

# Osteoanabolic therapy for reduction of refracture risk after vertebral augmentation procedures? Response to Massarotti et al

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We thank Dr. Massarotti and colleagues [1] for their comments on our post hoc analysis [2] of a subgroup of patients enrolled in DANCE, a large observational study looking at the duration of teriparatide (TPTD) treatment and the incidence of non-vertebral fractures. They are correct in stating that we did not include data about adjacent vertebral fractures in patients who recently underwent vertebral augmentation. The primary outcome of DANCE was incidence of non-vertebral fractures; the collection of spine x-rays was not required. There were some “clinical vertebral” fractures reported but x-rays were not confirmed via a central reader. Therefore, we did not make any comments or claims about the impact of TPTD on incident vertebral fractures. We were pleased to show that high-risk patients who had vertebral fractures and vertebral augmentation had reduction in non-vertebral fractures with longer TPTD treatment in a pattern that was not different from the larger patient population who did not have a documented spine fracture at baseline.

We enjoyed reading the study by Dr. Massarotti and colleagues and believe their work contributes significantly to the

care of this important group of patients with vertebral fractures and vertebral augmentation.

**Compliance with ethical standards**

**Conflicts of interest** None.

## References

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2. Beall DP, Feldman RG, Gordon ML, Gruber BL, Lane JM, Valenzuela G, Yim D, Alam J, Krege JH, Krohn K (2016) Patients with prior vertebral or hip fractures treated with teriparatide in the Direct Assessment of Nonvertebral Fractures in Community Experience (DANCE) observational study. *Osteoporos Int* 27(3):1191–1198. doi:10.1007/s00198-015-3353-1

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