

**Abstracts of the
2008 International MASCC/ISOO Symposium**

SUPPORTIVE CARE IN CANCER



**Houston, Texas, USA
June 26 – 28, 2008**

02-025**Efficacy of Iv Zoledronic Acid Compared To Iv Ibandronic Acid In Patients with Bone Metastasis - a Study From Eastern India**

Vandana Pandey

Apollo BSR Hospitals, Anesthesia and Pain, Bhilai, India

Objectives: Ibandronic acid is a third generation bisphosphonate which acts by inhibition of osteoclasts. Zoledronic acid also has a similar mechanism of action. This study was designed to study superiority or inferiority of either agent over other in terms of efficacy in reducing bone pain and complications in patients with bone metastases.

Methods: From Jan 2005 to Dec 2007, 190 patients of various malignancies with bone metastasis were enrolled and were randomized to receive monthly IV infusions of Ibandronate or Zoledronate and were analysed for pain relief, skeletal related events and adverse events.

Results: Patients in both the arms were well matched for their diagnosis, stage of disease, burden of skeletal disease and performance status. Different diagnoses were, carcinoma breast (n=84), carcinoma prostate (n=46), myeloma (n=38), carcinoma lung (n=18), others (n=4). Median follow up was 15 months. At 15 months, mean increases in British Pain Inventory pain scores were lower with zoledronate compared to ibandronate (0.43 vs 0.88 [p=0.02]). Analgesic use as defined by 4 point analgesic scale was less with zoledronate as compared to ibandronate. Incidence of skeletal related events was not significantly different between two arms (33% for zoledronate vs 39% for ibandronate [p=0.2]). Median time to first skeletal related event was not reached in either arm. At 15 months of median follow up, percentage of patients with skeletal related events were 38% in zoledronate arm vs 42% in ibandronate arm (p=0.06). Zoledronate caused fever in 20 (9.5%) patients. Ibandronate caused hypocalcemia in 3 patients. No cases of osteonecrosis of jaw were observed.

Conclusions: Zoledronate is the preferred bisphosphonate in developing countries for its shorter infusion time and availability of cheap generic brands. This study also indicates that it may be slightly better than ibandronate in reducing bone pain and preventing skeletal related events.

02-026**Electric Device For Bisphosphonate-Induced Osteonecrosis**Boris Zaidiner¹, Ilia Baranovsky², Darya Leontyeva³, Irene Petrenko²

¹Regional Cancer Hospital, Out-patient Care, Rostov-on-Don, Russia, ²Medical Unit, Laboratory of Immunology, Rostov-on-Don, Russia, ³Research Cancer Center, Laboratory of Biophysics, Rostov-on-Don, Russia, ⁴Medical Unit, Laboratory of Endocrinology, Rostov-on-Don, Russia

Objectives: Osteonecrosis of the jaw (ONJ) is serious adverse event in patients (pts) who administer bisphosphonates for metastatic bone disease. Its management outcome remains poor. To improve results of conventional treatment we've used electric therapy device ("SCENAR", US Patent N 5257623) which was tested in some fields of supportive care. This is attempt to show our experience in SCENAR-technology usage for ONJ.

Methods: In preliminary trial 28 pts with bisphosphonate-related ONJ (mean age 59,2 years, range 36–81 years) were enrolled; nosologic forms: breast cancer 9 pts, prostate cancer 7 pts, lung cancer 6 pts, multiple myeloma 3 pts, renal cell cancer 2 pts, far-advanced malignancy without verified primary site - 1 patient. Clinical picture was presented with pain (at rest & jaw movement), swelling, exposed bone; suppuration was noted in 3 pts. Dental surgery prior to bisphosphonate therapy was in almost all pts. After signing the informed consent every patient 15 SCENAR-procedures was performed in addition to conventional supportive care. During these procedures various cutaneous and mucosal areas were treated, their choice was based upon patient's complaints, their technique was described earlier.

Results: In 17 pts (60,7%) positive results were achieved. They felt better, had partial pain relief (the relief ratings on VAS were significantly improved). In 5 of 19 pts with exposed oral maxillofacial bone the lesions had tendency to heal; in 2 of these 5 pts radiographic changes have become less obvious.

Conclusions: In our study group adding SCENAR to standard therapy appeared to result in more promising outcome then available literature data were presented. Further research is necessary to establish its exact position in multimodal approach for bisphosphonate-related ONJ.