financing associations of public speakers at meetings of other advisory committees, including those for the FDA or the Centers for Medicare & Medicaid Services.

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Editor’s Note
The Financial Associations of Public Speakers at Meetings of Federal Health Advisory Committees

Federal health advisory committees in the United States meet in public. Public speakers who travel to the Washington, DC, or Baltimore areas to attend meetings of the committees that advise the US Food and Drug Administration (FDA) or the Centers for Medicare & Medicaid Services (CMS) often have ties to companies with a financial stake in the outcome of the deliberations. In this issue of JAMA Internal Medicine, Abola and Prasad1 put numbers on a somewhat predictable finding. They analyze the characteristics of speakers at meetings of the FDA’s Oncologic Drugs Advisory Committee and find that a substantial proportion have financial associations with the company seeking marketing approval for a drug or medical device or an organization that receives financial support from the company.1

Most of the financial ties were disclosed, but not all.

It is understandably challenging to attract public speakers without vested interests to undertake the time, travel, and expense involved in attending a federal health advisory committee meeting. At such meetings, these speakers often tell anecdotal stories that, although informative, require evaluation in the evidence-based framework that is an essential part of advisory committee deliberations. The analysis by Abola and Prasad1 also suggests that advisory committee members and federal health officials should recognize that public speakers represent a nonrepresentative sample of speakers who may be biased toward a favorable view of the drug or medical device that is being discussed.

Comments by patients and public speakers are valuable at federal health advisory committee meetings. They offer an additional perspective to those of the patient representatives, in the case of the FDA, and patient advocates, in the case of the Medicare Evidence Development and Coverage Advisory Committee, who serve as members of the committees. A more robust selection system, however, would improve the objectivity and range of input to the FDA and CMS panels that conduct the agencies’ health advisory committee meetings. The FDA has recently initiated new programs to engage patients and to incorporate patient perspectives into its regulatory evaluations and decision-making.2 The FDA, CMS, and other federal health agencies should supplement public comments with systematic information about patient perspectives on medical products and patient-reported outcomes of their use.

Robert Steinbrook, MD

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Osteoporosis Overtreatment in a Regional Health Care System

Osteoporosis Overtreatment in a Regional Health Care System

The US Preventive Services Task Force recommends dual-energy x-ray absorptiometry (DXA) screening for women 65 years or older and for younger women with an elevated risk for fracture.1 However, for women to benefit from this screening, physicians must initiate drug treatment based on the presence of clinically important DXA abnormalities and patient risk. We estimated the frequency of osteoporosis overtreatment in a regional health care system where DXA reports routinely include T scores for anatomic sites (eg, lateral lumbar spine) that the International Society for Clinical Densitometry2 does not recommend for osteoporosis diagnosis.

Methods | We performed a retrospective cohort study using electronic health records (EHRs) and linked radiology records on women aged 40 to 85 years receiving initial DXA screening within the UC Davis health system from January 1, 2006, through December 31, 2011; data analysis was conducted from January 1 to July 31, 2015. The institutional review board at UC Davis approved the study. Data were not deidentified. The