Comments on Kanis et al.

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Dear Editor
We have read with great interest the paper “Characteristics of recurrent fractures” of Kanis et al. [1] and appreciate their conclusion that the high imminent fracture risk within 1 year provides the rationale for very early intervention immediately after a sentinel fracture, in line with previous recommendations [2–4]. These data, presumably of untreated subjects, are therefore of extreme relevance for the Fracture Liaison Service (FLS).

However, it was difficult to deduce the number of subsequent fractures per patient and the absolute 1-year subsequent fracture incidence.

1. From the abstract, we understand that over 10 years, subsequent fractures were sustained in 28% of 1498 individuals with a sentinel hip fracture (according to Table 5, this number refers to women only). From this, we could deduce that 419 women had 984 subsequent fractures, which suggests a mean of 2.3 subsequent fractures per woman.

2. From the text, we understand that subsequent fractures were sustained in 35% of 2074 individuals with a sentinel hip fracture (women and men combined). This indicates that 726 subjects had 1221 fractures, a mean of 1.7 subsequent fractures per subject after a hip fracture.

3. Furthermore, it is stated that in individuals with a subsequent fracture following a sentinel hip fracture (n = 726), 45% sustained the first subsequent fracture within 1 year of the sentinel fracture. From this, we could calculate that 326 patients had a subsequent fracture after a recent hip fracture, which indicates an absolute imminent 1-year subsequent fracture risk of 15.7% after a sentinel hip fracture. We could only calculate this 1-year absolute fracture incidence after a sentinel hip fracture.

It would therefore be of great interest for clinicians who run or want to start an FLS if the authors could provide the results for absolute 1- and 2-year subsequent fracture incidence in women and men according to each sentinel fracture.

Sincerely,
Piet Geusens
Joop van den Bergh

Compliance with ethical standards

Conflicts of interest None.

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References