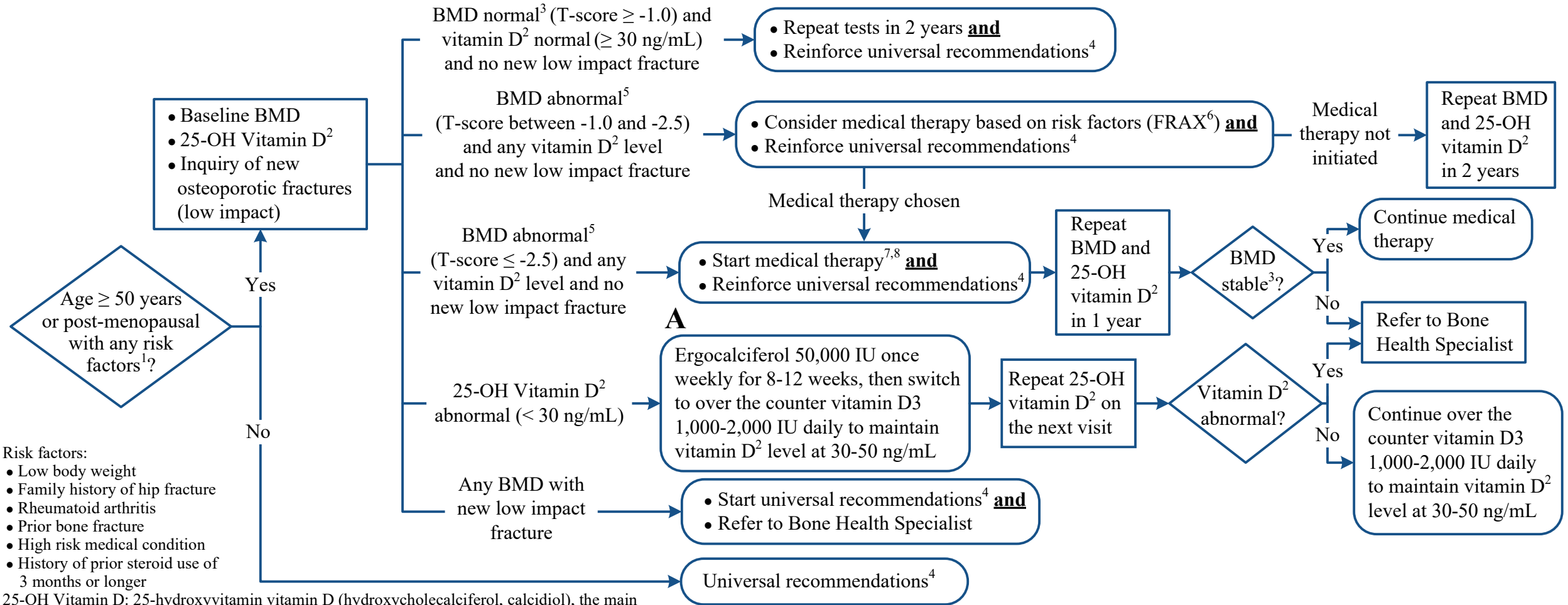


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## PRESENTATION

## TREATMENT



- <sup>1</sup> 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

<sup>2</sup> 25-OH Vitamin D: 25-hydroxyvitamin vitamin D (hydroxycholecalciferol, calcidiol), the main vitamin D circulating in plasma

<sup>3</sup> Stable BMD = same T-score or improvement

<sup>4</sup> Universal recommendations:

- Elemental calcium 1,000 - 1,200 mg/day from all sources
- Avoid tobacco (see [Tobacco Cessation algorithm](#))
- Vitamin D 800 - 1,000 IU/day
- Limit alcohol
- Weight-bearing/muscle - strengthening exercises (see [Physical Activity algorithm](#))
- Limit caffeine

<sup>5</sup> Abnormal BMD: Osteopenia T-score between -1 and -2.5  
 Osteoporosis T-score ≤ -2.5

<sup>6</sup> FRAX<sup>®</sup> - Fracture Risk Assessment Tool at [www.shef.ac.uk/frax](http://www.shef.ac.uk/frax)

<sup>7</sup> Consider bisphosphonate, denosumab, raloxifene or if clinically indicated

<sup>8</sup> If vitamin D level is < 30 ng/mL, replenish with supplementation prior to initiating medical therapy for osteoporosis. See Box A for recommendation on vitamin D repletion.

BMD = bone mineral density  
 IU = international units

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## DEVELOPMENT CREDITS

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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