

1. Has all of the relevant evidence been taken into account?
We agree the committee considered all the relevant evidence and this is clearly reflected in the provisional recommendations.
2. Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence?
We consider the summaries of clinical and cost effectiveness to be reasonable interpretations of the evidence.
3. Are the provisional recommendations sound and a suitable basis for guidance to the NHS?

We are in agreement with the provisional recommendations; however we seek clarification of one point in section 1.1:

“Percutaneous vertebroplasty and percutaneous balloon kyphoplasty are recommended as options for treating osteoporotic vertebral compression fractures only in people who have severe ongoing pain after a recent vertebral fracture (within 6 weeks) despite optimal pain management”

To add clarity to the NHS we recommend section 1.1 is slightly amended regarding the 6 week statement. It is assumed this 6 weeks period stated in section 1.1 refers to the period of time that the specified patient population has had ongoing and severe pain following a recent vertebral fracture. We would be concerned if this referred to the time window in which treatment should occur as it would be a significant challenge for treatment to be carried within six weeks given the current infrastructure in the NHS. The result could be guidance which is not applicable or implementable within the NHS context.