In the present study, we use the FRAX tool to estimate the 10-year probability of fractures in HIV-infected adults. The study included 1,006 patients enrolled in SUN clinics across the United States, with a median age of 42 years and a median CD4+ cell count of 408 cells/mm³. The study population was predominantly male (83%) and non-Hispanic white (67%).

**Methods:**
- **Study Population:** SUN patients with baseline FRAX 10-year probability ≥ 3% were included. The study assessed the association between baseline FRAX and the incidence of fractures, measured as the proportion of patients who sustained at least one new fracture over a median of 4.2 years of observation.

**Results:**
- **Incidence of Fractures:** Among the 1,006 study patients, 95 patients (9.4%) sustained at least one new fracture, with a fracture rate of 1.39 fractures per 100 patient-years. The most common fractures were osteoporotic fractures of the hip (31.6%) and wrist (16.0%).

**Conclusion:** The baseline FRAX 10-year probability ≥ 3% was associated with an increased risk of incident fractures in HIV-infected adults. The findings highlight the clinical utility of the FRAX tool in identifying high-risk patients for fracture prevention strategies.