FOSAMAX

A MEDICAL DICTIONARY, BIBLIOGRAPHY,
AND ANNOTATED RESEARCH GUIDE TO
INTERNET REFERENCES

JAMES N. PARKER, M.D.
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The collective knowledge generated from academic and applied research summarized in various references has been critical in the creation of this book which is best viewed as a comprehensive compilation and collection of information prepared by various official agencies which produce publications on Fosamax. Books in this series draw from various agencies and institutions associated with the United States Department of Health and Human Services, and in particular, the Office of the Secretary of Health and Human Services (OS), the Administration for Children and Families (ACF), the Administration on Aging (AOA), the Agency for Healthcare Research and Quality (AHRQ), the Agency for Toxic Substances and Disease Registry (ATSDR), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Healthcare Financing Administration (HCFA), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the institutions of the National Institutes of Health (NIH), the Program Support Center (PSC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to these sources, information gathered from the National Library of Medicine, the United States Patent Office, the European Union, and their related organizations has been invaluable in the creation of this book. Some of the work represented was financially supported by the Research and Development Committee at INSEAD. This support is gratefully acknowledged. Finally, special thanks are owed to Tiffany Freeman for her excellent editorial support.

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In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."[1] Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with Fosamax is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about Fosamax, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to Fosamax, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on Fosamax. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to Fosamax, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on Fosamax.

The Editors

[1] From the NIH, National Cancer Institute (NCI): **http://www.cancer.gov/cancerinfo/ten-things-to-know**.

CHAPTER 1. STUDIES ON FOSAMAX

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on Fosamax.

The Combined Health Information Database

The Combined Health Information Database summarizes studies across numerous federal agencies. To limit your investigation to research studies and Fosamax, you will need to use the advanced search options. First, go to **http://chid.nih.gov/index.html**. From there, select the "Detailed Search" option (or go directly to that page with the following hyperlink: **http://chid.nih.gov/detail/detail.html**). The trick in extracting studies is found in the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Journal Article." At the top of the search form, select the number of records you would like to see (we recommend 100) and check the box to display "whole records." We recommend that you type "Fosamax" (or synonyms) into the "For these words:" box. Consider using the option "anywhere in record" to make your search as broad as possible. If you want to limit the search to only a particular field, such as the title of the journal, then select this option in the "Search in these fields" drop box. The following is what you can expect from this type of search:

- **Fosamax Recently Approved in Canada for the Treatment of Paget 's Disease**

  Source: Update. (18)1:4-5. Spring 1996.

  Contact: Paget Foundation for Paget 's Disease of Bone and Related Disorders. 200 Varick Street, Suite 1004. New York, NY 10014-4810. (212) 229-1582 or Fax (212) 229-1502. Price: Free.

  Summary: Fosamax , a newly-approved Canadian aminobisphosphonate , decreases the rate of bone resorption, therefore reducing the abnormal bone resorption associated with Paget 's disease. Clinical trials show a 60 percent or more success rate in normalizing alkaline phosphatase levels while maintaining normal quality in reformed bone and without discrimination as to race, sex, or age of patient. Fosamax absorption requires a 30-minute wait, subsequent to taking a dose, before ingesting any food or

liquids (other than plain water). Side effects are reported to be mild and not significantly affecting quality of life. Fosamax has been approved in the U.S., Canada, and 18 other countries.

Federally Funded Research on Fosamax

The U.S. Government supports a variety of research studies relating to Fosamax. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.[2] CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at **http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen**. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to Fosamax.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore Fosamax. The following is typical of the type of information found when searching the CRISP database for Fosamax:

- **Project Title: BISPHOSPHONATE THERAPY IN ALCOHOL-INDUCED BONE DISEASE**

  Principal Investigator & Institution: Wezeman, Frederick H.; Professor; Orthopaedic Surgery and Rehab; Loyola University Medical Center Lewis Towers, 13Th Fl Chicago, Il 60611

  Timing: Fiscal Year 2001; Project Start 01-JUN-2001; Project End 28-FEB-2005

  Summary: Alcohol abuse is a major public health problem in the United States and world-wide, and alcohol consumption by young individuals is rising. The direct effects of alcohol on the skeleton lead to reduced bone formation. In adults, alcohol- related osteopenia increases fracture incidence; fracture incidences rise in postmenopausal estrogen-deficient females who also use alcohol. There are no current therapeutic approaches to restore bone loss due to alcohol-induced damage. We will therefore test the hypothesis that bisphosphonate therapy during chronic alcohol ingestion reduces alcohol-induced damage to bone. Our preliminary results indicate that for one bisphosponate, **alendronate** (**Fosamax**) trabecular bone mineral density is increased during chronic alcohol ingestion in male rats. These preliminary data suggest that the bisphosphonates may be ideal therapeutic agents in restoring bone loss associated with alcohol-induced osteopenia. We will test our hypothesis for the bisphosphonates **alendronate,** clodronate, ibandronate and pamidronate at both a high and low dose. These in vivo studies will compare the effects of bisphosphonates in age- and gender-related experiments. In Specific Aim number 1 we will test these bisphosphonates in adolescent male and female rats during skeletal modeling during chronic alcohol intake. In Specific Aim number 2 we will test these bisphosphonates in adult male and female adult rats undergoing skeletal remodeling during chronic alcohol ingestion. In Specific

[2] Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

Aim number 3 we will test these bisphosphonates in parallel with parathyroid hormone in sham-operated and ovariectomized adult female rats to determine their effectiveness in estrogen-depleted animals during chronic alcohol ingestion. We will compare the dose-related therapeutic interventions by measuring serum hormonal changes for IGF-1, testosterone, luteinizing hormone (ICSH), estradiol, and osteocalcin, for trabecular and cortical bone mineral density by quantitative computerized tomography, for metaphyseal bone gene expression of type I collagen, osteocalcin, and bone-specific alkaline phosphatase, for cortical bone biomechanical properties, and for trabecular and cortical bone histomorphometric parameters. We expect that the various types and doses of the bisphosphonates (chosen on the basis of their antiresorptive potencies) will differ in their effects on these skeletal tissues during chronic alcohol ingestion.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: IMPAIRMENTS AND BONE REMODELING IN AGING PAGETS PATIENTS**

  Principal Investigator & Institution: Lyles, Kenneth W.; Professor; Duke University Durham, Nc 27706

  Timing: Fiscal Year 2001; Project Start 01-DEC-2000; Project End 30-NOV-2001

  Summary: Purpose: The purpose of this study is to determine if pamidroante will improve mobility impairments, functional status, pain, and psychosocial performance in patients with Paget's disease of bone. Methods: In order to determine if pamidronate will improve mobility impairments, functional status, pain, and psychosocial performance, we propose to use a randomized, double-blind, placebo-controlled trial in which 66 patients with active Paget's disease of femur, tibia, and/or acetabular portion of the ilium will be treated (pamidronate or placebo) and then followed for 6 months. All patients who enter the trial must have documented impairments in mobility, defined as an abnormal mobility measure (ten foot walk time, 360 degree turn, mobility skills protocol score, or 6 minute walk distance) and bone resorption or formation markers that are at least twice the normal level. When patients who have Paget's disease enter the study, they will have baseline measures performed and then be randomized to receive pamidronate 90mg intravenously over six hours or placebo. Measurements will be made at one, three and six months post therapy. Changes in mobility impairments will be assessed by measuring changes in ten foot walk time, (primary response variable), mobility skills protocol score, steps to make a 360 degree turn, or six minute walk distance. Changes in functional status impairments will be assessed with the Functional Status Questionnaire (FSQ). The primary response variable for functional status will be the instrumental activities of daily living scale of the FSQ. Changes in pain will be assessed by the West Haven Pain Inventory. Changes in impairments in psychosocial performance will be measured with the Rosenberg Self-Esteem Scale, the Beck Depression Scale and the Hopkins Symptom Checklist 90 Revised. Changes in bone remodeling activity will be followed by measuring serum alkaline phosphatase levels and urinary hydroxyproline and N-Telepeptide excretion. Results: Patients continue to be actively recruited and enrolled in this trial. Over the past year on the GCRC twenty-six patients were evaluated who were potential candidates for the study. Of the twenty-six, six were enrolled and two more have been offered a chance to participate in the study but have not yet been consented. We have treated the six patients with pamidronate, a second generation bisphosphonate, and shown improvement in mobility and functional status impairments as well as bone remodeling activity. Significance: Paget's disease of bone is a chronic skeletal disease that affects elderly people and is characterized by areas of increased skeletal remodeling which can

lead to pain, deformity, secondary arthritis, fractures and rarely malignant degeneration. Several studies suggest that Paget's disease affects 1.8-5% of people over 60 years of age and 10% of people at 90 years of age. Improved therapy will enhance the ability of these patients to function in normal life activities. Future plans: Since the trial was started, two new bisphosphonates have been approved by the FDA to treat Paget's disease of bone: **Alendronate** (Fosamax) and Risedronate (Actonel). Both of these drugs are oral preparations and some patients have wished to receive oral medication rather than an intravenous preparation. More importantly, these drugs give many patients sustained biochemical and clinical remissions of their Paget's disease lasting 24 to 36 months. This means that many of the patients referred for evaluation of their Paget's disease do not need treatment of their disease as frequently as we had initially planned for this study.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

E-Journals: PubMed Central[3]

PubMed Central (PMC) is a digital archive of life sciences journal literature developed and managed by the National Center for Biotechnology Information (NCBI) at the U.S. National Library of Medicine (NLM).[4] Access to this growing archive of e-journals is free and unrestricted.[5] To search, go to **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Pmc**, and type "Fosamax" (or synonyms) into the search box. This search gives you access to full-text articles. The following is a sample of items found for Fosamax in the PubMed Central database:

- **Alendronate mechanism of action: geranylgeraniol, an intermediate in the mevalonate pathway, prevents inhibition of osteoclast formation, bone resorption, and kinase activation in vitro.** by Fisher JE, Rogers MJ, Halasy JM, Luckman SP, Hughes DE, Masarachia PJ, Wesolowski G, Russell RG, Rodan GA, Reszka AA.; 1999 Jan 5;
  http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=15105
- **Protein-Tyrosine Phosphatase Activity Regulates Osteoclast Formation and Function: Inhibition by Alendronate.** by Schmidt A, Rutledge SJ, Endo N, Opas EE, Tanaka H, Wesolowski G, Leu CT, Huang Z, Ramachandaran C, Rodan SB, Rodan GA.; 1996 Apr 2; http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=abstract&artid=39762

The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.[6]

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[3] Adapted from the National Library of Medicine: **http://www.pubmedcentral.nih.gov/about/intro.html**.

[4] With PubMed Central, NCBI is taking the lead in preservation and maintenance of open access to electronic literature, just as NLM has done for decades with printed biomedical literature. PubMed Central aims to become a world-class library of the digital age.

[5] The value of PubMed Central, in addition to its role as an archive, lies in the availability of data from diverse sources stored in a common format in a single repository. Many journals already have online publishing operations, and there is a growing tendency to publish material online only, to the exclusion of print.

[6] PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction

The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with Fosamax, simply go to the PubMed Web site at **http://www.ncbi.nlm.nih.gov/pubmed**. Type "Fosamax" (or synonyms) into the search box, and click "Go." The following is the type of output you can expect from PubMed for Fosamax (hyperlinks lead to article summaries):

- **14 day endoscopy study comparing risedronate and alendronate in postmenopausal women stratified by Helicobacter pylori status.**
  Author(s): Thomson AB, Marshall JK, Hunt RH, Provenza JM, Lanza FL, Royer MG, Li Z, Blank MA; Risedronate Endoscopy Study Group.
  Source: The Journal of Rheumatology. 2002 September; 29(9): 1965-74.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12233894&dopt=Abstract

- **A cost effectiveness analysis of calcium and vitamin D supplementation, etidronate, and alendronate in the prevention of vertebral fractures in women treated with glucocorticoids.**
  Author(s): Buckley LM, Hillner BE.
  Source: The Journal of Rheumatology. 2003 January; 30(1): 132-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12508402&dopt=Abstract

- **A urine midmolecule osteocalcin assay shows higher discriminatory power than a serum midmolecule osteocalcin assay during short-term alendronate treatment of osteoporotic patients.**
  Author(s): Srivastava AK, Mohan S, Singer FR, Baylink DJ.
  Source: Bone. 2002 July; 31(1): 62-9.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12110414&dopt=Abstract

- **Additional beneficial effects of alendronate in growth hormone (GH)-deficient adults with osteoporosis receiving long-term recombinant human GH replacement therapy: a randomized controlled trial.**
  Author(s): Biermasz NR, Hamdy NA, Janssen YJ, Roelfsema F.
  Source: The Journal of Clinical Endocrinology and Metabolism. 2001 July; 86(7): 3079-85.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11443170&dopt=Abstract

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with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

- **Additive effects of raloxifene and alendronate on bone density and biochemical markers of bone remodeling in postmenopausal women with osteoporosis.**
  Author(s): Johnell O, Scheele WH, Lu Y, Reginster JY, Need AG, Seeman E.
  Source: The Journal of Clinical Endocrinology and Metabolism. 2002 March; 87(3): 985-92.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11889149&dopt=Abstract

- **Alendronate and etidronate do not regulate interleukin 6 and 11 synthesis in normal human osteoblasts in culture.**
  Author(s): Engel E, Serrano S, Marinoso ML, Lloreta J, Ulloa F, Nogues X, Diez-Perez A, Carbonell J.
  Source: Calcified Tissue International. 2003 March; 72(3): 228-35. Epub 2003 January 15.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12522661&dopt=Abstract

- **Alendronate and risedronate: what you need to know about their upper gastrointestinal tract toxicity.**
  Author(s): Baker DE.
  Source: Reviews in Gastroenterological Disorders. 2002; 2(1): 20-33. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12122976&dopt=Abstract

- **Alendronate daily, weekly in conventional tablets and weekly in enteric tablets: preliminary study on the effects in bone turnover markers and incidence of side effects.**
  Author(s): Blumel JE, Castelo-Branco C, de la Cuadra G, Maciver L, Moreno M, Haya J.
  Source: Journal of Obstetrics and Gynaecology : the Journal of the Institute of Obstetrics and Gynaecology. 2003 May; 23(3): 278-81.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12850861&dopt=Abstract

- **Alendronate does not interfere with 99mTc-methylene diphosphonate bone scanning.**
  Author(s): Carrasquillo JA, Whatley M, Dyer V, Figg WD, Dahut W.
  Source: Journal of Nuclear Medicine : Official Publication, Society of Nuclear Medicine. 2001 September; 42(9): 1359-63.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11535725&dopt=Abstract

- **Alendronate improves bone mineral density in elderly women with osteoporosis residing in long-term care facilities. A randomized, double-blind, placebo-controlled trial.**
  Author(s): Greenspan SL, Schneider DL, McClung MR, Miller PD, Schnitzer TJ, Bonin R, Smith ME, DeLucca P, Gormley GJ, Melton ME.
  Source: Annals of Internal Medicine. 2002 May 21; 136(10): 742-6. Summary for Patients In:
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12020142&dopt=Abstract

- **Alendronate in the prevention of bone loss after a fracture of the lower leg.**
  Author(s): van der Poest Clement E, van Engeland M, Ader H, Roos JC, Patka P, Lips P.
  Source: Journal of Bone and Mineral Research : the Official Journal of the American Society for Bone and Mineral Research. 2002 December; 17(12): 2247-55.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12469919&dopt=Abstract

- **Alendronate in the treatment of avascular necrosis of the hip.**
  Author(s): Agarwala S, Sule A, Pai BU, Joshi VR.
  Source: Rheumatology (Oxford, England). 2002 March; 41(3): 346-7.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11934975&dopt=Abstract

- **Alendronate in the treatment of Paget's disease of bone.**
  Author(s): Reid IR, Siris E.
  Source: Int J Clin Pract Suppl. 1999 April; 101: 62-6.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12669742&dopt=Abstract

- **Alendronate in the treatment of postmenopausal osteoporosis.**
  Author(s): Hosking DJ, Favus M, Yates AJ.
  Source: Int J Clin Pract Suppl. 1999 April; 101: 27-35.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12669738&dopt=Abstract

- **Alendronate in the treatment of primary hyperparathyroid-related osteoporosis: a 2-year study.**
  Author(s): Parker CR, Blackwell PJ, Fairbairn KJ, Hosking DJ.
  Source: The Journal of Clinical Endocrinology and Metabolism. 2002 October; 87(10): 4482-9.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12364423&dopt=Abstract

- **Alendronate increases bone density in chronic spinal cord injury: a case report.**
  Author(s): Sniger W, Garshick E.
  Source: Archives of Physical Medicine and Rehabilitation. 2002 January; 83(1): 139-40.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11782844&dopt=Abstract

- **Alendronate increases bone mass and reduces bone markers in postmenopausal African-American women.**
  Author(s): Bell NH, Bilezikian JP, Bone HG 3rd, Kaur A, Maragoto A, Santora AC; MK-063 Study Group.
  Source: The Journal of Clinical Endocrinology and Metabolism. 2002 June; 87(6): 2792-7.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12050252&dopt=Abstract

- **Alendronate increases bone mineral density in long-term renal transplant recipients.**
  Author(s): Koc M, Tuglular S, Arikan H, Ozener C, Akoglu E.
  Source: Transplantation Proceedings. 2002 September; 34(6): 2111-3.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12270333&dopt=Abstract

- **Alendronate increases degree and uniformity of mineralization in cancellous bone and decreases the porosity in cortical bone of osteoporotic women.**
  Author(s): Roschger P, Rinnerthaler S, Yates J, Rodan GA, Fratzl P, Klaushofer K.
  Source: Bone. 2001 August; 29(2): 185-91.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11502482&dopt=Abstract

- **Alendronate inhibits invasion of PC-3 prostate cancer cells by affecting the mevalonate pathway.**
  Author(s): Virtanen SS, Vaananen HK, Harkonen PL, Lakkakorpi PT.
  Source: Cancer Research. 2002 May 1; 62(9): 2708-14.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11980672&dopt=Abstract

- **Alendronate inhibits lysophosphatidic acid-induced migration of human ovarian cancer cells by attenuating the activation of rho.**
  Author(s): Sawada K, Morishige K, Tahara M, Kawagishi R, Ikebuchi Y, Tasaka K, Murata Y.
  Source: Cancer Research. 2002 November 1; 62(21): 6015-20.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12414621&dopt=Abstract

- **Alendronate interacts with the inhibitory effect of 1,25(OH)2D3 on parathyroid hormone-related protein expression in human osteoblastic cells.**
  Author(s): Gomez-Garcia L, Esbrit P, Carreno L, Sabando P, Garcia-Flores M, Martinez ME.
  Source: Journal of Bone and Mineral Research : the Official Journal of the American Society for Bone and Mineral Research. 2003 January; 18(1): 78-87.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12510808&dopt=Abstract

- **Alendronate prevents loss of bone density associated with discontinuation of hormone replacement therapy: a randomized controlled trial.**
  Author(s): Ascott-Evans BH, Guanabens N, Kivinen S, Stuckey BG, Magaril CH, Vandormael K, Stych B, Melton ME.
  Source: Archives of Internal Medicine. 2003 April 14; 163(7): 789-94.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12695269&dopt=Abstract

- **Alendronate reduces the risk of multiple symptomatic fractures: results from the fracture intervention trial.**
  Author(s): Levis S, Quandt SA, Thompson D, Scott J, Schneider DL, Ross PD, Black D, Suryawanshi S, Hochberg M, Yates J; FIT Research Group.
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- **By the way, doctor. I recently heard that I can take Fosamax once a week for osteoporosis, rather than every day. Is it really effective when taken this way? Is there a downside?**
  Author(s): Robb-Nicholson C.
  Source: Harvard Women's Health Watch. 2001 May; 8(9): 8.
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- **By the way, doctor. My doctor prescribed Fosamax to me for osteoporosis prevention, but it upsets my stomach. Are there any other proven medications for osteoporosis prevention?**
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