| **Citation & Study info** | **Eligibility, Interventions, Outcomes** | **Results - Number of people with fracture** |
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| Cummings et al., 199844  Alendronate (Fosamax)  Location: US  Trial: FIT  Setting: Multicenter  Jadad: 5  Age Mean/Range: NR  100% Female  Race: Not reported  Screened: 26,137 Eligible: 10,668 Enrolled: 4,432 Withdrawn: 298 Lost to follow-up: NR Analyzed: 4,432  Method of AE Assessment: Monitored, Elicited by investigator | Inclusion criteria: Post-menopausal women >2 years, Age under 80 years, Age over 54 years, Osteopenia NOS, Femoral neck BMD lesser than 0.68 g/cm2. No vertebral fracture  Exclusion criteria: Cardiovascular disease, Hepatic insufficiency, Renal insufficiency, Malabsorption syndrome, Upper GI, Bisphosphonates, Calcitonin, Fluoride, Estrogen agonists including estrogen, Dysepsia requiring daily treatment; Hypertension; Medical problem for 3 years that prevent from participating in study  Interventions: Placebo Daily for 2 Year(s) vs. 5mg of Alendronate Daily for 1 Year(s) followed by 10mg of Alendronate Daily for 1 Year(s)  All received: Calcium, Vitamin D  Run-in/wash-out unclear  Fracture outcomes assessed at baseline  Outcomes: Bone mineral density by DXA - Hip, Bone mineral density by DXA - Spine, Vertebral fracture, Non-vertebral fracture, Radiographic vertebral fractures, Symptomatic vertebral fractures | Any clinical fracture at 48 MOS: Alendronate vs Placebo: 12.3% vs 14.1% OR = 0.85 (95% CI 0.72, 1.02)  Any nonvertebral fracture at 48 MOS: Alendronate vs Placebo: 11.8% vs 13.3% OR = 0.87 (95% CI 0.73, 1.04)  Hip fracture at 48 MOS: Alendronate vs Placebo: 0.9% vs 1.1% OR = 0.82 (95% CI 0.45, 1.49)  Other clinical fracture at 48 MOS: Alendronate vs Placebo: 8.2% vs 10.2% OR = 0.79 (95% CI 0.64, 0.96) NNT=49.9 (95% CI 27.0-327.0)  Vertebral fracture, ≥1 at 48 MOS: Alendronate vs Placebo: 2.1% vs 3.8% OR = 0.55 (95% CI 0.38, 0.79) NNT=58.8 (95% CI 36.6-150.3)  Vertebral fracture, ≥2 at 48 MOS: Alendronate vs Placebo: 0.2% vs 0.5% OR = 0.42 (95% CI 0.15, 1.21)  Wrist at 48 MOS: Alendronate vs Placebo: 3.7% vs 3.2% OR = 1.16 (95% CI 0.84, 1.60) |
| Fogelman et al., 200090  Risedronate (Actonel)  Location: UK, Western Europe  Setting: Multicenter  Jadad: 1  Age Mean/Range: NR  100% Female  Race: Not reported  Screened: NR Eligible: NR Enrolled: 543 Withdrawn: 178 Lost to follow-up: NR Analyzed: 541  Method of AE Assessment: Elicited by investigator, Reported spontaneously by patient | Inclusion criteria: Post-menopausal women >1 year, Age under 80 years, T-Score ≤ -2.0 Spine  Exclusion criteria: Carcinoma or suspected carcinoma, Hyperthyroidism, Hyperparathyroidism, Metabolic bone disorder other than osteoporosis, LS spine abnormalities prohibiting DXA, Vitamin D use, Medications known to affect skeleton  Interventions: Placebo Daily for 24 Month(s) vs. 2.5mg of Risedronate Daily for 24 Month(s) vs. 5mg of Risedronate Daily for 24 Month(s)  All received: Calcium  No run-in or wash-out  Fracture outcomes assessed at baseline  Outcomes: Bone mineral density by DXA - Hip, Bone mineral density by DXA - Spine, Vertebral fracture, Radiographic vertebral fractures | Fracture counts reported at baseline only |
| Harris et al., 199991  Risedronate (Actonel)  Location: US  Trial: VERT  Setting: Multicenter  Jadad: 5  Age Mean/Range: NR  100% Female  Race: Not reported  Screened: 9,400 Eligible: 2,458 Enrolled: 2,458 Withdrawn: 1,674 Lost to follow-up: 35 Analyzed: 2,246  Method of AE Assessment: Monitored, Reported spontaneously by patient | Inclusion criteria: Ambulatory, Post-menopausal women >5 years, Age under 85 years, T-Score ≤ -2.0 Spine, Radiographic fractures, clinically silent, Clinical fractures, radiographically confirmed  Exclusion criteria: Bisphosphonates, Calcitonin, Fluoride, Estrogen agonists including estrogen, Progestin, Estrogen agonists, Anabolic steroids, Conditions that might interfere with the evalation of bone loss; Use of calcitriol and cholecalciferol  Interventions: Placebo Daily for 3 Year(s) vs. 2.5mg of Risedronate Daily for 1 Year(s) vs. 5mg of Risedronate Daily for 3 Year(s)  All received: Calcium  Run-in/wash-out unclear  Fracture outcomes assessed at baseline, 2 years, 3 years  Outcomes: Bone mineral density by DXA - Spine, Non-vertebral fracture, Radiographic vertebral fractures | New vertebral fracture at 36 MOS: Risedronate 5mg vs Placebo: 8.8% vs 13.7% OR = 0.61 (95% CI 0.44, 0.85) NNT=20.2 (95% CI 12.1-61.8)  Non-vertebral fracture at 36 MOS: Risedronate 5mg vs Placebo: 4.1% vs 6.4% OR = 0.63 (95% CI 0.40, 0.97) NNT=43.2 (95% CI 22.3-634.4) |
| Reginster et al., 2000485  Risedronate (Actonel)  Location: Western Europe, Australia/New Zealand  Trial: VERT  Setting: Multicenter  Jadad: 2  Age Mean/Range: NR  100% Female  Race: Not reported  Screened: 4,400 Eligible: NR Enrolled: 1,226 Withdrawn: 684 Lost to follow-up: NR Analyzed: 1,222  Method of AE Assessment: Monitored, Reported spontaneously by patient | Inclusion criteria: Ambulatory, Post-menopausal women >5 years, Age under 86 years, Radiographic fractures, clinically silent, Clinical fractures, radiographically confirmed  Exclusion criteria: LS spine abnormalities prohibiting DXA, Bisphosphonates, Calcitonin, Fluoride, Estrogen agonists including estrogen, Progestin, Estrogen agonists, Anabolic steroids, Vitamin D use  Interventions: Placebo Daily for 3 Year(s) vs. 2.5mg of Risedronate Daily for 3 Year(s) vs. 5.0mg of Risedronate Daily for 3 Year(s)  All received: Calcium, Vitamin D  Run-in/wash-out unclear  Fracture outcomes assessed at baseline, 2 years, 3 years  Outcomes: Bone mineral density by DXA - Hip, Bone mineral density by DXA - Spine, Non-vertebral fracture, Radiographic vertebral fractures | New vertebral fracture at 36 MOS: Risedronate 5mg vs Placebo: 15.4% vs 25.7% OR = 0.53 (95% CI 0.37, 0.77) NNT=9.7 (95% CI 6.1-23.1)  Osteoporosis-related nonvertebral fracture at 36 MOS: Risedronate 5mg vs Placebo: 8.9% vs 12.6% OR = 0.68 (95% CI 0.44, 1.06) |
| Black et al., 2007111  Zoledronic acid (Zometa)  Location: US, Canada, South America, Western Europe, Eastern Europe, Asia  Trial: Horizon  Setting: Multicenter  Jadad: 3  Age Mean/Range: NR  100% Female  Race: Not reported  Screened: 18,421 Eligible: NR Enrolled: 7,765 Withdrawn: NR Lost to follow-up: NR Analyzed: 7,736  Method of AE Assessment: Monitored, Elicited by investigator | Inclusion criteria: Age under 90 years, Age over 64 years, T-Score ≤ -2.5 Hip, Tscore -1.5 or less with radiologic evidence of at least 2 mild vertebral fractures or one moderate vertebral fracture  Exclusion criteria: Hypocalcemia, Hypercalcemia, Renal insufficiency, Fluoride, Anabolic steroids, Previous PTH use, Corticoids/Glucocorticoids, Previous use of strontium  Interventions: Placebo Yearly for 2 Year(s) vs. 5mg of Zoledronic acid Yearly for 2 Year(s) - 3 doses total  All received: Calcium, Vitamin D  Run-in/wash-out unclear  Fracture outcomes assessed at baseline, 24 months, 36 months  Outcomes: Bone mineral density by DXA - Hip, Vertebral fracture, Non-vertebral fracture, Radiographic vertebral fractures, Symptomatic vertebral fractures | Any clinical fracture at 36 MOS: Zoledronic acid 5mg vs Placebo: 10.9% vs 16.0% OR = 0.65 (95% CI 0.56, 0.75) NNT=19.7 (95% CI 14.6-30.3)  Clinical vertebral fracture at 36 MOS: Zoledronic acid 5mg vs Placebo: 0.7% vs 2.9% OR = 0.28 (95% CI 0.19, 0.41) NNT=44.0 (95% CI 33.8-63.2)  Hip fracture at 36 MOS: Zoledronic acid 5mg vs Placebo: 1.8% vs 3.1% OR = 0.60 (95% CI 0.43, 0.83) NNT=80.5 (95% CI 48.8-229.2)  Morphometric vertebral fracutre at 36 MOS: Zoledronic acid 5mg vs Placebo: 3.3% vs 10.9% OR = 0.31 (95% CI 0.26, 0.39) NNT=13.1 (95% CI 11.2-15.9)  Multiple morphometric vertebral fractures at 36 MOS: Zoledronic acid 5mg vs Placebo: 0.2% vs 2.3% OR = 0.20 (95% CI 0.12, 0.31) NNT=48.4 (95% CI 37.8-67.4)  Non-vertebral at 36 MOS: Zoledronic acid 5mg vs Placebo: 10.3% vs 13.6% OR = 0.73 (95% CI 0.63, 0.86) NNT=30.7 (95% CI 20.2-63.9) |

| **Citation & Study info** | **Eligibility, Interventions, Outcomes** | **Results - Number of people with fracture** |
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| Ettinger et al., 1999486  Raloxifene (Evista)  Location: US, Canada, Other countries not specified  Trial: MORE  Setting: Multicenter  Jadad: 1  Age Mean/Range: 31-80  100% Female  Race: Not reported  Screened: 22,379 Eligible: NR Enrolled: 7,705 Withdrawn: 1,804 Lost to follow-up: NR Analyzed: 7,755  Method of AE Assessment: Monitored, Elicited by investigator | Inclusion criteria: Post-menopausal women >2 years, T-Score ≤ -2.5 Hip, T-Score ≤ -2.5 Spine, Radiographic fractures, clinically silent, Clinical fractures, radiographically confirmed  Exclusion criteria: Carcinoma or suspected carcinoma, Endocrine disease (not diabetes) NOS, Hepatic insufficiency, Metabolic bone disorder other than osteoporosis, LS spine abnormalities prohibiting DXA, Renal insufficiency, Malabsorption syndrome, Nephrolithiasis, Urolithiasis, Ever venous thromboembolic disease, Bisphosphonates, Calcitonin, Fluoride, Androgen, Estrogen agonists including estrogen, Corticoids/Glucocorticoids, Substantial postmenopausal symptoms; Abnormal uterine bleeding; Anti-seizure medications; Pharmacologic doses of cholecalciferol; Consumed greater than 4 alcoholic drinks a day; Pathologic fractures  Interventions: Placebo Daily for 3 Year(s) vs. 60 or 120mg of Raloxifene Daily for 3 Year(s)  All received: Calcium  Run-in/wash-out unclear  Fracture outcomes assessed at baseline, 36 months  Outcomes: Bone mineral density by DXA - Hip, Bone mineral density by DXA - Spine, Vertebral fracture, Non-vertebral fracture, Radiographic vertebral fractures, Symptomatic vertebral fractures | Ankle at 36 MOS: Raloxifene (30&60mg) vs Placebo: 0.7% vs 1.1% OR = 0.59 (95% CI 0.35, 1.00) NNT=235.8 (95% CI 113.4-2957)  Hip fracture at 36 MOS: Raloxifene (30&60mg) vs Placebo: 0.8% vs 0.7% OR = 1.11 (95% CI 0.64, 1.93)  Non-vertebral fracutre at 36 MOS: Raloxifene (30&60mg) vs Placebo: 8.5% vs 9.3% OR = 0.91 (95% CI 0.77, 1.07)  Vertebral fracutre at 36 MOS: Raloxifene (30&60mg) vs Placebo: 6.0% vs 10.1% OR = 0.55 (95% CI 0.45, 0.67) NNT=24.5 (95% CI 18.2-37.5)  Wrist at 36 MOS: Raloxifene (30&60mg) vs Placebo: 2.9% vs 3.3% OR = 0.88 (95% CI 0.67, 1.15) |

| **Citation & Study info** | **Eligibility, Interventions, Outcomes** | **Results - Number of people with fracture** |
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| Neer et al., 2001134  PTH (Teriparatide) (Forteo)  Location: 17 countries not listed  Setting: Multicenter  Jadad: 0  Age Mean/Range: NR  100% Female  Race: Caucasian, Other  Screened: 9,347 Eligible: NR Enrolled: 1,637 Withdrawn: NR Lost to follow-up: NR Analyzed: NR  Method of AE Assessment: Monitored, Reported spontaneously by patient | Inclusion criteria: Ambulatory, Post-menopausal women >5 years, T-Score ≤ -1.0 Hip, T-Score ≤ -1.0 Spine, Radiographic fractures, clinically silent  Exclusion criteria: Hepatic insufficiency, Metabolic bone disorder other than osteoporosis, Renal insufficiency, Urolithiasis, Medications known to affect skeleton, Alcohol and drug abuse; Taking drugs that affect metabolism  Interventions: Placebo Daily for 24 Month(s) vs. 20µg of PTH (teriparatide) Daily for 24 Month(s) vs. 40µg of PTH (teriparatide) Daily for 24 Month(s)  All received: Calcium, Vitamin D  Run-in/wash-out unclear  Fracture outcomes assessed at baseline  Outcomes: Bone mineral density by DXA - Hip, Bone mineral density by DXA - Spine, Non-vertebral fracture, Radiographic vertebral fractures | Non-vertebral fracture, ≥1 at 21 MOS: PTH, 20 mug vs Placebo: 6.3% vs 9.7% OR = 0.63 (95% CI 0.40, 0.97) NNT=28.9 (95% CI 15.0-426.6) PTH, 40 mug vs Placebo: 5.8% vs 9.7% OR = 0.58 (95% CI 0.37, 0.90) NNT=25.3 (95% CI 14.1-127.9)  Vertebral fracture, ≥1 at 21 MOS: PTH, 20 mug vs Placebo: 5.0% vs 14.3% OR = 0.34 (95% CI 0.22, 0.54) NNT=10.7 (95% CI 7.6-18.1) PTH, 40 mug vs Placebo: 4.4% vs 14.3% OR = 0.31 (95% CI 0.20, 0.49) NNT=10.1 (95% CI 7.3-16.3) |

AE=Adverse Event, NR=Not Reported