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Osteoporosis management in patients with breast cancer: EMAS position statement

Amsterdam, 9 November, 2016 – A new [position statement](#) by the [European Menopause and Andropause Society](#) (EMAS) published in the journal *Maturitas* summarises the results of many clinical trials of antifracture therapy in women with early-stage breast cancer and discusses current guidelines for the management of osteoporosis in women with breast cancer. It also examines the evidence about the use of bisphosphonates or denosumab in an adjuvant setting in women with early breast cancer.

Breast cancer remains the most frequent cancer in women and its incidence is increasing. However, the mortality rate has stabilized due to progress in treatment. In premenopausal women with hormone receptor-positive breast cancer, the goal of adjuvant treatment is to inhibit the impact of estrogen on the breast, either by blocking the estrogen receptors (with the use of tamoxifen) or by suppressing ovarian function (through surgical oophorectomy or treatment with luteinizing hormone-releasing hormone (LHRH) agonist). In postmenopausal women, blocking the estrogen receptors or inhibiting the aromatase-induced synthesis of estrogen are standard treatment options. While aromatase inhibitors (AIs) are the first-line recommended standard of care for postmenopausal estrogen receptor-positive breast cancer their profound suppression of estrogen levels increases the risk of osteoporotic fracture.

EMAS recommends that careful baseline evaluation of the risk of fracture should be undertaken in all premenopausal women with breast cancer and in postmenopausal women about to start treatment with aromatase inhibitors as part of their cancer treatment. There is a consensus that bisphosphonates, which may also have an anticancer effect, should be used to prevent the bone loss induced by cancer treatment, especially in women at intermediate or high risk of fracture. The use of denosumab could also be considered, although there is currently no specific guideline regarding this agent. Osteoporotic treatment should be continued at least until the adjuvant breast cancer treatment programme is complete or for even longer in those women with the highest baseline risk of fracture.

'This useful clear summary will help women with breast cancer and their health professionals in their conversation to reach a healthcare choice with regard to osteoporosis', Prof Margaret Rees, EMAS Executive Director.

The complete statement can be found in 'Osteoporosis management in patients with breast cancer: EMAS position statement' by Florence Tremollieres and colleagues .

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Notes for editors

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About the European Menopause and Andropause Society (EMAS)

EMAS promotes the study of midlife health through its journal, congresses, schools and website and encourages the exchange of research and professional experience between members.

Using a range of activities and through its affiliates, EMAS aims to guarantee and provide the same standard of education and information throughout Europe on midlife health in both genders.

Recognizing the issues arising from increased longevity the society also provides articles, patient information, web resources, and referrals for healthcare providers in the field and keeps its members up-to-date. www.emas-online.org

About Maturitas

[Maturitas](#) is an international multidisciplinary peer reviewed scientific journal of midlife health and beyond, publishing original research, reviews, consensus statements and guidelines. The scope encompasses all aspects of postreproductive health in both genders ranging from basic science to health and social care. www.maturitas.org

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