

# PTH Prevents First Fractures in Early Osteoporosis

BY NANCY WALSH  
New York Bureau

SAN ANTONIO — Intact human recombinant parathyroid hormone prevented both recurrent and first fractures in a multinational, randomized, placebo-controlled study of postmenopausal women with osteoporosis, Mark P. Ettinger, M.D., said at the annual meeting of the American College of Rheumatology.

Previous studies have shown that the parathyroid hormone (PTH) analog teriparatide can prevent fractures in patients with advanced disease who already have had a fracture. The Treatment of Osteoporosis With PTH (TOP) study was the first to demonstrate the prevention of first fractures in patients with earlier disease, Dr. Ettinger said.

"This is extremely important, because the presence of any existing fracture greatly increases the risk of subsequent fractures," he said in a late-breaking abstract session.

The TOP study included 2,532 women whose mean age was 64.4 years and whose mean spine, total hip, and femoral neck bone mineral density (BMD) T-scores were -3.0, -1.9, and -2.2, respectively.

The study population was very different from other osteoporosis treatment cohorts, in that the patients were younger, and only 19% already had fractures. In previous trials, fracture prevalence ranged from 37% to 100%, he said.

Patients were randomized to 100 mcg of subcutaneous PTH or placebo daily. All patients also took 700 mg calcium and 400 U vitamin D each day. A total of 1,737 patients completed the 18-month study.

At study completion, the vertebral fracture incidence was 3.3% in the placebo group and 1.1% in the PTH group, which represented a relative fracture risk reduction of 66%, said Dr. Ettinger, medical director emeritus of Radiant Research, Stuart, Fla.

In a per-protocol analysis, patients who

had a fracture before entering the study had a 69% relative fracture risk reduction; those without a previous fracture had a risk reduction of 63%. At month 18 the mean spine, total hip, and femoral neck BMD had increased by 7.2%, 2.2%, and 2.5%, respectively, in the PTH group relative to the placebo group, he said.

About 9% of the PTH group withdrew because of headache, dizziness, nausea, or vomiting, or elevated serum or urine calcium levels. Overall, 16% of PTH patients

and 12% of placebo patients withdrew during the course of the study. There were two deaths in the placebo group and one in the PTH group; this was judged to be unrelated to treatment.

"The results of the TOP study may change our treatment paradigm," said Dr. Ettinger who disclosed that he received research grants and consulting fees from many pharmaceutical companies including NPS Pharmaceuticals, the Salt Lake City-based manufacturer of PTH. ■

## Ca Cuts Fractures In Healthy Seniors

SEATTLE — Calcium supplementation appears to reduce by 34% the 5-year risk of fracture in elderly women, according to a population-based study presented at the annual meeting of the American Society for Bone and Mineral Research.

The benefit was seen as early as 13 months, even though women were deemed at baseline to be getting adequate calcium—a mean of 960 mg/day, said Richard Prince, M.D., of Sir Charles Gairdner Hospital, Perth, Australia.

The 1,460 healthy ambulatory women, aged 70 or older, were randomly assigned to receive 600 mg calcium carbonate twice daily or placebo. Calcium intake was assessed and dual x-ray absorptiometry (DXA) scans were taken at baseline and again at least 1 year later. During the 5-year study, the rates of death, withdrawal, and treatment cessation were similar between the two groups. In all, 235 individuals sustained 296 fractures; 118 in those taking calcium and 178 in those taking placebo, for an overall 34% reduction in fractures in patients in the calcium group who stuck to the protocol for the entire study period.

Calcium appeared to improve bone mineral density at cortical bone sites, according to DXA findings. At 13 months, there were early indications of a reduction in fracture rates among patients in the calcium group.

—Timothy F. Rinn

# MOVE FORWARD

## WITH THE POWER TO SUSTAIN



- Sustained RA control and safety over 5 years<sup>1</sup>
- Rapid and sustained inhibition of radiographic progression<sup>1</sup>
- The biologic DMARD delivering the benefits of a fully human monoclonal antibody<sup>1</sup>

**HUMIRA**<sup>®</sup>  
(adalimumab)  
More Normal Living  
HUMIRA.com

### NEW INDICATION — THE POWER TO IMPROVE PHYSICAL FUNCTION

HUMIRA is indicated for reducing signs and symptoms, inhibiting the progression of structural damage and improving physical function in adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more DMARDs. HUMIRA can be used alone or in combination with MTX or other DMARDs.

#### The Technology of HUMIRA

HUMIRA is a recombinant human IgG1 monoclonal antibody specific for human TNF. HUMIRA was created using phage display technology resulting in an antibody with human-derived heavy and light chain variable regions and human IgG1:k constant regions.

#### Important Treatment Considerations

**TUBERCULOSIS (TB) AND INVASIVE OPPORTUNISTIC FUNGAL INFECTIONS HAVE BEEN OBSERVED IN PATIENTS TREATED WITH TNF-BLOCKING AGENTS, INCLUDING HUMIRA. PATIENTS SHOULD BE EVALUATED FOR LATENT (INACTIVE) TB WITH A SKIN TEST. TREATMENT OF TB SHOULD BE INITIATED PRIOR TO THERAPY WITH HUMIRA. THE BENEFITS AND RISKS OF HUMIRA SHOULD BE CAREFULLY CONSIDERED BEFORE INITIATION OF TREATMENT FOR PATIENTS WHO HAVE RESIDED IN REGIONS WHERE TB OR HISTOPLASMOSSIS IS ENDEMIC. SERIOUS INFECTIONS AND SEPSIS, INCLUDING FATALITIES, HAVE BEEN REPORTED WITH THE USE OF TNF-BLOCKING AGENTS, INCLUDING HUMIRA. MANY OF THESE INFECTIONS OCCURRED IN PATIENTS PREDISPOSED TO INFECTIONS BECAUSE OF CONCOMITANT IMMUNOSUPPRESSIVE THERAPY IN ADDITION TO THEIR UNDERLYING DISEASE. PATIENTS WHO DEVELOP A NEW INFECTION WHILE USING HUMIRA SHOULD BE MONITORED CLOSELY. TREATMENT SHOULD BE DISCONTINUED IF A PATIENT DEVELOPS A SERIOUS INFECTION. DO NOT START HUMIRA IN PATIENTS WITH ACTIVE INFECTION (INCLUDING CHRONIC OR LOCALIZED), OR ALLERGY TO HUMIRA OR ITS COMPONENTS. EXERCISE CAUTION IN PATIENTS WITH A HISTORY OF RECURRENT INFECTION OR WITH UNDERLYING CONDITIONS, WHICH MAY PREDISPOSE PATIENTS TO INFECTIONS.**

The combination of HUMIRA and anakinra is not recommended. TNF-blocking agents, including HUMIRA, have been associated in rare cases with exacerbation of demyelinating disease. Exercise caution when considering HUMIRA for patients with these disorders. Lymphoma has been observed in patients treated with TNF-blocking agents in the development of malignancy is not known.

Anaphylaxis has been reported rarely following HUMIRA administration. Rare reports of pancytopenia including aplastic anemia have been reported with TNF-blocking agents. Medically significant cytopenia (e.g. thrombocytopenia, leukopenia) has been infrequently reported with HUMIRA. The causal relationship of these reports to HUMIRA remains unclear. Worsening congestive heart failure (CHF) has been observed with TNF-blocking agents, including HUMIRA, and new onset CHF has been reported with TNF-blocking agents.

Most frequent adverse events vs placebo from placebo-controlled studies were injection site reactions (20% vs 14%), upper respiratory infection (17% vs 13%), injection site pain (12% vs 12%), headache (12% vs 8%), rash (12% vs 6%), and sinusitis (11% vs 9%). Discontinuations due to adverse events were 7% for HUMIRA vs 4% for placebo.

1. Data on file, Abbott Laboratories.

Please see brief summary of prescribing information on adjacent page.

Abbott Laboratories  
Abbott Park, IL 60064

©2004 Abbott Laboratories

04D-640-D134-1

August 2004

Printed in USA

Abbott  
Immunology  
Ammens. Accelerated.