

Standard DXA Report: 2023 Minimum Requirements

AANMS ANZBMS ESA

Patient and Scan Details

- Demographics (name, medical record number, date of birth, sex)
- Indications for the test and test date.
- Manufacturer of DXA, model of scanner used and software version

Bone Density Results

- The skeletal sites, ROI, and, when appropriate, the side that was scanned.
Standard sites: Lumbar spine: L1-L4 or L2-L4.
Proximal femur: femoral neck and total proximal femur.
Additional sites: Bilateral hips - additional diagnostic sensitivity; improved precision.
Radius (see * below)
- Technical limitations of the study including rationale of changing standard ROIs (e.g. spinal osteoarthritic changes).
- BMD in g/cm² at each site
- The T-score and/or Z-score where appropriate for each site
- A general statement if medical evaluation for secondary causes of low BMD is appropriate based on gender and race specific Z scores.
- WHO classification for postmenopausal females and men aged 50 and over

Fracture Risk

- Risk factors including information regarding previous non-traumatic fractures
- Absolute fracture risk estimate (FRAX may be preferred due to general accessibility on DXA machine. The FRAX estimate should be adjusted with TBS if available).

DXA Report: Optional Items

- Suggestions for the necessity and timing of the next BMD study
- Recommendation for further non-BMD testing, eg X-ray, computed tomography, etc
- Identifying when the results meet guidelines for pharmacological and/or non-pharmacological intervention (e.g. current guidelines Healthy Bone Australia /RANZCGP).

LVA / VFA Report

LVA/VFA assessment is a useful ancillary measure for screening of asymptomatic vertebral fractures. When performed this should be alongside DXA of the spine and hips.

- VFA reports should comment on the following:
 - Vertebral deformities and whether or not such deformities are consistent with vertebral fracture
 - Unexplained vertebral and extra-vertebral pathology

Follow-Up DXA Report

- Indication which previous or baseline study and ROI is being used for comparison
- Significance or otherwise of change in BMD between the current and previous study or studies, taking into account the precision of the laboratory.
- Comments on comparison to any previous outside study, including DXA model on which previous studies were performed, and any limitations of the comparison.

*The 33% radius (of the non-dominant forearm) may be used if: hip and/or spine cannot be measured, hyperparathyroidism, obese patients (over the weight limit for DXA table)