



August 3, 2010

The U.S. Preventive Services Task Force
Agency for Healthcare Research and Quality (AHRQ)
540 Gaither Road
Rockville, MD 20850

Dear U.S. Preventive Services Task Force:

On behalf of The Endocrine Society, thank you for considering our comments on the U.S. Preventive Services Task Force Recommendation Statement on Screening for Osteoporosis. The Endocrine Society is the world's largest and most active professional organization of endocrinologists representing over 14,000 members worldwide. We are dedicated to quality research, patient care, and education. Many Endocrine Society members provide osteoporosis screening services and care for patients with osteoporosis.

The Endocrine Society thanks the USPSTF for their attention to the important issue of osteoporosis screening. With the provisions contained in the recently enacted Accountable Care Act requiring health insurance plans to fully cover preventive services that receive an "A" or "B" recommendation from the Task Force, your recommendations will have an important impact on the health of many individuals.

Recommendations on Screening Women

The Society applauds your recommendation to increase screening for women ages 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old woman who has no additional risk factors. In the discussion of screening intervals however, the USPSTF references information from just one study to discuss repeat bone mineral density (BMD) measurements. The Hillier paper (2007) concludes that repeat BMD measurements do not significantly improve the ability of the initial DXA to predict fracture in older postmenopausal women; it does not discuss, however, the importance of change in bone density over time in younger postmenopausal patients, patients with glucocorticoid induced osteoporosis or those patients taking aromatase inhibitors, GnRH inhibitors or other medications known to affect bone density. The task force statement does not specifically mention an appropriate screening interval and health insurance plans may use this discussion to prevent appropriate bone densitometry follow-up in patients who may be at high risk for bone loss over time. The Society recommends that the Task Force identify an appropriate screening interval in its final recommendations.

Recommendations on Screening Men

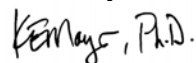
The Task Force identifies that there are insufficient data for general screening in men. Despite this, The Endocrine Society believes that men that are predisposed to osteoporosis due to clinical risk factors should receive bone density scans at the same rate as women. For instance, hypogonadism in men is a condition in which the body does not produce enough testosterone. Testosterone deficiency affects 4-5 million men in the United States and places these individuals at risk for developing osteoporosis. It is estimated that 1/3 of men with osteoporosis have hypogonadism¹. Despite the clear

association of male hypogonadism with low bone density and osteoporosis¹, and the fact that effective treatments are available^{1,2,3,4,5}, bone mineral densitometry testing in these individuals is not covered by Medicare or most health insurance plans. The current paradigm leads to men with osteoporosis being underdiagnosed and undertreated, resulting in significant morbidity and mortality and cost to society^{2,6,7}.

A five-year study done by Kaiser Permanente in California tracked more than 625,000 male and female patients over the age of 50 in Southern California who had specific risk factors for osteoporosis and/or hip fractures. The implementation of a number of initiatives including increasing the use of bone density testing (DXA scans) and anti-osteoporosis medications reduced the hip fracture rates by 37 percent⁶. Although the Task Force states that men at high risk for fracture should be considered for testing, the Task Force has not made a formal recommendation for screening in men. Again, health insurance plans may misconstrue the Task Forces' lack of a recommendation to mean that few men qualify for bone densitometry testing before they fracture, despite the fact that men at high risk can be identified. The lack of specific guidance on men will likely delay important screening in those men at high risk for fracture. The Endocrine Society encourages the USPSTF to recommend bone scans for men who are predisposed to osteoporosis due to specific clinical risk factors.

Thank you for considering the Society's comments on appropriate screening for osteoporosis. We look forward to the Task Force's final recommendations, and offer our assistance as you develop these recommendations. Should you require additional information, please contact Stephanie Kutler, Director of Government Affairs, at 301-941-0254 or skutler@endo-society.org.

Sincerely,



Kelly Mayo, PhD

President

The Endocrine Society

¹ Eberling, PR. Osteoporosis in Men. N Engl J Med 2008; 358: 1474-82.

² Feldstein AC, et al. The near absence of osteoporosis treatment in older men with fractures. Osteoporosis International 2005; 16(8):953-62.

³ Lim, LS, et al. Screening for Osteoporosis in the Adult U.S. Population ACPM Position Statement on Prevention Practice. AM J Prev Med 2009; 36(4):366-375.

⁴ National Institutes of Arthritis and Musculoskeletal and Skin Diseases. Osteoporosis Overview. The U.S. Department of Health and Human Services. Cited 2 November 2008. <http://www.niams.nih.gov/bone/hi/overview.htm>.

⁵ Qaseem, A., et al. Pharmacologic Treatment of Low Bone Density or Osteoporosis to Prevent Fractures: A Clinical Practice Guideline from the American College of Physicians. Annals of Internal Medicine 2008; 149:404-415.

⁶ Dell, et al. Osteoporosis Disease Management: The Role of the Orthopaedic Surgeon J Bone Joint Surg Am. 2008; 90:188-194.

⁷ Schouseboe, JT, et al. Cost-effectiveness of Bone Densitometry Followed by Treatment of Osteoporosis in Older Men. Journal of the American Medical Association 2007; 298(6):629-637.