

ISCD Fourth
Position Development Conference
July 20-22, 2007



Presented by Sanford Baim and Neil Binkley

ISCD Fourth Position Development Conference Organization

- Steering Committee
 - Sanford Baim, MD (Chair)
 - Neil Binkley, MD
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- Moderators
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 - Stuart Silverman
- Marty Rotblatt – CAE, Associate Director ISCD

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Expert Panel

Sue Broy

Harry Genant (IBMS)

Claus Gluer

Akira Itabashi

Larry Jankowski

Michael Kleerkoper (NOF)

William Leslie

Marjorie Luckey

Paul Miller

Sergio Ortolani

Steven Petak

Sergio Ragi-Eis

Lawrence G. Raisz
(ASBMR)

Diane Schneider

Technical issues

Task Force Chair – Christine Simonelli

- What are the guidelines for BMD assessment in men?
- How should we classify BMD in perimenopausal women (and how is perimenopause defined in clinical practice)?
- How do we define and interpret high BMD?

Task Force Members: JoAnn P. Caudill (USA), Aliya Khan (Canada), Edward S. Leib (USA), Glenn Blake (UK), Mike Maricic (USA), Sergio Ragi Eis (Brazil)

VFA

Task Force Chair – John T. Schousboe

- Re-examine all indications for VFA and stress their importance?
- What is the most appropriate method for defining a vertebral fracture and excluding non-fracture deformities and confounding factors?
- Is the accuracy of VFA alone sufficient to diagnose vertebral fracture(s) and initiate treatment?
- What are the medical legal responsibilities of interpreting VFA scans?

Task Force Members: Susan Broy (USA), Lynne Ferrar (UK), Tamara Vokes (USA), Fergus McKiernan (USA)

QCT and pQCT

Task Force Chair – Klaus Engelke

- Can QCT/pQCT be used for:
 - Fracture risk assessment?
 - Diagnosis of osteoporosis?
 - Initiate treatment?
 - Monitor treatment?
- How should QCT/pQCT be interpreted and reported?
- What are the quality control criteria for QCT/pQCT?

Task Force Members: Judith E. Adams (UK), Cesar E. Bogado (ARG), Mary L. Bouxsein (USA), Felix Eckstein (GER), Dieter Felsenberg (Austria), Masako Ito (JP), Sven Prevrhal (USA)

QUS

Task Force Chair – Marc-Antoine Krieg

- Can QUS be used for:
 - Fracture risk assessment?
 - Diagnosis of osteoporosis?
 - Initiate treatment?
 - Monitor treatment?
- How should QUS be interpreted and reported?
- What are the quality control criteria for QUS?

Task Force Members: Alison Stewart (UK), Christian Roux (FR), Paul D. Miller (USA), Reinhart Barkmann (GER), Wojciech P. Olszynski (CAN), Stefano Gonnelli (IT), Saeko Fujiwara (JP), Ethel S. Siris (USA), Peyman Hadji (GER), Douglas C Bauer (USA), Robert S. Siffert (USA), Jonathan Kaufman (USA), Roman Lorenc (POL), J. Huopio, Kuopio (FIN), Kaoru Yamazaki (JP), Anne-Marie Schott (FR), Luis Del Rio Barquero (SP)

Peripheral DXA

Task Force Chair – David Reid / Elliott Schwartz

- Can pDXA be used for:
 - Fracture risk assessment?
 - Diagnosis of osteoporosis?
 - Initiate treatment?
 - Monitor treatment?
- How should pDXA be interpreted and reported?
- What are the quality control criteria for pDXA?

Task Force Members: John Fordham (UK), Gen Blake (UK), Thomas Fuerst (USA), Ethel Siris (USA), Dr Michael Jergas (GER), Prof Peyman Hadji (GER), Akira Itabashi (JP), Elliot Shwartz (USA), John Shepherd (USA)

Case Presentations

Case TIP

- 48 year old Caucasian female 66 cm. tall weighing 105 lbs
- Irregular menses for three years (last menses 3 months ago)
- Fractured right wrist one year ago
- Long term smoker
- History of rheumatoid arthritis (active)
 - Methotrexate 12.5 mg/week
 - Enbrel 50 mg/week
 - Prednisone 4 mg/d
- Is patient at increased risk for future fractures?
- Should a DXA be performed?

Case TIMa

- 66 year old Caucasian male office clerk 68 inches tall weighing 144 lbs.
- Sustained a rib fracture after tripping over telephone cord 6 months ago
- Should a DXA be performed?
- How should BMD interpreted?

Case TIMb

- 48 year old Caucasian male
- Cigarette smoker 1½ ppd for 20 years
- Consumed 3 beers a day for 20 years
- Loss of libido for past 3 years
- Tripped over a parking space concrete curb while running after his girlfriend fracturing 3 ribs
- Should a DXA be performed?
- How should BMD interpreted?

Case VF

- 77 year old female with COPD
- Historical height loss of 5 cm
- BMD total hip T -1.8
- Should a VFA be performed to exclude prevalent vertebral fractures?
- What technique should be used for identification of vertebral fractures?
- When should a VFA be repeated?
- What should the VFA report comment on?

Case QC

- 69 year old woman from Germany visiting her daughter in the US asks you (son-in-law physician) whether her QCT report from Heidelberg is cause for concern?
 - Lumbar Spine T –3.4
- Can BMD be used to predict her fracture risk, diagnose osteoporosis, initiate therapy and monitor treatment?