Prevention of Bone Loss in Breast Cancer in D & G and SIGN 134 pathways

Reason for Guidance

Those with primary breast cancer may have accelerated bone loss from early induced menopause or directly related to ongoing treatment with Aromatase Inhibitors (AI).

This guidance is to aid when to refer for DEXA scan as part of fracture risk assessment, when to introduced bone protection, and monitoring thereafter.

Guidance

This falls in to 3 groups depending on nature of breast cancer, menopausal status and treatment choice for prevention of recurrence

- Those requiring adjuvant bisphosphonate to prevent metastases
 No DEXA required
- Premenopausal women with treatment induced ovarian suppression/failure not requiring adjuvant

See annex 3 of SIGN 134 - https://www.sign.ac.uk/assets/sign134.pdf#page=44
Following on from this pathway -

If AI for 10 years & bisphosphonate required repeat DEXA at 2, 5 & 10 years If AI for 5 years then switch to Tamoxifen repeat DEXA at 2 & 5 then see GP at 10 years for reassessing risks as per guidelines for postmenopausal women

Postmenopausal women not requiring adjuvant

See annex 4 of SIGN 134 - https://www.sign.ac.uk/assets/sign134.pdf#page=45
Following on from this pathway -

If AI for 10 years & bisphosphonate required repeat DEXA at 2, 5 & 10 years If AI for 5 years then switch to Tamoxifen repeat DEXA at 2 & 5 then see GP at 10 years for reassessing risks as per guidelines for postmenopausal women

If not receiving AI and treated with Tamoxifen alone then no DEXA unless other risk factors (as for guidelines for post menopausal women)

If age 75 or above plus one or more risk factor then treat with Bisphosphonate without need for baseline DEXA, first DEXA at 2 years, thereafter as per above unless advanced age or frailty

Note -if bone density falling or new fractures despite compliance with treatment seek advice as below

Further Advice

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