



FFN CONTINUING ITS BUSINESS DURING THE COVID-19 PANDEMIC

It is essential that FFN continues its important work improving fragility fracture care and prevention globally during the COVID-19 pandemic which has changed life significantly everywhere. This is especially important since it is evident that the pandemic is having an impact on fragility fracture care itself. Face-to-face meetings of FFN committees and groups have become impossible and travel both between (and often within) countries is currently almost suspended. The availability of web-based voice and video communications has enabled FFN committees and boards to meet virtually for the last few years, so processes have already been in place to enable the committee work of the organization to continue.

FFN committee and board members are clinicians, scientists and policy advocates from all parts of the globe who work in fragility fracture settings and who volunteer their time and expertise to help FFN to achieve its aims. Most clinicians are under unprecedented pressure at this difficult time for healthcare, but FFN teams are committed to making sure the work of all the organization's different functions continues. Because FFN is a truly global organization and networking is essential, virtual meetings often take place very late at night or early in the morning for members in some time zones. Most recently, the FFN board, committees and groups have been using videoconferencing tools to continue discussion, networking and decision making.



FORTHCOMING EVENTS

All FFN face to face meetings, congresses and events are currently postponed due to COVID-19 global restrictions on gatherings and travel. FFN boards and committees are working to solve the gaps in FFN's activity that this creates by seeking online solutions to enable meetings to go ahead in the future.

Such solutions will either enable events to take place entirely online or through a blended mixture of online and face-to-face events. Further details will be published in this newsletter and on the FFN website.

#JOINTHEFFN

Our new membership portal makes it easy to become an FFN member. It is free to join and you will have access to many great resources, articles and presentations.

Just go to

<https://www.fragilityfracturenetwork.org/membership/> and click on "Join the FFN". The new membership portal will allow members to choose the Special Interest Groups that appeal to them and keep up to date on their work throughout the year and at each annual congress.

Competitive Grant Program in Bone Research

<https://www.fragilityfracturenetwork.org/news/latest-news/>

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LATEST NEWS

The FFN Annual Global Congress originally planned for September 2020 has now been rescheduled to **28 September to 1 October 2021** in Toronto Canada. More details will be available shortly.

2021

28 Sept-1 Oct · Toronto, Canada

9th FFN Global Congress

Ensuring smooth transitions in fracture care and management



FRAGILITY FRACTURES AND THE EARLY MONTHS OF THE COVID-19 PANDEMIC

Globally, healthcare systems are in a state of turmoil and flux due to the impact of the COVID-19 pandemic. This disruption is not only affecting those with COVID-19 but also most other patient groups; not least, patients with fragility fractures. FFN members globally have now been facing the clinical challenges of the COVID-19 pandemic for several months. The current scenario being experienced by most health systems is the challenge of meeting the ongoing needs of patients seeking health care for other reasons while also managing, planning and care for COVID-19.

There has been a reduction in hospital presentations for some patient groups as many have wanted to avoid potential contact with the virus in hospitals. Despite this, the number of patients presenting with fragility fractures appears so far to have either remained constant, or has only slightly reduced. The true effect of isolating older, frail, and vulnerable members of society remains to be seen, with an anticipated increase in the number of falls and injuries over the weeks and months ahead due to deconditioning from lack of mobilisation. In some countries where the period of intense isolation of vulnerable community members has largely been lifted, a rise in fragility fractures has already been noted as older people begin to reengage with normal activity.

Despite the reduction in elective orthopaedic services, trauma remains a constant presence and the ability of practitioners to adapt treatment and care pathways to include screening for COVID-19, manage new operating department arrangements, ward arrangements and discharge pathways is a significant challenge everywhere. The re-deployment of clinicians to areas under pressure from the pandemic to fill gaps in services means that their expertise has been stretched – and a skills gap has opened in their specialist areas, resulting in a detrimental effect on non-COVID services. There is a danger that, because of individual health care organizations' focus on preventing death and managing the effects of the pandemic locally, standards of care in other services may suffer. Hard won progress in hip fracture standards may, for example, have become secondary to coping with the pandemic. We will not understand the impact of this until data from this year's hip fracture databases, for example, has been analysed and the impact on outcomes understood. An international study is underway and currently recruiting hospitals and countries to learn as much as possible about the impact from COVID-19 on fragility fracture patients. Information about IMPACT (International Multicentre Project Auditing COVID-19 in Trauma & Orthopaedics) can be found here www.trauma.co.uk/impact and you can follow them on Twitter @IMPACT

The International Osteoporosis Foundation (IOF) has reported that, in several centres, access to DXA/VFA has been temporarily limited or stopped because of the pandemic. This is likely to have a significant effect on the delivery of fracture liaison/secondary prevention services. Without secondary fracture prevention, IOF point out that the avoidable recurrent fractures in the imminent risk period will only add to already stretched acute hospital systems. The impact on fracture prevention services is likely to have a long tail. Outpatient clinics have been temporarily closed with a subsequent impact on services such as osteoporosis clinics, fracture liaison and other methods of secondary fracture prevention. Systems for virtual/non-face-to-face fracture follow-up services were not commonplace and their hurried development has been patchy, with fracture liaison practitioners needing to develop assessment and clinical decision-making skills in a different context and patients need significant support to engage effectively in virtual methods of clinical consultation.

The FFN recognizes the immense contributions all its members will be making to this unprecedented global challenge and will be closely monitoring the impact of the pandemic on fragility fracture care and management globally. The Executive Committee and Board of the FFN wish all of those working in healthcare systems around the world continued strength and best wishes during this time.

NEW 'CAPTURE THE FRACTURE'® PARTNERSHIP ANNOUNCED

On 16 June 2020, the International Osteoporosis Foundation (IOF) announced a partnership with Amgen and UCB, in collaboration with the University of Oxford, to support its Capture the Fracture® program, which aims to reduce hip and vertebral fractures by 25% by 2025. At the core of the Capture the Fracture® model is a care coordinator who can help patients with an osteoporosis-related fracture be identified, screened, diagnosed, and appropriately treated to reduce their future fracture risk. Post-fracture care coordination programs have been shown to improve diagnosis and treatment rates. This partnership aims to double the 390 existing Capture the Fracture® programs by the end of 2022, and will focus on key regions including Asia Pacific, Latin America, the Middle East, and Europe. This partnership also welcomes collaboration from existing fracture prevention coalitions on international, national and regional levels to drive fracture prevention policy change and prioritization. Additional elements of the partnership include developing and implementing efficiencies and best practice sharing across post-fracture care (PFC) program sites, creating a digital tool that documents and communicates PFC effectiveness, and providing virtual and in-person mentorship and learning opportunities for healthcare providers. For more information about Capture the Fracture, visit <http://www.capturethefracture.org>

LAUNCH OF ASIA PACIFIC FRAGILITY FRACTURE ALLIANCE (APFFA) WEBSITE & LINKEDIN CHANNEL

The Asia Pacific Fragility Fracture Alliance (APFFA) officially launched the APFFA website and LinkedIn channel on 20 May 2020. See:

Website: www.apfracturealliance.org

LinkedIn: <https://www.linkedin.com/company/asia-pacific-fragility-fracture-alliance/>

The website will house information on APFFA's three Working Groups through which its primary workflow will be delivered:

1. The Hip Fracture Registry Working Group (HFRWG) which aims to provide practical tools and resources outlining the key steps in setting up and rolling-out a national hip fracture registry.
2. The Education Working Group (EWG) which is charged with connecting target audiences with practical, high-quality materials relevant to their specific needs and developing educational programmes to maximise awareness of systematic approaches to fragility fracture care and prevention in Asia Pacific. Upon completion, the Education Directory will be accessible on the APFFA website.





3. The Evidence Generation Working Group (EGWG) which aims to address current knowledge gaps, by collecting Real World Experience data through a hip fracture chart review, a global burden of hip fracture study, and an assessment of patterns of osteoporosis treatment after hip fracture.

Country-specific data on osteoporosis and fragility fractures can be found on the website, as well as regular clinical updates, novel research and important developments pertaining to the osteoporosis landscape in the region.

Aligned with the Global Call to Action, the collective primary purpose of APFFA is to drive policy change, improve awareness and change political and professional mindsets to facilitate optimal fragility fracture management across Asia Pacific.

FFN WEBSITE NEEDS HELP FROM MEMBERS

Members are encouraged to help the FFN website to climb up search rankings by searching “Fragility Fracture Network” in search engines and to ask their colleagues to do the same. This will enable the profile of FFN to grow as larger numbers of searches improve its ranking, meaning that FFN is more likely to appear on the first page of search results.

FFN IS FREE TO JOIN

Encourage your colleagues to join FFN. Membership is free.

Click here to join

<https://www.fragilityfracturenetwork.org/membership/> and click on “Join the FFN”. The new membership portal will allow members to choose the Special Interest Groups that appeal to them and keep up to date on their work throughout the year and at each annual congress.

JOURNAL WATCH

Catellani F, Coscione A, D'Ambrosi R, Usai L, Roscitano C, Fiorentino G. Treatment of Proximal Femoral Fragility Fractures in Patients with COVID-19 During the SARS-CoV-2 Outbreak in Northern Italy [published online ahead of print, 2020 Apr 28]. *J Bone Joint Surg Am.* 2020;10.2106/JBJS.20.00617. doi:10.2106/JBJS.20.00617

Girgis CM, Clifton-Bligh RJ. Osteoporosis in the age of COVID-19 [published online ahead of print, 2020 Apr 28]. *Osteoporos Int.* 2020;1 3. doi:10.1007/s00198-020-05413-0

Javaid MK, Sami A, Lems W, et al. A patient-level key performance indicator set to measure the effectiveness of fracture liaison services and guide quality improvement: a position paper of the IOF Capture the Fracture Working Group, National Osteoporosis Foundation and Fragility Fracture Network. *Osteoporos Int.* 2020;31(7):1193-1204. doi:10.1007/s00198-020-05377-1

Mi B, Chen L, Xiong Y, Xue H, Zhou W, Liu G. Characteristics and Early Prognosis of COVID-19 Infection in Fracture Patients. *J Bone Joint Surg Am.* 2020;102(9):750-758. doi:10.2106/JBJS.20.00390

Shariyate, M., Kachooei, A. (2020). 'Association of New Coronavirus Disease with Fragility Hip and Lower Limb Fractures in Elderly Patients', *The Archives of Bone and Joint Surgery*, 8(Covid-19 Special Issue), pp. 297-301. doi: 10.22038/abjs.2020.47626.2333

Yu, E.W., Tsooudi, E., Clarke, B.L., Bauer, D.C. and Drake, M.T. (2020), Osteoporosis Management in the Era of COVID 19. *J Bone Miner Res.* doi:10.1002/jbmr.4049

FFN EXECUTIVE AND BOARD COMMITTEE MEMBERS

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Hannah Seymour	President Elect
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Paolo Falaschi	NomCom & EduCom Chair
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