

OC-FLS Newsletter November 2025

News and Updates

- National OC-FLS Audit:** The new Key Performance Indicator (KPI) guidance document will be posted on the OC FLS Hub in January. The national FLS audit has been revised to align with the new Osteoporosis Canada 2023 Guidelines with some changes in the KPIs and benchmarks. **For the next audit:** data will be collected from a cohort of patients enrolled into your FLS during a 6-month period (Oct 1, 2026 to March 2027) and followed for one year after enrollment. **The start date of the audit cohort has been moved from September 1, 2026 to October 1, 2026 to align with the end of the fiscal year in March 2027 based on feedback from FLSs.** You will be requested to submit your data by June 2028 through an on-line portal. Additional supports that are coming in early 2026 include:
 - Webinars to provide an overview of the audit process and answer questions
 - An appendix to address frequently asked questions
 - Updated data collection spreadsheet for those FLSs that choose to use it
- Status of FLSs across the country:** In 2025, three new FLSs were accepted into the FLS registry, one in Newfoundland, one in Alberta and one in British Columbia. We now have 54 FLSs in 10 provinces (Nova Scotia, Ontario, Alberta, Prince Edward Island have province programs). [Click here to view the FLS Registry Map](#)
- Cross country check-up:** We are setting up interviews with FLSs across the country to help us understand how each FLS operates, what challenges you are encountering and how we can better support you. Kerry Grady will be reaching out to set up these interviews.
- FLS HUB web redesign:** We have received a lot of feedback around the FLS HUB website usability and ease of navigation. We are currently working with OC communications to revise and improve the website. Stay tuned.
- Updating the HUB documents:** Content for the HUB is still ongoing with some documents already updated to the new OC 2023 guidelines and some still to be developed. Goal is to have them all updated by spring 2026.

New tools to support FLS education and practice

- FRAX webinar** -A very practical webinar that is available now in French and English to guide people on how to use the FRAX tool to determine a patient's 10-year risk of a major osteoporosis related fracture. I would highly recommend that this webinar be viewed by FLS coordinators and medical leads. [Click here to view the webinar](#)
- Executive summary of Osteoporosis Canada 2023 Guidelines** – This 2-page document is a very handy tool for FLS coordinators and medical leads. The pdf can be downloaded and printed for easy access. [Download in English](#)
[Download in French](#)

A frequently asked question

Q: In the national OC - FLS audit you are asking for us to collect data on patients who have had a fragility fracture of the proximal femur, distal radius, pelvis and proximal humerus. What about other fracture types such as vertebral compression fractures, patella fractures or rib fractures?

A: The FLS audit does not dictate what patients you will enroll in your FLS. We limit the national audit to four of the five major osteoporosis fractures: the hip, wrist, shoulder and pelvis as the data for these fractures is easily accessible and we have the ability to calculate KPIs in a consistent and comparative manner across the country. Clinical vertebral fractures are challenging to enroll and calculate KPIs, as the vast majority of these patients are treated in the community and are not admitted to hospital or seen in outpatient orthopedic clinics. **Your FLS is not limited to enrolling only the patients that will be included in the FLS audit process.** By all means, include patients with vertebral compression fractures, patella fracture, rib fractures if your FLS has the capacity to do so. In addition, sometimes your orthopedic surgeons may know that a patient they are seeing in the orthopedic outpatient clinic after knee replacement surgery, had a hip fracture last year and was never assessed for secondary fracture prevention. This patient may be a good candidate for your FLS BUT this patient will not be counted in the national FLS audit as they did not sustain their fracture recently.

Research articles of interest

1. [Call to action: a five nations consensus on the use of intravenous zoledronate after hip fracture](#) This very practical article provides consensus guidelines on systematically using zoledronic acid after hip fracture in FLSs. This guideline may not be applicable in some provinces where access to zoledronic acid is limited but may be useful to advocate for access to zoledronic acid in the hip fracture population.
2. [Sclerostin and Cardiovascular Risk: Evaluating the Cardiovascular Safety of Romosozumab in Osteoporosis Treatment](#) Nice review article around potential cardiovascular risks of romosozumab and a suggested safety assessment strategy. This is particularly topical as provincial drug coverage plans are now covering romosozumab in some patients, although coverage criteria vary in each province and territory.
3. [Fracture liaison service \(FLS\) is associated with lower subsequent fragility fracture risk and mortality: NoFRACT \(the Norwegian capture the fracture initiative\) | Osteoporosis International](#) Large study of over 10,000 fragility fracture patients followed over a 8 years period in Norway. Adds extra evidence to the effectiveness of FLS in reducing repeat fragility fractures and mortality and extrapolates to cost savings for the health system and improved patient quality of life.