Guidelines Breast
Version 2020.1D

Osteoonkologie und Knochengesundheit

Osteoonkologie und Knochengesundheit

- **Versionen 2002–2019:**
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  Solbach / Solomayer

Guidelines Breast
Version 2020.1D

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FORSCHEN
LEHREN
HEILEN

Metaanalysen and Reviews (metastatic breast cancer)

1. Coleman R, Body JJ, Aapro M, et al. ESMO Guidelines Working Group Bone health in cancer patients: ESMO Clinical Practice Guidelines. Ann Oncol 2014,25 Suppl 3:iii124-37.
2. O'Carrigan B, Wong MH, Willson ML et al. Bisphosphonates and other bone agents for breast cancer. Cochrane Database Syst Rev. 2017 Oct 30;10:CD003474. doi: 10.1002/14651858.CD003474.pub4.
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4. Tesfamariam Y, Jakob T, Wöckel A et al. Adjuvant bisphosphonates or RANK-ligand inhibitors for patients with breast cancer and bone metastases: A systematic review and network meta-analysis. Crit Rev Oncol Hematol. 2019;137:1-8.

Results of Phase III trials (metastatic breast cancer)

1. Body JJ, Diel IJ, Lichinitser MR et al. Intravenous Ibandronate reduces the incidence of skeletal complications in patients with breast cancer and bone metastases. Ann Oncol 14:1399-1405,2003

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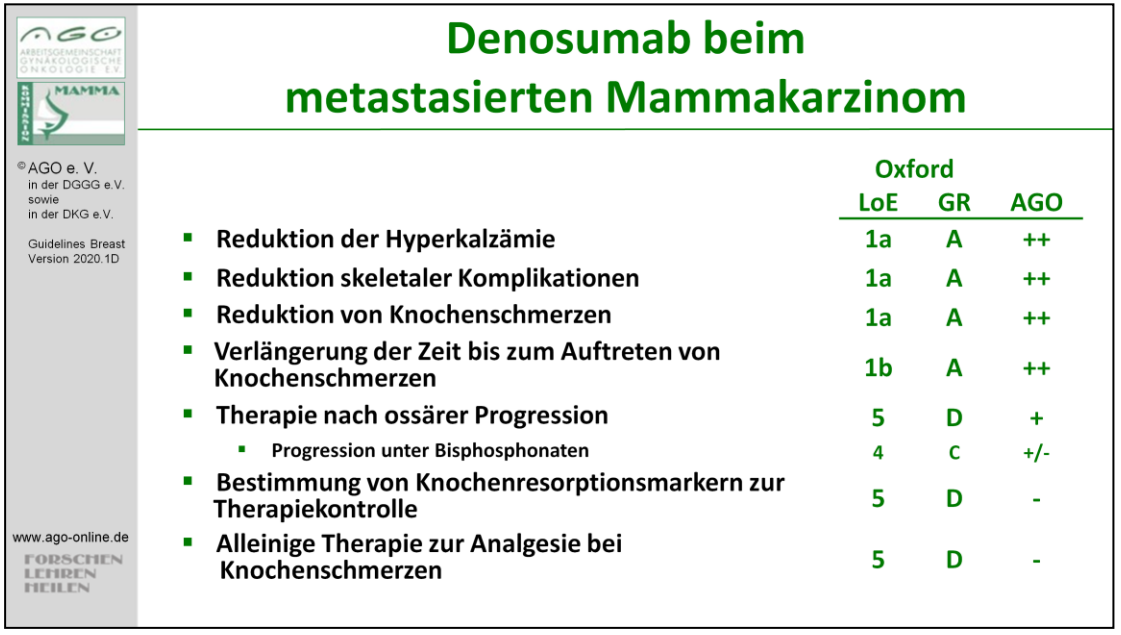
Clinical relevance of bone resorption marker

1. Van Poznak C, Somerfield MR, Barlow WE et al. Role of Bone-Modifying Agents in Metastatic Breast Cancer: An American Society of Clinical Oncology-Cancer Care Ontario Focused Guideline Update. J Clin Oncol 35(35):3978-3986, 2017

Bisphosphonates for bone pain control

1. Van Poznak C, Somerfield MR, Barlow W. et al. Role of Bone-Modifying Agents in Metastatic Breast Cancer: An American Society of Clinical Oncology-Cancer Care Ontario Focused Guideline Update. J Clin Oncol 35(35):3978-3986, 2017



Denosumab - Therapy of bone metastases and skeletal related complications

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Statement: Progression under bisphosphonates

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Bisphosphonates for bone pain control

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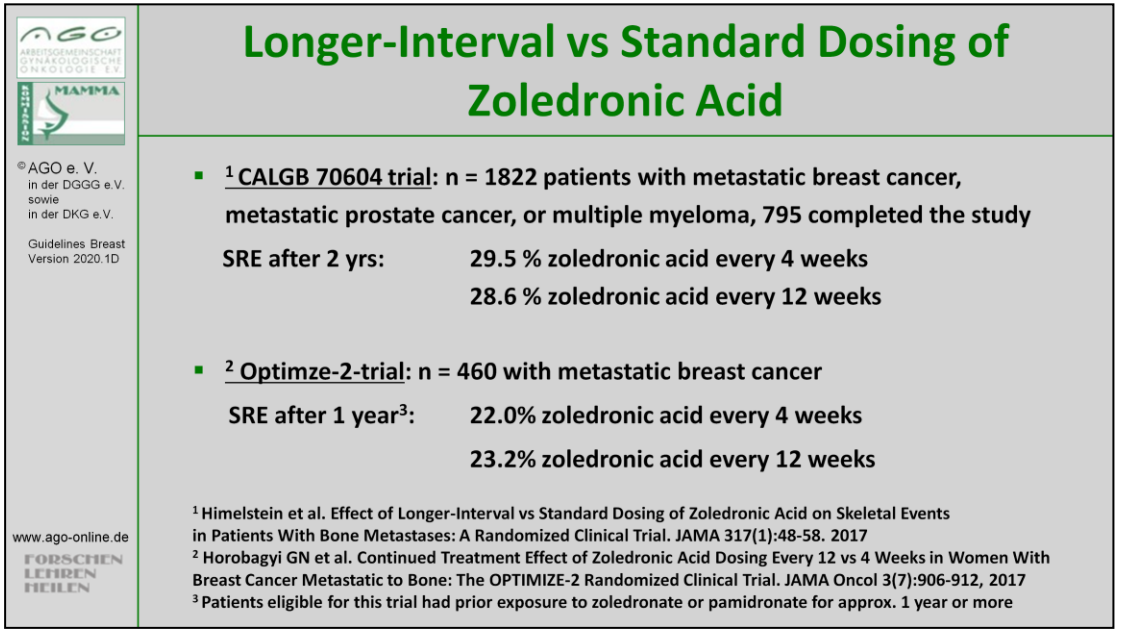

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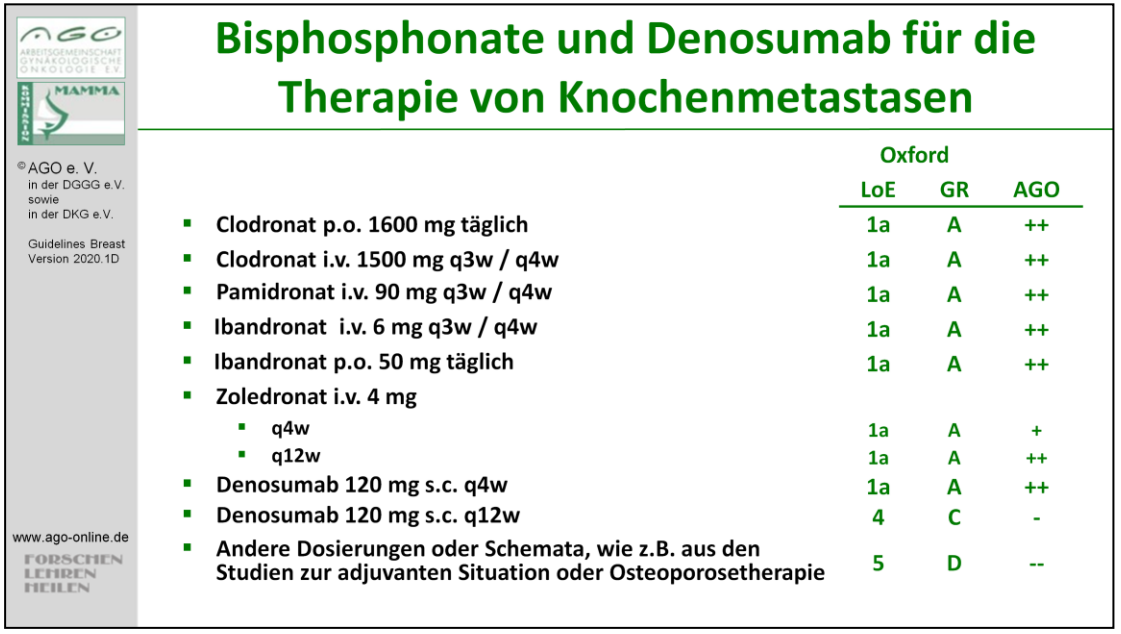

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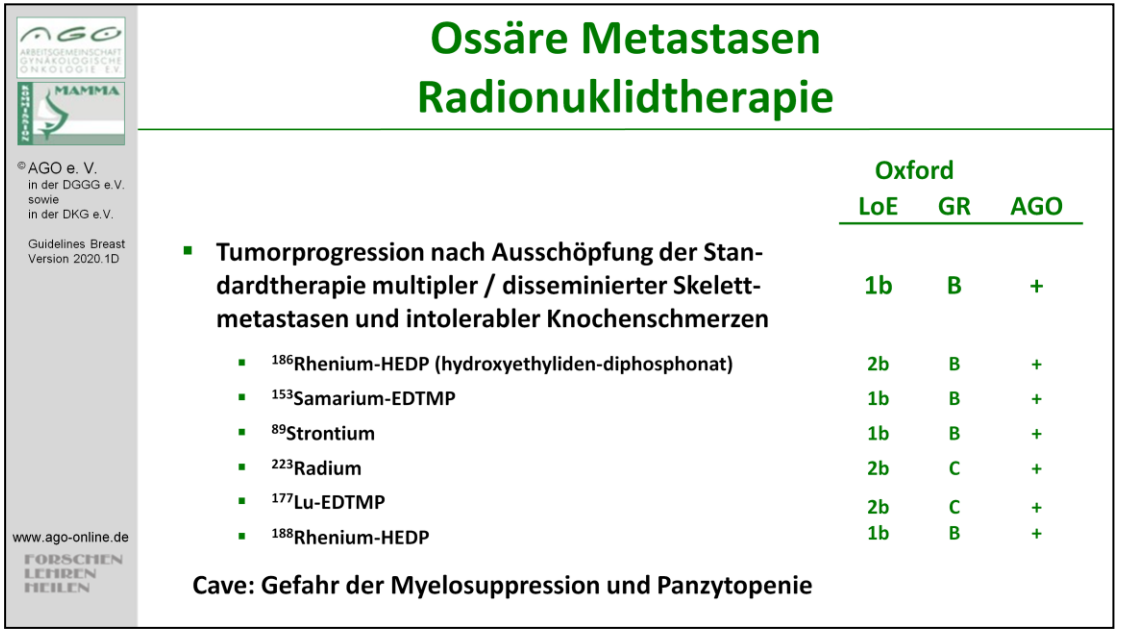

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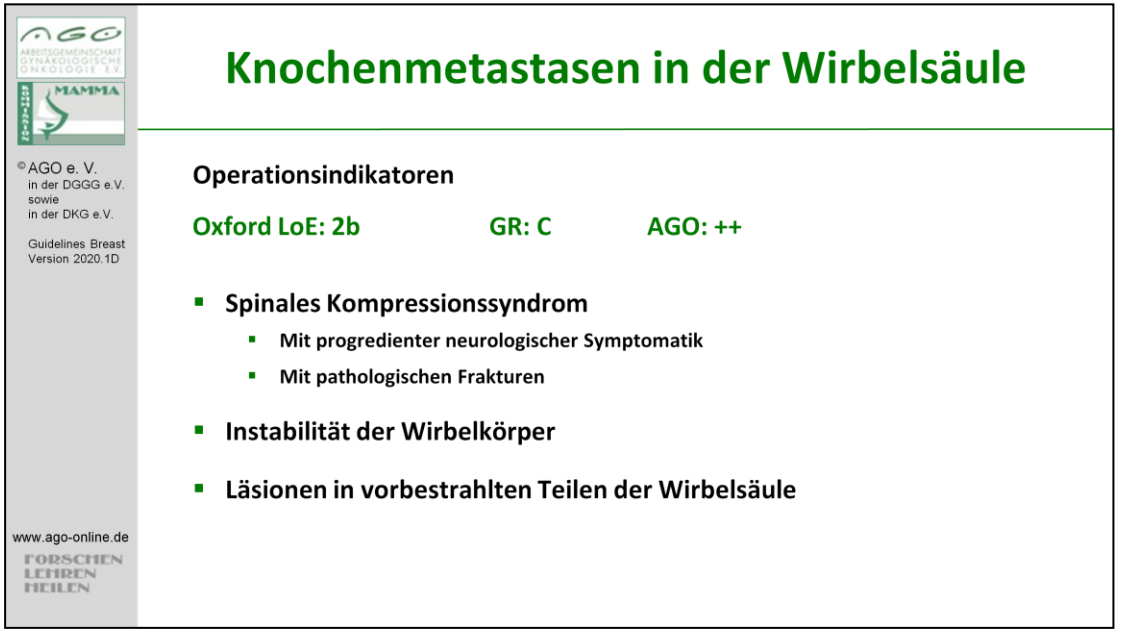

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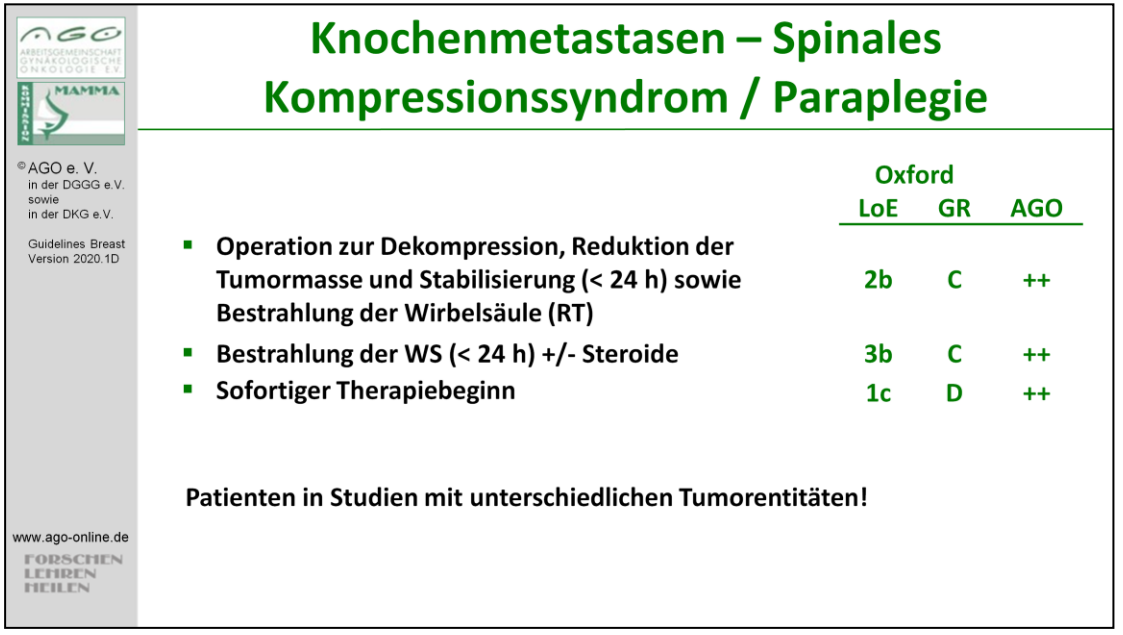

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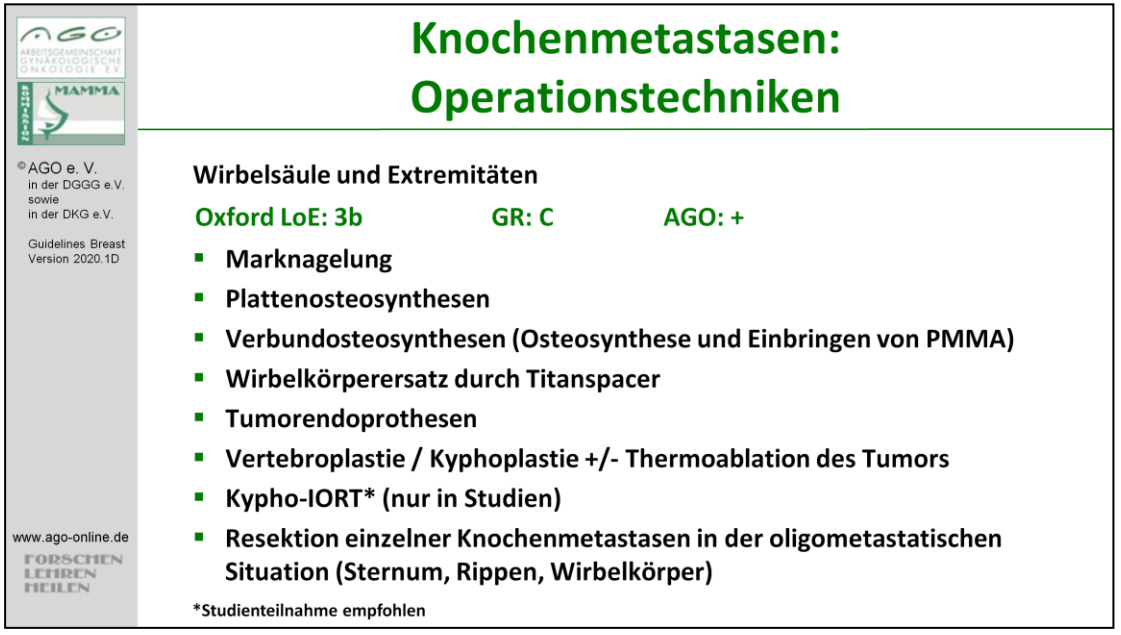

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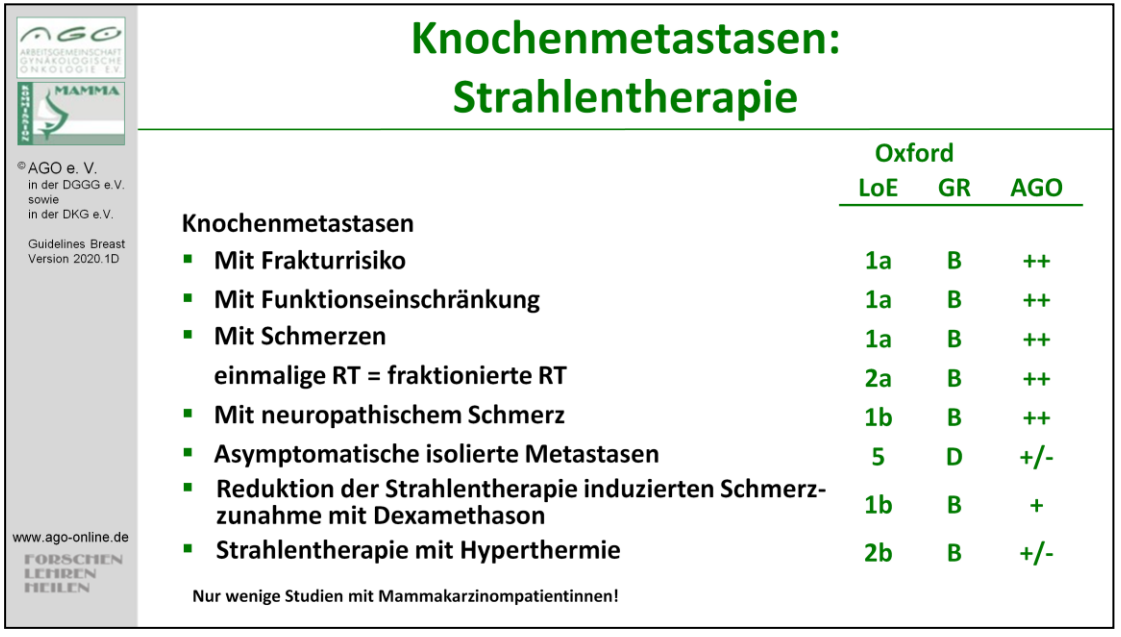

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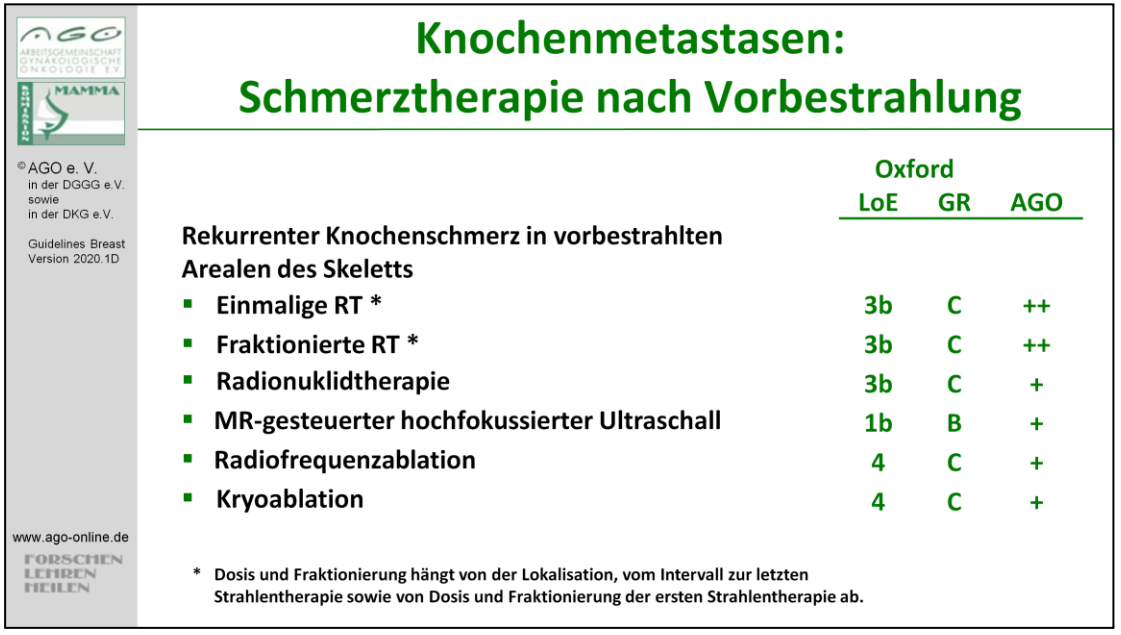

Recurrent bone pain in pre-irradiated parts of the skeleton

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Magnetic resonance-guided focused ultrasound

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Cryoablation / Radiofrequency ablation

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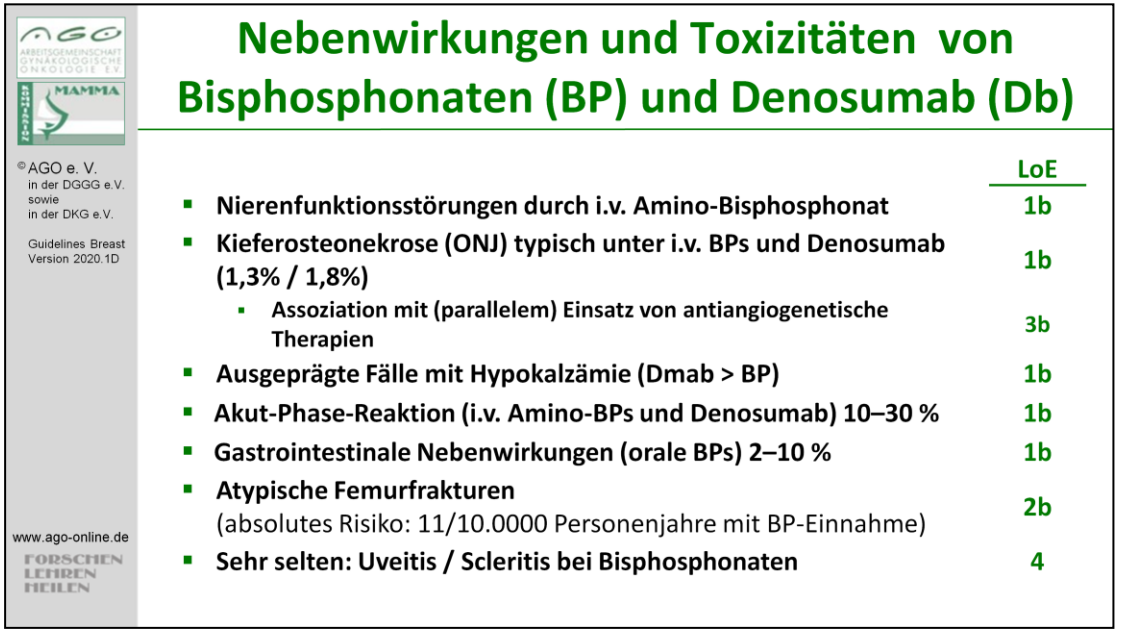

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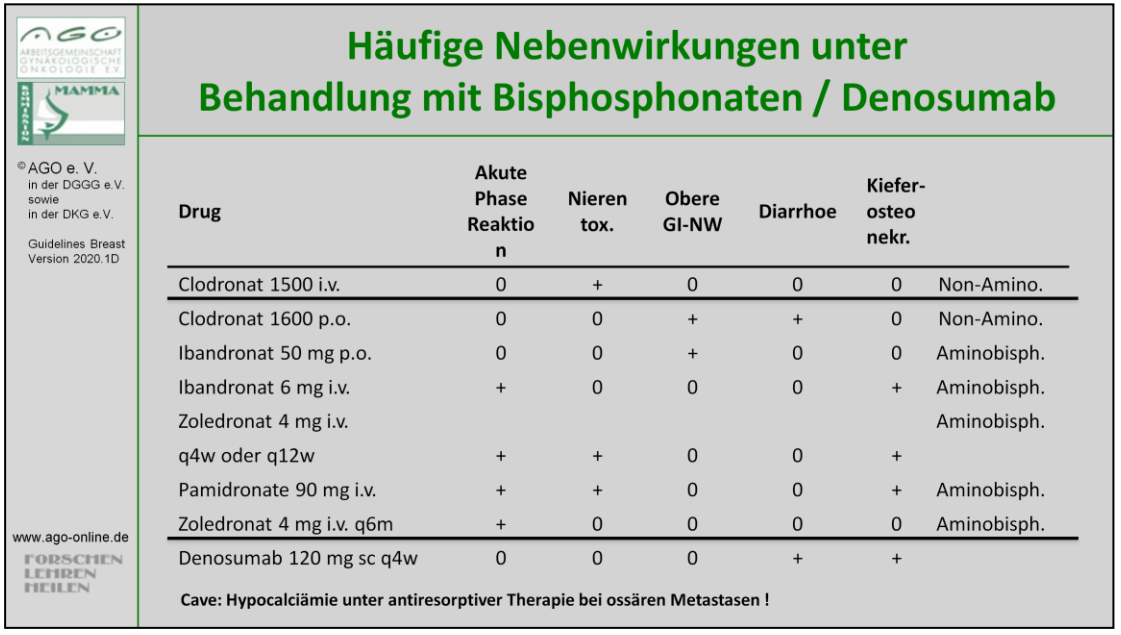

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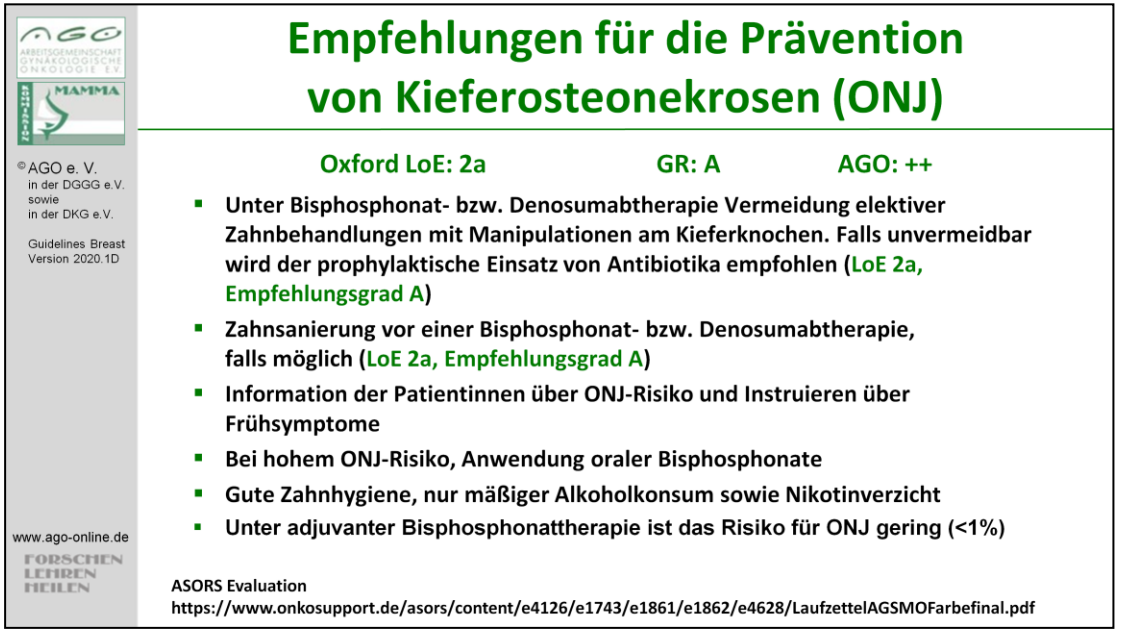

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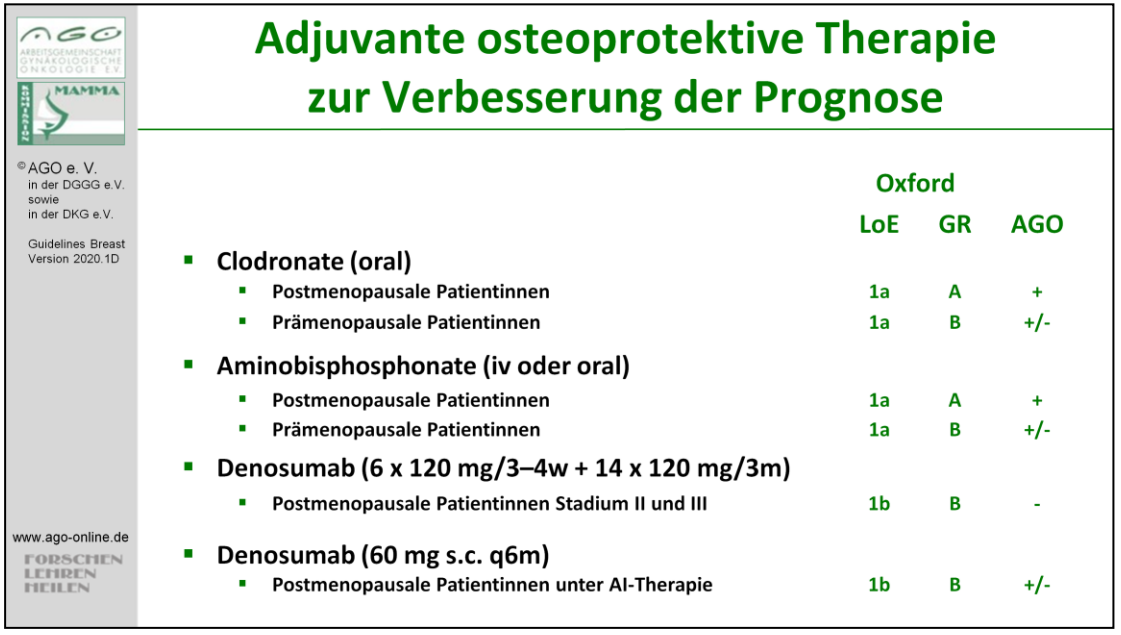

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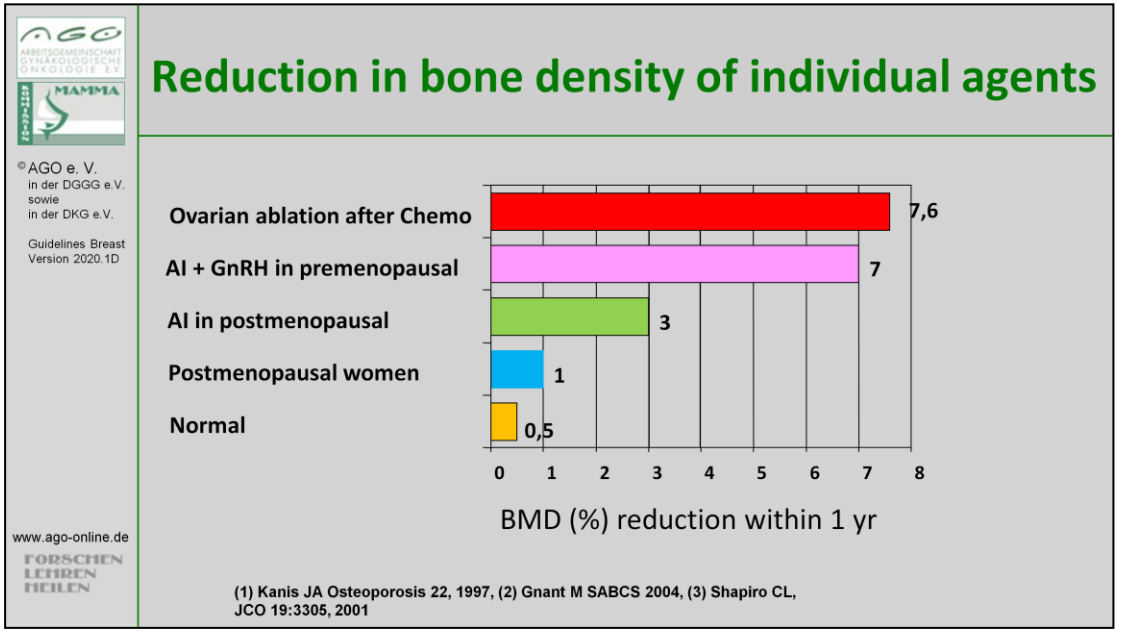

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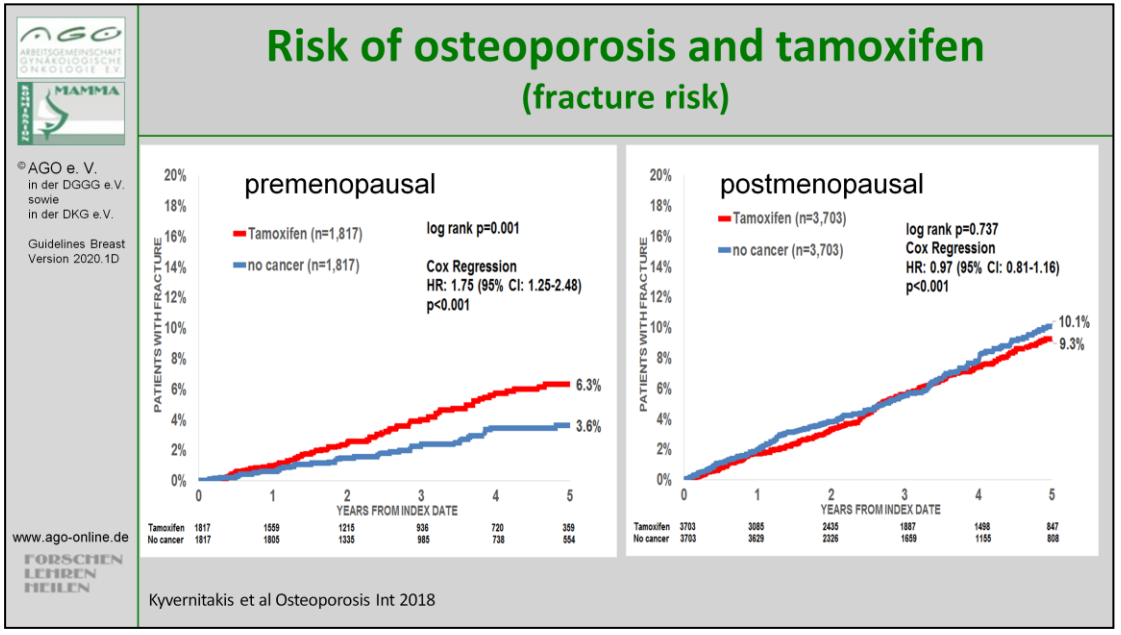

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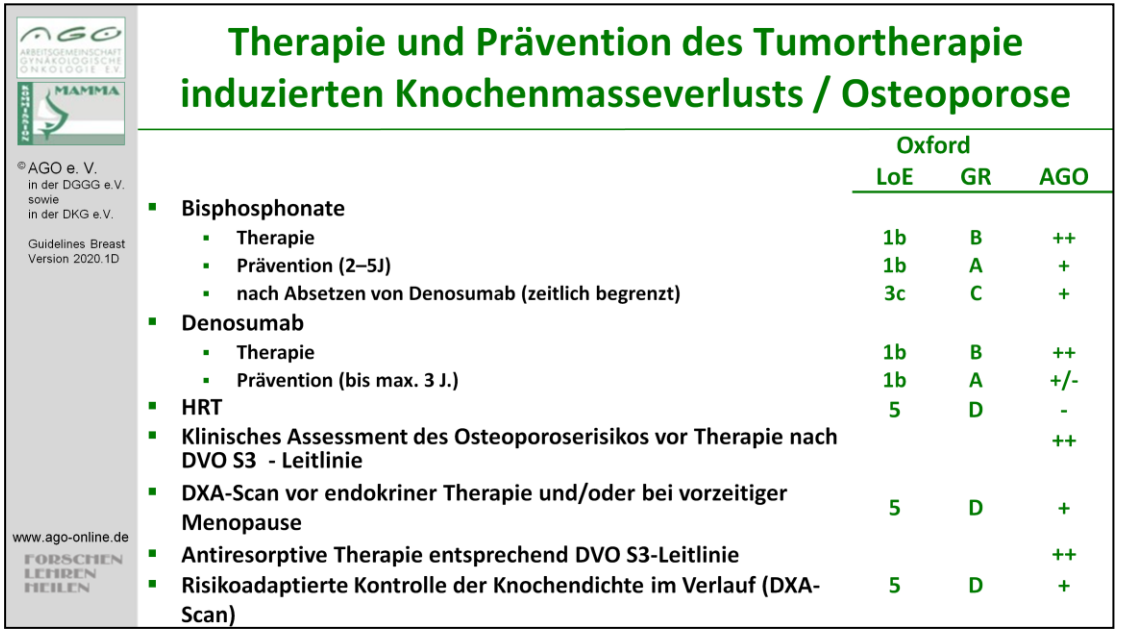

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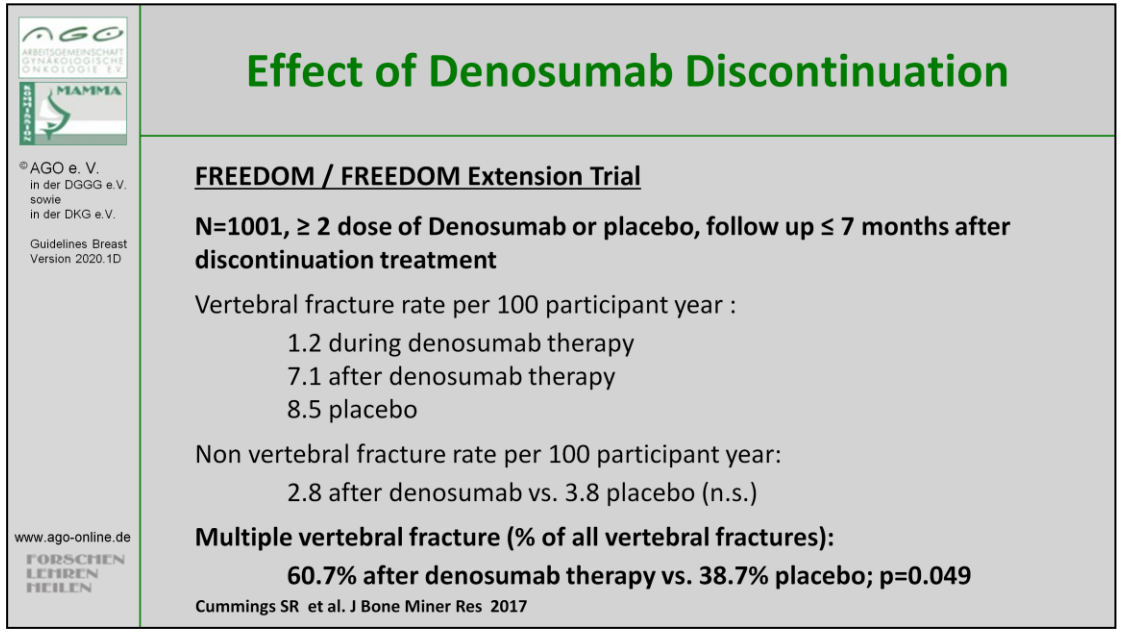

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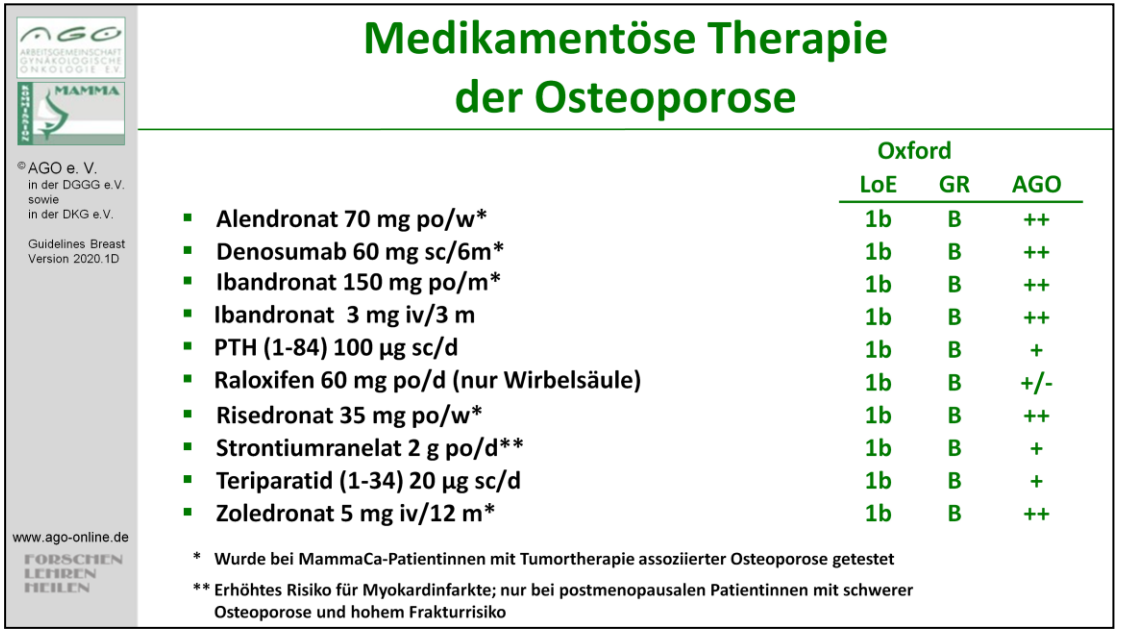

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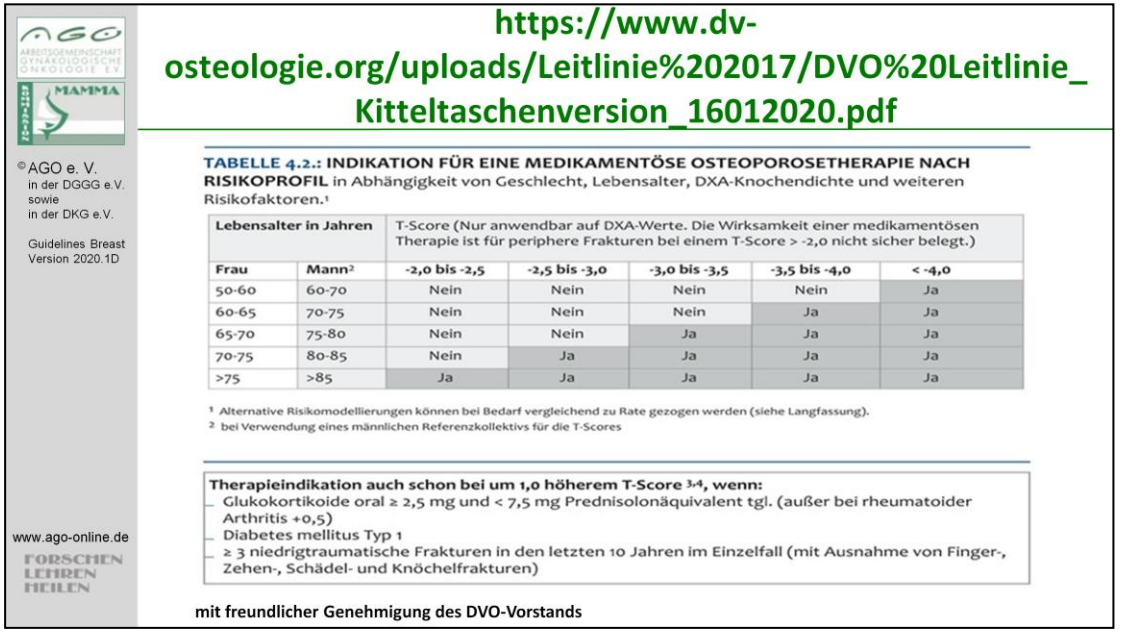

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Guidelines Breast
Version 2020.1D

TABELLE 4.2.: INDIKATION FÜR EINE MEDIKAMENTÖSE OSTEOPOROSETHERAPIE NACH RISIKOPROFIL in Abhängigkeit von Geschlecht, Lebensalter, DXA-Knochendichte und weiteren Risikofaktoren.[1]

Lebensalter in Jahren		T-Score (Nur anwendbar auf DXA-Werte. Die Wirksamkeit einer medikamentösen Therapie ist für periphere Frakturen bei einem T-Score > -2,0 nicht sicher belegt.)				
Frau	**Mann[2]**	**-2,0 bis -2,5**	**-2,5 bis -3,0**	**-3,0 bis -3,5**	**-3,5 bis -4,0**	**< -4,0**
50-60	60-70	Nein	Nein	Nein	Nein	Ja
60-65	70-75	Nein	Nein	Nein	Ja	Ja
65-70	75-80	Nein	Nein	Ja	Ja	Ja
70-75	80-85	Nein	Ja	Ja	Ja	Ja
>75	>85	Ja	Ja	Ja	Ja	Ja

[1] Alternative Risikomodellierungen können bei Bedarf vergleichend zu Rate gezogen werden (siehe Langfassung).
[2] bei Verwendung eines männlichen Referenzkollektivs für die T-Scores

Therapieindikation auch schon bei um 1,0 höherem T-Score [3-4], wenn:
- Glukokortikoide oral ≥ 2,5 mg und < 7,5 mg Prednisolonäquivalent tgl. (außer bei rheumatoider Arthritis +0,5)
- Diabetes mellitus Typ 1
- ≥ 3 niedrigtraumatische Frakturen in den letzten 10 Jahren im Einzelfall (mit Ausnahme von Finger-, Zehen-, Schädel- und Knöchelfrakturen)

mit freundlicher Genehmigung des DVO-Vorstands

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