Correction to: Romosozumab: A Review in Postmenopausal Osteoporosis

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Correction to: Drugs & Aging
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Unfortunately the following sections were published incorrectly in the original article.

Section 2: Pharmacodynamics

In Paragraph 2, the following sentence which previously read:

“In FRAME [11] and ARCH subgroup analyses ($n = 266$ in ARCH [12]) and in the STRUCTURE [13] study, P1NP levels peaked in the first month with romosozumab before falling below baseline levels after 6–12 months; at months 1 and 12 (and at month 13 in FRAME [11]), P1NP levels in the romosozumab group were significantly increased compared with baseline levels ($p = 0.006$) [11, 13] and with other treatments (alendronate, an antiresorptive agent [12] and teriparatide [13]; $p = 0.001$ for both comparisons).”

Should read:

“In FRAME [11] and ARCH substudies ($n = 266$ in ARCH [12]) and in the STRUCTURE [13] study, P1NP levels peaked in the first month with romosozumab before falling closer to [13] or below [11,12] baseline levels after 6–12 months. At month 12 (after which point patients switched treatments; see Sect. 4), P1NP levels were significantly reduced in patients who had received romosozumab compared with baseline levels ($p \leq 0.006$) [11,13] and

teriparatide in STRUCTURE ($p \leq 0.001$) [13], but higher than with alendronate in ARCH ($p < 0.001$) [12].”

Section 4: Therapeutic Efficacy

In Paragraph 1, the following sentence which previously read:

“The efficacy of subcutaneous romosozumab 210 mg in ambulatory postmenopausal women with osteoporosis was investigated in the 24-month [11] or ≥ 24 -month [12], double-blind, multinational, pivotal, phase III FRAME ($n = 7180$) [11] and ($n = 4093$) [12] trials, and the 12-month, open-label, multinational phase IIIb STRUCTURE trial ($n = 436$) [13].”

Should read:

“The efficacy of subcutaneous romosozumab 210 mg in ambulatory postmenopausal women with osteoporosis was investigated in the 24-month [11] or ≥ 24 -month [12], double-blind, multinational, pivotal, phase III FRAME ($n = 7180$) [11] and ARCH ($n = 4093$) [12] trials, and the 12-month, open-label, multinational phase IIIb STRUCTURE trial ($n = 436$) [13].”

Section 4.1: Incidence of Fractures

In Paragraph 2, the following sentence which previously read:

“After 24 months in FRAME, this risk was reduced by 33% in the romosozumab-to-denosumab group relative to the denosumab-only group (Table 1); this endpoint was considered to be exploratory due to previous endpoints in the testing sequence (cumulative incidences of nonvertebral fracture after 12 and 24 months) not reaching statistical significance [11].”

The original article can be found online at <https://doi.org/10.1007/s40266-020-00793-8>.

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Should read:

“After 24 months in FRAME, this risk was reduced by 33% in the romosozumab-to-denosumab group relative to the placebo-to-denosumab group (Table 1); this endpoint was considered to be exploratory due to previous endpoints in the testing sequence (cumulative incidences of nonvertebral fracture after 12 and 24 months) not reaching statistical significance [11].”

Section 6: Place of Romosozumab in the Management of Postmenopausal Osteoporosis

In Paragraph 2, the following sentences which previously read:

“Of note, while the risk of nonvertebral fracture was not significantly improved after 12 months’ treatment with

romosozumab, it appeared to improve 1–2 years after patients had switched to another anti-osteoporotic treatment (Sect. 4.1). Further studies may help in better determining whether this delay in benefit is directly related to romosozumab treatment.”

Should read:

“Of note, while the risk of nonvertebral fracture was not significantly improved after 12 months’ treatment with romosozumab (potentially reflecting a lack of statistical power), it appeared to improve 1–2 years after patients had switched to another anti-osteoporotic treatment (Sect. 4.1).”

The Original article has been corrected.