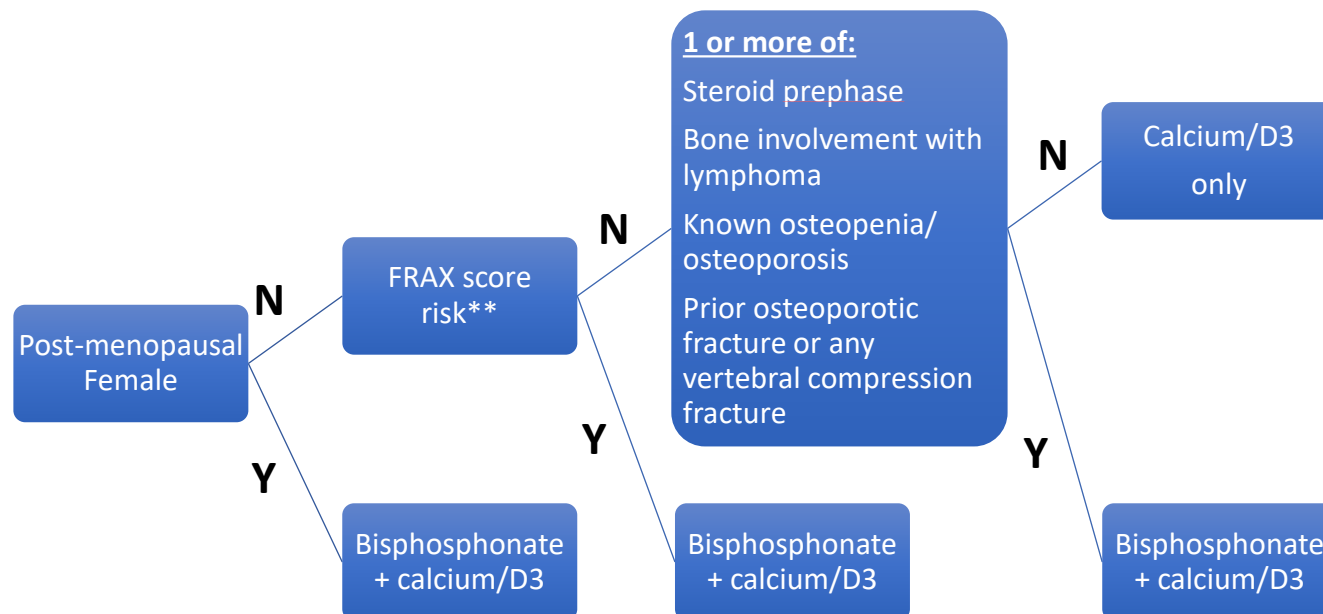


Management of fragility fracture risk in patients with lymphoma undergoing steroid-dense therapies (>680mg total dose prednisolone equivalent)



*>7.5mg/day over 3 months (e.g. R-CHOP, R-CVP, but not ABVD)

**Defined as estimated fracture risk $\geq 1\%$ hip, $\geq 10\%$ other major osteoporotic fracture. Score [here](#)

- All patients ≥ 50 years should be offered Adcal D3 TT daily for six months.
- **Offer:**
Alendronic acid 70mg po weekly for six months

OR
Zoledronic acid 5mg IV as a single dose within the first two cycles of treatment if alendronate intolerant/ contraindicated
- Consider dental assessment in all patients prior to bisphosphonate therapy, or at least in all current smokers and those with poor dentition. Document patient consent.
- Consider denosumab in post-menopausal females who meet NICE criteria and cannot have bisphosphonates due to inadequate renal function
- Offer DEXA scan six months after start of lymphoma therapy and consider referral to primary care for ongoing management of fracture risk