Osteoporosis as a side effect of antineoplazic therapy

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Conflict of interest: All the authors - nothing to disclosure

Objective: The aim of this retrospective study is to evaluate the bone status in patients receiving oncological treatment, like radiation, chemotherapy, adjunctive therapies, and surgery.

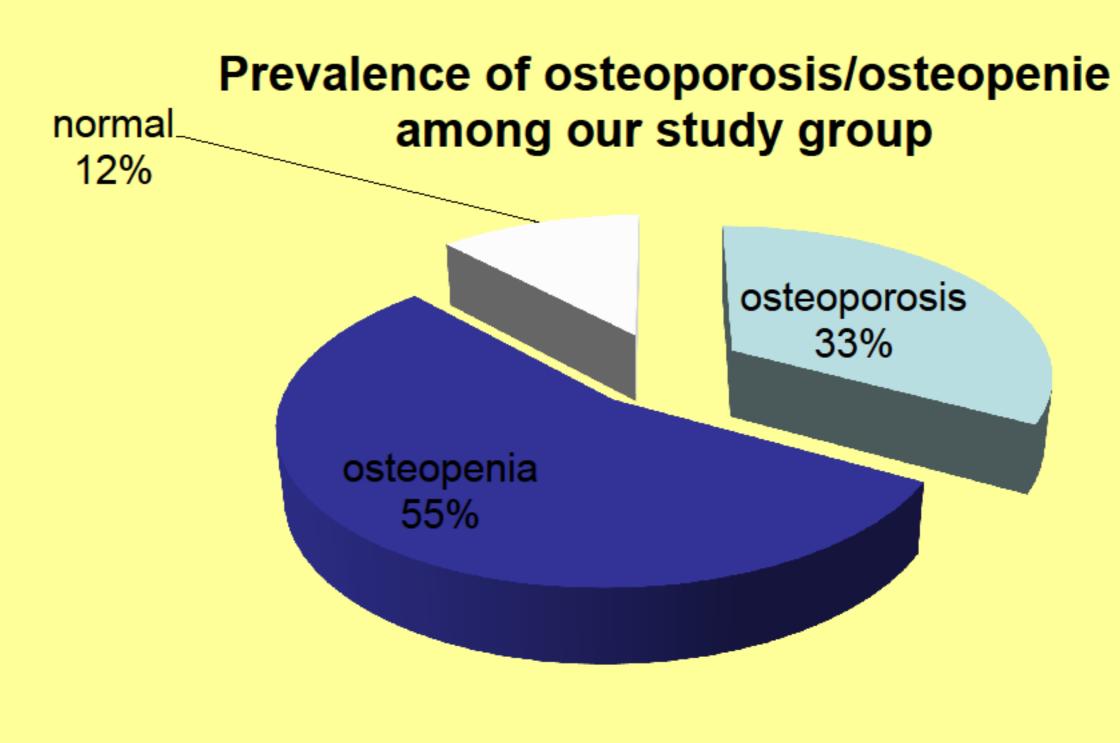
Material and methods. Medical records of 102 womens (mean age 59.12 yrs) with breast cancer history reffered for endocrine evaluation were retrospectivelly analysed. Demographic data, bone densitometry parameters, prevalent fractures and antineoplastic treatments history were collected.

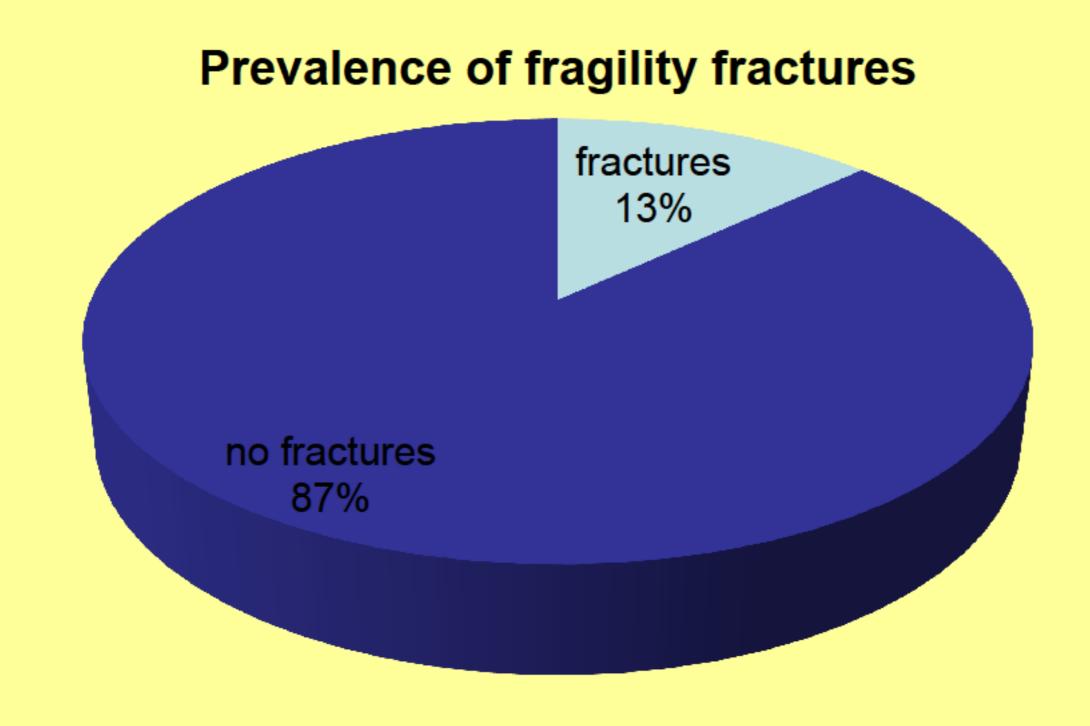
Results:

All of the patients had history of breast surgery and chemotherapy; 10% had also radiotherapy and 87% had a form of hormone suppresive treatment. According to the lowest T score, 33% had densitometric criteria for osteoporosis and 55% had osteopenia; 13.1% of the subjects had prevalent fractures at the evaluation moment. 31% of the patients had the lowest Z score less than -1SD in the absence of early menopause. According to our data, the prevalence of decrese in BMD in serial mesurements was 40.5% in chemotherapy only patients, 62% in Al only patients and 37.5% in patients with sequential combination between SERM and Al. Only 4 patients out of 34 osteoporotic patients received treatment for their osteoporosis.

treatment

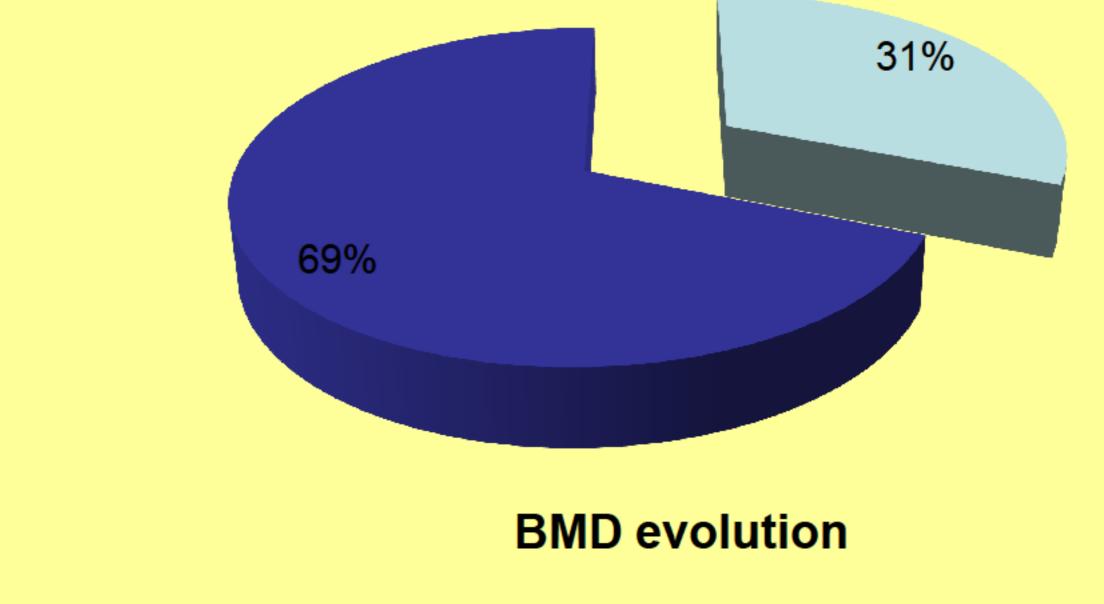
Prevalence of different type of antineoplazic treatments 100% 100% 87% 10% chemotherapy radiotherapy Hormone surgery suppresive





Prevalence of low Z score

■ lowest Z score less than -1SD in the absence of early menopause
■ normal



Conclusion.

Our data suggest an increased prevalence of decrease in BMD in patients related to their history of antineoplazic treatments; from all the combinations, chemotherapy alone had almost the same effect as sequential combination of SERM and Al and the most agresive for the bone was proved to be chemotherapy and Al treatment.

