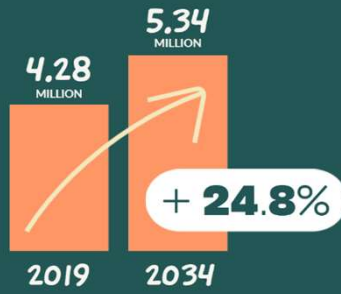


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INTRODUCTION

National guidelines recommend assessing fracture risk in high-risk groups using validated tools such as 'FRAX'. Research exists highlighting the increased fracture risk in patients with breast and prostate cancers but is limited in older patients with frailty.



Projected increase in the number of fragility fractures in Europe.

Kanis JA, et al. SCOPE 2021: a new scorecard for osteoporosis in Europe. 2021.

OBJECTIVES

The Senior Adult Oncology Service (SAOS) is a new service in Manchester (UK) since 2022, which aims to support older patients with frailty during their cancer treatments. In collaboration with the endocrine team, FRAX scores were completed in new patients referred to SAOS over 6 months, aiming to identify those with higher fracture risk.

METHODS

Those deemed low risk were given lifestyle advice. Those deemed intermediate risk or above, were considered by the SAOS for further investigations and referred to bone health clinic if appropriate.
*** Not been picked up by other HCPs

Low Risk
Lifestyle Advice

Intermediate Risk
Referral for DEXA

High Risk
Assessment & Treatment

Very High Risk
Assessment & Treatment,
Consider referral to Bone Health Clinic

RESULTS

- 60 patients (35 male) have been assessed to date (average age 77.9 years) using the FRAX tool.
- 95% (57 patients) had lung cancer
- 30 patients (50%) had metastatic cancer
- 13 patients (22%) had bone metastases
- 31 patients (52%) screened had a moderate or higher risk, of which 13 patients were deemed appropriate for further intervention (Table 1)

Table 1

Outcome following FRAX score assessment	Low Risk	Intermediate Risk	High Risk	Very High Risk
1) Further actions by SAO/bone health clinic deemed appropriate		8	3	2
DEXA (Dual-energy X-ray absorptiometry) scan requested to measure BMD (Bone Mineral Density)		6	1	2
Referred to Bone health clinic for specialist assessment & consideration of intravenous bisphosphonates		2	2	0
2) No further actions by SAO/bone health clinic	N/A	7	4	7
Bone metastases identified during investigations (SAOS did not action as oncology team started on bisphosphate treatment)		0	1	1
Further assessment inappropriate (e.g., end of life, RIP, or acutely unwell.)		4	1	3
Patient declined further assessments (general practitioner informed)		3	1	1
Further assessment not necessary, as already on bone health treatments, or known to external bone health service.		0	1	2
	29 (48%)	15 (25%)	7 (12%)	9 (15%)

CONCLUSION

Bone health is an important consideration in this group of patients with a high prevalence of issues identified.

The implementation of screening tools is feasible and helpful to develop collaboration protocols aimed at reducing the risk of adverse events during cancer treatment.

Further research is needed to shape risk reduction strategies in frail older patients.

