

Osteoporosis and Bone Health

Osteoporosis is a disorder characterized by compromised bone strength that can increase the risk of bone fractures. Osteoporosis is common (affecting approximately half of women age 50 and older) and causes no symptoms until a fracture occurs. It is estimated that osteoporosis related fractures will occur in more than 2 million people over 50 years old annually, sometimes resulting in chronic pain and disability.

Osteoporosis can be prevented. By having a bone mineral density (BMD) test (a painless and noninvasive procedure used to diagnose osteoporosis) the risk of bone fracture can be determined. Current guidelines recommend screening for all women 65 years of age and older. Younger women may be referred for screening by their health care provider based on their individual risk factors.

Osteoporosis risk increases with age; women can lose up to 20% of their bone mass during the first 5 years following menopause. Other risk factors for osteoporosis include: smoking, excessive alcohol use, low body weight, early menopause (before age 45) and having a family member with a hip fracture.

Certain medications are associated with reduced

bone mass. Aromatase inhibitors (letrozole, exemestane, anastrozole) used to treat postmenopausal women with hormonally positive breast cancer fall into this category. These medications decrease circulating estrogen, accelerating bone loss beyond that due to menopause alone. BMD should be evaluated prior to beginning aromatase inhibitors and every 1 to 2 years thereafter.

The goal of osteoporosis screening and treatment is fracture prevention. General recommendations for risk reduction include avoiding tobacco and excessive alcohol intake. Engaging in regular weight bearing exercise can strengthen bones. Strategies for preventing falls should be reviewed with those at risk. Adequate intake of calcium and vitamin D, which plays a role in calcium absorption, is important. Adults over 50 should have an intake of 1200 mg of calcium and 800-1000 IU of vitamin D daily.

There are a number of drug therapy options available for women who have bone mass low enough to require treatment with medication. A class of drugs called bisphosphonates (alendrolate, risedronate, ibandronate) is often the first choice of drug for



treatment. Some bisphosphonates can be taken orally every week or month, and ibandronate is now available in intravenous form. These medications are generally well tolerated and have been proven to reduce fractures within 3 months.

The research trial "MAP.3: A Phase III Randomized Study of Exemestane versus Placebo in Postmenopausal Women at Increased Risk of Developing Breast Cancer" is also investigating any potential effects exemestane may have on bone health (see page 2).

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BREAST
PROGRAM
OF VERMONT****Summer 2008**

Hot Flashes – Are There Effective Natural Remedies?

Hot flashes plague menopausal women. Women at increased risk or with a history of breast cancer who have undergone prophylactic removal of the ovaries (oophorectomy), had chemotherapy or take tamoxifen can also experience hot flashes and other menopausal symptoms related to estrogen deficiency resulting from these therapeutic treatments.

The most effective treatment known for hot flashes is hormone replacement therapy (HRT). However, significant risks are associated with the use of HRT and it is not an acceptable option for many women who have had breast cancer or are at increased risk for breast cancer.

Many women seek safe effective alternatives to HRT and turn to more “natural” remedies to obtain relief from hot flashes and other menopausal symptoms. The safety and efficacy of these therapies are often questioned.

Most complimentary and alternative medicine (CAM) therapies have not been widely studied with scientifically

rigorous research methods. Trials are small, of short duration, and use inadequate research methods compromising the findings that are available. Newer studies are addressing these limitations and a few therapies have shown potential. These therapies include: black cohosh, soy isoflavones, acupuncture and behavioral treatments.

Black cohosh, a perennial plant native to North America and member of the buttercup family, shows promise for the relief of hot flashes and has an overall positive safety profile. Several studies have reported a reduction in the frequency and severity of hot flashes among women given black cohosh. In some of these studies the methodology is weak and a recent randomized controlled trial found no improvement in relief of hot flashes compared to a placebo group (Newton, K.M., et al; 2006). Thus, the evidence supporting the efficacy of black cohosh in relieving hot flashes remains inconclusive.

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Breast Cancer Prevention and Bone Density Research at the Vermont Cancer Center

The High Risk Breast Program is taking part in a multinational breast cancer prevention research study randomizing postmenopausal women to the aromatase inhibitor exemestane or placebo for 5 years (MAP.3). Exemestane is an anti-tumor drug currently approved by the FDA to treat advanced breast cancer in postmenopausal women. This study will determine whether exemestane can also be used to help prevent breast cancer in postmenopausal women.

Women who enroll in this study can now take part in a companion study (MAP.3b) that will determine the effect of long-term exemestane use on bone health in postmenopausal women. Specifically, this companion study will assess bone loss in relation to exemestane use by measuring bone mineral density in the spine and hip.

If you are interested in learning more about this study contact Karen Wilson, VCC Research Coordinator, at 802-656-4101.

Phytoestrogens, which include isoflavones—estrogen-like compounds found in soy, red clover and many other plants, are also commonly used to treat hot flashes. Research findings are inconsistent regarding the effects of phytoestrogens on hot flashes and currently their is insufficient evidence to recommend their use.

Studies treating with soy isoflavone extracts rather than dietary forms of soy have shown some encouraging results for reducing hot flashes. It is important to note that there is some existing concern surrounding the use of phytoestrogens and their weak estrogen-like effects on breast cancer risk. Experts generally consider whole foods containing soy or isoflavones to be healthy and safe, however, additional supplementation should be discussed with a health care provider.

Acupuncture and behavioral interventions, including relaxation and exercise, may alleviate hot flashes in some women. These treatments and interventions have yet to be studied extensively; however, they appear to hold some promise in managing hot flashes. Exercise has often been recommended to

help alleviate hot flashes and other symptoms of menopause, as it is often found that women who get regular physical activity report fewer hot flashes. Preliminary studies provide some support for using exercise as a means to reduce hot flashes, but additional research is needed to strengthen support for this association.

Various other CAM therapies are used to treat hot flashes, such as ginseng, Dong Quai, evening primrose oil, wild yam, and vitamin E. Evidence to-date does not show these therapies to be beneficial in reducing the frequency and/or severity of hot flashes.

While the growing body of evidence provides some support for the use of black cohosh, soy isoflavones, acupuncture, exercise and relaxation techniques, more high quality research studies on the efficacy and safety of long-term use are needed. Additionally, it is important for women to discuss their use of CAM therapies with their health care providers to allow providers to assist in managing the use of CAMs through an evidence-based approach that will promote health and well-being.

Sweet Potato Salad

Sweet potatoes, rich in fiber, vitamins A and C, protein and iron, are one of our most nutritious but undervalued vegetables. Enjoy this healthy and easy to prepare summer salad.

Ingredients:

3 pounds sweet potatoes
1 red pepper
1/2 red onion
1/4 cup fresh cilantro
1/3 cup olive oil
2 tablespoons vinegar
1 teaspoon ground cumin
Salt and pepper

- Peel and dice the sweet potato into 1 inch cubes. Simmer until tender, 10-12 minutes.
- Drain. Dice red onion and red pepper. Chop cilantro. Add all ingredients together in bowl.
- Whisk the oil, vinegar, cumin powder. Pour over sweet potato mixture. Add salt and pepper to taste. Marinate for several hours before serving. Can be served hot or cold.

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Save the Date!

11th Annual Vermont Breast Cancer Conference *Survive and Thrive*

The Vermont Cancer Center presents the 11th Annual Breast Cancer Conference on Friday, October 31, 2008 at the Sheraton Burlington Conference Center (870 Williston Road, Burlington, Vermont). This event is designed to meet the broad needs of survivors, caregivers, health care professionals, and the general public concerned about complex issues related to breast health and women's health, and provide opportunities to network with other survivors, caregivers, nurses, physical therapists, psychologists, and cancer researchers. This year's conference will celebrate survivors with a day-long series of workshops, lectures, seminars and activities that will inform, affirm, engage and inspire each of the attendees on their personal journey to "Survive and Thrive."

The sessions and exhibits are free due to the generous support of The Vermont-New Hampshire Affiliate of the Susan G. Komen Breast Cancer Foundation. For more information go to the Breast Cancer Conference's website at: <http://vtbreastcancerconference.org> or call 802-656-2292

