

Supplementary material

	No incident VF (n=70)	Incident VF (n=35)	No incident VF vs. incident VF	All (n=105)
Oncologic disease, <i>n</i> (%)	70 (100%)	26 (74%)	$p < 0.001$	96 (91%)
Vitamin D therapy, <i>n</i> (%)	2 (3%)	7 (20%)	$p = 0.006$	9 (9%)
Antiresorptive therapy, <i>n</i> (%)	0 (0%)	3 (9%)	$p = 0.035$	3 (3%)
Chemotherapy, <i>n</i> (%)	50 (71%)	19 (54%)	n.s.	69 (66%)
Radiotherapy, <i>n</i> (%)	16 (23%)	8 (23%)	n.s.	24 (23%)
Glucocorticoid treatment, <i>n</i> (%)	10 (14%)	6 (17%)	n.s.	16 (15%)
Diabetes, <i>n</i> (%)	8 (11%)	7 (20%)	n.s.	15 (14%)

Table S1: Clinical information of patients with and without incident vertebral fracture (VF).

(n.s., not significant). Note: Due to heterogeneous and imperfectly documented patient records, data on pharmacotherapy (Vitamin D, antiresorptive therapy, glucocorticoids) and type 2 diabetes has to be considered with caution.

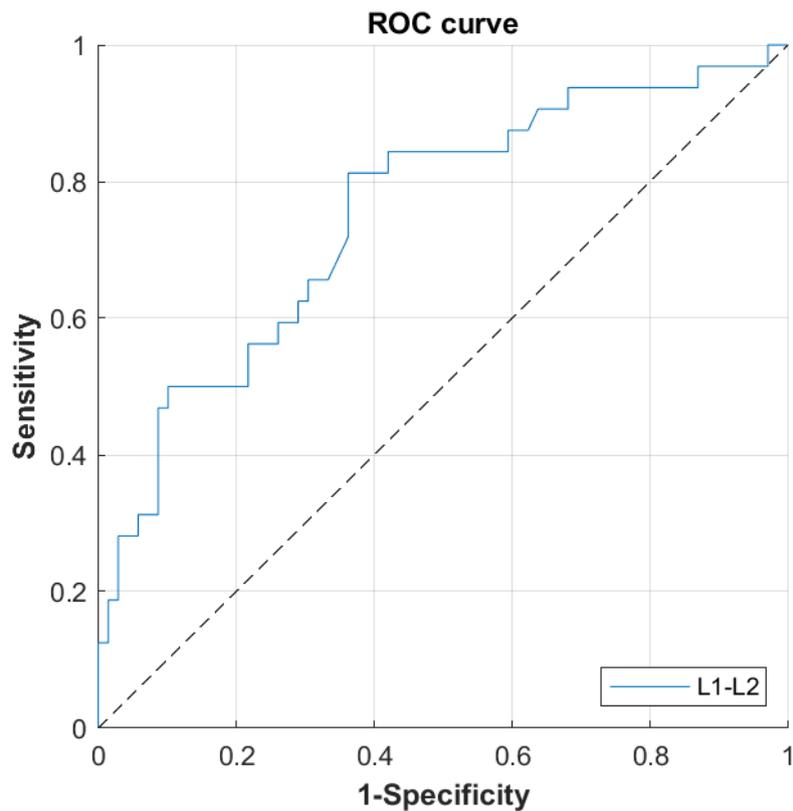


Figure S1: ROC curve for the prediction of incident VF by volumetric bone mineral density (vBMD) for L1 – L2. ROC, receiver operating characteristics; VF, vertebral fracture.