

Breast Ca Patients Need More Calcium, Vitamin D

BY BRUCE JANCIN
Denver Bureau

SAN ANTONIO — Inadequate calcium and vitamin D intake—and outright deficiencies—are even more common among breast cancer patients than in the general population, according to studies presented at the annual breast cancer symposium sponsored by the Cancer Therapy and Research Center.

This is particularly unwelcome because women with a history of breast cancer are at elevated risk for skeletal problems due to treatments that induce early menopause. The breast cancer population is also seeing rapidly rising adjuvant use of aromatase inhibitors, a class of drugs that can accelerate bone mineral loss.

Rachel S. Zinaman, a dietitian at Memorial Sloan-Kettering Cancer Center, New York City, noted that 2003 American Society of Clinical Oncology guidelines call for physicians to make screening for and treatment of osteoporosis in breast cancer patients a greater priority. She said it's time for physicians to step up and implement programs to increase breast cancer patients' awareness of

the importance of calcium and vitamin D to bone health.

The increased vulnerability of breast cancer patients to calcium and vitamin D deficiencies was underscored by her retrospective chart review of 100 consecutive patients with early-stage breast cancer. The most disturbing finding was that only 10% of the women consumed the recommended daily minimum of 1,000 mg of calcium and 400 U of vitamin D. Indeed, 63% of the women had no significant dietary calcium intake at all, according to Ms. Zinaman.

That's even worse than in the United States at large. A National Institutes of Health consensus conference has concluded that 50%-60% of the older general population meets the established recommended daily intakes of calcium and vitamin D.

In a separate presentation, Marie E. Taylor, M.D., reported finding vitamin D deficiency in fully two-thirds of 233 pa-

tients with a current or past diagnosis of breast cancer who presented with a complaint of moderate to severe generalized musculoskeletal discomfort and stiffness with or without localized musculoskeletal symptoms.

The prevalence of vitamin D deficiency as defined by a serum 25-OH vitamin D level below 30 ng/mL varied by race. It was 57% among 162 white patients—but 91% among African Americans, said Dr. Taylor of Washington University, St. Louis.

A total of 65% of the women were hyperparathyroid as defined by a parathyroid hormone level in excess of 72 pg/mL.

Dr. Taylor speculated that the use of aromatase inhibitors may enhance vitamin D requirements and exacerbate a background vitamin D deficiency, resulting in the clinical symptoms of osteomalacia.

She and her coinvestigators have prescribed vitamin D for the deficient women in her study cohort and are now

following them to see if this leads to symptomatic improvement and better tolerance of adjuvant therapy.

The vitamin D replacement regimen they are using consists of 50,000 U of 25-OH vitamin D once weekly for 8-12 weeks, then cutting back to once every 2 weeks as maintenance therapy. This is coupled with the standard dietary recommendations for calcium and vitamin D intake via food sources and over-the-counter supplements. ■

Women with a history of breast cancer already are at elevated risk for skeletal problems due to treatments that induce early menopause.



PAP was then.

HPV is now.

The DNAwithPAP™ test is the most advanced screen for cervical disease and cancer since the Pap was introduced.

- Increased sensitivity up to 100% means greater certainty^{1,2}
- The only objective tool available to identify women at risk for cervical disease or cancer

Emerging as the standard of care, it's the only FDA-approved HPV test indicated for primary adjunctive screening with a Pap for women 30 and over. For more information on the DNAwithPAP test, call 800-DIGENE1 or visit www.digene.com.

EARN FREE CME CREDITS

and learn more about *The Role of New Technologies in Cervical Cancer Screening* at www.OmniaEducation.com

1. Cuzick J, et al. Management of women who test positive for high-risk types of human papillomavirus: the HART study. *LANCET* 2003; 362:1187-1191.
 2. Lorincz A, Richart R. Human Papillomavirus DNA testing as an adjunct to cytology in cervical screening programs. *Arch Pathol Lab Med* 2003; 127:959-968.
- * The Pap test and associated materials are not included in the kit.
Digene is a registered trademark of Digene Corporation.
DNAwithPAP is a trademark of Digene Corporation.
© October 2004, Digene Corporation.

DIGENE

Digene Corporation, 1201 Clopper Road, Gaithersburg, MD 20878

DNAwithPAP™

NEXT ISSUE

Clinical Pearls

Dr. Flamm says "the squeeze technique" can help if you encounter difficulty replacing the uterus after cesarean section.