Author’s response to reviews

Title: Expert consensus on relevant risk predictors for the occurrence of osteoporotic fractures in specific clinical subgroups – Delphi Survey

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Author’s response to reviews:

Dear Dr. Stein, dear members of the Editorial Board,

Thank you very much for considering our paper as potentially acceptable for publication. Furthermore, we would like to thank you and the reviewers for the substantial suggestions and inputs contributing to improve the manuscript. Please find attached a point-by-point reply of the comments and a revised clean version of the manuscript.

We all look forward to hearing from you again soon.

Also on behalf of my co-authors,

Yours sincerely,

Nicolas S. Bodmer

Point-to-Point-reply

Editor Comments: The experts who participated in this consensus should be noted, in the manuscript or as an acknowledgment.

Our Reply: We invited the participants to this Delphi Study with the promise to allow the experts to participate anonymously to ensure a result that is not influenced by major opinion leaders or
other parties (described in Fink et al. “Experts who participate in a Delphi are polled individually and anonymously,...”).

Therefore, we would prefer to refrain from publishing the names in the acknowledgement.

Reviewer 1

No changes

Reviewer 2

P2 line 28 - Describe in full before abbreviation.

Our Reply: Abstract, line 28: Changed to “WHO fracture risk assessment tool (FRAX)”

P2 line 31 - This should be a "modified Delphi" given it is only two rounds.

Our Reply: Abstract, line 31 and Methods section, line 71: Changed to «modified Delphi»

P3 line 56 - Reference for absence of consensus impeding therapy decisions.

Our Reply: There is an ongoing discussion about incorporating additional parameters in the risk assessment. The risk assessment is dependent of the included parameters and consequently the treatment decision is also dependent of the parameters used in the assessment.

References regarding discussions about additional parameters and assessment tools are References 2, 3, 9 of the current submission.

P3 line 59 - Under consideration by whom? Reference for this.

Our Reply: Various experts try to improve fracture prediction by adapting the used risk assessment tools. As an example, see reference 2, 3 (line 62 and 64).

Background section, line 59, changed to: “Incorporating additional parameters as well as adaptations of predictors are under consideration by osteoporosis experts aiming at an optimized fracture prediction. For instance, a previous unspecific fracture is classified as a risk factor by the WHO tool. This potentially includes low trauma metatarsal fracture, although it is questionable whether fractures of the hand and foot are predictors at all.(2)”

P3 line 64 - Expression, "The ongoing research" needs to be improved.

Our Reply: Thank you – agreed! We revised as follows (background section, line 64): “Several researchers raised the question, whether early identification of higher fracture risk could be improved.”
P3 line 64 - This is a "modified Delphi"

Our Reply: Background section, line 68: Changed to «modified Delphi»

P4 line 76 - Reference for not needing ethics (there are multiple Delphi published that have described why ethics is not required).

Our Reply: The reason why ethics is not required for this Delphi study is that it does not fall within the scope of application of the Human Research Act (HRA). (as stated in the manuscript, declaration section) The local ethics committee advised us that this project does not need any ethics approval (due to the reason stated above).

p7 line 160 - Reference.
Our Reply: Discussion section, line 165: Reference is at the end of line 165.

P7 line 164 - SL"E" - ethythematosus not erythematodes.
Our Reply: Discussion section, line 166 and list of abbreviations section Line 210: changed to “erythematosus”

p8 line 180 - This reads as a bit sycophantic. We must move away from eminence-based assumptions. Consider softening the language here.

Our Reply: Thank you for this query. We agree and revised as follows (discussion section, line 182): “Moreover, all experts had many years of experience in their field and it can be assumed that they covered the theoretical and practical aspects of osteoporosis management thoroughly.”

You have regularly used the term "elderly." This term is pejorative and shouldn't be used. See this reference for language use regarding older adults.


Our Reply: We agree and replaced elderly by older adults throughout this manuscript.

P3 line 72 - The Delphi method is a far more complex and iterative process than you have simplified it to be here. The surveys do not have to be short. The Delphi doesn't only comprise surveys. It can (and often should) involved face-to-face groups. Delphis can be modified, and there is no one size fits all. You should describe this better.

Our Reply: Thank you for raising this important issue. We changed the description to “modified Delphi” to clarify that a simplified approach was chosen in this paper. As you mentioned, the variety of the possible modes of the Delphi Study is substantial. Therefore, we refrained from describing the different modes of the Delphi method and focused on the used methodology (method section, line 90-124)
P4 line 124 - Was any feedback provided to participants about the results? Please see for appropriate reporting in Delphis.


Our Reply: Thank you for this query. We agree that the article could be written more clearly here and therefore revised as follows (method section, line 113: “Every participant received after round one a compiled inventory of the answers” (basis of round two (method section, line 108-116)).

Method section, line 124: “At the end of the Delphi study, every participant received the results of the Delphi including median and IQR of all items.” See table 1.