Preface

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A number of recent reports have illustrated both the adverse effects of growth hormone deficiency (GHD) on bone and the benefits of growth hormone (GH) therapy in patients with GHD. However, there are inconsistencies in the findings of these studies, and the results are debated. A large part of the discussion has centred on the question of which bone parameters are the best markers of bone strength and fracture risk. The lack of an ideal methodology for assessing bone strength is a major challenge to the study of the effects of GHD and GH replacement therapy on bone.

The standardization of methodology has been the main objective of a series of expert meetings that have provided a forum for debate and the exchange of views regarding disputed aspects of GH therapy and growth disorders. The 1st KIGS (Pharmacia International Growth Database) Expert Meeting on Growth and Growth Disorders was held in November 1995 in Positano, Italy. The contributions to this meeting on auxological standards for height, bone maturation and bone age rating were published as a supplement to *Hormone Research* (1996, vol. 45, suppl. 2). The evaluation of body composition in children and various issues relating to children born short for gestational age were the focus of the 2nd KIGS Expert Meeting, held a year later at Lake Como, Italy. The discussions were again published in *Hormone Research* (1997, vol. 48, suppl. 1). The next such meeting was held in Sorrento, Italy, in November 1998. Expanded to include KIMS (Pharmacia International Metabolic Database), this 3rd KIGS/KIMS Expert Meeting covered the

measurement of GH in the clinical setting. It also featured analyses of large-scale databases such as KIGS and KIMS and their importance in evidence-based medicine (*Hormone Research* 1999, vol. 51, suppl. 1).

In November 1999, endocrinologists, orthopaedists and biophysicists from around the world were invited to the 4th KIGS/KIMS Expert Meeting in Taormina, Italy. Various aspects of GH and bone were discussed, including the advantages and disadvantages of different markers of bone strength and means of assessing fracture risk. Throughout the meeting, participants stressed the need for further research in this area. It was recognized that pharmacoepidemiological surveys, such as KIGS and KIMS, are valuable sources of data and make an important contribution to the development of evidence-based medicine.

The participants would like to express their gratitude to Ms Annika Wallström, Dr Patrick Wilton, Elizabeth Hernberg-Ståhl and Pharmacia Corporation, Stockholm, for their ongoing support of these expert meetings. The editors want to thank both the members of the KIGS/KIMS Strategic Planning Committees and the invited experts for their participation and valuable contributions. The editors are hopeful that those involved in the treatment of children and adults with GHD will find the information discussed at the 4th KIGS/KIMS Expert Meeting, and presented in this supplement, to be beneficial in the clinical setting and that the organizers will continue to support these meetings in the future.