

# BC Cancer Protocol Summary for Adjuvant Treatment of post-menopausal Women Using 6-Monthly Zoledronic Acid

**Protocol Code**

**BRAJZOL5**

**Tumour Group**

**Breast**

**Contact Physician**

**Dr. Stephen Chia**

## ELIGIBILITY:

- Initial stage II or III only (pT2-4 pN0-3; pT0-4pN1-3), or
- Post neo-adjuvant chemotherapy stage ypT2-4 ypN0-3; ypT0-4 ypN1-3
- Biomarkers: ER any PR any
- Adequate renal function (CrCl  $\geq$  30 mL/min)
- Bisphosphonate therapy must begin within 1 year of diagnosis

## TESTS:

- Completion of necessary dental assessment and dental work is recommended prior to starting zoledronic acid
- Baseline and prior to each treatment: serum creatinine
- If clinically indicated: serum calcium\* and albumin (or ionized calcium)  
\*corrected calcium (mmol/L) = total calcium (mmol/L) + (0.02 x [40 – albumin in g/L])

## PREMEDICATIONS:

- None

## TREATMENT:

Drug	Dose	BCCA Administration Guideline
zoledronic acid	4 mg	IV in 100 mL NS over 15 minutes

Repeat once every 6 months (24 weeks) for 5 years

## DOSE MODIFICATIONS:

### 1. Renal dysfunction: Zoledronic acid

Creatinine clearance (mL/min)	Dose
>60	4 mg
50-60	3.5 mg
40-49	3.3 mg
30-39	3 mg
< 30	not recommended

- There is limited experience with zoledronic acid in patients with serum creatinine greater than 440 micromol/L; caution is required.

## PRECAUTIONS:

- Zoledronic acid should NEVER be given as a bolus since severe local reactions and thrombophlebitis may result from high concentrations.
- Symptomatic hypocalcemia** (e.g., muscle spasms, irritability) may occur and may require calcium supplement. Avoid concomitant use of other calcium lowering agents such as corticosteroids and loop diuretics.
- After the use of bisphosphonates, there is a persistent risk of jaw osteonecrosis. Patients in whom bisphosphonates are planned should have prophylactic assessment and management by a dentist and all later dental work should be undertaken cautiously by dental specialists experienced in the recognition and management of jaw osteonecrosis

**Call Dr. Stephen Chia or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**

## References:

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- Powles T, Paterson A, McCloskey E, et al. Reduction in bone relapse and improved survival with oral clodronate for adjuvant treatment of operable breast cancer [ISRCTN83688026]. Breast Cancer Res 2006;8(2):R13. Erratum in: Breast Cancer Res 2006;8(3):406.