Trabecular Bone Score Software

Pre-launch Offer

Until January the 15th 2013

TBS iNsight®
Reveal the invisible out of DXA scans

The new way to assess Bone Texture using your existing DXA device*

$9’900** pre-launch offer instead of $12’900**

You want to know more about TBS and its Clinical Benefits and receive your personalized Pre-Launch Offer?
Check the summary of the ASBMR Highlights in the next pages
And contact our team: contact@medimapsgroup.com

* Compatible DXA Devices:
HOLOGIC QDR 4500, DELPHI, DISCOVERY (Windows XP min.)
GE LUNAR: PRODIGY, iDXA
** Without Tax; Installation costs to be added
medimaps group’s mission is to design medical tools to evaluate bone texture and improve osteoporosis diagnosis in routine clinical practice. With more than 20 studies and 3 oral presentations introduced during the congress, and the FDA 510k Clearance for TBS iNsight® software, the ASBMR 2012 was a bless!

15 articles in peer-reviewed Journals, 200 abstracts and on-going studies and more than 3’000 daily users in Europe. The combined model BMD + TBS becomes the new standard for osteoporosis management. We would like to thank you cheerfully for TBS great success at the ASBMR, and are very pleased to share here some of the ASBMR outputs on TBS through our first TBS US Newsletter.

G. Tirouflet—CEO medimaps group

TBS Diagnostic & Prognostic Capacity

Previous retrospective case-control studies demonstrated the added value of TBS in complement of BMD to discriminate fractured patients, independently of the BMD WHO categories. This has been demonstrated for both men and women for all type of fractures, vertebral or hip fracture. It has also been demonstrated that TBS predicts osteoporotic fracture as well as the BMD and independently, whatever the type of fracture. The combined model of BMD+TBS has higher prediction ability than each parameter taken into consideration seperately, even after adjustment for major clinical risk factors. More than 20 studies in North America and in Europe (Madison, Manitoba, Ofely, OsteoLaus, SEMOF…)


Treatments Monitoring

One can monitor patients’ changes of TBS across time, with or without medical treatment. The observed bone texture effect will vary according to the therapeutic agent. Indeed, significant TBS increase was observed with PTH and Denosumab (DMAB) whereas TBS was positively maintained with Zoledronic acid (ZOL), Alendronate (AL), Ibandronate (IBN), or any type of Bisphosphonate (BIPH).

TBS values of placebo group (PLBO) decreased over time.

TBS Specific Added Value

TBS is a useful information in complement to BMD for secondary osteoposis assessment and management. During past ASBMR meetings, it has been shown that TBS is sensitive to skeletal deterioration and even more sensitive than BMD for specific pathologies or treatments such as:

- **Hyperparathyroidism**: PHPT is a common disease impacting bone for which DXA examination is performed as BMD is typically reduced. Although microarchitectural parameters can be measured by bone biopsies or HRpQCT, those examinations are not performed routinely. DXA examinations were therefore reanalyzed to assess TBS, and TBS results were compared with microarchitectural indices measured by HRpQCT. As significant correlations were found, TBS could be a very helpful clinical tool in the assessment of skeletal involvement in PHPT.
  
  *J. Bilezikian, ASBMR 2012*,

- **Cushing disease**: after complete cortisol normalization, the higher TBS sensitivity to skeleton changes was shown by a higher increase of TBS compared to BMD at 24 months follow-up.
  
  *E. Koumakis, ASBMR 2012*,

- **Rheumatoid arthritis**: TBS measured at the lumbar spine has a better discrimination value than LS BMD, and similar to femoral neck BMD, for prediction of vertebral fractures in patients with RA.
  
  *E. Toussirot, ASBMR 2012*,

- **Hypogonadism**: men with low total testosterone plasma levels have a diminished BMD and TBS. Total testosterone levels are playing a role on bone quality and can be assessed by TBS.
  
  *M. R. Mascarenhas, ASBMR 2012*,

- **Anti-aromatase**: a differentiating effect on TBS was observed with different chemotherapy treatments; BMD and TBS increase on subjects using Tamoxifen, decrease of both BMD and TBS on subjects using Exemestane.
  
  *P. Hadji, ASBMR 2012*,

- **Diabetes**: Lumbar spine TBS is sensitive to skeletal deterioration in postmenopausal women with diabetes, whereas BMD is paradoxically greater; TBS also predicts osteoporotic fractures in those with diabetes, and captures a larger portion of the diabetes-associated fracture risk than BMD. Combining lumbar spine TBS with BMD incrementally improves fracture prediction.
  
  *W. Leslie, ASBMR 2012 Oral pres*,

- **Glucocorticoid Induced Osteoporosis (GIO)**: the trabecular texture as assessed by TBS is more impacted by glucocorticoids than the BMD even at low dose of 5mg/day.
  
  *M. Paggiosi, ASBMR 2012; F. M. Olivieri, JBMR 2012; F. Colson, ASBMR 2009*.

**TBS at international upcoming events**

**EVENTS**: Save the dates to discover the latest studies on TBS in the 6 coming months:

- **USA**:
  - 25th—30th November: RSNA, Chicago
  - 20th—23rd March 2013: ISCD, Tampa
  - 18th—21st April 2013: NOF, Chicago

- **Europe**:
  - 7th—11th March 2013: ECR, Vienna, Austria
  - 17th—20th April 2013: IOF-ECCEO, Roma, Italy
  - 18th—21st May 2013: ECTS, Lisbon, Portugal

- **Asia-Pacific**:
  - 13th—16th December: IOF 3rd Asia Pacific Meeting, Kuala Lumpur, Malaysia

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