Public Comments

- **Name:** John FitzGerald
- **Institution:** UCLA
- **Position:** N/A
- **Disclosure (optional):** Nothing to disclose.

Comment:
I thought the PICO questions were well formulated and comprehensive.

- **Name:** Sue Romanick
- **Institution:** Self-employed
- **Position:** physician-owner
- **Disclosure (optional):** Nothing to disclose.

Comment:
So if patient is young do they need FRAX eval if, say, had bulimia in past or had been on steroids for asthma then based on risk factors and % chance of major/hip # start OP prophylaxis? How high or for how long prednisone before starting antiresorptive agents for anyone? How long to continue if maintained on low dose prednisone "for years" as may be required in some conditions? If at risk for AVN like breast Ca and past corticosteroids, because AVN more likely with stronger antiresorptive agents, which drugs are a better choice? What if HEALTHCARE COMPANIES ARE TURNING DOWN PREAUTHORIZATION PERMISSION FOR MEDICATIONS THAT ARE IN FACT INDICATED? (One of my patients was turned down for getting PREDNISONE for new diagnosis of GIANT CELL ARTERITIS so now we need to work into guidelines how to prevent the health insurance companies from denying appropriate meds !!!)

- **Name:** Liana Fraenkel
- **Institution:** Yale University
- **Position:** N/A
- **Disclosure (optional):** Nothing to disclose

Comment:
Outcome: Is bone loss being considered as a benefit?
Is the comparison Cal + D + Lifestyle vs Lifestyle alone being considered?
Is Vitamin D alone being considered as an option (ie without calcium?)
Is lifestyle being considered as an option for populations other than those at low risk?
Will the panel comment on food vs supplements?
Will previous treatment be specified in the population criteria (ie treatment naïve versus treatment with one or more of meds)?
Is there a mistake in the PICO questions for Age <40 (P: "Women age 40-50....)?
Are we considering premenopausal women who are at lower risk than “very low bone mass”?

- **Name:** Sue Wolver
- **Institution:** VCU Medical Center
- **Position: N/A**
- **Disclosure (optional):** Nothing to disclosure.

Comment:

Looks good to me. Thanks. A lot of hard work clearly went into putting this together.

- **Name:** Kim Liang
- **Institution:**
- **Position:**
- **Disclosure (optional):** Nothing to disclosure.

Comment:

Overall, I think the project plan is excellent and appropriate. Clinically, there are certain special populations where I would be particularly interested in having ACR Guidelines for GIOP address to some degree:

1) Patients with "normal" bone density by DEXA but with multiple (2 or more) non-fragility fractures (e.g., from known trauma or from more than just standing-height), on chronic steroids >5 mg/day.

2) Patients with "normal" bone density by DEXA but with 1 (or more) fragility fractures (i.e., from standing height or less), on chronic steroids >5 mg/day.

3) Patients with vitamin D insufficiency/deficiency (i.e., 25-OH vit D < 30 ng/ml) -- is there an optimal baseline vitamin D level one should ensure before starting bisphosphonates? Also, should there be a caveat to the "control" treatment of "calcium and vitamin D" whereby levels of baseline vitamin D are taken into account?

- **Name:** Doug White
- **Institution:** Gundersen
- **Position:** NA
- **Disclosure (optional):** I have nothing to disclose

Comment:

This looks like an extremely well done and thorough examination of the topic. The only question of interest to me based on my daily practice that I didn't see explicitly addressed is the safety of bisphosphonates in women of child-bearing age. I remember being cautioned about this as a fellow (due to the long biologic half-life of the drugs and therefore the potential exposure to a fetus even if mom quit taking the drug prior to conception) but have not seen that addressed since.

- **Name:** Michael Holers
- **Institution:** University of Colorado School of Medicine
- **Position:** Professor of Medicine
- **Disclosure (optional):** I have nothing to disclose.

Comment:

After reviewing the documents, the plan to develop guidelines for GIOP appears to be well formulated, timely and of reasonably high priority. I am in support of the initiative as outlined.

- **Name:** Edward Herzig
- **Institution:** Mercy Health
- **Position:** Physician
- **Disclosure (optional):** I have nothing to disclose.

Comment:

Generally follows current clinical practice by most community Rheumatologists. The grid is easy to read and will be used more often than the narrative. Unclear which FRAX is referred--hip, spine wrist or any of the above?

- **Name:** Alexander Wilson
- **Institution:** GMCC , Gloucester VA
- **Position:** Attending Rheumatologist
- **Disclosure (optional):** I have nothing to disclose

Comment:

This is a cumbersome process. The original guidelines were remarkably self-congratulatory on methodological rigor. Unfortunately the analysis and ratings were deficit despite the distinguished co-author cast. Most disappointing is the analysis of bisphosphonate and teriparatide papers leading to a subordinate ranking of the later. Multiple errors were made in this process. Some suggestions

1.) Shorten literature cutoff date to final publication time

2.) Include experienced clinicians in the assessment and grading of individual papers

3.) Find ways to shorten the process

4.) Do not send it out for endorsements if you are unwilling to consider revisions.

- **Name:** Maren Mahowald
- **Institution:** Mpls VA/ Univ of MN
- **Position:** Full Professor
- **Disclosure (optional):** I have nothing to disclose.

Comment:

Committee lead by Dr. Buckley will be thorough and independent of pharmaceutical company influence. Applaud the foundation of evidence based information which will lead to evidence based recommendations. The PICO outline is confusing at spots:

- Would have a brief description of FAX risk
- B is unclear
- C repeats first line of B
- Pre-menopausal women could be condensed to two categories
- E&F (non-healing fractures) needs clarification
- Reassessment section could be condensed
- Would define " dental conditions"

Otherwise classification scheme will be efficient in analyzing the data