

# CLINICAL RESEARCH & OSTEOPOROSIS NEWSLETTER

A Publication of New Mexico Clinical Research & Osteoporosis Center

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## Cancer, Bones, and Osteoporosis

Cancer is a frightening word that immediately brings to mind life-threatening disease with complex and sometimes disfiguring treatments, possibly followed by chronic pain and early death. Concerns about bones and osteoporosis might seem out of place in this setting. Yet, there are very close connections between many cancers and their treatments and what happens with bones. Management of bone disease may, in some cases, become more important than the cancer itself.

Bone is commonly affected by cancer. This may be due to a cancer beginning somewhere else and spreading (metastasizing) to bone; in some cases, the cancer starts in bone or bone marrow. Many drugs used to treat cancer can cause bone loss and fractures. Radiation therapy may be life-saving, but at the same time damage bone tissue. And finally, cancer survivors can develop osteoporosis due to poor nutrition, lack of exercise, and all the usual reasons that can cause it in non-cancer patients.

With advanced cancer of the breast and prostate, spreading to bones is very common. Other cancers that may spread to bones include lung, colon, stomach, kidney, bladder, and uterus. Most patients with advanced multiple myeloma, a disease that begins in the bone marrow, have detectable disease in the bone itself. Cancer in the bones may cause pain, weaken the bones, and result in bone

fractures.

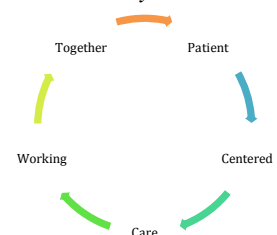
Women with breast cancer commonly receive a type of drug called an “aromatase inhibitor.” Men with prostate cancer often receive “androgen deprivation therapy.” Prednisone may be prescribed in combination with chemotherapy for cancer. All of these agents can be harmful to bones.

Fortunately, bone disease in cancer patients can be prevented or treated by early recognition and the use of some of the same medicines that are used to treat osteoporosis when there is no cancer. Bone density testing with DXA is the best way to diagnose osteoporosis and estimate the risk of breaking bones. Imaging of bones by X-ray, nuclear bone scan, CT scan, PET scan, or MRI may be needed to find the exact location of bone disease. Medications to treat bone disease in cancer patients include zoledronic acid (Reclast) and denosumab (Prolia). Both of these work by inhibiting the action of bone cells, especially osteoclasts, which slows the rate of “bone remodeling.” Clinical trials have shown that treatment with these medications reduces the rate of “skeletal-related events,” such as bone fractures and bone pain severe enough to require radiation therapy.

What should you do if you have cancer and concern about your bones? Ask your doctor whether you should have a bone density test, special imaging, or lab tests to find out about your bone health. Keep your bones as healthy as you can.

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# Clinical Research

## Are you interested in participating in a research study?

Our clinical research program is recruiting patients to participate in studies to test new medications and evaluate new uses for currently available drugs. By participating in a study you will have the opportunity to use one of these medications, have free examinations and tests, and receive reimbursement for your time and travel. If this interests you, please take a few minutes to read the major criteria for participation.

*If you think you may qualify for a study or are interested in participating in a research study, call a study specialist at (505) 923-3232.*

Feel free to pass this newsletter to a friend or relative who may be interested. The drug study information is updated often, since we are continually starting new studies and closing existing studies. Call and give your information to a study specialist for consideration for future studies. If there is nothing for you now, there may be one soon.

By participating in a clinical research study you play a more active role in your healthcare. Please call today to see what studies we have available **505-923-3232**.

### Current Available Studies May Include

Cardiovascular	GERD	Hypertension	Migraine	Osteoarthritis
Constipation	Gout	IBS	Neuropathy	Osteoporosis
Diabetes	High Cholesterol	Insomnia	Nocturia	Overactive bladder
Fibromyalgia	Hot Flashes	Low Testosterone	Obesity	RLS

### Fibromyalgia

This is a clinical trial for patients who have pain associated with Fibromyalgia. This study is to evaluate the safety and efficacy. You may be eligible to participate if you are:

- 18 years or older
- If you have experienced the same pain symptoms greater than or equal to 3 months.

*DS-E310 FM*

### Gout and High Risk Cardiovascular Disease

We are conducting a clinical trial to evaluate 2 approved medications. If you have experienced a major cardiovascular event and have gout, you may be eligible to participate if you are:

- Men  $\geq$  50 yrs, Women  $\geq$  55 yrs
- History or Presence of Gout

*TAK TMX 67\_301*

### Hypoactive Sexual Desire Disorder

This study is for premenopausal with Hypoactive Sexual Desire Disorder (HSDD), to evaluate the safety and efficacy of an investigational medication. You may be eligible to participate if you are:

- 18 yrs and older and currently Premenopausal
- With or without decreased arousal

*Palatin BMT-301*

### Type 2 Diabetes

This is a trial for an approved medication. We are currently looking for patient with a history of high risk cardiovascular events and albuminuria or evidence of kidney function. You may be eligible to participate if you are:

- Men or women  $\geq$  18 yrs old
- HbA1c  $\geq$  6.5 % and  $\leq$  10 %

*BIPI 1218.22*

### Osteoporosis Drug Holiday

This study is a drug holiday for postmenopausal women and men who have taken an Alendronate (Fosamax) or Risedronate (Actonel) for 5 or more years. You may be eligible to qualify for this study if you are:

- $>$  50 yrs, Men or Postmenopausal Women, diagnosed with osteoporosis
- Taken Alendronate or Risedronate for  $\geq$  5 years

*NBHADHI*

### Gout and Kidney Disease

We are conducting a clinical trial to evaluate an investigational medication in patients who suffer with gout and kidney disease. You may be eligible to participate if you are:

- 18 years or older
- Experienced a gout flare within the last 12 months

*FEB-XR 301*

# Woman to Woman



By

Julia Chavez, CNP

## OBESITY AND WEIGHT LOSS

Obesity is a medical condition experienced by approximately 1/3 of the total population in the United States of America. It is an issue that is complicated by several factors including but not limited to genetics, bad diet, lack of exercise, and spending too much time in front of the TV or computer.

Obesity can lead to complications such as diabetes, high blood pressure, and other chronic diseases. It is not an easy problem to conquer but can be taken in step-wise increments. Some people will do well with programs such as weight-watchers or low carbohydrate diets, while others need more structured programs with nutrition counseling. There are a few recent medication regimens which are looking promising but they all have to be paired with watching the calories and expanding the exercise programs. The final resort may be looking into bariatric surgeries, but these programs are very drastic and not without possible complications.

If this is something you need to discuss, please call your primary care provider for some guidelines.

**Eat Healthy**

**Exercise**

**Stay Active**

If you enjoyed this newsletter and would like to be placed on an electronic mailing list, email [ybrusuelas@nmbonecare.com](mailto:ybrusuelas@nmbonecare.com).

## Osteoporosis Foundation of New Mexico Educational Presentations

Manzano Mesa  
Multigenerational Center  
501 Elizabeth SE  
Albuquerque, NM 87123  
(505) 275-8731

1:30-3:00 PM

### 2015 Meetings

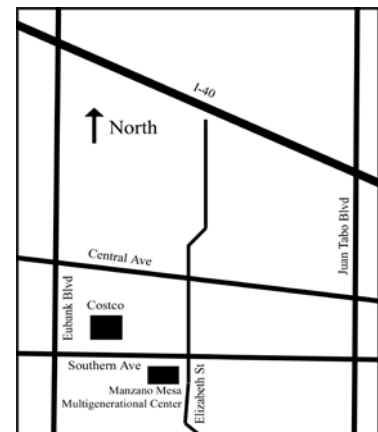
August 13, 2015  
E. Michael Lewiecki, MD  
"Updates for Osteoporosis"

November 12, 2015  
Charla Simpson  
"The Use of Osteogenic Loading  
for Treatment and Prevention of  
Osteoporosis"

These meetings are open to the public. It is a great opportunity to talk to osteoporosis experts for as long as you want. There is limited space, so please sign up by calling 275-8731 in order to attend. A \$1 contribution is requested in order to cover the cost of educational material. You may donate more if you wish.

Consider attending if:

- ❖ You have osteoporosis,
- ❖ You have a loved one with osteoporosis, or
- ❖ You are interested in learning more about osteoporosis.



[www.ofnm.org](http://www.ofnm.org)

**Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS**

Dear Dr. Lewiecki – I was recently diagnosed with breast cancer. I was treated with a mastectomy and radiation therapy. Although I was hoping that would be enough treatment, my oncologist is now starting me on anastrozole, which I will be taking for 5 years and possibly longer. She told me it is very effective at preventing recurrence of the breast cancer, but has many side effects, including osteoporosis and fractures. What should I do? I don't want the cancer to come back, but I am also afraid of breaking by hip. My mother had a hip fracture and died in a nursing home a few months later. I'm 66 years old. What should I do?

*Worried, Santa Rosa, NM.*

Dear Worried – Anastrozole, which has the brand name of Arimidex, is an aromatase inhibitor. Medications in this class are very effective in treating some types of breast cancer. If your oncologist recommends taking it you should probably do it. I assume that she feels that the benefits of treatment outweigh of the

risks.

A well-known adverse effect of aromatase inhibitors is bone loss, which may result in increased risk of bone fractures. Experts working with the International Osteoporosis Foundation (IOF) have carefully reviewed this issue and published recommendations that are of interest to you:

1. General measures for bone protection include regular physical activity, adequate intake of calcium and vitamin D, and smoking cessation.
2. Bone health assessment with a bone density test (DXA), estimation of fracture risk (FRAX), and a few simple blood tests (calcium, parathyroid hormone, vitamin D level).
3. If you have already had a low trauma fracture, or have osteoporosis, or fracture risk is high, you should be treated with medications, such as denosumab or zoledronic acid, to protect your bones.

*Mike Lewiecki*

*From the editor: If you have a question for Dr. Lewiecki, please send it by mail to the address on the front page of this newsletter or by email to [mlewiecki@nmbonecare.com](mailto:mlewiecki@nmbonecare.com). It is not possible to respond to all questions submitted, but those that are of general interest will be considered for publication with an answer in future issues of this newsletter.*

**PROSTATE CANCER:  
BAD FOR BONES?**

Aside from non-melanoma skin cancer, prostate cancer is the most common cancer among men in the United States. When it spreads, it commonly goes to bones. This can be painful and sometimes debilitating. Treatment often includes androgen deprivation therapy (ADT) that reduces testosterone to very low levels. ADT can reduce tumor growth and improve survival.

ADT reduces muscle mass and muscle strength, decreases bone density, and increases the risk of vertebral and hip fractures by as much as 50%. Older men and men who already have other risk factors for osteoporosis (for example, smoking or family history of osteoporosis) are at especially high risk for these problems.

The IOF recommendations for men receiving ADT are similar to those for women on aromatase inhibitor therapy (see column to the left). The same general measures apply to men and the same baseline bone health assessment should be undertaken. If bone density is in the osteoporosis range or fracture risk is high, treatment for osteoporosis with medications such as denosumab or zoledronic acid should be started. If bone density is only slightly low and the estimation of fracture risk is low, an X-ray of the spine may be helpful. The finding of a previously unrecognized vertebral fracture would then lead to a recommendation for treatment to protect the bones.



**Support osteoporosis education in New Mexico. Help to reduce the burden of osteoporotic fractures. Osteoporosis Foundation of New Mexico is a local non-profit 501(c)(3) foundation. Consider a tax-deductible donation or bequest. Donations may be mailed to Osteoporosis Foundation of New Mexico at 300 Oak St. NE, Albuquerque, NM 87106. [www.ofnm.org](http://www.ofnm.org) For more information, call Yvonne Brusuelas at 505-855-5627.**