

New guidance for management of aromatase-inhibitor related bone loss in breast cancer

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A new Position Statement, jointly published by seven international and European organizations, identifies fracture-related risk factors in patients treated by aromatase-inhibitors (AI) and outlines key management strategies to help prevent bone loss and related fractures.

The Statement is authored by experts from the International Osteoporosis Foundation (IOF), Cancer and Bone Society (CABS), International Expert Group for AIBL (IEG), European Society for Clinical and Economic Aspects of Osteoporosis, Osteoarthritis and Musculoskeletal Diseases (ESCEO), European Calcified Tissue Society (ECTS), International Menopause Society (IMS), and the International Society for Geriatric Oncology (SIOG).

Download 'Joint Position Statement: Management of Aromatase Inhibitor-Associated Bone Loss (AIBL) in postmenopausal women with hormone sensitive [breast cancer](#)'

Women receiving adjuvant AI therapy for breast cancer experience a two to four-fold increase in [bone loss](#) compared to the normal rate of bone loss with menopause—and as a result they are at heightened risk of fracture.

Professor René Rizzoli, Chairman of the IOF Bone and Cancer Working Group, stated: "While clinical trials have shown an approximately 10% increase in absolute fracture risk for women on AI therapy, other real-world studies indicate that the fracture risk may be significantly higher.

Additionally, breast cancer [patients](#) hospitalized for a bone fracture showed a higher risk of death compared to breast cancer patients without a [bone fracture](#). These are compelling reasons to ensure that all women on AI therapy for breast cancer receive early assessment and treatment."

Among its conclusions, the Position states:

- In all patients initiating AI treatment, fracture risk should be assessed and recommendations given in regard to exercise and calcium/vitamin D supplementation
- Bone-directed therapy should be recommended for the duration of AI treatment to all patients with a T-score

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