

IN EVERY ISSUE

Message from the Editor

BY MARC SILVER

What good bone health means for today's patient.

It's well-known that breast and prostate cancers can be fueled by estrogen and testosterone since these cancers originate in tissues driven by the hormones. Drugs that negate the effects of estrogen and testosterone have become important tools against these cancers over the past three decades.

But, as we discover that hormone receptors are expressed in many tissues, hormonal drugs can have varied side effects, both subtle and not so subtle. Our cover story focuses on one hormonally responsive tissue—the bone, featured in [“Good to the Bone”](#) by Paul Engstrom.

I think of the bone microenvironment as a complex mini-ecosystem—a careful balance of cells, matrix proteins outside the cell, and growth factors all interacting with each other. The bone is a dynamic organ with a carefully architected structural support, so when hormonal therapies, such as androgen deprivation therapy or estrogen-depleting aromatase inhibitors, nudge a delicately balanced system toward thinning of the bones, the risk of bone fracture creeps up.

The good news is that oncologists and patients can be better stewards of the bone, such as knowing how to monitor bone health. In just the past decade, great value has come from routinely measuring bone density in older women. And patients can positively impact bone density by simply exercising and maintaining adequate intake of building blocks calcium and vitamin D.

As researchers unravel the mysteries of the bone's inner workings, new therapies are becoming available to preserve bone mineral density and lessen the rate of hip and vertebral body fractures. With the introduction of more powerful medicines, such as bisphosphonates, we must learn how to best use them to ensure the benefits of treatment exceed the potential harms, as rare as they might be.

Our cover story will help you become a better partner in this decision. The ultimate choice must factor in many questions: What is my bone density? How rapidly is it changing? What type of hormonal therapy am I receiving? What side effects might pertain to me?

As with other areas of cancer care, we are moving toward individually tailored medical and lifestyle recommendations for good bone health during and after treatment. With more data from clinical trials and more education of both

doctors and patients, the story will further unfold.

Bone health was a key topic at this year's San Antonio Breast Cancer Symposium, held in mid-December, where we provided daily online coverage of the meeting to our breast cancer e-update subscribers. Thanks to the success in San Antonio, we plan to expand our online coverage to other important medical conferences, such as the annual meeting of the American Society of Clinical Oncology in late spring.

We've also opened registration for the 2008 Day of Caring Breast Cancer Forum in Denver. You'll also find details in this issue for the 2008 Extraordinary Healer Award for Oncology Nursing. And if you're one of the first 100 readers to submit an entry, you'll receive a copy of our first book, *Extraordinary Healers: CURE Readers Honor Oncology Nurses*, a collection of heartfelt, humorous, and inspirational essays from 2007 award submissions.

As we close out our sixth year of publication, we continue to be energized by our mission to combine science with humanity for the millions of patients, survivors, and caregivers.

Debu Tripathy, MD

Editor-in-Chief