

HIGHLIGHTS FROM THE EUROPEAN CALCIFIED TISSUE SOCIETY (ECTS) CONGRESS 2021

We are delighted to bring you highlights from the virtual ECTS 2021 Congress.

The scientific programme explored the latest advances in the daily care of patients, covering a range of topics including optimal treatment sequencing in the long-term management of osteoporosis, emerging technologies for assessing fracture risk, and the latest advancements in bone health research. This newsletter has been organised and developed by Amgen to bring you important highlights from the 2021 congress.

ECTS 2021: KEY DATA DIGEST

1 Anabolics may reduce fractures to a greater degree than anti-resorptives in high-risk patients with osteoporosis

2 Follow-on therapy with anti-resorptives is necessary following denosumab discontinuation

3 There is a need to continue optimal care of osteoporosis during the COVID-19 era



AMGEN SYMPOSIUM: LONG-TERM OSTEOPOROSIS TREATMENT: THE PERSONALISED APPROACH

The Amgen-sponsored satellite symposium was held on Thursday 6 May and attended by 188 delegates. Chaired by Professor Bente Langdahl, the session provided insights into optimal treatment sequencing in osteoporosis, individualised treatment based on fracture risk, and continued care for osteoporosis during the coronavirus pandemic.

Professor Josep Blanch-Rubió presented preliminary data¹ showing that treatments currently used for osteoporosis are not associated with increased COVID-19 incidence, providing evidence in support of recently published guidelines that recommend maintaining anti-osteoporosis treatments in patients with COVID-19.²⁻⁴ Next, Professor Felicia Cosman outlined treatment approaches based on individual fracture risk. She stressed that treatment goals vary at different stages of disease and appraisal of fracture risk and treatment goals should be an ongoing process.^{5,6}

Osteoporosis treatment should be tailored to individual patients' risk

Professor Langdahl concluded the presentations by re-iterating that osteoporosis is a chronic condition that requires long-term management. She also highlighted important considerations for denosumab discontinuation and transition to subsequent treatments.⁷ A lively Q&A at the end of the session addressed many questions, highlighting the high level of interest in the programme.

ECTS 2021: CALL TO ACTION

- Each country using FRAX® should establish its own MOF:hip ratios
- Multiple-dose BP therapy should be prescribed to prevent bone loss and fractures in patients who discontinue denosumab
- Secondary fracture prevention requires implementation worldwide with recognition of very high fracture risk immediately following sentinel fracture

References

1. Blanch-Rubió J, et al. Aging 2020;12:19923–37;
2. Mikuls TR, et al. Arthritis Rheumatol 2020;72:e1–12;
3. Landewé RB, et al. Ann Rheum Dis 2020;79:851–8;
4. Yu EW, et al. J Bone Miner Res 2020;35:1009–13.
5. Shoback D, et al. J Clin Endocrinol Metab 2020;105:587–94;
6. Cosman F. Endocr Pract 2020;26:777–86;
7. Bone HG, et al. J Clin Endocrinol Metab 2011;96:972–80.

Abbreviations

BP, bisphosphonate; COVID-19, coronavirus disease 2019; FRAX, fracture risk assessment tool; MOF, major osteoporotic fracture.

