

One fragility fracture occurs
every 11 seconds in women
across the EU*¹

LISTEN TO THEIR STORIES

and make your treatment decision...

BETTY

HEAR HER STORY



TEREZA

HEAR HER STORY



Patient profiles are hypothetical and not based on real patients, patient images are used for illustrative purposes only.

*Calculated based on the estimated number of incident fractures (2,858,519) sustained by women in the EU27 plus the UK and Switzerland in 2019.¹

1. Kanis JA, et al. Arch Osteoporos. 2021;16(1):82.

Betty

Age: 61 years

Female

60 kg, 1.55 m

Retired architect



Presentation

- Presented to her primary care physician with **3-week history of lower back pain**
 - Acute onset but could not recall a specific injury to her back
 - Took regular over-the-counter pain relief
 - Pain was gradually worsening
- Her physician requested **X-ray imaging**
- A new vertebral fracture was identified: **wedge fracture at T12**

Relevant history

- No previous fractures
- No family history of osteoporosis
- History of migraine (brain MRI was normal), treated with NSAID
- No history of MI or stroke
- History of high cholesterol, but well-controlled on a statin for several years (cholesterol/HDL ratio: 2.8)
- Systolic blood pressure: 140 mmHg
- No previous steroid exposure
- Drinks socially
- Non-smoker
- Active lifestyle and well-balanced diet

ASSESS BETTY'S RISK OF A SECONDARY FRACTURE

EVENITY® (romosozumab) is contraindicated in patients with hypersensitivity to the active substance(s) or any excipients, hypocalcaemia or a history of MI or stroke. ¹

Patient profiles are hypothetical and not based on real patients; patient images are used for illustrative purposes only.

HDL, high-density lipoprotein; MI, myocardial infarction; MRI, magnetic resonance imaging; NSAID, non-steroidal anti-inflammatory drug; T, thoracic vertebra.
1. EVENITY® (romosozumab) EU SmPC. https://www.ema.europa.eu/en/documents/product-information/evenity-epar-product-information_en.pdf. Accessed February 2026.

Betty

Age: 61 years

Female

60 kg, 1.55 m

Retired architect



Clinical evaluation

Betty was referred for a DXA scan

- BMD T-scores: **LS: -2.9 | FN: -2.6**

FRAX[®] assessment¹

- 10-year risk of **MOF: 18%**
- 10-year risk of **hip fracture: 5.1%**

Betty was diagnosed with severe postmenopausal osteoporosis

- Defined as BMD T-score < -2.5 and presence of fracture²⁻⁴

Urgent treatment is required to reduce the risk of another fracture^{2,5}

**CREATE BETTY'S
MANAGEMENT PLAN**



Why is **EVENITY FIRST** a suitable approach for Betty?

Patient considerations¹

- Severe postmenopausal osteoporosis
 - LS and FN T-scores less than -2.5
 - Vertebral fragility fracture
- High fracture risk
 - 18% risk of MOF in next 10 years²
- No history of MI or stroke
- Normal serum calcium

Treatment considerations¹

- Dual-effect mechanism of action (↑ bone formation, ↓ bone resorption)
- Rapid bone-building effect
- Convenient dosing (210 mg, administered as two subcutaneous injections of 105 mg each, once-monthly for 12 months)

**FINALISE BETTY'S
MANAGEMENT PLAN**

In the EU, EVENITY is indicated in treatment of severe osteoporosis in postmenopausal women at high risk of fracture.¹ Licenses may vary by country. Please always refer to the Prescribing Information in your country before prescribing any drug. Prescribing information is available at this booth. Adverse events should be reported. Reporting forms and information can be obtained from your local regulatory authority. Adverse events should also be reported to UCB. EVENITY is contraindicated in patients with hypersensitivity to the active substance(s) or any excipients, hypocalcaemia or a history of MI or stroke.¹

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FN, femoral neck; FRAX®, Fracture Risk Assessment Tool; LS, lumbar spine; MI, myocardial infarction; MOF, major osteoporotic fracture.

1. EVENITY (romosozumab) EU SmPC. https://www.ema.europa.eu/en/documents/product-information/evenity-epar-product-information_en.pdf. Accessed February 2026.

2. FRAX® calculation tool. <https://www.fraxplus.org/calculation-tool>. Accessed February 2026.

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Betty's management plan

STEP 1

Build bone rapidly
for 12 months with
EVENTITY FIRST
to reduce the risk of
further fractures¹⁻³

STEP 2

After 12 months, transition
to **antiresorptive therapy** to
extend the treatment benefit
achieved with **EVENTITY**^{1,3}

That's the **sequence**.^{1,2}

TEREZA'S STORY

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1. EVENTITY (romosozumab) EU SmPC. https://www.ema.europa.eu/en/documents/product-information/eventity-epar-product-information_en.pdf Accessed February 2026.
2. Saag KG, et al. N Engl J Med. 2017;377(15):1417-27. 3. Shoback D, et al. J Clin Endocrinol Metab. 2020;105(3):587-94.

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Tereza

Age: 66 years

Female

58 kg, 1.68 m

Shop manager



Presentation

- Presented to emergency room with **severe pain in her right wrist after a fall**
 - Fell onto an outstretched arm while walking the dog
 - Wrist was swollen and deformed, and movement was restricted by pain
 - Fracture of right distal radius
- A **Colles fracture was identified on X-ray imaging**
 - Fracture of right distal radius
- Wrist was immobilised with a **cast and pain relief was prescribed**
- Tereza was referred to the fracture liaison service

Relevant history

- Rheumatoid arthritis, well-managed with anti-TNF and methotrexate
- No family history of osteoporosis
- Cholesterol/HDL ratio: 2.5
- Systolic blood pressure: 131 mmHg
- No history of MI or stroke
- Socially drinks alcohol
- Smoker (5-10 cigarettes/day)

**CONTINUE TEREZA'S
CLINICAL EVALUATION**

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HDL, high-density lipoprotein; MI, myocardial infarction; TNF, tumour necrosis factor.

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Tereza

Age: 66 years

Female

58 kg, 1.68 m

Shop manager



Clinical evaluation

Spinal X-ray imaging revealed two previously undiagnosed vertebral fractures at T11 and L1

A DXA scan was requested

- BMD T-scores:
LS: **-3.5** | FN: **-2.9** | Forearm: **-3.4**

FRAX[®] assessment¹

- 10-year risk of **MOF: 31%**
- 10-year risk of **hip fracture: 17%**

Tereza was diagnosed with severe postmenopausal osteoporosis

- Defined as BMD T-score < -2.5 and presence of fracture²⁻⁴

Urgent treatment is required to reduce the risk of another fracture^{2,5}

**CREATE TEREZAS'S
MANAGEMENT PLAN**

Patient profiles are hypothetical and not based on real patients, patient images are used for illustrative purposes only.
BMD, bone mineral density; DXA, dual-energy X-ray absorptiometry; FN, femoral neck; FRAX[®], Fracture Risk Assessment Tool;

L, lumbar vertebra; LS, lumbar spine; MOF, major osteoporotic fracture; T, thoracic vertebra.
1. FRAX[®] calculation tool. <https://www.fraxplus.org/calculation-tool>. Accessed February 2026. 2. Shoback D, et al. J Clin Endocrinol Metab. 2020;105(3):587-94.
3. Ferrari S, et al. Swiss Med Wkly. 2020;150:w20952. 4. Riancho JA, et al. Rev Osteoporos Metab Miner. 2022;14(1):5-12.
5. van Geel TA, et al. Ann Rheum Dis. 2009;68:99-102.



Why is **EVENITY FIRST** a suitable approach for Tereza?

Patient considerations¹

- Severe postmenopausal osteoporosis
 - LS and FN T-scores less than -2.5
 - Multiple fragility fractures
- Very high fracture risk
 - 31% risk of MOF in next 10 years²
- No history of MI or stroke
- Normal serum calcium

Treatment considerations¹

- Dual-effect mechanism of action (↑ bone formation, ↓ bone resorption)
- Rapid bone-building effect
- Convenient dosing (210 mg, administered as two subcutaneous injections of 105 mg each, once-monthly for 12 months)

**FINALISE TEREZA'S
MANAGEMENT PLAN**

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Tereza's management plan

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That's the **sequence**.^{1,2}

BETTY'S STORY

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EU and UK

Prescribing Information

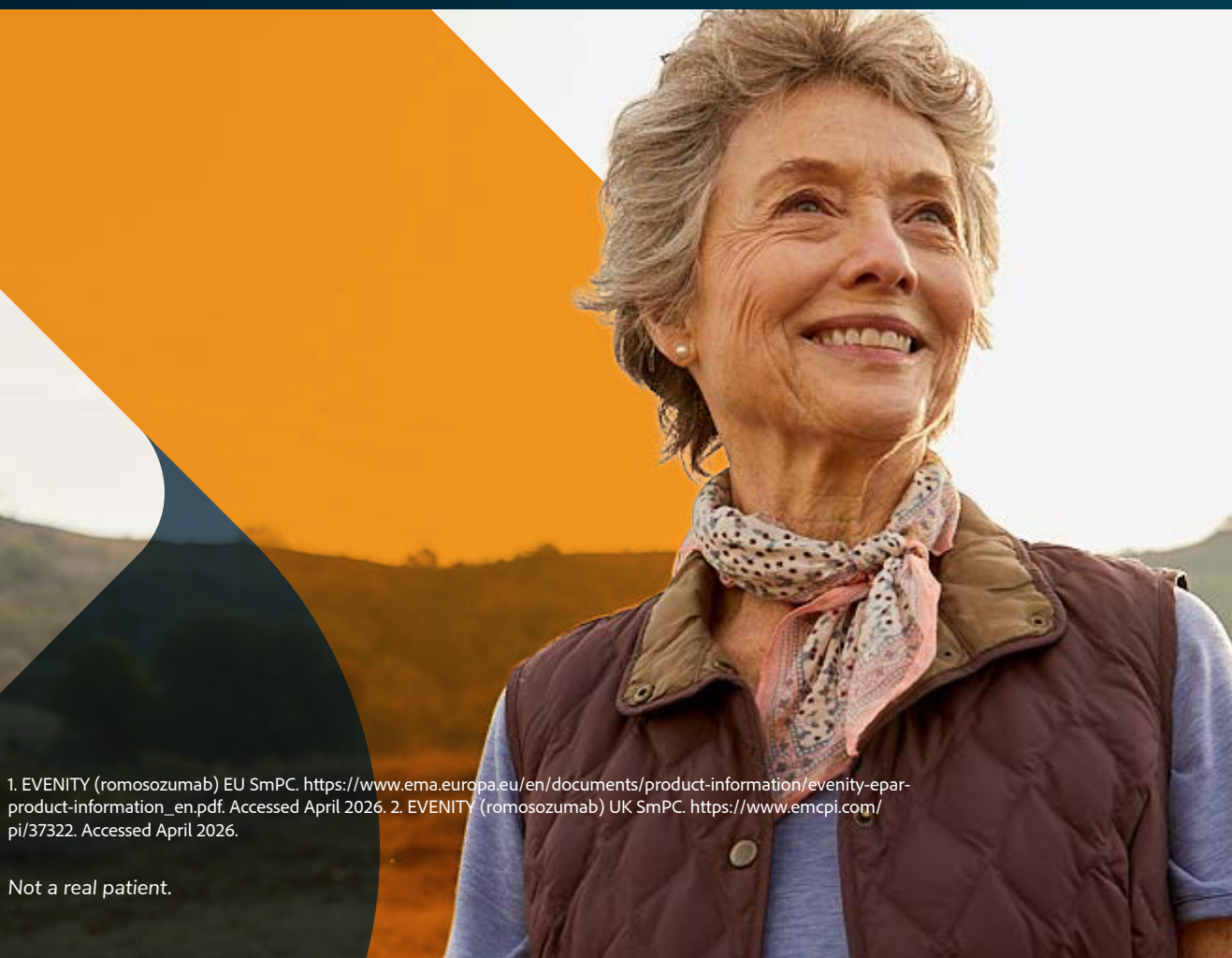
In the EU and the UK, EVENITY is indicated in treatment of severe osteoporosis in postmenopausal women at high risk of fracture.^{1,2} Licenses may vary by country, please always refer to the Prescribing Information (PI) in your country before prescribing any drug. Adverse events should be reported. Reporting forms and information can be obtained from your local regulatory authority. For UK healthcare professionals, reporting forms and information can be found at <https://yellowcard.mhra.gov.uk/>. Adverse events should also be reported to UCB.

Adverse events considered very common ($\geq 1/10$) with romosozumab include nasopharyngitis and arthralgia. Adverse events considered common ($\geq 1/100$ to $< 1/10$) with romosozumab include hypersensitivity, sinusitis, rash, dermatitis, headache, neck pain, muscle spasms and injection-site reactions.¹ Please refer to Prescribing Information available within this material for a full list of possible adverse events.

The full EU SmPC can be found [HERE](#).

The full UK Prescribing Information can be found [HERE](#).

For Irish Prescribing Information, please scroll to the next page of this material.



1. EVENITY (romosozumab) EU SmPC. https://www.ema.europa.eu/en/documents/product-information/evenity-epar-product-information_en.pdf. Accessed April 2026. 2. EVENITY (romosozumab) UK SmPC. <https://www.emcpi.com/pi/37322>. Accessed April 2026.

Republic of Ireland

Prescribing Information

Adverse events should be reported. Reporting forms and information can be found at www.hpra.ie/homepage/about-us/report-an-issue. Adverse events should also be reported to UCB (Pharma) Ireland Ltd at ucbcares.ie@ucb.com or 1800 930075.

PRESCRIBING INFORMATION FOR HCPs IN REPUBLIC OF IRELAND

(Please consult the Summary of Product Characteristics (SmPC) before prescribing)

EVENTITY® (romosozumab) Active Ingredient: Romosozumab – solution for injection: 105 mg of romosozumab in 1.17 mL of solution (90 mg/mL).

Indications: Severe osteoporosis in postmenopausal women at high risk of fracture.

Dosage and Administration: Treatment should be initiated and supervised by specialist physicians experienced in the management of osteoporosis. Dosage: 210 mg administered as two equal subcutaneous injections of 105 mg each once monthly for 12 months. Patients to be adequately supplemented with calcium and vitamin D before and during treatment. Following completion of therapy, transition to antiresorptive therapy is recommended. **Renal impairment:** No dose adjustment is needed. Serum calcium to be monitored in patients with severe renal impairment or receiving dialysis. **Elderly:** No dose adjustment needed. **Discontinuation:** see SmPC for guidance.

Contraindications, Warnings, Precautions for use: Contraindications: Hypersensitivity to romosozumab or to any of the excipients listed in the SmPC; Hypocalcaemia; History of myocardial infarction or stroke.

Warnings and Precautions: Myocardial infarction and stroke: An increase in serious cases of cardiovascular events has been observed in romosozumab treated patients compared to controls. Consideration should be given to fracture risk over the next year and cardiovascular risk factors. If a patient experiences a myocardial infarction or stroke during therapy, treatment should be discontinued. **Hypocalcaemia:** Transient hypocalcaemia has been observed. Hypocalcaemia should be corrected prior to initiating romosozumab. Limited safety data in patients with severe renal impairment or receiving dialysis - calcium levels should be monitored in these patients. **Hypersensitivity:** Erythema multiforme, angioedema and urticaria have been reported. **Osteonecrosis of the jaw (ONJ):** Consider risk factors when evaluating risk of developing ONJ. **Atypical femoral fractures:** Atypical low-energy or low trauma fracture of the femoral shaft have been reported rarely. Consider interruption of romosozumab in patients presenting with an atypical femur fracture, based on an individual benefit-risk assessment. **Refer to SmPC for full information.** **Interactions:** No data available.

Fertility, pregnancy and lactation: Not to be used in child-bearing potential, pregnant or breastfeeding women. Risk for malformations of developing digits in the human foetus in the first trimester, a period when placental transfer of immunoglobulins is limited. No data available on human fertility.

Driving and use of machines: No or negligible influence on ability to drive and use machines.

Adverse Effects: Very Common ($\geq 1/10$): Nasopharyngitis, arthralgia. Common ($\geq 1/100$ to $< 1/10$): Sinusitis, hypersensitivity, rash, dermatitis, headache, neck pain, muscle spasms, injection site reactions. Uncommon ($\geq 1/1,000$ to $< 1/100$): Urticaria, hypocalcaemia, stroke, cataract, myocardial infarction. Rare ($\geq 1/10,000$ to $< 1/1,000$): angioedema, erythema multiforme. See SmPC for further details.

Pharmaceutical Precautions: Store in a refrigerator (2°C – 8°C) in original container, do not freeze. Keep pre-filled pen in the outer carton in order to protect from light. Do not return to refrigerator after use; EVENTITY can be kept at up to 25°C for up to 30 days in original container. Product should be discarded after this period.

Legal Category: POM

Marketing Authorisation Numbers: EU/1/19/1411/001

Marketing Authorisation Holder: UCB Pharma S.A., Allée de la Recherche 60, B-1070 Brussels, Belgium. Further information is available from: Republic of Ireland: UCB (Pharma) Ireland Ltd, United Drug House, Magna Drive, Magna Business Park, City West Road, Dublin 24, Ireland Tel: +353 1463 2371 Email: ucbcares.ie@ucb.com

Date of Revision: Aug 2024 (IE-RM-2400111) EVENTITY is a registered trademark.