

**The South African Urogynaecologic Association (SAUGA)**

was established some years ago, but became dormant. In 2005 the association was re-established with the following new leadership: President – Prof. H S Cronjé, Secretary – Dr J A van Rensburg, Treasurer – Dr S Ramphal, Members – Dr J Coetzee, Dr P Swart, Dr P de Jong, Dr G Webb, Prof. M Hafajee, Dr F van Wijk. During 2006 membership will

be opened to Gynaecologists, Urologists, Surgeons, Gastroenterologists, Physiotherapists, and anyone in medicine with a special interest in pelvic floor abnormalities. Contact Hennie Cronjé (Gnoghsc.MD@mail.uovs.ac.za).

The subspecialty of urogynaecology is in the process of becoming accredited and recognised by the HPCSA. Training in the subspecialty will also be provided

through the Colleges of Medicine of South Africa. SAUGA is planning alternate annual congresses and workshops. This year a workshop will be held in KwaZulu-Natal, and next year there will be a congress in the Free State.

SAUGA already has close ties with the international body, IUGA. In 2005, the first joint training course was held in Johannesburg. The second one will take place in Cape Town in July 2006.

PRODUCT NEWS • PRODUCT NEWS • PRODUCT NEWS

**Protos: The first dual-action bone agent for osteoporosis**

Servier Laboratories recently announced the launch of its new osteoporosis drug Protos (strontium ranelate) in South Africa. Indicated for the treatment of postmenopausal osteoporosis to reduce the risk of both vertebral and non-vertebral fractures, including the hip,<sup>1</sup> Protos is a new first-line option in the treatment of postmenopausal osteoporosis.

The first in a new therapeutic class, Protos is categorised as a 'dual action bone agent'. Whereas other therapies either prevent bone loss (the antiresorptive agents) or promote bone formation only (the anabolic agents), Protos simultaneously inhibits bone resorption and stimulates bone formation.<sup>2,3</sup> This leads to an overall gain in bone mass and improved bone mechanical properties.<sup>4</sup>

The efficacy of Protos in preventing vertebral and non-vertebral fractures has been confirmed in over 6 700 patients in three published phase 3 clinical trials.<sup>3,5,6</sup> All three trials show a significant increase in bone mineral density (BMD) and risk reduction for vertebral and non-vertebral fracture (including the hip) in a wide range of patients (i.e. those with a history of vertebral fracture, those with additional risk

factors for osteoporosis and those over the age of 80 years).<sup>3,5,6</sup>

In the TROPOS trial, a non-vertebral fracture study, BMD increased at the hip by 9.8% over 3 years. There was a 36% relative risk reduction for hip fracture during the 3-year study period.<sup>3</sup> The SOTI trial, a vertebral fracture study, found that BMD increased at the lumbar spine by 14.4% over a 3-year period. There was a 49% risk reduction in new vertebral fractures in the first year of treatment and a 41% reduction during the study period of 3 years.<sup>5</sup>

Importantly, while the global and South African registrations of Protos were granted based on the results of these 3-year trials, long-term efficacy data were presented in March 2006 at the 6th European Congress on Clinical and Economic Aspects of Osteoporosis and Osteoarthritis (ECCEO 6) meeting.<sup>6</sup> The new 5-year data confirm the sustained anti-fracture effect of Protos in postmenopausal women with osteoporosis.<sup>6</sup> In particular, there was a significant reduction in the risk of new vertebral fracture by up to a third.

Commenting on the launch of Protos in South Africa, Dr Stan Lipschitz said: 'Osteoporosis is widely recognised as a major public health concern. The health burden for the patient in terms of morbidity and with regard to the financial implications is substantial.

At age 90, 75% of women will have a vertebral fracture.

'Given strontium ranelate's unique dual action, which has the potential to reverse the bone remodelling imbalance in osteoporosis, together with its proven long-term safety and efficacy, the drug could be suitable for a broad range of osteoporosis patients across the disease continuum. This would include newly diagnosed patients; those unable to tolerate existing treatments; or those who have been on long-term treatment and could benefit from a change in therapy.'

Protos is packaged in 2 g sachets and is taken orally as a suspension. It is well tolerated – mild side-effects of nausea and diarrhoea have been reported in the first 3 months of treatment, after which the difference from placebo is no longer significant.

*Further information: Gaynor Ireland, Servier Laboratories South Africa (011) 233-6000.*

1. Protos® Approved Package Insert.
2. Boonen S, Body J-J, Boutsen Y, et al. Evidence-based guidelines for the treatment of postmenopausal osteoporosis: a consensus document of the Belgian Bone Club. *Osteoporosis Int* 2005; **16**: 239-254.
3. Reginster JY, Seeman E, De Vernejoul MC, et al. Strontium ranelate reduces the risk of non-vertebral fractures in postmenopausal women with osteoporosis: Treatment of peripheral osteoporosis (TROPOS) study. *J Clin Endocrinol Metab* 2005; **90**: 2816-2822.
4. Marie PJ, Amman P, Boivin G, Rey C. Mechanisms of action and therapeutic potential of strontium in bone. *Calcif Tissue Int* 2001; **69**: 121-129.
5. Meunier PJ, Roux C, Seeman E, et al. The effects of strontium ranelate on the risk of vertebral fracture in women with postmenopausal osteoporosis. *N Engl J Med* 2004; **350**: 459-468.
6. ECCEO 6 press release 13.3.06.