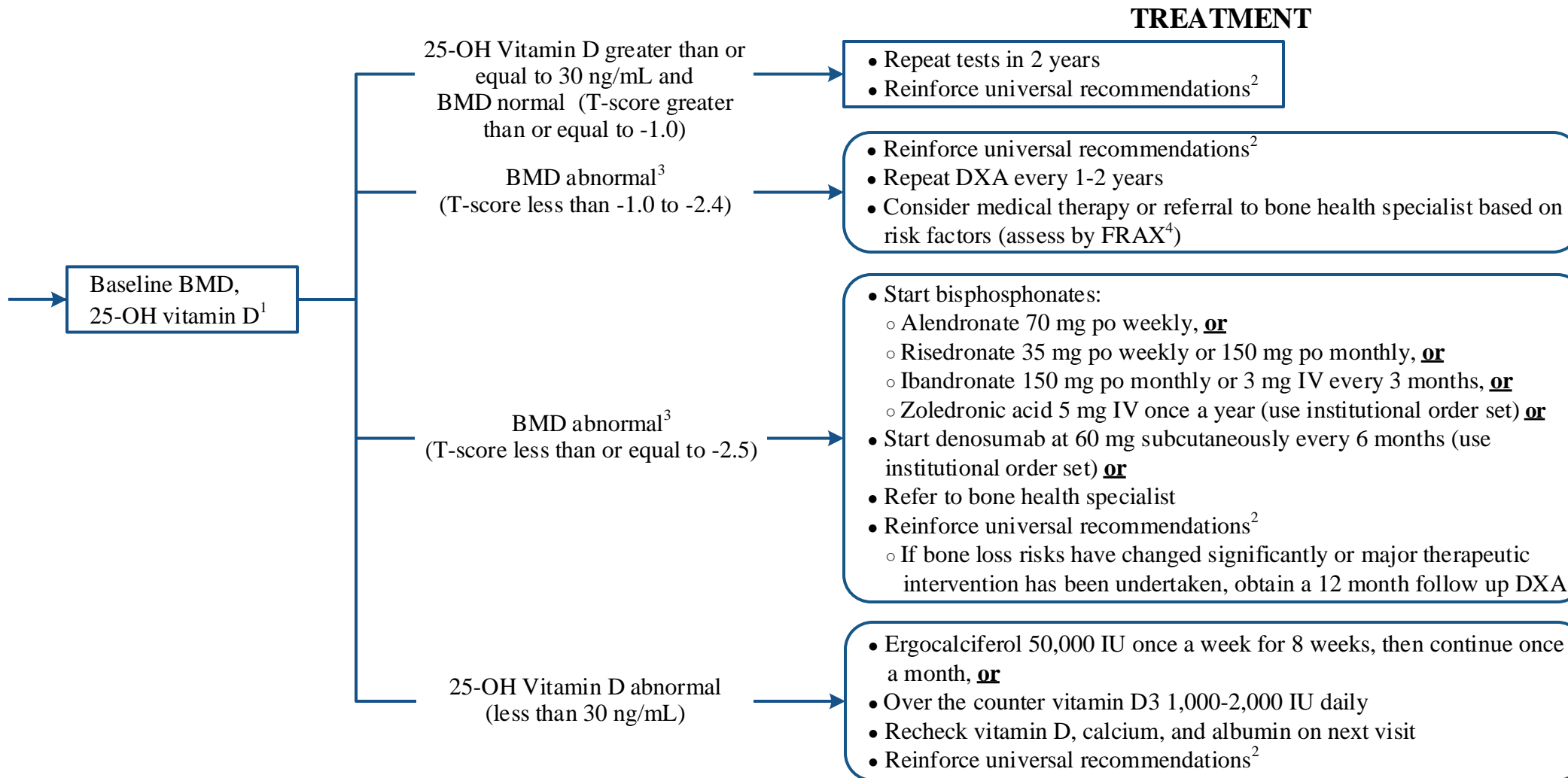


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

PRESENTATION

- Post-menopausal women
- Pre-menopausal on tamoxifen or GnRH
- Women on aromatase inhibitors



GnRH = Gonadotropin-releasing hormone BMD = Bone Mineral Density DXA = Dual-energy X-ray Absorptiometry IU = International Units

¹ 25-hydroxyvitamin D, also known as 25-hydroxycholecalciferol, calcidiol or abbreviated as 25-OH Vitamin D, the main vitamin D metabolite circulating in plasma

² Universal recommendations:

- | | |
|---|------------------|
| • Elemental calcium 1,000 – 1,200 mg/day from all sources | • Avoid tobacco |
| • Vitamin D 800 – 1,000 IU/day | • Limit alcohol |
| • Weight-bearing/muscle - strengthening exercises | • Limit caffeine |

³ Abnormal BMD: Osteopenia, T-score between -1.0 and -2.4; Osteoporosis, T-score less than or equal to -2.5

⁴ FRAX[®] WHO Fracture Risk Assessment Tool at www.shef.ac.uk/frax

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SUGGESTED READINGS

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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Breast 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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