

## SCOPE STATEMENT FOR HERC COVERAGE GUIDANCE

### OSTEOPOROSIS MONITORING BY DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)

<b>Population description</b>	Adults with a personal history of osteoporosis or osteopenia <i>Population scoping notes: None</i>
<b>Intervention(s)</b>	Monitoring of bone mineral density (BMD) using dual-energy x-ray absorptiometry (DXA) <i>Intervention exclusions: None</i>
<b>Comparator(s)</b>	No routine monitoring of BMD, monitoring of BMD using alternative tests
<b>Outcome(s) (up to five)</b>	Critical: Hip fractures, other osteoporotic fractures Important: Quality of life, adverse events <i>Considered but not selected for GRADE Table: None</i>
<b>Key questions</b>	<ol style="list-style-type: none"> <li>1. What is the comparative effectiveness of DXA for monitoring bone mineral density in patients with osteoporosis?</li> <li>2. Does the comparative effectiveness of DXA for monitoring of osteoporosis vary by:             <ol style="list-style-type: none"> <li>a. Severity of osteoporosis at initial diagnosis or last study</li> <li>b. Age</li> <li>c. Gender</li> <li>d. Race/ethnicity</li> <li>e. Prior or ongoing use of medications known to alter bone density</li> <li>f. Other risk factors (e.g., history of rapid weight loss, comorbidities, BMI, alcohol consumption, smoking, family history)</li> <li>g. Frequency of monitoring</li> <li>h. Site of measurements</li> </ol> </li> <li>3. What are the harms of DXA for monitoring bone mineral density for osteoporosis?</li> </ol>
<b>Contextual questions</b>	

### CHANGE LOG

Date	Change	Rationale
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