to previous newsletters and now welcome James Smith to the editorial board. We do have two positions available on the editorial board, so please contact us if you are interested in joining. It's a great opportunity to connect and work with other ANZBMS members.

Have news to share? Want to provide us with feedback? Contact us at newsletter@anzbms.org.au

ANZBMS Newsletter Editorial Board



**Niloufar
Ansari**



**Cherie
Chiang**



**Nicolas
Hart**



**Madhuni
Herath**



**Victoria
Leitch**



**James
Smith**



**Natalie
Wee**



**Emma
West**

ECI Issue: Sept 2021

Next Issue: Nov 2021

 newsletter@anzbms.org.au

 [@ANZBMSoc](https://twitter.com/ANZBMSoc)



Annual Scientific Meeting Details

ESA-SRB-ANZBMS 2021

Melbourne Convention & Exhibition Centre

21-24 NOVEMBER

WWW.ESA-SRB-ANZBMS.ORG



The 2021 ANZBMS ASM is being held in conjunction with the ESA and SRB societies, bringing 3 strong and engaging scientific communities together providing a program which unifies key areas of interest. This combined meeting approach facilitates not only increased collaborative potential but also variety in program content. The ANZBMS program includes a number of high profile international and national plenary speakers covering topics such as; skeletal biomechanics, osteocyte and osteoclast biology, precision medicine, osteoarthritis and nutritional impacts on the skeleton. We are also supporting our early career researchers as they emerge as future leaders in their fields, with two ECIC's invited to speak. The program will also include presentation from our top 5 scored outstanding abstracts, proudly supported by Amgen, short talks from plenary posters and our popular Roger Mellick and Margie and Chris Nordin Poster Award sessions, showcasing the work of our young investigators, the future of our society.

In addition to this focused program, we have two sessions combined with ESA covering bone health in the transgender community, and sport and endocrine health. Following the success of our inaugural Therapeutics session in 2019, we will also offer a similar session in the 2021 program, this year highlighting clinical developments in fibrodysplasia ossificans progressiva (FOP), osteo-anabolics and the use of bisphosphonates during bone growth.

Given the logistical challenges we face with COVID-19 outbreaks across New Zealand and Australia, we are working to offer a format which will engage all participants, whether they can attend in person or not, providing interactive Q&A and networking opportunities.

Michelle McDonald, Craig Munns and Christian Girgis

ANZBMS Program Co-Chairs

The 2021 Annual Scientific Meetings of The Endocrine Society of Australia, The Society for Reproductive Biology & The Australian and New Zealand Bone and Mineral Society

Melbourne Convention & Exhibition Centre

SAVE THE DATE: 21 – 24 NOVEMBER 2021



2021 THEMES

ESA

- » Diabetes - 100th anniversary of Banting and Best
- » Sport and Endocrine Disorders
- » Adrenal
- » Neuroendocrine control of behaviour
- » COVID Hot Topics
- » Endocrine Disrupting Chemicals - 30th anniversary of "endocrine disruption"
- » Transgender health
- » Award Presentations from selected abstracts

SRB

- » Advances in contraception
- » Reproductive ageing and sustaining a pregnancy
- » Novel technologies in Reproduction
- » Endocrine Disrupting Chemicals - 30th anniversary of "endocrine disruption"
- » Award Presentations from selected abstracts

ANZBMS

- » Cellular mechanisms of bone disease
- » Advanced therapeutics in bone
- » Transgender health
- » Award Presentations from selected abstracts

WWW.ESA-SRB-ANZBMS.ORG



KEY DATES:

Early bird registration deadline:
FRIDAY 17TH SEPTEMBER

Abstract Submission Deadline:
FRIDAY 13TH AUGUST

Award Submission Deadline:
FRIDAY 13TH AUGUST

Member achievements



**Congratulations to
A/Professor Rachel Davey
who has been named a
Fellow of the ASBMR**



**Congratulations to Tian Nie and Laura
Trainor on being awarded a 2021 ASBMR
Young Investigator Award for the ECTS
Digital Ph.D. Trainee Course**



**Congratulations to Dr Carrie-Anne Ng
for receiving the
*AgNovos Young Investigator Award***



VIRTUAL CONGRESS
August 26-29, 2021



Meet our newest ANZBMS members

Pholpat Durongbhan, PhD candidate



Affiliation: University of Melbourne, Department of Biomedical Engineering

Research category: Basic/Translational

Research interests: My research interest lies in the quantitative morphometric analysis of musculoskeletal tissues using 3D image processing. Specifically, I aim to develop image processing tools to quantify and track structural changes of the bone, cartilage, and joint due to diseases such as osteoarthritis.

What you hope to gain from joining ANZBMS? I hope to be able to connect with fellow researchers and students working in this field, in addition to learning and sharing knowledge within the bone community.



@dpholpat



ANZBMS Committee Updates

Updated Version (Second Edition) of 'Clinical Standards For Fracture Liaison Services in New Zealand'

The Clinical Standards document builds on the first version that was published in 2016/2017. The document incorporates core elements of International Osteoporosis Foundation (IOF's) Best Practice Framework and Key Performance Indicators from the IOF, Fragility Fracture Network (FFN), and National Osteoporosis Foundation (NOF)'s 2020 position statement.

This updated document will serve as a detailed 'reference guide' for individual fracture liaison services in New Zealand in their endeavour to improve secondary fracture prevention care provision. It is hoped the majority of FLS's in New Zealand will be able to attain Gold Level of IOF's Best Practice Framework by 2024 by following and implementing the Clinical Standards

Densitometry Committee

Course Date(s):

In a world-first, the ANZBMS densitometry course was delivered through an online format in February in response to COVID-19. The course includes lectures via Zoom and virtual DXA workstations imitating DXA controls, allowing simulated scans and analyses of multiple scans in our library.

The next course also held online, will be on the 18th and 19th of September. For information: <https://www.anzbms.org.au/anzbms-bone-densitometry-course.asp>

We hope to return to some face to face courses in 2022.

New Publication - Dual Hip DXA Scanning Protocols:

A newly published paper by members of the ANZBMS Densitometry Committee in Journal of Clinical Densitometry has implications for DXA scanning. ANZBMS members are encouraged to view this article: <https://pubmed.ncbi.nlm.nih.gov/34391641/>.

Item Number - DXA Scanning of people with breast cancer on Aromatase Inhibitors:

Discussions with the Pharmaceutical Benefits Advisory Committee (PBAC) are still ongoing to establish a new medicare item number for DXA scans to evaluate bone health in people with breast cancer being treated with Aromatase Inhibitors; thus still under consideration by the Australian Government. Updates will be provided as they arise.



Member publications

Batoon L, Millard SM, Raggatt LJ, Wu AC, Kaur S, Sun LWH, Williams K, Sandrock C, Ng PY, Irvine KM, Bartnikowski M, Glatt V, Pavlos NJ, Pettit AR. [Osteal macrophages support osteoclast-mediated resorption and contribute to bone pathology in a postmenopausal osteoporosis mouse model.](#) J Bone Miner Res. 2021. doi: 10.1002/jbmr.4413.

1. What is the background of the study?

We investigated the contribution of osteal macrophages (osteomacs) to osteoporosis pathophysiology. However, in order to have confidence in any novel discoveries, we first undertook extensive evaluation of a post-menopausal osteoporosis mouse model to comprehensively interrogate whether it replicated the full spatiotemporal complexity of post-menopausal osteoporosis pathophysiology. Review of the literature had somewhat surprisingly revealed that this was a knowledge gap with inconsistencies in how osteoporosis mouse models were performed. This study used a variety of techniques, therefore, we drew on a pool of fantastic collaborators including Associate Professor Nathan Pavlos, Dr Pei Ying Ng, Assistant Professor Vaida Glatt and Dr Michal Bartnikowski to undertake the work.

2. What did you find and what message do you want readers to take away?

Ovariectomy (OVX) in C3H/HeJ mice replicated key features of post-menopausal osteoporosis including presentation of delayed fracture healing which is an important complication of post-menopausal osteoporotic fractures. Using this validated model, we subsequently demonstrated that osteomacs were increased post-OVX and were frequently adjacent to the basolateral membrane of osteoclasts at sites of bone resorption, providing the first evidence of their involvement in osteoporosis bone pathology.

Based on their anatomical position we explored and demonstrated a novel role for osteomacs in supporting osteoclast-mediated bone resorption via clearance of resorption by-products including bone particulate and TRAP. Overall, our study extends on the accumulating evidence that osteomacs, through influence of both catabolic and anabolic bone mechanisms, are important contributors in bone health.

3. What is an application of your finding?

The comprehensive validation of OVX in adult C3H/HeJ mice as a faithful model of post-menopausal osteoporosis will be a valuable technical reference in guiding future studies exploring novel osteoporosis pathological mechanisms and interventional studies including those targeted at correcting delayed fracture healing. The finding that osteomacs support osteoclast-mediated bone resorption opens new avenues for discovery of further research. This includes whether osteomacs may regulate the extracellular molecular contents of the bone microenvironment and hence modulate cell-cell communication outcomes or whether targeting this specific osteomac function has potential to alleviate osteolysis in bone diseases.

4. Did you face any challenges during the study?

The observed increase in osteomacs after OVX was opposite to our hypothesis, which was influenced by our earlier discovery that osteomacs support osteoblast function. We had to think outside the box in order to find a new pathway to explain this observation. We were not able to get publication quality dynamic histomorphometry data from our collected samples that had bone labelling markers. However, while this data would have added further depth of knowledge toward confirming fidelity of our model, its absence does not lessen the value of the presented data which still represents the most comprehensive single study evaluation of OVX-induced bone pathology in a preclinical model.



Member publications

Zengin A, Jarjou LM, Janha R, Prentice A, Cooper C, Ebeling PR and Ward KA. **Sex-Specific Associations Between Cardiac Workload, Peripheral Vascular Calcification and Bone Mineral Density: The Gambian Bone and Muscle Aging Study.** *J Bone Miner Res.* 2021. Feb; 36(2):227-235. doi: 10.1002/jbmr.4196.

1. What is the background of this study?

Non-communicable diseases (NCD) are rapidly rising in Africa, with multimorbidity increasing the burden on health and social care. These are commonly overlooked as traditionally organisations have poured efforts into combating infectious diseases in this region. Osteoporosis and cardiovascular disease (CVD) share common risk factors; both often remain undiagnosed until a major life-threatening event occurs. Given there are sex differences in both of these chronic conditions, the aim of this study was to investigate the sex differences in the associations between cardiovascular risk factors and BMD in adults from The Gambia.

2. What did you find and what message do you want readers to take away from your paper?

We showed that there are sex differences in the associations between cardiovascular risk factors and bone health in a rural population of Gambian men and women. Cardiovascular risk factors (rate pressure product, pulse pressure, and peripheral vascular calcification) were negatively associated with aBMD at all sites in women, with no differences in men. Similar negative associations were found in cortical and trabecular bone parameters at the tibia and radius in women but not in men.

Right is an image of our local staff and Prof. Kate Ward, the PI of GambAS.

3. What is an application of your finding?

Multiple markers of cardiac health are associated with poorer bone health in rural Gambian women. In the context of epidemiological transition and changing NCD burden, there is a need to identify preventative strategies to slow/prevent rising burden in CVD and osteoporosis.

4. Did you face any challenges during the study?

During a fieldwork visit at the time of data collection, I tried to ascertain menopausal status given the importance of sex hormones for both osteoporosis and CVD. Despite many efforts to restructure the questionnaire, our local fieldworkers were not able to collect this data accurately due to it being culturally taboo.

"I'd like to thank the residents from the Kiang West region in The Gambia for their continuous support and participation over several years, as well as the amazing staff a MRC Keneba!" - Ayse Zengin





Member publications

Kirk B, Hassan EB, Brennan-Olsen S, Vogrin S, Bird S, Zanker J, Phu S, Meerkin JD, Heymsfield SB and Duque G. [Body composition reference ranges in community-dwelling adults using dual-energy X-ray absorptiometry: the Australian Body Composition \(ABC\) Study.](#) *J Cachexia Sarcopenia Muscle.* 2021 Aug;12(4):880-890. doi: 10.1002/jcsm.12712.

1. What is the background of this study?

Monitoring body composition is vital for both sports science and clinical practice, with DXA the most common imaging method used to evaluate lean (muscle) mass and fat mass. Until now, normative values for body composition in Australian were lacking for Hologic DXA machines. To address this, in the ABC study, we compiled data from 15,479 community-dwelling men and women aged 18-88 years who underwent a standardised Hologic DXA scan. Using the LMS statistical method, we developed normative values (known as the "AIMSS reference ranges") for this population.

2. What did you find and what message you want readers to take away from your paper?

Our normative values for body composition can be used to identify conditions characterised by lean (muscle) mass loss and/or increased fat mass such as obesity, sarcopenia, frailty and cachexia, as well as other acute and chronic diseases (anorexia nervosa, kidney disease, chronic obstructive pulmonary disease, heart failure etc) where body composition abnormalities are typically present.

Our normative values can also be used in sports science settings, where optimising body composition (the ratio of muscle-to-fat mass) is crucial for athletic performance.

3. What is an application of your finding?

The AIMSS reference ranges will assist in clinical research and practice, as well as sports science settings. To ensure translation of our research findings, our article was made open-access and freely available to readers. We also signed a contractual agreement with Hologic Australia for the "AIMSS reference ranges" to be installed into Hologic DXA machine throughout Australia during the next software update. Of course, this is subject to the user's preference.

4. Did you face any challenges during the study?

Fortunately, we did not face any major challenges during this study. However, the data synthesis, analysis and dissemination of findings needed input from multiple researchers and industry specialists, including research assistants, exercise physiologists, imaging/body composition experts, epidemiologist, statisticians and clinicians. We are grateful to all those involved.

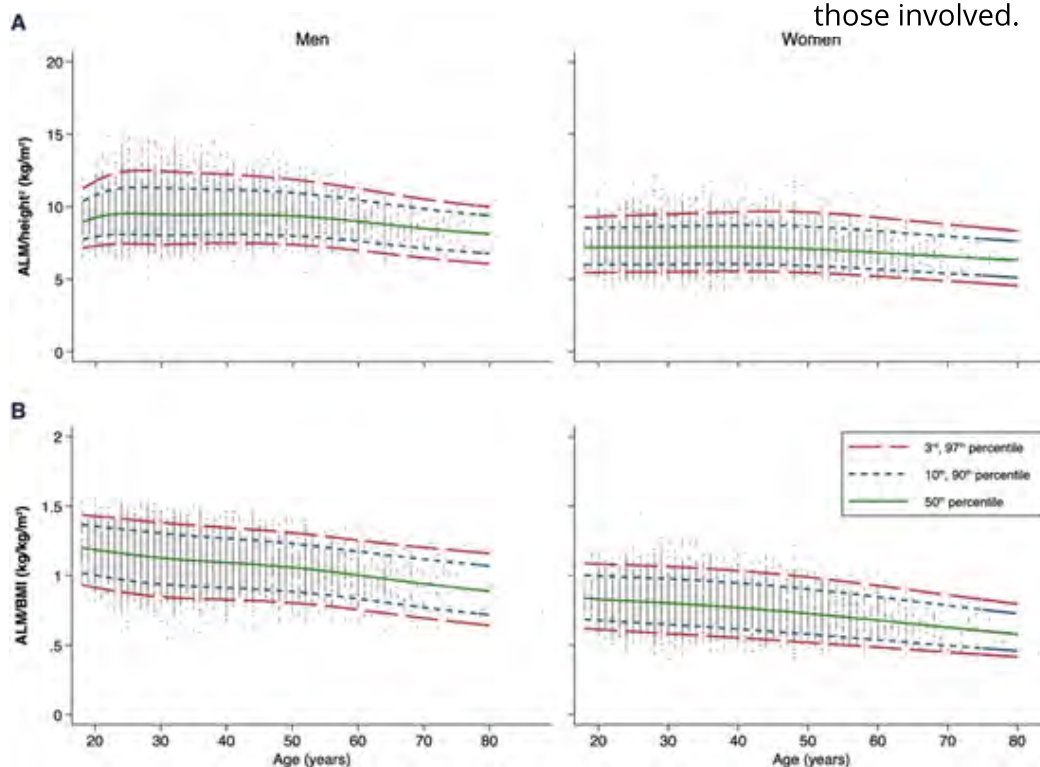


Figure 1. Age-specific and sex-specific percentile curves for (A) appendicular lean mass adjusted for height squared ($ALM/height^2$) and (B) appendicular lean mass adjusted for body mass index (ALM/BMI). Sourced under the Creative Commons Attribution -NonCommercial -NoDerivs License from the *Journal of Cachexia, Sarcopenia and Muscle*, Volume: 12, Issue: 4, Pages: 880-890, First published: 14 May 2021, DOI: (10.1002/jcsm.12712)



Member publications

Nguyen HH, Milat F and Vincent AJ. **New insights into the diagnosis and management of bone health in premature ovarian insufficiency.** *Climacteric* 2021 May 6:1-10. doi: 10.1080/13697137.2021.1917539

1. What is the background of the study?

World Menopause Day is on the 18 October each year (two days before World Osteoporosis Day) and the International Menopause Society (IMS) has chosen to highlight osteoporosis as the theme for this year. Premature ovarian insufficiency (POI) is associated with an increased risk of bone loss and fracture and osteoporosis is a key concern of women with POI. Each year, the IMS journal 'Climacteric' produces an issue related to the theme of World Menopause Day. This invited review summarises current and emerging concepts regarding osteoporosis in the setting of POI, including recent work conducted at Monash University. This review comprises one part of our research directed at improving bone health in women with POI. Our research includes investigating underlying pathophysiology, new diagnostic modalities, consumer and clinician knowledge, evidence synthesis of guidelines, RCT of new treatments and translation.

2. What did you find and what message you want readers to take away from your paper?

POI is a risk factor for osteoporosis, and bone health needs to be evaluated at the time of POI diagnosis. DXA-derived BMD remains the gold standard to assess skeletal strength, however there are limitations in its use in POI populations, which may be overcome by more recently available adjunctive tools such as Trabecular bone score, peripheral quantitative computer tomography (pQCT), and high resolution pQCT. Our article highlights the gaps in published literature, particularly the role muscle mass and function plays in fragility fractures in POI women, which are emerging as important aspects to consider in fracture prevention. Oestrogen deficiency is the primary driver for low bone mass in POI women, and early institution and continuation of oestrogen replacement therapy is vital for musculoskeletal health.

3. What is an application of your finding?

This review was written for the non-osteoporosis specialist to increase clinician awareness with the aim of improving bone health management for women with POI.

Premature Ovarian Insufficiency / Early Menopause and Osteoporosis

Premature Ovarian Insufficiency (POI) loss of ovarian function BEFORE AGE 40

Early Menopause (EM) loss of ovarian function BEFORE AGE 45

POI and EM can affect your bone health – know the risk factors for osteoporosis and what you can do to protect your bones.

What is Osteoporosis?
Osteoporosis is a condition where your bones become weaker and are more likely to fracture. Often there may be no symptoms of osteoporosis until a fracture occurs.
Osteoporosis is more common in women with POI and EM.
AFFECTING UP TO 15% of women with POI.

POI / EM and Osteoporosis
POI / EM occurs when there is a loss of ovarian function at an age earlier than the age of natural menopause (around 51 years).
POI / EM may occur spontaneously or as a result of medical treatments (chemotherapy, radiotherapy, surgical removal of both ovaries).
Oestrogen is an important hormone produced by the ovaries which helps to maintain bone strength. The sooner than expected decrease in oestrogen levels means that you may start to lose bone density at an earlier age.

Risk factors for Osteoporosis in POI / EM
Increased duration of oestrogen deficiency leads to a higher risk of osteoporosis.

- Young age at the time when menstrual periods stop or become irregular
- A delay in the diagnosis of POI / EM
- Not taking oestrogen replacement therapy regularly

POI / EM can also be associated with other health issues that can have a negative impact on your bones, for example, rheumatoid arthritis, thyroid conditions and coeliac disease.

Other risk factors:

- Family history of osteoporosis
- Low body weight
- Lack of exercise
- Low calcium diet
- Vitamin D deficiency
- Smoking
- Previous minimal trauma fracture
- Excessive alcohol intake
- Certain medications

Want to assess your personal risk of developing Osteoporosis?
knowyourbones.org.au
(tag glucocorticoids, aromatase inhibitors, gonadotropin releasing hormone agonists)

Screening for Osteoporosis
DXA: Bone density scan, commonly known as DXA (dual energy X-ray absorptiometry scan) is used to assess your risk of osteoporosis.

How to protect your bones

- No smoking
- Reduce alcohol intake
- Maintain healthy weight
- Adequate calcium (1000-1200mg/day), best obtained from dietary sources
- Adequate Vitamin D through safe sun exposure or supplements
- Regular weight-bearing and resistance exercises (2-3 times/week)

Treatment for Osteoporosis

Hormones Replacement Therapy (HRT)
For most women with POI / EM, starting and continuing HRT until the natural age of menopause (around 51 years) reduces the risk of osteoporosis and fractures. HRT helps to reduce bone loss by restoring your body levels of oestrogen. There are many different HRT options. Discuss your options, and your individual risks of using HRT, with your doctor.

Other Treatments:
Some women cannot use HRT due to other medical issues. Seek advice from specialists about other treatment options.

Complementary Medicines
There is limited evidence about their safety and effectiveness. Seek advice from your doctor and/or other specialists.

Discuss osteoporosis treatment options with your doctor or specialist.

Need more information?

- Osteoporosis Australia: osteoporosis.org.au
- Jean Hailes for Womens Health: jeanhailes.org.au
- Australasian Menopause Society: menopause.org.au
- Cancer Australia: cancer australia.gov.au
- European Society of Human Reproduction and Embryology: estrie.eu
- The Daisy Network: daisynetwork.org.uk

Questions to ask your doctor

MCHRI Published by the Monash Centre for Health Research and Implementation. www.monash.edu/medicine/mcphm/mchri
This publication was developed with funding support from the CA-ANZBMS Grant.

This Early menopause infographic is protected by copyright. It is made available for unlimited, free, worldwide personal use only by women who have or may have an early menopause, see by their healthcare providers, and may only be reproduced in a printed publication or online with the consent of the Monash Centre for Health Research and Implementation (MCHRI) and with the express intent.



Member publications

Rizzoli R, Biver E, Brennan-Speranza TC. [Nutritional intake and bone health](#). *Lancet Diabetes Endocrinol*. 2021. S2213-8587(21)00119-4.

1. What is the background of the study?

General dietary guidelines for optimal bone health are either piecemeal, inconclusive or missing. In this review, we aimed to assess the current literature to assemble and consolidate the best evidence-based data that supports reducing fracture risk and other bone outcomes through the diet. We assessed the effects of specific micro and macro-nutrients, foods as well as overall diet patterns on bone outcomes.

2. What did you find and what message do you want readers to take away?

- A balanced diet including protein (0.8 g/kg body weight per day, up to 1.3 g/kg body weight per day in older individuals (≥ 75 years), calcium (800–1000 mg per day), and fruits and vegetable (five servings per day) reduces fracture risk.
- Part of the protein and calcium requirements are met with 2–3 servings per day of dairy products.
- A limited sodium intake (≤ 2.5 g NaCl per day) is recommended.

- Vitamin D, 800–1000 international units per day, or 20–25 μg per day is recommended.
- A dietary pattern shown to be associated with lower fracture risk, such as a Mediterranean diet or prudent/healthy western diet are ideal due to the balanced nature of the various nutrient intakes.
- Total avoidance of a specific food category is likely to be harmful for the skeleton.

3. What is an application of your finding?

The overall goal here was to present a set of guidelines that is easy to access for practitioners and the general public.

4. Did you face any challenges during the study?

Many of the available studies are only observational. For more specific recommendations regarding the benefits and the safety of dietary intake, or omission, of various foods for bone health and fracture risk, further results from larger, quality controlled trials are still needed.

Other member publications:

References: (alphabetical order by first author)

1. Abshirini M, Ilesanmi-Oyelere BL, Kruger MC. [Potential modulatory mechanisms of action by long-chain polyunsaturated fatty acids on bone cell and chondrocyte metabolism](#). *Prog Lipid Res*. 2021;83:101113.
2. Anderson KB, Tembo MC, Sui SX, Hyde NK, Rufus PG, Pasco JA, Kotowicz MA, Holloway-Kew KL. [Normative data for peripheral quantitative computed tomography \(pQCT\) bone parameters in Australian men](#). *Bone Reports*. 2021;15:101107.
3. Bliuc D, Tran T, Adachi JD, Atkins GJ, Berger C, van den Bergh J, Cappai R, Eisman JA, van Geel T, Geusens P, Goltzman D, Hanley DA, Josse R, Kaiser S, Kovacs CS, Langsetmo L, Prior JC, Nguyen TV, Solomon LB, Stapledon C, Center JR, Canadian Multicentre Osteoporosis Study Research G. [Cognitive decline is associated with an accelerated rate of bone loss and increased fracture risk in women: a prospective study from the Canadian Multicentre Osteoporosis Study](#). *J Bone Miner Res*. 2021.
4. Briggs AM, Jordan JE, Kopansky-Giles D, Sharma S, March L, Schneider CH, Mishra S, Young JJ, Slater H. [The need for adaptable global guidance in health systems strengthening for musculoskeletal health: a qualitative study of international key informants](#). *Glob Health Res Policy*. 2021;6(1):24.
5. Chai RC, McDonald MM. [Visualisation of tumour cells in bone in vivo at single-cell resolution](#). *Bone*. 2021:116113.
6. Deminger A, Klingberg E, Lorentzon M, Hedberg M, Carlsten H, Jacobsson LTH, Forsblad-d'Elia H. [Factors associated with changes in volumetric bone mineral density and cortical area in men with ankylosing spondylitis: a 5-year prospective study using HRpQCT](#). *Osteoporos Int*. 2021.
7. Fan T, Ruan G, Antony B, Cao P, Li J, Han W, Li Y, Yung SN, Wluka AE, Winzenberg T, Cicuttini F, Ding C, Zhu Z. [The interactions between MRI-detected osteophytes and bone marrow lesions or effusion-synovitis on knee symptom progression: an exploratory study](#). *Osteoarthritis Cartilage*. 2021.
8. Isojima T, Sims NA. [Cortical bone development, maintenance and porosity: genetic alterations in humans and mice influencing chondrocytes, osteoclasts, osteoblasts and osteocytes](#). *Cell Mol Life Sci*. 2021;78(15):5755-73.
9. Jones AR, Herath M, Ebeling PR, Teede H, Vincent AJ. [Models of care for osteoporosis: A systematic scoping review of efficacy and implementation characteristics](#). *EClinicalMedicine*. 2021;38:101022.
10. Loxton P, Narayan K, Munns CF, Craig ME. [Bone Mineral Density and Type 1 Diabetes in Children and Adolescents: A Meta-analysis](#). *Diabetes Care*. 2021;44(8):1898-905.



Member publications

Other member publications:

References: (alphabetical order by first author)

11. Mansouri N, Al-Sarawi S, Losic D, Mazumdar J, Clark J, Gronthos S, O'Hare Doig R. [Biodegradable and biocompatible graphene-based scaffolds for functional neural tissue engineering: A strategy approach using dental pulp stem cells and biomaterials](#). *Biotechnol Bioeng*. 2021.
12. McClung MR, Bolognese MA, Brown JP, Reginster JY, Langdahl BL, Shi Y, Timoshanko J, Libanati C, Chines A, Oates MK. [Skeletal responses to romosozumab after 12 months of denosumab](#). *JBMR Plus*. 2021;5(7):e10512.
13. Meng T, Wilson J, Venn A, Cicuttini F, March L, Cross M, Dwyer T, Blizzard L, Jones G, Laslett L, Antony B, Ding C. [Association between diet quality in adolescence and adulthood and knee symptoms in adulthood: a 25-year cohort study](#). *Br J Nutr*. 2021:1-8.
14. Nevola KT, Nagarajan A, Hinton AC, Trajanoska K, Formosa MM, Xuereb-Anastasi A, van der Velde N, Stricker BH, Rivadeneira F, Fuggle NR, Westbury LD, Dennison EM, Cooper C, Kiel DP, Motyl KJ, Lary CW. [Pharmacogenomic Effects of beta-Blocker Use on Femoral Neck Bone Mineral Density](#). *J Endocr Soc*. 2021;5(8):bvab092.
15. Ng B, Widjaja AA, Viswanathan S, Dong J, Chothani SP, Lim S, Shekeran SG, Tan J, McGregor NE, Walker EC, Sims NA, Schafer S, Cook SA. [Similarities and differences between IL11 and IL11RA1 knockout mice for lung fibroinflammation, fertility and craniosynostosis](#). *Sci Rep*. 2021;11(1):14088.
16. Rapagna S, Roberts BC, Solomon LB, Reynolds KJ, Thewlis D, Perilli E. [Relationships between tibial articular cartilage, in vivo external joint moments and static alignment in end-stage knee osteoarthritis: A micro-CT study](#). *J Orthop Res*. 2021.
17. Rodriguez AJ, Abrahamsen B. [Cardiovascular Safety of Antifracture Medications in Patients With Osteoporosis: A Narrative Review of Evidence From Randomized Studies](#). *JBMR Plus*. 2021;5(7):e10522.
18. Rybchyn MS, Brennan-Speranza TC, Mor D, Cheng Z, Chang W, Conigrave AD, Mason RS. [The mTORC2 Regulator Homer1 Modulates Protein Levels and Sub-Cellular Localization of the CaSR in Osteoblast-Lineage Cells](#). *Int J Mol Sci*. 2021;22(12).
19. Talevski J, Sanders KM, Vogrin S, Duque G, Beauchamp A, Seeman E, Iuliano S, Svedbom A, Borgstrom F, Kanis JA, Stuart AL, Brennan-Olsen SL. [Recovery of quality of life is associated with lower mortality 5-year post-fracture: the Australian arm of the International Costs and Utilities Related to Osteoporotic Fractures Study \(AUSICUROS\)](#). *Arch Osteoporos*. 2021;16(1):112.
20. Talevski J, Sanders KM, Watts JJ, Nicholson GC, Seeman E, Iuliano S, Prince R, March L, Winzenberg T, Duque G, Ebeling PR, Borgstrom F, Kanis JA, Stuart AL, Beauchamp A, Brennan-Olsen SL. [Sex differences in recovery of quality of life 12 months post-fracture in community-dwelling older adults: analyses of the Australian arm of the International Costs and Utilities Related to Osteoporotic Fractures Study \(AUSICUROS\)](#). *Osteoporos Int*. 2021.
21. Tiong MK, Smith ER, Toussaint ND, Al-Khayyat HF, Holt SG. [Reduction of Calciprotein Particles in Adults Receiving Infliximab for Chronic Inflammatory Disease](#). *JBMR Plus*. 2021;5(6):e10497.
22. Van Meirhaeghe JP, Alarkawi D, Kowalik T, Du-Moulin W, Molnar R, Adie S. [Predicting dissatisfaction following total hip arthroplasty using a Bayesian model averaging approach: Results from the Australian Arthroplasty Clinical Outcomes Registry National \(ACORN\)](#). *ANZ J Surg*. 2021.
23. Viveen J, Perilli E, Zahrooni S, Jaarsma RL, Doornberg JN, Bain GI. [Three-dimensional cortical and trabecular bone microstructure of the proximal ulna](#). *Arch Orthop Trauma Surg*. 2021.
24. Ward LM, Choudhury A, Alos N, Cabral DA, Rodd C, Sbrocchi AM, Taback S, Padidela R, Shaw NJ, Hosszu E, Kostik M, Alexeeva E, Thandrayen K, Shenouda N, Jaremko JL, Sunkara G, Sayyed S, Aftring RP, Munns CF. [Zoledronic acid versus placebo in pediatric glucocorticoid-induced osteoporosis: A randomized double-blind phase 3 trial](#). *J Clin Endocrinol Metab*. 2021.
25. Williams B, Lees F, Tsangari H, Hutchinson MR, Perilli E, Crotti TN. [Effects of Mild and Moderate Monoclonal Antibody Dose on Inflammation, Bone Loss, and Activation of the Central Nervous System in a Female Collagen Antibody-induced Arthritis Mouse Model](#). *J Histochem Cytochem*. 2021;69(8):511-22.
26. Zhang YL, Liu L, Peymanfar Y, Anderson P, Xian CJ. [Roles of MicroRNAs in Osteogenesis or Adipogenesis Differentiation of Bone Marrow Stromal Progenitor Cells](#). *Int J Mol Sci*. 2021;22(13).

Details of members publications are distributed between ANZBMS emails and the quarterly newsletter. Please let us know if you have details to share or would like to nominate another members publication for a 1 page feature by emailing us at newsletter@anzbms.org.au



HubLE News

HubLE is the IFMRS's Online Learning Environment for young investigators in the musculoskeletal (MSK) field.



HubLE supports the next generation of scientists by providing high-quality, accessible knowledge on MSK research, with an emphasis on innovation. Our mission is to shape the future of MSK research, from basic to clinical, by giving young researchers a platform to share, network, and engage in discussion and dialogue with other professionals from across the world.

What's New?

We've made a few changes to ultimately improve how people share their ideas and learn from others. These include:

1. **Search Engine:** You can now search content by its title and keywords! We have added search function to our website to make it easier to navigate. *We are still working to improve this feature, so we are happy to hear your feedback!*
2. **Sharing The Videos On Social Media:** You can now easily share HubLE videos from the website by clicking on the 'share' icon on top right corner of the videos.
3. **Submission:** To submit your EOI for sharing your research or your opinion with HubLE, visit our website www.huble.org or scan this QR code:



Join the HubLE community today!

To share your ideas and learn from our international community, visit our website www.huble.org and view the latest content from the HubLE community including HubLE Opinions from Renee Ormsby (Brigham and Women's Hospital, USA).



Calendar of Events and Webinars

AUSTRALIAN & NEW ZEALAND

RACP-ANZBMS Webinar

Dr Jasna Aleksova - Bone Health in Chronic Kidney Disease

30th August 18:00 AEST

Register [here](#)

ANZBMS Virtual Clinical Densitometry Course

18 - 19 September (Virtual)

More information [here](#)

Australian and New Zealand Orthopaedic Research Society

6 - 8 October 2021 (Virtual)

More information [here](#)

ANZSSFR Annual Scientific Meeting

4 - 6 November 2021

Woolloongabba/Virtual

Abstracts due 26th Sept 2021

More information [here](#)

ESA-SRB-ANZBMS Annual Scientific Meeting

21 - 24 November 2021

Melbourne

More information [here](#)

Australasian Paediatric Endocrine Group - Annual Scientific Meeting

22-23 November 2021 (Virtual)

More information [here](#)

INTERNATIONAL

ASBMR Annual Meeting

1 - 4 October 2021

More information [here](#)

Orthopaedic Research Society 2021 Clinician Scholar Career Development Program

More information [here](#)

ECTS Digital Masterclass for PhD Students, Trainees and Young Investigators

24 - 27 August 2021

More information [here](#)

ECTS Clinical Training Course in Metabolic Bone Disease

2- 3 September 2021 (Virtual)

More information [here](#)

10th International Conference on Children's Bone Health

Abstracts due: 15 February 2022

More information [here](#)

ASBMR Webinar Series

Monthly webinars

More information [here](#)

ECTS Webinar Series

More information [here](#)

IO - ASBMR Rare Bone Disease TeleECHO

Delivered virtually the first Thursday of each month 1500 EST

More information [here](#)

OI Foundation Osteogenesis Imperfecta TeleECHO clinic series

Delivered virtually the second Wednesday of each month 15:00 hours EST

More information [here](#)