

# The Medical Journal of Australia • MJA

# MEDIA RELEASE

## **FRACTURE RISK IN BREAST CANCER TREATMENT: A REVIEW**

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A WOMAN'S bone health should be considered in the decision-making process regarding choice and duration of endocrine therapy for oestrogen receptor-positive early breast cancer, according to the authors of a position statement summary published online today by the *Medical Journal of Australia*.

Additionally, during treatment with endocrine therapy, her skeletal health should be assessed regularly, and optimised with non-pharmacological interventions such as exercise programs and, where indicated, anti-resorptive treatment, wrote the authors, led by Professor Mathis Grossmann, Principal Research Fellow at the University of Melbourne and endocrinologist at Austin Health.

"Women considering endocrine therapy need fracture risk assessment, including clinical risk factors, biochemistry and bone mineral density assessment, with individualised monitoring based on risk factors," Grossmann and colleagues wrote.

"Weight-bearing exercise and vitamin D and calcium sufficiency are recommended routinely.

"Anti-resorptive treatment is indicated in women with prevalent or incident clinical or morphometric fragility fractures, and should be considered in women with a T score (or Z score in women aged under 50 years) of less than 2.0 at the hip or spine, or if annual bone loss is 5% or more, considering baseline bone mineral density and other fracture risk factors.

"Duration of anti-resorptive treatment can be individualised based on absolute fracture risk. Relative to their skeletal benefits, risks of adverse events with anti-resorptive treatments are low."

The authors concluded that "management is best individualised, using a multidisciplinary approach".

"Key research priorities include the conduct of clinical trials to better delineate the long-term fracture risks of adjuvant endocrine therapy and to determine the efficacy of interventions designed to mitigate these risks. Availability of robust data on fracture rates and their prevention is important to generate health economic data to inform health policy."

The full position statement is available at <https://onlinelibrary.wiley.com/doi/epdf/10.1111/cen.13735>

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