



New study illustrates large treatment gap in post-fracture care management

- Only 6.6% of patients over the age of 50 started osteoporosis treatment within one year of first fracture according to Swedish Observational Study¹
- Rate of post-fracture osteoporosis treatment initiation is below the Swedish national goal of 30%¹⁻²
- Study reflects wider deficiency in osteoporosis treatment globally³⁻⁶

BRUSSELS, BELGIUM (June 14th, 2017) – UCB (Euronext Brussels: UCB) today announced results from a comprehensive real world database analysis that assessed the rates of osteoporosis treatment initiation within one year following a first fracture in patients in Sweden. The data showed that only 6.6% of patients, who were treatment naive, were initiated on osteoporosis treatment.¹ This analysis, performed by Quantify Research and funded by UCB, was presented today at the Annual European Congress of Rheumatology (EULAR) 2017 in Madrid, Spain.

The, primarily descriptive, analysis identified 258,827 treatment-naïve patients (aged ≥50) from Swedish data sources, who had a first fracture of any type between 2006 and 2012. Patients were followed to assess rates of osteoporosis treatment within one year of first fracture and to treatment initiation.

The reported 6.6% figure is significantly below the Swedish national target of 30% uptake of osteoporosis treatment after a first fracture and also falls short of the 12% national indicator for treatment exposure.²

“These results from real-world data suggest that osteoporosis is being severely under-treated – putting patients at risk of painful, disabling fractures in the future.” Professor Kristina Åkesson, Department of Orthopedics, Skane University Hospital, Lund University, Malmö, Sweden. “A fracture should be considered a warning sign that a person’s bones have weakened, and trigger testing and treatment. There is a need for a multidisciplinary, cohesive and consistent approach to post-fracture osteoporosis management to ensure that all patients are appropriately treated and their risk of further fractures is reduced.”

The analysis suggests that certain factors had an influence on treatment initiation; female patients were more likely to be initiated on treatment post first fracture than males (8.5% compared to 2.3%, respectively) and those patients with a clinical vertebral fracture were more likely to start osteoporosis treatment (21.2%) than those with a hip fracture (5.2%). In addition, although both dementia and dependency are known to be associated with increased risk of fracture,⁷ the tendency to initiate treatment was lower in patients with these conditions compared with those without (1.5% vs 6.9% and 2.3% vs 7.4%, respectively).¹

“In this day and age, it is inexcusable that patients at high risk of a fracture routinely remain untested and untreated, and the new data presented at EULAR 2017 continue to show the ongoing care gap. Diagnosis, followed by effective treatment together with lifestyle changes, would help protect these patients against a future of potentially devastating fractures that cause long-term disability, threaten independence, and may lead to premature death,” said Professor Cyrus Cooper, President of the International Osteoporosis Foundation. “We are calling for people from across the global to sign the IOF Global Patient Charter so we can draw attention to osteoporosis and garner support for the implementation of systematic prevention strategies and improved patient care.”

“The effects of osteoporosis, particularly after a fracture, can be life-changing.” said Dr Pascale Richetta, Head of Bone and Executive Vice President at UCB. “This study serves as a stark reminder that there is an urgent need for fragility fractures to be taken seriously. At UCB we are working to foster the adoption and implementation of post fracture care models, as well as helping to inspire action through improved fracture education and understanding.”

References

1. Spångéus A, Åkesson K, Ljunggren Ö, Banefelt J, Karlsson L, Ortsäter G, Libanati C, Toth E, Ström O. The treatment gap after fracture in osteoporosis patients in Sweden. Presented at EULAR 2017 Abstract #
2. Swedish Association of Local Authorities and Regions (SKL) and The National Board of Health and Welfare (2015) Öppna Jämförelser 2015, Hälso-och sjukvård vid kroniska sjukdomar.
3. Boudreau D, Yu O, Balasubramanian, A, et al. Awareness and Reasons for Lack of Post-Fracture Osteoporosis Therapy: A Survey of Post-Menopausal Women (Abstract SA0292). 2015; Poster presented at Annual Meeting of the American Society For Bone and Mineral Research; Oct 9-12, 2015; Seattle, Washington, USA.
4. Feldstein A, Elmer P, Orwell E, Herson M, Hillier T. Bone mineral density measurement and treatment for osteoporosis in older individuals with fracture. *Arch Intern Med.* 2003;163:2165-2172
5. Yusuf A, Matlon T, Grauer A, Barron R, Chandler D, Peng Y. Utilization of osteoporosis medication after a fragility fracture among elderly Medicare beneficiaries (Abstract MO0350), 2015. Poster presented at Annual Meeting of the American Society For Bone and Mineral Research; Oct 9-12, 2015; Seattle, Washington, USA.
6. Solomon DH, Johnston SS, Boytsov NN, McMorroW D, Lane JM, Krohn KD. Osteoporosis medication use after hip fracture in U.S. patients between 2002 and 2011. *J Bone Miner Res.* 2014;29(9):1929-1937.
7. Wang H-K, Hung C-M, Lin S-H et al. Increased risk of hip fractures in patients with dementia: a nationwide population-based study. *BMC Neurology* 2014;14175

About UCB

UCB, Brussels, Belgium (www.ucb.com) is a global biopharmaceutical company focused on the discovery and development of innovative medicines and solutions to transform the lives of people living with severe diseases of the immune system or of the central nervous system. With more than 7,500 people in approximately 40 countries, the company generated revenue of € 4.2 billion in 2016. UCB is listed on Euronext Brussels (symbol: UCB). Follow us on Twitter: @UCB_news

UCB Forward-Looking Statements

This press release contains forward-looking statements based on current plans, estimates and beliefs of management. All statements, other than statements of historical fact, are statements that could be deemed forward-looking statements, including estimates of revenues, operating margins, capital expenditures, cash, other financial information, expected legal, political, regulatory or clinical results and other such estimates and results. By their nature, such forward-looking statements are not guarantees of future performance and are subject to risks, uncertainties and assumptions which could cause actual results to differ materially from those that may be implied by such forward-looking statements contained in this press release. Important factors that could result in such differences include: changes in general economic, business and competitive conditions, the inability to obtain necessary regulatory approvals or to obtain them on acceptable terms, costs associated with research and development, changes in the prospects for products in the pipeline or under development by UCB, effects of future judicial decisions or governmental investigations, product liability claims, challenges to patent protection for products or product candidates, changes in laws or regulations, exchange rate fluctuations, changes or uncertainties in tax laws or the administration of such laws and hiring and retention of its employees.

Additionally, information contained in this document shall not constitute an offer to sell or the solicitation of an offer to buy any securities, nor shall there be any offer, solicitation or sale of securities in any jurisdiction in which such offer, solicitation or sale would be unlawful prior to the registration or qualification under the securities laws of such jurisdiction. UCB is providing this information as of the date of this presentation and expressly disclaims any duty to update any information contained in this press release, either to confirm the actual results or to report a change in its expectations.

There is no guarantee that new product candidates in the pipeline will progress to product approval or that new indications for existing products will be developed and approved. Products or potential products which are the subject of partnerships, joint ventures or licensing collaborations may be subject to differences between the partners. Also, UCB or others could discover safety, side effects or manufacturing problems with its products after they are marketed.

Moreover, sales may be impacted by international and domestic trends toward managed care and health care cost containment and the reimbursement policies imposed by third-party payers as well as legislation affecting biopharmaceutical pricing and reimbursement.