RARE BONE DISEASE HIGHLIGHTS FROM THE ASBMR 2022 RARE DISEASES SYMPOSIUM





- MULTICENTRIC CARPOTARSAL OSTEOLYSIS SYNDROME
- JANSEN TYPE METAPHYSEAL CHONDRODYSPLASIA
- GENERALIZED ARTERIAL CALCIFICATION OF INFANCY (GACI)
- FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP)
- FAMILIAL HYPOPHOSPHATEMIA
- HYPOPHOSPHATASIA
- OSTEOGENESIS IMPERFECTA (OI)
- DYSOSTOSES

*SOURCE: CLINICALTRIALS.GOV

Certain non-disease specific therapies for rare bone disease may cause **adverse events** not otherwise observed in treatment of more common bone disease: appropriate **clinician follow-up** is key to **patient care.**



THE SCIENCE

Experimental therapies for achondroplasia are designed to interact with the pathogenic receptor FGFR3 or its downstream signaling pathways

THE TREATMENT

Effective therapies should address key morbidities such as stenoses and cervical cord compression



Expanding from the paradigm of pharmacological **therapy of OI**, initial safety data from a trial of umbilical cord **mesenchymal stem cell transplantation** suggests that multiple transplantations in children with type IV disease is safe.

From scientists to clinical researchers to patient advocates, the mutual engagement among more than 300 Rare Diseases Symposium attendees highlights the importance of ongoing collaboration and communication between these groups, to advance solutions for rare bone disease patients.



FGFR3: fibroblast growth factor receptor 3

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