Romosozumab significantly increases bone mineral density and bone content compared with teriparatide

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A new study presented today at the European League Against Rheumatism Annual Congress (EULAR 2014) shows that in postmenopausal women with low bone mass, romosozumab significantly increased bone mineral density and bone content in both the spine and hip compared to baseline, and also compared with the commonly prescribed anabolic agent teriparatide and placebo.[1]

Romosozumab, administered subcutaneously at monthly intervals over a period of 12 months, resulted in gains in both the trabecular* and cortical† compartments of the spine and hip regions, with important differences between romosozumab and teriparatide observed depending on the skeletal location.

"These impressive results support the continued clinical investigation of romosozumab as a potential treatment for postmenopausal women with osteoporosis with established bone mineral density deficit who are at increased risk of fracture," said lead investigator Professor Harry K. Genant of the University of California San Francisco, and a Co-founder of Synarc, Inc. the world's largest imaging core lab dedicated to clinical trials.

"A large phase III clinical trial program is underway, evaluating romosozumab against both placebo and an active comparator in more than 10,000 women with postmenopausal osteoporosis to evaluate its

potential to prevent osteoporotic fractures, and to confirm its safety for long-term use," Professor Genant added.

In the lumbar spine, treatment with romosozumab and teriparatide achieved similar and significant gains from baseline in trabecular bone mineral density +18.3% vs. +20.1% respectively p