

Metastatic Bone Disease

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Clinical Importance and Prognosis of Bone Metastases

	Disease prevalence, U.S. (in thousands)	Bone mets. incidence (%)	Median survival (mo)
• Myeloma	75 - 100	70 - 95	24
• Renal	198	20 - 25	12
• Melanoma	467	14 - 45	6
• Bladder	582	40	6 - 9
• Thyroid	207	60	48
• Lung	386	30 - 40	7
• Breast	1,993	65 - 75	24
• Prostate	984	65 - 75	36

Bone Metastases Frequency

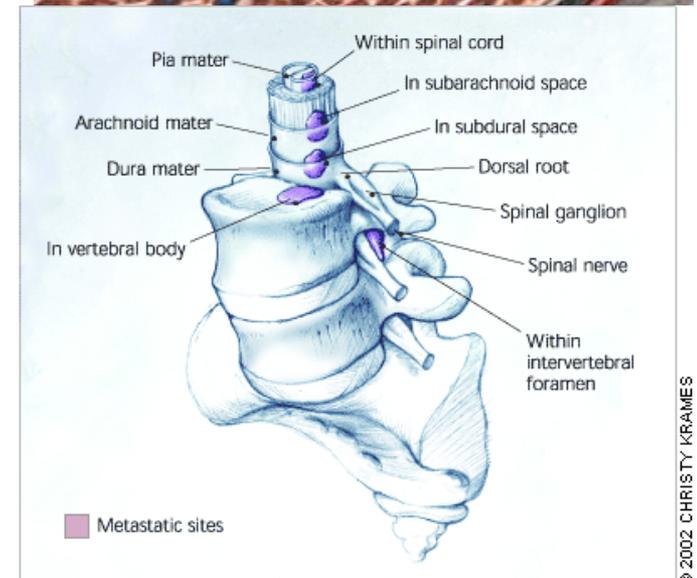
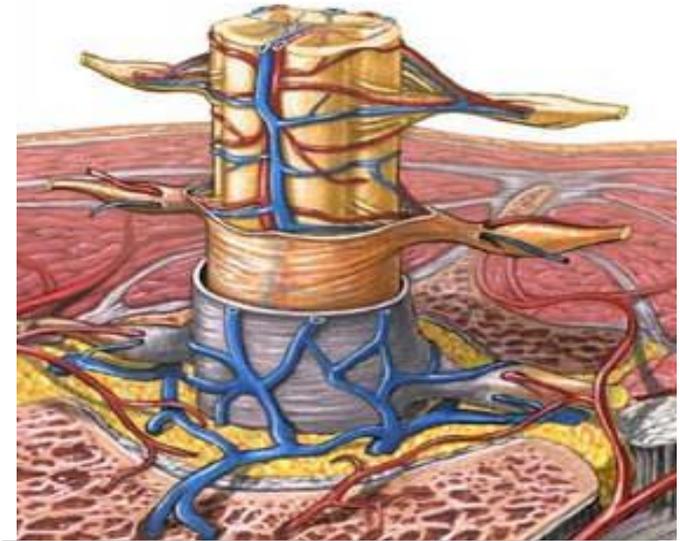
-both sexes : breast, prostate, lung, colon, stomach, bladder, uterus, rectum, thyroid, kidney

-men: prostate, lung, bladder, stomach, rectum, and colon.

-women: breast, uterus, colon, stomach, rectum, and bladder.

Mechanisms for Bone Metastases

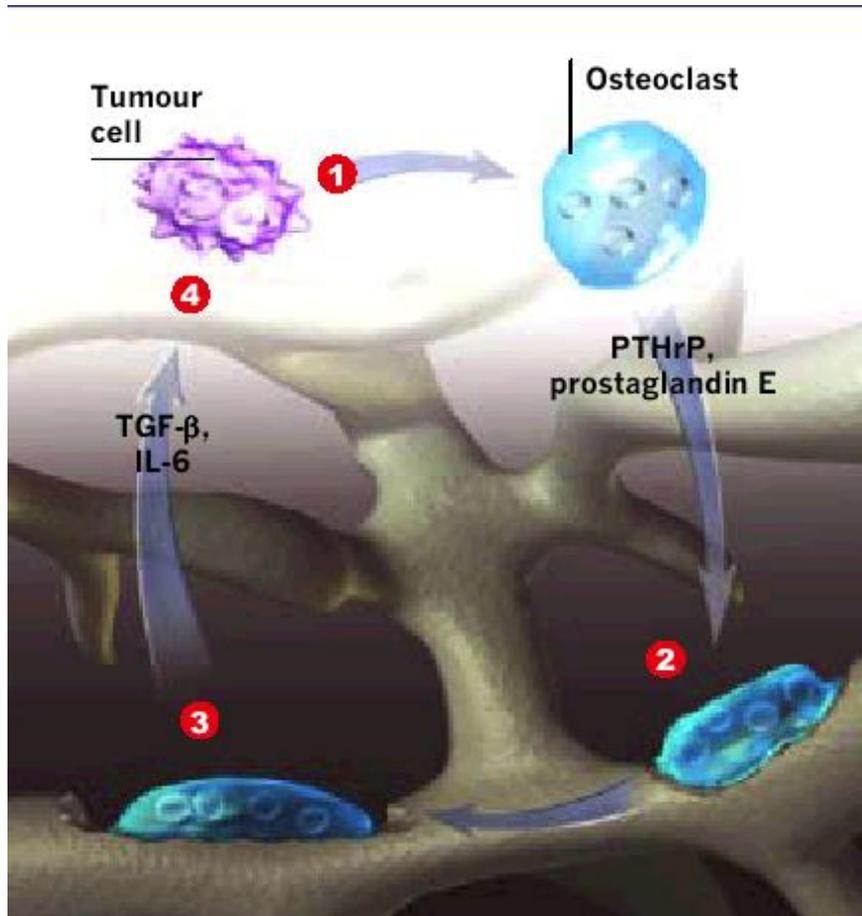
- 1) Direct extension
- 2) Retrograde venous flow –Batson paravertebral venous plexus
- 3) Seeding via tumor emboli in blood



Seeding of BM → osteolytic or osteoblastic lesions

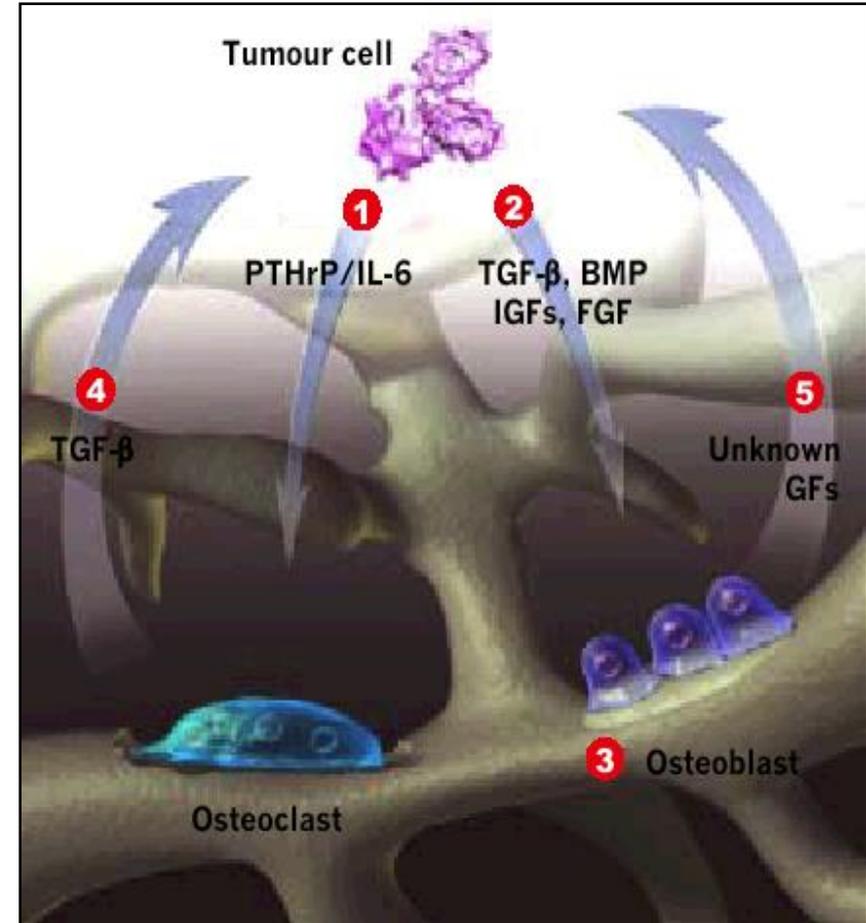
Cancer and Bone Interaction

Osteolytic



IL-1, IL-6, RANKL, PGE2, PTHr peptide, macrophage inflammatory protein 1alpha

Osteoblastic



Endothelin-1, PDGF, PSA, urokinase

Osteolytic vs Osteoblastic Bone Metastases

- Osteolytic bone metastases
 - Multiple myeloma
 - Breast
- Osteoblastic bone metastases
 - Prostate
 - Thyroid
 - Renal
 - Colon
 - Lymphoma
- Mixed
 - Lung



References

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STROMAL CELL /
OSTEOBLAST

Osteoprotegerin
(blocks RANK-
RANK ligand
interaction)

OSTEOCLAST
PRECURSOR

OSTEOCLAST

BONE

