

Minutes

All-Party Parliamentary Group on Osteoporosis and Bone Health

All-Party Parliamentary Group on Prostate Cancer

Oral evidence hearing

Thursday 2 July

09:45 – 11:15

Attendees: Lord Black of Brentwood, Lord Mott, Wera Hobhouse MP, Baroness Royall of Blaisdon, Baroness Chisholm of Owlpen, Lord Taylor of Warwick

Minutes			
	Time	Item	
1	09:45 – 09.55	An introduction from the Chairs	
		Lord Mott	Co-Chair, APPG on Prostate Cancer
		Lord Black of Brentwood	Co-Chair, APPG on Osteoporosis and Bone Health
Lord Black of Brentwood welcomed parliamentarians, witnesses and attendees to the first oral evidence session of the joint inquiry, Preventing Predictable Bone Loss, being conducted by the APPG on Osteoporosis and Bone Health and the APPG on Prostate Cancer. Members were reminded that the inquiry will examine how the NHS identifies, monitors and manages bone loss in people at predictable high risk due to cancer treatments and long-term conditions. The inquiry will also consider how earlier intervention could reduce fractures, improve patient outcomes and reduce costs to the NHS. Lord Black explained that today's session formed part of a wider programme of evidence gathering, alongside a lived experience survey, Freedom of Information requests and a call for written evidence. The hearing was recorded with the consent of attendees.			
2	09.55 – 10.30	Evidence Session One	
		Lance Allen	Patient representative
		Professor Kevin Mortimer	Patient representative
		Dr Helena Carreira	Assistant Professor, London School of Hygiene & Tropical Medicine

Lance Allen

Lance Allen described his personal experience of living with prostate cancer and the long-term effects of hormone therapy on bone health. He explained that although he had been warned treatment could affect bone density, bone health had not been a major focus of his care.

He highlighted the importance of lifestyle measures, including exercise, diet and maintaining physical fitness, and described the need for patients to receive clearer information about osteoporosis risks from the outset of treatment.

Professor Kevin Mortimer

Professor Mortimer spoke from personal experience of advanced prostate cancer and subsequent osteoporosis. He explained that although he had received excellent cancer care, osteoporosis prevention had not formed part of his initial treatment despite multiple recognised risk factors. A DEXA scan was only arranged after he personally raised concerns that one may be needed.

Professor Mortimer argued that preventative osteoporosis treatment should be routinely incorporated into prostate cancer care pathways rather than relying on individual clinicians or patients to identify the need.

Dr Helena Carreira

Dr Carreira presented research demonstrating that people living with prostate cancer face substantially increased fracture risk compared with the general population.

She highlighted the value of NHS data in identifying these risks but stressed that significant improvements were needed to data linkage, coding and timeliness to support both research and service planning.

Discussion

Members questioned witnesses on responsibility for osteoporosis management, data quality, inequalities in access to care and opportunities for prevention.

Key themes included:

- Bone health responsibilities remain unclear across cancer pathways, resulting in patients falling between services.
- Patients are often unable to process information about osteoporosis immediately following a cancer diagnosis, reinforcing the need for systematic rather than reactive approaches.
- There is significant geographical variation in access to diagnostics and treatment.
- Better integration of NHS datasets would improve understanding of fracture risk and service delivery.
- AI may offer opportunities to improve identification of high-risk patients, although witnesses emphasised that high-quality underlying data remains essential.
- Family history is not consistently captured or linked across NHS systems.
- Several contributors highlighted potential unconscious bias, noting that osteoporosis may be overlooked in men despite their elevated risk following prostate cancer treatment.
- The importance of specialist nurses and patient advocates in supporting patients through complex treatment pathways was repeatedly emphasised.

Kelly Kusinski, representing the British Association of Urological Nurses, highlighted the absence of national incentives for prostate cancer services to deliver proactive bone health support, despite longstanding recognition of the issue.

A representative of the APPG on Prostate Cancer secretariat asked whether Professor Mortimer's experience as a doctor had influenced the care he received. Professor Mortimer reflected that while his clinical background helped him navigate the system, it also brought additional psychological challenges following diagnosis. A representative of the APPG on Osteoporosis and Bone Health asked whether unconscious bias meant clinicians were less likely to consider osteoporosis in men. Professor Mortimer agreed, saying that as a patient he had encountered a sense of: "Why would a 48-year-old man get osteoporosis?"

3	10.35 – 11:10	Evidence Session Two	
		Mr Ashwin Sachdeva	Consultant Urological Surgeon, The Christie Hospital
		Dr Xue-Yan Jiang	Consultant Clinical Oncologist, Freeman Hospital's Northern Centre for Cancer Care
		Dr Claire Higham	Consultant Endocrinologist, Christie Hospital

Mr Ashwin Sachdeva

Dr Sachdeva presented evidence demonstrating the high incidence of fractures amongst men receiving hormone therapy for prostate cancer.

Drawing on evidence from the STAMPEDE trial, he explained that routine use of bone protection therapies significantly reduced fracture rates and argued that universal preventative treatment represented a simple, cost-effective intervention.

He also highlighted the need for closer collaboration between primary and secondary care, with community-based services supporting the long-term management of bone, muscle and cardiovascular health.

Dr Xue-Yan Jiang

Dr Jiang outlined the development of the Royal College of Radiologists' national bone health guideline for prostate cancer.

She described osteoporosis as a major but preventable public health challenge and argued that implementation of existing guidance, supported by national policy and incentives, would substantially improve patient outcomes.

Dr Jiang also highlighted significant workforce pressures, fragmented NHS datasets and the lack of primary care engagement in osteoporosis prevention.

Dr Claire Higham

Dr Higham described osteoporosis as one of the most preventable complications of cancer treatment.

She highlighted the devastating impact of fragility fractures, noting that many patients never return to their previous cancer treatment following a fracture.

Dr Higham argued for routine baseline assessment of bone health, improved access to DEXA scanning, better reporting standards and wider implementation of evidence-based preventative interventions.

She also emphasised the importance of supportive oncology services, bringing together multidisciplinary expertise to manage the wider consequences of cancer and its treatment.

Discussion

Members discussed how responsibility for bone health should be allocated throughout cancer pathways.

Witnesses agreed that no single professional could manage every aspect of care, but argued that responsibility should be clearly defined at each stage of the patient pathway. Several speakers supported a shared care model involving cancer services, specialist nurses and primary care.

Key themes included:

- Routine bone protection should begin alongside hormone therapy rather than after osteoporosis develops.
- Existing national guidance should be implemented consistently across England.
- Better use of Quality and Outcomes Framework (QOF) style incentives could encourage proactive management in primary care.
- Preventative treatment is highly cost effective when compared with the costs of fractures and subsequent care.
- Improved data collection and national audit would allow monitoring of implementation and outcomes.
- Greater patient education and self-management support should complement clinical interventions.

An attendee from the gallery argued that preventative bone health treatment should automatically begin whenever long-term hormone therapy is initiated.

Witnesses broadly agreed that this represented a practical and affordable approach.

6	11.10 – 11.15	Closing remarks from chairs
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Lord Mott thanked all witnesses and attendees for their contributions.

He noted that the evidence heard would make a significant contribution to the inquiry's final report and recommendations.

Attendees were encouraged to promote the lived experience survey and call for written evidence ahead of the next oral evidence session, which will focus on stem cell transplantation.

Meeting closed at 11:15