

	bone demineralisation. The potential for earlier intervention will be explored. The research will assess the clinical effectiveness and cost-effectiveness of serum bone marker assays. There is currently no evidence in a UK based study on which to base recommendations. It will enable future guidelines to clearly recommend an evidence based approach to the clinical utility of these tests in this group of patients.
Relevance to the NHS	By correctly assessing people and treating appropriately patient outcomes should be improved, reducing the need to access health resource. Equally, information would be obtained on the cost, necessity and benefit of bone turnover markers which would then inform decisions on whether testing should be performed in the NHS.
National priorities	No
Current evidence base	No evidence was identified.
Equality	No
Study design	Systematic review of diagnostic test and treatment studies.
Feasibility	The time scale will need to be 24–60 months to ensure adequate follow-up so that differences in interventions can be seen between the groups.
Other comments	Currently DXA scans are used to assess fracture risk, but the committee felt that it would be useful to know if bone turnover markers could be used as a surrogate marker for fracture risk. The committee noted that theoretically bone turnover markers could be better than DXA scans in assessing fracture risk.
Importance	<ul style="list-style-type: none"> High: the research is essential to inform future updates of key recommendations in the guideline.

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Draft for consultation