

## Results from the OFC Survey

### The Osteoporotic Fracture Campaign

**A Hoang-Kim**

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In October 2008, we conducted a survey to provide answers to the future direction of the Osteoporotic Fracture Campaign (OFC) and to gain an understanding of what the OFC means to its members and to the larger ISFR community. One year has passed and I believe that we have worked hard on improving some of the identified key areas such as “communication and improved website content”. Ms. Katherine Edwards joined the OFC for a period of 6 months to help us improve aspects of the campaign. In the International OP event taking place in Monte Carlo, Monaco December 4-5, 2009 we hope to have brought together some of the “loose” ends that came about from previous workshops, by uniting both research and educational fronts. For this event to be made possible, we would like to take the opportunity to thank Dr. Philippe Ballerio (IM2S, Monaco) and Ms. Emilie Cavernes (IM2S, Monaco) who were on the forefront of all logistical matters and local organization involving accommodation, gala dinner, catering and meeting room set-ups, as well as participant and faculty registration.

Both Chairs, Dr. Emil Schemitsch (St. Michael's Hospital, Canada) and Professor Antonio Moroni (Rizzoli Orthopaedic Institute, Italy), contributed to overseeing the event and finding support from some of our collaborative partners such as the International Osteoporosis Foundation, OTC Foundation and AO Foundation clinical priority program and industry partners. The scientific committee chair: Dr. Peter Augat (Murnau, Germany) and Ms. Tanja Hadersberger were primarily responsible for the abstract submission process, review and set up of the free paper sessions. The scientific committee members included:

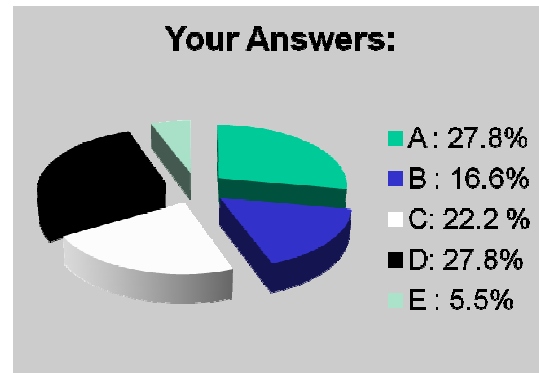
myself, Dr. Mohit Bhandari (McMaster University, Hamilton, Canada), Dr. Jorg Goldhahn (Schulthess Clinic, Zurich, Switzerland) and Professor David Marsh (University College London, Stanmore, UK) who contributed ideas to the program, the set-up for the workgroups, and the overall generation of research agendas.

### What is the OFC to the ISFR and the ISFR to the OFC?

Here are your answers from October 2008 Survey.

In your opinion, what should the primary goals of the OFC be:

- A- Education
- B- Research
- C- Networking
- D- Public and political awareness
- E - Other



List the best aspects of the OFC:

- \* Small, highly effective dedicated specialists
- \* The knowledge gained from the workshops
- \* Multidisciplinary approach
- \* International liaison
- \* High level professional network
- \* Tackling a difficult but crucial issue, which is mostly not being grappled with
- \* Workshops are excellent for relaxed but expert scientific presentations with lots of time for focused issue-based discussion with the aim of producing valuable outcomes in terms of practice and development of practice guidelines

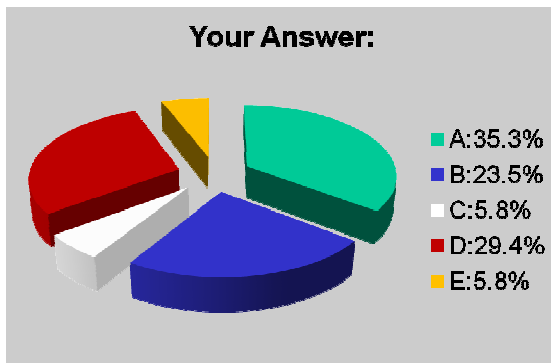
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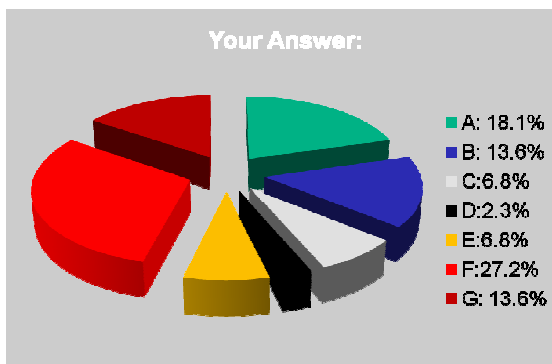
### How have you contributed to the OFC?

- A- Involved in a workshop
- B- Attended a symposium
- C- Attended a course
- D- Newsletter recipient
- E- Organizer of event



### What would you like to see in the future?

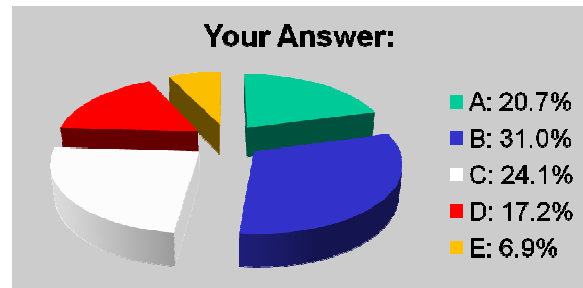
- A- Formation and continuation of OP workgroups
- B- A major OP event such as an international meeting
- C- Auditing information regarding prevention programmes
- D- ECM courses
- E- Workshop on the Spine
- F- Workshop on Fracture Healing and Implant Devices
- G- Publications



### Does your current research in osteoporosis include the following:

- A- Setting up a fracture liaison service
- B- Conducting OP Research and writing OP publications
- C- Reviewer of OP journals
- D- Coordinator of OP research or clinic
- E- None of the above

If E is your answer, explain why you feel there is a link for you or how can the OFC be further linked to you.



Answer E: should include basic research-biomechanics

### If applicable: List up to three things that you heard about at the workshops you have attended that have influenced how you treat patients with fragility fracture.

#### Answers:

- \* BP's do not delay healing
- \* Workshops are very well received by the participants
- \* Allow partnership with industry
- \* Greatest weakness is the small number of people that are included
- \* Fracture cascade, downward spiral, drug efficacy
- \* Interdisciplinary care
- \* The use of parathyroid hormone for the treatment of osteoporotic fractures, coatings of orthopaedic implants, new design for hip replacement
- \* Orthogeriatrics, biomechanics
- \* I am not a clinician, this is not my treatment group; I am a scientist not a medical practitioner
- \* A fragility fracture
- \* The apparent interactions of anti-resorptive drugs with acute fracture repair

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##### List aspects of the OFC you wish to see improved:

- \* Attempt to link orthopods and other clinicians to improve understanding of OP
- \* Fixation of osteoporotic fractures
- \* Prevention of osteoporotic fractures
- \* No recommendations
- \* The ISFR is, or should be, an organization for networking in research. So, I suppose the primary goal for the OFC should be public and political awareness
- \* Finance planning
- \* Speeding up communications, improving website
- \* Would very much like to see an association of the ISFR and the OFC since fractures and osteoporosis go hand in hand
- \* Satellite symposium or CME, joint meetings with major annual National orthopaedic societies
- \* ISFR-OFC symposium: Geriatric fracture care
- \* Multidisciplinary meeting with an overview of international experiences, guidelines, what should be the future etc..
- \* More stable funding for the opportunities we identify moving forward

The survey was piloted among the ISFR board members before being distributed electronically via the OFC and ISFR network. Most of the survey responders had been members of the OFC for 2-4 years. Feedback from this survey was immediate or else no response was assumed, also no reminder for the survey was generated.

Any and all feedback was considered helpful in shaping the OFC and its future. Responses include complete answers from at least 9 of the ISFR Executive Board Members.

The issues that were most important to responders included: the Interaction between osteoporosis treatment and fracture healing, Functional outcomes and health-related quality of life utilized in hip fracture trials, and the Implementation of best service models for multidisciplinary care and how to influence government policy. Most survey responders felt that Europe would be the ideal setting to attend an event, or within a short commute from a major, accessible airport. Comments also included the wish for OFC events to be linked to a meeting already attended by the participant/faculty such as the ORS, ASBMR, and ECTS. The majority of responders would be willing to be recruited by the OFC to lecture in their specialized area, that include topics such as fracture healing, outcomes, upper extremity, fracture fixation, hip fracture care, basic science of bone biology and biology specifically on osteoclasts and osteoblasts. Overall, responders rated their satisfaction of the OFC as excellent, suggesting that communication of OFC activities could be improved, and that the network would strengthen significantly if there was more information i.e. list of members in the network. Again, we would like to thank you for taking the time to let us know how you view the OFC and will always welcome your comments concerning our activities.