



FOUNDATION FOR OSTEOPOROSIS
RESEARCH AND EDUCATION

2 0 0 0

ANNUAL REPORT

Bone Density Testing

Information Resources

Community Education

Medical Professional Education

Clinical Research Studies

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2000 Annual Report

MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR

Thank you for your interest in FORE and bone health! The year 2000 was one of remarkable growth for all of our programs, bringing us closer to fulfilling our mission—to eliminate osteoporosis as a major health problem.

Last year's Annual Report described our accomplishments in our first decade, 1990 to 1999. The next ten years look equally promising for FORE and those at risk for osteoporosis:

- ◆ Dramatic breakthroughs in new treatment are almost certain with promising research on parathyroid hormone.
- ◆ Improvements in existing treatments are happening already with more convenient dosing and more compounds from which to choose.
- ◆ Bone density testing will become even more accessible with the development of faster, smaller equipment.
- ◆ Tests that had to be done in the lab, with results days later, will be done in the doctor's office with results in minutes.
- ◆ Parents and children will dramatically reduce osteoporosis' effects because they will know what to do when bone development is most important (just before and during a teen's growth spurt).

FORE will continue to be a leader in these developments. Our growing clinical research team conducts studies on the compounds most likely to be approved for treatment. We will be among the first diagnostic centers to offer bone density testing, spine imaging and bone turnover testing in the same visit, with results of all three tests available in minutes. Our community bone density testing program is now the largest and most effective of its kind in the country. Celebrating its fifth anniversary with over 45,000 tests completed, it brings affordable testing to communities across Northern California, Nevada, Hawaii, and soon to expand to other western states. Because of its importance, the program is highlighted in this year's Annual Report.

Your continued support allows FORE to be the premier osteoporosis resource center in Northern California and a national leader as well. On behalf of the thousands of women and men served, we thank you very much.

Sincerely,



Patricia Frazer

Patricia Frazer
Board President



Robin Reiner

Robin Reiner
Executive Director

IN THIS REPORT

The Problem	p. 1	2000 Financial Results	p. 6-7
Solution	p. 1-2	The Honor Roll	p. 8-10
The Year 2000 in Review	p. 3-4	Osteoporosis —It Can Happen to You	p. 11
The Year Ahead—A Look at 2001	p. 5		

Getting Down to the Bone

THE PROBLEM

Osteoporosis is a bone disease. It is *not* a normal part of aging, but *is* surprisingly common. With osteoporosis, the body takes calcium from the bones faster than it can be replaced. With lowered calcium content, bones become porous and fragile. Fragile bones can break much more easily.

These facts may startle you:

- ♦ 28 million Americans have or are at risk for osteoporosis— *one out of two* women over age 50 and *one out of eight men*. If you are female, your chances of suffering a broken bone because of osteoporosis are higher than your risk of getting breast, ovarian and uterine cancer—*combined!*
- ♦ The startling morbidity associated with broken bones at the spine, called compression fractures, is only recently being appreciated.
- ♦ Half of those who break a hip do not regain normal function. Up to 30% die within a year as a result of that fracture. Osteoporosis can kill.
- ♦ A simple, fast test can tell you if you are at risk for this preventable, treatable disease. But an overwhelming majority of Northern California residents over age 40 have not had this test. They—and their physicians—do not know whether they need to be taking steps to prevent disability and suffering. Nor do they know what steps to take.

PART OF THE SOLUTION

FORE celebrates the fifth anniversary this year of a pioneering screening program that helps keep men and women out of the grim statistics presented above.

In 1990, when FORE was founded, few men and women were aware of the risks of osteoporosis. Even fewer knew their own bone density from a simple test. Physicians needed the test results to identify their highest-risk patients, and some of them needed more current information about treatment options. Many communities didn't have access to the equipment. That changed in 1996 when the FDA approved the first portable densitometer, a bone density testing machine that safely uses a very low dose of x-rays.

That year we began a unique partnership with the Longs Drugstore chain. We started offering low-cost screening tests in ten stores, with surprising results—almost half of those tested had below average bone density, putting them at an increased risk of fracture. Almost 10% had bone density so low, they met the World Health Organization's definition of an individual with osteoporosis. In almost every case, the person scanned had no idea of his or her risk level or what steps to take to reduce that risk for osteoporosis. In addition, coupled with the National Health and Nutrition Examination Survey (NHANES), this program was one of the first to screen significant numbers of non-Caucasian women. The survey included Caucasian, Asian, Hispanic, African-American and Native Americans.

Getting Down to the Bone (cont'd.)

This program is unique in many ways:

- ♦ *Its size is remarkable*—we have tested over 45,000 men and women, making the data available for groundbreaking epidemiological research.
- ♦ *The results are powerful.* We give the person tested a full report immediately; we also send a copy to his/her physician. The patient also receives a set of clear, straightforward educational materials. He or she is most likely to make lifestyle changes right after receiving test results and information about prevention and treatment.
- ♦ *The access to testing is especially vital in rural communities across Northern California and parts of Nevada, where equipment and information are not always readily available.* When we enter a new area, we also provide physician education so the community's providers have access to the latest treatment information and can use the test results most effectively.
- ♦ *The database created by this program and the results published in the medical community have yielded information about non-Caucasian populations that are changing previous assumptions.*

RESULTS OF 22,000 BONE DENSITY TESTS IN WOMEN

Ethnicity	Percentage of Patients Tested with Osteoporosis	Total Number of Patients	Number of Patients with Osteoporosis
Asian	27%	1,190	319
African American	14.5%	76	11
Caucasian	26%	19,851	5,185
Hispanic	23%	279	63
Blank/Other	N/A	705	N/A
TOTAL	25%	22,101	5,578

Our data show that Asian and Hispanic women are at higher risk than previously thought, and that older African American women are also at significantly increased risk. This has led us to do more outreach to diverse populations, such as developing and distributing materials in languages other than English, participating in health fairs for minority groups, and providing screening at clinics.

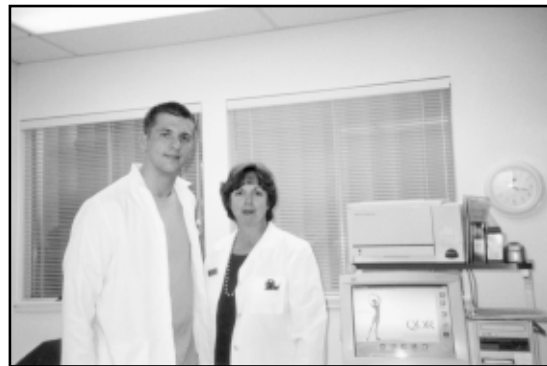
The remarkable generosity of FORE's supporters has allowed us to keep this program on the cutting edge. We look forward to continued support to bring this program to underserved groups and communities.

The Year 2000 in Review

We can best describe this year at FORE with one word: growth. There were significant increases in the amount of services demanded and provided in all of our programs.

Bone Density Testing

- ◆ Completed over 11,200 screening tests this year, finding hundreds of cases of osteoporosis and osteopenia. Without intervention, most cases of osteopenia will develop into osteoporosis at some point in the future allowing for the development of early prevention programs. Patients had access to testing at a variety of sites as we expanded testing beyond the original pharmacies to city office buildings, work sites and health fairs.
- ◆ Installed two new state-of-the-art Hologic® densitometers in our Oakland and San Ramon offices. These machines provide the most advanced available commercial x-ray images of the upper spine to identify compression fractures, in addition to bone density measurements of the hips and lower spine. DXA volume increased by 28% over the previous year.



*New Hologic® Densitometer
Greg Powers and Marnie Bennett, DXA Technologists*

Research


- ◆ All eligible research staff took and passed the examination to be Certified Clinical Research Professionals. Congratulations to Beverley Tracewell, RN, CCRP and Director of Clinical Research, along with her team including Shannon MacDonald, RN, CCRP; Laura Wall, RN, CCRP; and Gus del Puerto, CCRP!
- ◆ The research team began five new studies in 2000 and by year-end had already won contracts for an additional seven new studies to begin in 2001.
- ◆ The new advanced densitometers allow us to provide the most accurate bone density testing that studies require.

Advocacy

- ◆ FORE once again helped defeat legislation which, if passed, would have resulted in lower calcium content in California milk.
- ◆ FORE supported the development of the California Osteoporosis Prevention and Education (COPE) Program.
- ◆ New precision studies provide the scientific basis for several testing uses to monitor change over time, especially the response to new treatments.

The Year 2000 in Review (cont'd.)

Education

- ◆ Distributed over 34,000 pieces of educational literature in English, Spanish and Chinese across the state under the California Osteoporosis Prevention and Education (COPE) Program.
 - ◆ Continued to provide innovative CME-accredited physician education programs. The Bone and Mineral Club evening sessions bring some of the most qualified speakers to the Bay Area medical community for lectures and discussion. This year's sessions focused on special populations including the elderly, high-risk and normal children and, for women who cannot take estrogen, the latest developments in an alternative to hormone replacement therapy.
 - ◆ Held another successful evening for physicians to discuss cases with FORE's Co-Medical Directors, Elliott N. Schwartz, MD and Risa Kagan, MD. Evaluations show that this is a very effective educational tool to promote practice changes.
 - ◆ At the request of the State of California Department of Health, started a Limited License X-ray Permit course which prepares students to take the state's bone density testing certification exam. This is the only training course of its kind in Northern California, which FORE offered four times in 2000. Our students have a 100% pass rate for the state licensing board exam to date. Many of the patients who volunteer to be tested by students during the course have no health insurance, so this is also an excellent opportunity to provide free medical services.
- 
- Limited License X-ray Permit Course Students*
- ◆ FORE speakers presented osteoporosis information in a wide range of community forums including radio interviews, lectures and discussions for allied health providers and the general public. FORE's Gold Level members participated in a special educational event in the fall with Drs. Schwartz and Kagan.
 - ◆ Responded to growing interest in osteoporosis by answering hundreds of inquiries by phone and e-mail each month.
 - ◆ Continued the development of our webpage at www.fore.org.

The Year Ahead—A Look at 2001

BONE DENSITY TESTING

- ◆ FORE will be the first Bay Area bone density testing center to provide a comprehensive test panel in one visit—a DXA exam of hip and spine, IVA (instantaneous vertebral assessment) of the vertebrae to look for compression fractures, and bone turnover marker testing with results in minutes.
- ◆ We will bring bone density testing to long-term care facilities and provide treatment guidelines to their medical and nursing directors to maximize bone health for elderly men and women.
- ◆ We will replace two of the original portable Norland® densitometers used “on the road” and begin using a new Alara® densitometer which FORE helped develop in high-volume sites and in long-term care facilities.
- ◆ We will bring testing to more employer work sites, health fairs, doctors’ offices and gyms, working to make bone density screening as affordable and accessible as possible. We anticipate celebrating the 50,000th scan by August.

EDUCATION

- ◆ Osteoporosis Awareness Month activities in May will be aimed at raising awareness of bone health for all Bay Area residents. The campaign will include a unique year-long partnership with KOIT-FM radio to give broad exposure to osteoporosis and the services FORE provides.
- ◆ FORE will launch its Center of Excellence series for physicians. These day-long programs provide both basic and advanced information about osteoporosis including testing, treatment and prevention at all stages in life.
- ◆ This fall FORE’s Scientific Advisory Council will select the first Albert P. Rowe, MD Osteoporosis Memorial Fund awardee. He/she will be recognized for contributions to clinical research that directly benefit patients and will present the annual memorial lecture.
- ◆ The revised 4th Edition of the **Physician Guidelines on Osteoporosis Treatment** will be widely distributed nationally and will be available to read on our website. The first edition of our **Patient Guidelines** will also be available.

Research

- ◆ FORE will continue its research partnership with major pharmaceutical manufacturers to test potential new treatments and new uses of existing treatments. The volume of studies continues to grow and will include work for several organizations with whom we have not previously worked. We have booked extensive work due to begin in 2001. The newly expanded research staff now includes a clinical nurse practitioner with osteoporosis and gynecological specialization.

Financial Results

Foundation for Osteoporosis Research and Education
Balance Sheet - Modified Cash Basis
December 31, 2000

ASSETS

Current assets:

Cash and cash equivalents	\$ 234,231
Investments, at fair market value	<u>1,211,822</u>

Total current assets \$1,446,053

Fixed assets

Furniture & equipment	324,641
Accumulated depreciation	<u>(153,530)</u>

Net fixed assets 171,111

Other assets:

Security deposits	<u>5,650</u>
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Total other assets 5,650

\$ 1,622,814

LIABILITIES AND NET ASSETS

Current liabilities:

Equipment leases—current	<u>\$ 25,140</u>
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Total current liabilities 25,140

Long term liabilities

Equipment - leases - non-current	<u>100,042</u>
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Total liabilities 125,182

Net assets:

Net Assets—unrestricted	1,721,773
Revenue over (under) expenses	<u>(224,141)</u>

Total net assets \$ 1,497,632

\$ 1,622,814

Accountants' Compilation Report and Notes to Financial Statements are available on request

Financial Results

Foundation for Osteoporosis Research and Education Statements of Revenue & Expense - Modified Cash Basis

	YEAR ENDED December 31, 1998	YEAR ENDED December 31, 1999	YEAR ENDED December 31, 2000
REVENUE			
Bone Density Testing	\$ 513,274	\$ 681,867	\$ 564,613
Clinical Research	314,473	341,413	428,996
Education	262,042	96,100	148,195
Donations	106,235	817,602	102,916
Miscellaneous income	6,631	842	6,400
TOTAL REVENUE	1,202,655	1,937,824	1,251,120
PROGRAM EXPENSE:			
Bone Density Testing	328,838	514,712	471,292
Clinical Research	218,741	358,332	368,907
Education	253,200	149,167	137,165
Miscellaneous Program Expense	—	—	15,398
TOTAL PROGRAM EXPENSE	800,779	1,022,211	992,762
GENERAL & ADMINISTRATIVE EXPENSE	443,021	536,852	463,323
TOTAL EXPENSES	1,243,800	1,559,063	1,456,085
INVESTMENT INCOME	62,856	38,801	39,439
REALIZED AND UNREALIZED INVESTMENT LOSS	—	(9,197)	(58,615)
REVENUE OVER (UNDER) EXPENSE	21,711	408,365	(224,141)

FORE's accountants have compiled the Balance Sheet (modified cash basis) as of December 31, 2000 and the related statements of revenue and expense (modified cash basis) for each of the three years ended December 31st of 2000, 1999 and 1998. Investments in 2000 were recorded at fair market value; and investment gains or losses were recognized on the basis of value and not solely on sales of investments. In 1999 and 1998, investments were recorded at cost. The accountants' reports are available upon request.

Honor Roll

FORE gratefully acknowledges the generosity of these philanthropic men and women who chose to invest in programs that make a difference in the lives of those affected by osteoporosis. Donors may make tribute gifts which honor someone, memorial gifts, or directed donations. Guidance is also available on planned giving options.

ALBERT P. ROWE, MD MEMORIAL OSTEOPOROSIS FUND



FORE and the entire osteoporosis community are deeply saddened by the loss of Dr. Rowe in July, 2000. A founding director of FORE, Dr. Rowe was a caring and visionary physician who understood the importance of preventing, detecting and carefully managing this bone disease. He is greatly missed. The **Albert P. Rowe, MD Osteoporosis Memorial Fund** was established to honor his memory and continue his work in this area with an annual award to a clinical research leader whose work directly benefits osteoporosis patients and a presentation from that leader to the medical community.

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The Board of Directors is proud of its 100% participation in the Annual Fund Campaign.

Honor Roll

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In ten years, FORE has made great strides toward eliminating osteoporosis as a major health problem. None of that would be possible without the remarkable support of our generous donors. We are profoundly grateful for their contributions.

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Osteoporosis—It Can Happen to You

Osteoporosis is a serious disease caused by bone loss. Bone loss can lead to fractures of the hip, spine or wrist. Not all of its causes are known. However, if you have certain risk factors, you have a higher chance of developing osteoporosis. Find out your risk by answering these questions. The more times you answer “yes”, the greater your risk.

Risk factors you can change:

Are you physically active?	Yes	No
Is your diet low in calcium or vitamin D?	Yes	No
Do you smoke cigarettes?	Yes	No
Do you drink alcohol in excess (<i>more than one drink per day for women; more than two drinks per day for men</i>)?	Yes	No
Do you often under eat? (<i>Are you often on a diet?</i>)	Yes	No
Have you exercised excessively so that you missed periods?	Yes	No

Risk factors you cannot change:

Are you of Caucasian or Asian descent?	Yes	No
Do you have a low body weight (<i>less than 127 lbs.</i>) or small-boned frame?	Yes	No
Has a female member of your immediate family had a bone fracture from a minor fall or extreme spine curvature?	Yes	No
Have you been taking:		
♦ a high dose of steroids for such conditions as asthma, arthritis, and certain cancers?	Yes	No
♦ steroids for an extended time?	Yes	No
♦ a high dose of thyroid medicine?	Yes	No
Are you a woman?	Yes	No
Are you a postmenopausal woman?	Yes	No
Have you had extended periods of bed rest or immobilization?	Yes	No
Have you had eating disorders, chronic diarrhea, or kidney or liver disease ?	Yes	No

“How much calcium do I need? What’s the best way to get it?”

“Am I at risk for osteoporosis? What are the risk factors?”

“What can I do about osteoporosis, if I get it?”

“Do I need a bone density test? What does my test score mean?”

FORE has answers. As Northern California’s osteoporosis resource center, FORE has a huge range of resources for patients, physicians and families including:

- ◆ Newsletter with the latest information
- ◆ Website—www.fore.org—with thousands of visitors a month
- ◆ Speakers bureau
- ◆ Membership program that includes patient treatment guidelines, additional comprehensive written material and discounts for screening tests
- ◆ Community bone density testing program that includes patient education
- ◆ State-of-the-art office-based bone density testing services
- ◆ Extensive clinical research program
- ◆ Innovative CME-accredited physician education programs rated highly effective, treatment guidelines for physicians, a preceptorship program, and more
- ◆ Advocacy
- ◆ Creation of new models of care, including:
 - Long term care facility screening
 - High risk fracture patient care
 - Community osteoporosis physical therapy programs
 - Bone density reporting software



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