

Dear Kate

I have one main comment on the appraisal, concerning the primary prevention indication. I agree with the idea of trying to set a threshold of fracture risk for use of denosumab in primary prevention. However, using the table from NICE TAG 160 concerning strontium is to my mind not really an option given the recent successful appeal by strontium which has forced NICE to drop this. I can understand the desire to be consistent with TAG 160, in which case there might be a case for using another table eg that relating to risedronate. Having said that, the various risk factor tables included in TAG 160 have not been widely taken up in clinical practice, and in my view a better option would be to use a ten year fracture risk cut-off as calculated by the WHO frax tool.

Yours

Jon Tobias