FFN Newsletter

FFN
Fragility Fracture Network
of the Bone and Joint Decade

Issue 8, December, 2014

3rd FFN Global Congress: Short Report

by Colin Currie, Geriatrician, UK, FFN Cooptee & Leader SIG Hip Fracture Database

The Fragility Fracture Network's 3rd Global Congress 2014, held in a bright new medical campus in the north of Madrid from 4th to 6th September, was large, lively and sunny. And with a new venue, an innovative format for plenary sessions, and a change of leadership, it showed how the Fragility Fracture Network – a bright idea ripe for development only four/five years ago – has moved on. It is now an established international forum delivering innovative thought, action and momentum to address the challenges of the global epidemic of fragility fractures.

After an invited Expert Meeting in Berlin in 2011, and the 1st and 2nd FFN Global Congresses there in 2012 and 2013, the move to Madrid could be seen as part of that upward trajectory. As Europe's 3rd largest city (after London and Berlin, if you're interested) and certainly one of its sunniest, Madrid – with its many cultural attractions, its impressive hub airport, and its fast and faultless subway system – proved to be an attractive and welcoming Congress venue.

The 3rd FFN Global Congress 2014 noted 362 registrations compared to 335 delegates in 2013. Delegates from 35 countries and 11 disciplines attended the Congress representing the following disciplines Orthopaedic surgeon (strongest group), Nurse (second-strongest group) Geriatrician, Rehabilitation expert and physician, Osteoporosis expert, Primary care, Rheumatologist, Anaesthesiologist, Radiologist, Allied healthcare professional, Physiotherapist. In total, 225 abstracts were received for 6 different topics (Peri-operative management, Fracture management, Rehab after fracture, Prevention of new fractures, Research in fragility fractures, Changing healthcare policy

The Congress's scientific programme reflected the breadth of the FFN's ambitions in bringing together clinicians from a wide range of disciplines, epidemiologists, scientists, and policy and industry folk. And within that range there was another, one of seniority. Keen young clinicians and scientists brought posters and platform presentations from far and wide, with those responsible for the best posters promoted at short notice to a special session of platform presentations. That was particularly encouraging, and if they are part of the FFN's future, its future is bright.

In the new-format plenary sessions, such as one on the Friday afternoon, some of the most senior members of the FFN family took their turn to shine. Well in advance of the 3rd Congress, a decision had been taken to programme plenary sessions that brought together different themes within the FFN mission.

The purpose was clear: to keep the different disciplines more broadly informed than they would be by plenary sessions focussed simply on their own particular interests.

So on Friday afternoon we were updated with state-of-the-art details on the multi-factorial and interactive intricacies of fracture repair in later life, and the finer nuances of the influence of bone protection medication upon them – a lecture which, frankly, left your reporter 'still confused, but at a far higher level'. Then a very senior Canadian surgeon, deploying experience, wisdom and an agreeably subversive evidence base, made the case for the judicious use of non-surgical management of selected fractures. The takeaway message? In such fractures, comparing one surgical approach with another could reasonably be abandoned; with comparison between any new surgical approach with non-surgical care more honest and more useful too. I recalled a senior Edinburgh surgeon much valued by the juniors because 'he knew when not to operate'. Is 'when not to operate' part of the formal orthopaedic curriculum? And if not why not?

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the President's Message

By Maria Crotty, FFN President

On the back of a successful congress in Madrid the FFN now confronts the challenge of growth. As the new President I am privileged to see up close, both the amazing support from our members and sponsors as well as the structural and financial obstacles confronting us as we grow. Amongst our membership there is an appetite for transformational change in the approach to fragility fractures. Following the Madrid Congress there is a sense that the organization needs to expand its activities and take the message into Asia, South America and the Middle East. The challenge is how to expand and grow in a sustainable manner.

From a small group of enthusiasts who met in the safe haven of Berlin, the home of some our most committed members and a city where a message of breaking down the barriers resonates, we have now successfully moved our Congress to Madrid. The meeting in Madrid showcased Spanish multidisciplinary care models, cutting edge research and challenged us to wonder why we weren't systematically implementing best practices such as pain relief.

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A Lebanese surgeon, wise and senior like his Canadian colleague, provided a masterly summary of what is known about atypical fractures: a iatrogenic problem unknown until several years ago; then a middle-aged – though nevertheless also wise – UK anaesthetist summarised the very considerable limitations of the hip fracture anaesthesia literature, and how these might be overtaken by a vast audit-based prospective study documenting details of anaesthetic practice, key anaesthesia-related metrics and – still to be reported – case-mix adjusted outcomes. An overview of algorithms for hip fracture surgery followed. Only at a Fragility Fracture Network Global Congress could such a wide-ranging and authoritative session happen – surely another pointer towards a bright future for the FFN.

At the end of the Madrid Congress, the last session of all was a frank and wide-ranging discussion on what could be done to make the 4th Global Congress 2015 in Rotterdam even better than the 3rd. Clearly expectations are high, so the FFN Scientific Committee has its work cut out.

And, as noted above, the Madrid Congress saw change at the highest level in the FFN. As befits an organisation making the transition from institutional infancy to maturity, constitutional change is in hand, with measures designed to advance internal democracy while retaining a commitment to proportionate representation of specialty and geographic interests. And David Marsh, the driving force behind the FFN since the planning of the first invited meeting in Berlin, has stepped down as the FFN's President. Maria Crotty will serve a one-year term and be followed by Karsten Dreinhöfer.

David Marsh's unique contribution in taking the FFN from a concept to a highly successful third Congress was warmly acknowledged. And FFN's membership should be reassured that – wisely, in the interests of continuity and stability – David Marsh, as ex-president, will serve on the Executive under his successor Maria Crotty, with Karsten Dreinhöfer, as President-elect serving alongside them – yet more grounds for optimism about the future of the FFN.

So we can look forward with confidence to a 4th Global Congress in Rotterdam – Europe's 27th largest city, if you're interested: easy to get to, and with a wealth of unique cultural attractions and lots of canals – from 3rd to 5th September 2015.

FRAGILITY FRACTURE NETWORK WEBSITE UPDATE

Interest in the FFN website continues to grow, with over 500 users accessing the site during the last month and 2,500 since the launch in mid-July. The website is being accessed from the majority of countries in the world. The top 5 user countries for last month were Brazil, UK, Japan, USA and Australia.

The FFN website provides a comprehensive suite of resources on acute care of fragility fracture patients, and strategies for secondary prevention. FFN members are encouraged to continue to make colleagues and professional organisations aware of this unique resource by sharing the link:
www.fragilityfracturenetwork.org

If you have suggestions for new content for the FFN website, please contact the Web Editor, Paul Mitchell, at **web.editor@fragilityfracturenetwork.org.**

THE PRESIDENT'S MESSAGE

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In Madrid it was particularly gratifying to see the strong local Spanish program and to realize that despite financial constraints best practice can be nurtured and innovative multidisciplinary approaches don't need huge budgets.

To maintain momentum planning for the 2015 Congress in Rotterdam is advancing well and will combine a focus on implementation at the coal face as well as the dilemmas clinicians confront treating the very old.

Since becoming President I have heard feedback that to become truly global we need to run more meetings out of Europe in countries where the burden of fragility fracture is exploding and opportunities for clinician travel are limited.

So in 2015 David Marsh, Karsten Dreinhöfer, Adriana Machado, Hiroshi Hagino, Ghassan Maalouf and Santosh Rath are exploring ways to hold meetings in China, Japan, India, the Middle East and South America and spread the message. Our new website is also key to supporting world wide clinicians and Paul Mitchell is working to leverage the website to reach more people with our message of multidisciplinary care and systematic secondary prevention.

2015 is a key year for the FFN and the Board's focus will be on maintaining the balance between establishing firm financial structures and transparent processes to support the FFN's work while meeting the enthusiastic demands from our member for urgent dissemination of the message. I encourage all members to look at the website and email Paul web.editor@fragilityfracturenetwork.org with suggestions of additional resources for the web that may help others in the campaign to improve the management and prevent future fragility fractures.

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Reflections on the Fragility Fracture Network so far

by David March, Past President

Having just stood down as the first President of the FFN (at the 3rd Global Congress in Madrid), it seems a good moment to stand back and see how the journey has been up to now.

Way back in 2002, the International Society for Fracture Repair held a symposium in Bologna on the subject of osteoporotic fracture repair. The initial focus was on surgical technique but it was rapidly accepted that the clinical care of elderly osteoporotic fracture patients had to be a multidisciplinary affair, because of their frailty and comorbidities. From that meeting, the ISFR initiated an Osteoporotic Fracture Campaign which has remained active to this day (see http://www.fractures.com/about_ofc.html) , mainly through workshops synthesising the evidence for treatment of various fragility fractures. However, as a research organisation, the ISFR was a little uncomfortable with the more political, campaigning challenges of fragility fractures.

In 2009, the Bone and Joint Decade launched an initiative, initially titled the Osteoporotic Fracture Line, which did aspire to have a more campaigning nature. However, by the time of the BJD networking conference and 10-year review in Lund in September 2010, it was clear that this organisation (by now renamed the Fragility Fracture Network) had not taken off - because it had not embraced the multidisciplinary aspect and was composed almost entirely of orthopaedic surgeons. When I was asked if I would take on its leadership, it seemed to me that the multidisciplinary aspect of the ISFR-OFC and the campaigning aspect of the BJD-OFL needed to be combined into one fit-for-purpose organisation.

A new organisation, the FFN, was registered in Switzerland in 2011 and a Constitution was designed, which attempted to enshrine and serve these goals. One hundred contacts from the two preceding organisations, from all over the world, were invited to an "Expert Meeting" in Berlin, where the multidisciplinary agenda of the FFN was laid out and the first General Assembly was held, formally adopting the constitution and electing the first Board. In a memorable and lengthy discussion at the first Board meeting, the mission statement of the FFN was thrashed out and has stood the test of time:

To promote globally the optimal multidisciplinary management of the patient with a fragility fracture, including secondary prevention

A year later, in September 2012, the First Global Congress was held in Berlin and we have just had our third, in Madrid. Their quality and size has increased slowly but steadily. What has been gratifying is that the atmosphere at the Congresses has been so good – enthusiastic, collaborative, friendly and altogether pretty inspiring.

A key element in this evolution was the building of an appropriate relationship with industry because pharmaceutical and devices companies are the only realistic source of essential funding - in the short to medium term at any rate. While it is vital for a campaigning organisation to maintain a credible independence from commercial pressures, the fact is that the professional and industrial partners have a perfectly legitimate shared aim – to maximise the supply of goods and services to patients with, or at risk of fragility fractures. A crucial synergy is that those regions of the world that are of most interest to the companies – the emerging markets – are precisely the areas where the epidemiological predictions for future fragility fracture burden are the most frightening. Based on this legitimate shared interest, over these first three Congresses we have evolved an unusual relationship with our six principal funders, with no commercial exhibition and full participation of the industry partners in the scientific sessions.

The strategy we have followed up to now has been to hold the annual congresses in Europe and to invest time and resources in regional meetings, especially in the emerging economies, between congresses. While this has produced some notable progress in certain regions, it has not led to any significant increase in attendance from countries outside Europe at the congresses (honourable exceptions are Japan, Singapore and Australia/NZ). Attendance from Latin America, SE Asia and the Middle East has not improved much, despite good meetings being held there. It seems we need to go to them.

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We have had better luck on the multidisciplinary front. Orthopaedics is still the biggest single discipline, but less overwhelmingly than before - 29% in Madrid, with 18% geriatricians and a whopping 22% of nurses – the latter due to hard work from Board members who are also active in ICON (International Collaboration of Orthopaedic Nurses). This multidisciplinary mix makes the FFN quite unique among international organisations in the musculoskeletal field and is our biggest achievement.

But have we changed the world? Have we scored any goals on healthcare policy or spreading best practice? Answering that question is not easy because actual change can only really take place on a national level. We know that change within countries only occurs when champions arise there.
FFN's role is to help to generate and activate those champions by inspiring them with experience from other parts of the world. There have certainly been many instances of progress since 2011, but proving that the existence of the FFN was crucial to their achievement is not really possible. Nonetheless, it is very encouraging that so many fine champions who have driven progress in their own countries do come – more than once – to FFN Congresses and say they find them inspiring.

For example, in my home country of the UK, the two things which really changed the experience of fragility fracture patients were (i) collaboration between orthopaedics and geriatrics at national level and (ii) the audit of hip fracture management. These have been much talked about in the Global Congresses and I do think we are now seeing positive echoes from quite a few other countries. The successful pilot of hip fracture audit in five new centres in four countries, using the FFN-HFAD (Hip Fracture Audit Database) is a great start. If we can continue it for long enough to demonstrate patient benefit, as was shown in the UK, it could develop into a powerful lever in many places.

Still, if we are to tackle the problem where it most needs to be tackled globally, it is clear that our activities in regions outside Europe are of the utmost importance. Whether this will lead to a complete regionalisation - into separate more or less autonomous organisations – is for my successors to decide. I shall certainly invest my remaining energies into spreading the FFN message to those regions who have heard it least but need it most. No doubt the message will morph somewhat in its application in the healthcare systems of emerging economies and I expect that to be very stimulating.

I always felt that the FFN does not need to be a mass organisation. Its membership should ideally be all the fragility fracture champions from all the disciplines in all the countries – and nobody else. The steps we have taken towards that goal have been tiny – but I think they have been in the right direction.

FFN — Facts & Figures

Foundation of FFN: August 18, 2011

Number of members for 2011: 75

Number of members for 2012: 288

Number of members for 2013: 369

Number of members for 2014: 502

Executive Committee: 8

Board: 12

Coopted members to the Board: 10

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