After Prostate Cancer Treatment, Low Rates of Testing for Bone Health

Study finds bone health testing for patients with prostate cancer undergoing ADT therapy are not meeting guideline recommendations.

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New research in the October 2020 issue of JNCCN—Journal of the National Comprehensive Cancer Network finds the rate of bone mineral density (BMD) testing in people with prostate cancer undergoing androgen deprivation therapy (ADT) has improved in recent years, but remains low. ADT is considered a cornerstone of treatment for high-risk or advanced prostate cancer and is used in nearly half of all prostate cancer patients. However, it can result in preventable side effects like osteoporosis and bone fractures. Despite clinical recommendations that call for BMD testing in ADT recipients, only 23.4% of the patients studied received testing in 2015. That is up from just 4.1% in 2000.

“Although we expected BMD testing rates to be fairly low given the prior literature, we were somewhat surprised that they didn’t go up more in recent years,” said senior author Alice Dragomir, MSc, PhD, McGill University in Montreal, Quebec who worked with Armen G. Aprikian, MD, Marie Vanhuyse, MD, MSc, and Jason Hu, MSc, also from McGill. “Bone density testing helps doctors evaluate fracture risk and identify which patients would benefit from additional monitoring and interventions like lifestyle changes and/or medications. Perhaps the low rate of testing will change in the coming years thanks to renewed attention on bone health issues in the clinical oncology community. It may be interesting to re-examine BMD testing rates in a few years.”

The researchers used the Régie de l’assurance maladie du Québec (RAMQ)—a Canadian public healthcare administrative database—to review patient demographic and billing information for 22,033 people with prostate cancer who began receiving ADT between January 2000 and December 2015. Of those, 3,910 (17.8%) received a BMD test at any point during the study period. The largest increase in testing rates occurred around 2003 and 2004, coinciding with the publication of several articles and guidelines recommending BMD screening in this set of patients. People age 80 and older, with metastatic disease, or living in rural areas were less likely to be screened.

“While we have known for many years that the androgen deprivation therapies used to treat prostate cancer carry an increased risk of osteoporosis, this study identifies specific populations that might not undergo recommended screening prior to hormone-based therapies,” commented

Joshua M. Lang, MD MS, Associate Professor of Medicine, Carbone Cancer Center, University of Wisconsin. “These populations are especially vulnerable, including our older patients located in rural areas of the country.”

Dr. Lang, a Member NCCN Guidelines® Panel for Prostate Cancer, who was not involved in this research, continued: “The importance of screening is even more critical given the availability of medications that can slow or reverse osteoporosis. The NCCN Guidelines for Prostate Cancer specifically recommend screening for these patients and this report demonstrates that more work is needed to advocate for and implement screening of vulnerable patient populations.”

To read the entire study, visit JNCCN.org. Complimentary access to “Contemporary Population-Based Analysis of Bone Mineral Density Testing in Men Initiating Androgen Deprivation Therapy for Prostate Cancer” is available until January 10, 2021.

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