Survivorship – Gynecologic Cancer: Bone Health

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

**PRESENTATION**

- Baseline BMD
- 25-OH Vitamin D
- Evaluate for new low impact fracture

**TREATMENT**

- **BMD normal** (T-score ≥ -1.0) and vitamin D normal (≥ 30 ng/mL) and no new low impact fracture
  - Repeat tests in 2 years and
  - Reinforce universal recommendations

- **BMD abnormal** (T-score between -1.0 and -2.5) and any vitamin D level and no new low impact fracture
  - Consider medical therapy based on risk factors (FRAX®) and
  - Reinforce universal recommendations

- Medical therapy chosen

- **BMD abnormal** (T-score ≤ -2.5) and any vitamin D level and no new low impact fracture
  - Start medical therapy and
  - Reinforce universal recommendations

- **25-OH Vitamin D abnormal** (< 30 ng/mL)
  - Start universal recommendations and
  - Refer to Bone Health Specialist

- Any BMD with new low impact fracture

- **Ergocalciferol 50,000 IU once a week for 8 -12 weeks, then over the counter vitamin D3 1,000-2,000 IU daily to maintain vitamin D level at 30-50 ng/mL.**
  - Repeat BMD and vitamin D in 1 year

- **BMD stable?**
  - Yes
    - Repeat vitamin D on the next visit
  - No
    - Refer to Bone Health Specialist

- **Vitamin D abnormal?**
  - Yes
    - Continue medical therapy
  - No
    - Continue over the counter vitamin D3 1,000-2,000 IU daily to maintain vitamin D level at 30-50 ng/mL

- **Universal recommendations:**
  - Calcium 1,200 mg/day
  - Vitamin D 800 IU/day
  - Exercise (see Physical Activity algorithm)
  - Limit alcohol
  - Limit caffeine
  - Avoid tobacco (see Tobacco Cessation algorithm)

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Risk factors:
- Low body weight
- Family history of hip fracture
- Rheumatoid arthritis
- Prior bone fracture
- High risk medical condition

History of prior steroid use of 3 months or longer

25-OH Vitamin D: 25-hydroxyvitamin vitamin D (hydroxycholecalciferol, calcidiol), the main vitamin D circulating in plasma

Stable BMD = same T-score or improvement

Abnormal BMD: Osteopenia T-score between -1.0 and -2.5
Osteoporosis T-score ≤ -2.5

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By the Executive Committee of the Medical Staff on 12/15/2020

Department of Clinical Effectiveness V7

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SUGGESTED READINGS


The University of Sheffield. (n.d). Welcome to FRAX. Retrieved from https://www.sheffield.ac.uk/FRAX/


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This survivorship algorithm is based on majority expert opinion of the Gynecologic Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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