Minimizing Needs for Surgery

- Screening for bone metastases
  - Whole skeleton
  - Characterize lesion for fracture risk
  - Pt’s education
- Optimal cancer management
- Follow-up on bone lesions
- RoTx for asymptomatic lesion with risk potential
  - Femoral head and neck
  - Femoral and humeral shaft

Minimally Invasive Techniques

- Radiofrequency ablation (RFA)
- Cementoplasty/Vertebroplasty
- Kyphoplasty

Biopsy for Bone Metastases

- Need for diagnosis
  - Solitary bone lesion (r/o sarcoma)
  - Long delay after cancer
  - History of multiple cancers
  - Unusual aspect
- Needle vs open (prophylactic fixation)

Surgical Concepts for Bone Metastasis

- Palliative procedure
- Pain control
- Mechanical stability
- Immediate result
- Durable result
- Minimize complications

Assessing the Metastatic Elderly

- Associated co-morbidities
- Past, current and additional treatments available
- Rule out other asymptomatic lesion at risk
- Monitor for hypercalcemia before and after surgery

Tokuhashi Scoring System for Spinal Metastases
Conclusions

- Metastatic elderly bone population deserves attentive and aggressive care by multidisciplinary team.
- Optimize prevention of bone complications
- Emergence of new therapies
- Needs to improve our knowledge of the metastatic bone population
- With current indications and knowledge, surgery is beneficial for most