Zoledronic Acid Slows Bone Loss in Breast Ca Tx

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San Antonio — Zoledronic acid prevents the profound loss in bone mineral density that often occurs with combined adjuvant endocrine therapy in premenopausal breast cancer patients, Michael Gnant, M.D., reported at a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

Based on new data from the Austrian Breast and Colorectal Cancer Study Group Trial 12 (ABCSG-12), all premenopausal breast cancer patients receiving combination adjuvant therapy with a long-acting hormone-releasing analog molecule, such as goserelin, plus either tamoxifen or an aromatase inhibitor, should undergo annual bone mineral density (BMD) testing. Those showing a treatment-related decline should be considered for intravenous zoledronic acid (Zometa) administered once every 6 months, said Dr. Gnant, professor of surgery at the University of Vienna.

In clinical practice, the aromatase inhibitors increasingly are replacing tamoxifen because they provide a greater reduction in recurrence and less risk of endometrial cancer and thromboembolic events. The price has been the greater risk of osteoporosis and fractures associated with aromatase inhibitor use. But prophylactic zoledronic acid appears to erase that downside.

Although it is widely appreciated that premenopausal breast cancer patients face increased risk of accelerated bone loss, the osseous impact of cancer therapies in premenopausal women is not. The DMPA-exposed teens were significantly different.

Among the 61 subjects who discontinued DMPA, 34% had received zoledronic acid and 26% had used tamoxifen. About 30% of them had used a long-acting hormone-releasing analog molecule, such as goserelin, plus either tamoxifen or an aromatase inhibitor. About 30% of them had received zoledronic acid and 26% had used tamoxifen. About 30% of them had received zoledronic acid and 26% had used tamoxifen.

In 2004, the Food and Drug Administration (FDA) approved teriparatide (Forteo) for use in postmenopausal osteoporotic women at high fracture risk, for increasing bone mass in osteoporotic women undergoing hormone replacement therapy, and for increasing bone mass in osteoporotic women with low bone mass and increased risk of fracture. Teriparatide’s approved indications are for treatment of postmenopausal osteoporotic women at high fracture risk, and for increasing bone mass in osteoporotic women at elevated fracture risk.

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The evidence for augmentation of fracture healing comes from multiple favorable animal studies as well as anecdotal clinical experiences that are consistent with the animal findings, explained Dr. Knecht, an endocrinologist at the University of Utah, Salt Lake City.

He offered two illustrative cases from his own practice, both involving middle-aged recreational athletes eager for a rapid return to sports. One was a 48-year-old man with type 1 diabetes and normal bone mineral density who had sustained an ankle fracture in a motorcycle accident and underwent open reduction and internal fixation.

This is a high-cost drug. Its off-label use is not recommended except for those patients who have failed first-line therapies. However, in selected cases, the use of teriparatide may be justified.

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Another patient was a 38-year-old woman, also with normal T scores on dual x-ray absorptiometry bone mineral density testing, who fell while training for a half-marathon and fractured her great toe. She was left with a significant limp and pain, which led to a referral to his practice.

The break involved the metatarsophalangeal joint. Yet her fracture pain resolved after a single week on teriparatide. Six weeks later she completed her half-marathon.

While both these patients had good bone mineral density, Dr. Knecht said he has regularly seen the same sort of results—not only a dramatic pain response, but an absolutely striking metabolic response. He emphasized that the patients had been compliant with their treatment and had no contraindications to the use of teriparatide.

Yet another patient was a 36-year-old woman with a history of multiple fractures and a long history of low bone mass. She had been treated with calcium and vitamin D supplementation and bone-healthy lifestyle measures, and the early use of the clearly less potent oral bisphosphonates in women who show cancer treatment-related decline in BMD.