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ASCO guidelines take a bite out of bisphosphonate use

The American Society of Clinical Oncology (ASCO) has updated its guideline for the use of bisphosphonates among patients with multiple myeloma (MM), to highlight the risk of osteonecrosis of the jaw associated with such treatment. ASCO also agrees with recommendations made by the US FDA with regards to revised labels for these drugs.

The guideline states that "all cancer patients should receive a comprehensive dental examination and appropriate preventive dentistry before bisphosphonate therapy". In addition, it recommends that "active oral infections should be treated, and sites at risk for infection should be eliminated" prior to therapy. The guideline's new dosage recommendations advise that patients with MM who have lytic bone destruction or compression fractures of the spine from bone resorption receive pamidronic acid 90mg delivered over ≥ 2 hours, or zoledronic acid 4mg delivered over ≥ 15 minutes, 3-4 weeks. The guideline recommendations that the zoledronic acid dose should be reduced in patients with mild-to-moderate renal impairment, and that zoledronic acid should not be given at all to patients with severe renal impairment. In addition, the guideline states that all patients receiving pamidronic acid or zoledronic acid should receive "intermittent evaluation" every 3 to 6 months for the presence of albuminuria. ASĆO suggests that patients receive bisphosphonate therapy monthly for 2 years; thereafter, physicians should "seriously consider" stopping treatment in patients with stable or responsive disease.

ASCO adds jaw osteonecrosis recommendations to bisphosphonate guideline. FDC Reports - Pink Sheet - Prescription Pharmaceuticals and Biotechnology 69: 6, No. 23, 4 Jun 2007

Editorial comment: Novartis has updated US and Canadian Aredia [pamidronic acid] and Zometa [zoledronic acid] labels with information on reports of jaw osteonecrosis, and their association with dental procedures [see Inpharma 1458 p16; 800967457].