



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 26006

**Title:** Clinical risk assessment instruments for screening bone mineral density in a Mediterranean population

**Reviewer's code:** 02444802

**Reviewer's country:** United Kingdom

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-03-30 17:29

**Date reviewed:** 2016-04-25 19:47

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

This paper is of interest to WJOP readers and offers some nice data comparisons of osteoporosis sufferers and comparison of predictive tools. The authors should explain in the introduction why BMD measurement of all women is not feasible for most populations. Is this because of availability of expensive kit? It is presumed (but should be stated) that actual osteoporosis confirmation comes from BMD measurements that the 1000 women had and this was then tracked back to the other analytical tools used? It would be beneficial if the authors could do further analysis of the data comparing the patient profile e.g. body mass index (BMI) or if patient is smoker etc with incidence of osteoporosis and also if the same recommended predictive tool for each profile set of women remains the same. It maybe that a tighter fit with low BMI and high BMI patients maybe found with different tools.



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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**ESPS manuscript NO:** 26006

**Title:** Clinical risk assessment instruments for screening bone mineral density in a Mediterranean population

**Reviewer's code:** 03068027

**Reviewer's country:** United Kingdom

**Science editor:** Xue-Mei Gong

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

This is an interesting paper with regards to the argument of screening tools for osteoporosis and identification of the patients that need to have DXA measurement. Furthermore, it adds information missing in this area of the Mediterranean Sea. It could be considered for publication but there are points that need to be clarified: 1. Please state type of study (i.e. cross sectional..) 2. What were your exclusion/inclusion criteria? 3. How many DXA scanners were used for measuring 1000 patients? Can you comment on the intrasite intersite measurement errors? 4. A table to summarize all criteria described for clinical decision rules to predict low bone mineral density would be useful 5. Please mention all osteoporotic risk factors assessed in detail 6. It would be interesting to see positive and negative predictive values for the tools used. Some more literature on the use of these tools worldwide would be useful (i.e. a recent systematic review of the performance of the Osteoporosis Self-Assessment Tool (OST) suggests clinical decision tools may be more useful in identifying a subset of patients who are at low risk of osteoporosis and do not need formal bone mineral density assessment .) REF: Rud B, Hilden J, Hyldstrup L, Hrobjartsson A. Performance of the Osteoporosis



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Self-Assessment Tool in ruling out low bone mineral density in postmenopausal women: a systematic review. *Osteoporosis International*. 2007;18:1177-87. 7. Please check for language errors. The description of the results is poor and difficult for the reader to understand.