Κλινική μελέτη EXEM - ARBI

Markopoulos et al. Breast Cancer Research 2010, 12:R24
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Breast Cancer RESEARCH

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Management of anastrozole-induced bone loss in breast cancer patients with oral risedronate: results from the ARBI prospective clinical trial

Christos Markopoulos*[1], Evagelos Tzoracoleftherakis[1], Athanassios Polychronis[1], Basileios Venizelos[1], Urania Dafni[2], Grigorios Xepapadakis[1], John Papadiamantis[1], Vasilios Zobolas[1], John Misitzis[1], Kyriakos Kalogerakos[1], Angeliki Sarantopoulou[1], Nikolaos Siasos[1], Dimitrios Koukouras[1], Zoh Antonopoulou[1], Spyros Lazarou[1] and Helen Gogas[1]

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EDITORIAL

Managing bone mineral density with oral bisphosphonate therapy in women with breast cancer receiving adjuvant aromatase inhibition

Catherine Van Poznak*

Breast Cancer RESEARCH

See related research by Markopoulos *et al.*, http://breast-cancer-research.com/content/12/2/R24

Abstract

The use of adjuvant aromatase inhibitors is associated with an increased risk of osteoporosis and fractures. The oral bisphosphonate, risedronate – dosed as the US Food and Drug Administration approved for the treatment or prevention of postmenopausal osteoporosis – appears to mitigate bone loss associated with 2 years of adjuvant anastrozole in women with early-stage breast cancer.

The estrogen deprivation associated with the adjuvant aromatase inhibitors (AIs) has been shown to increase the risk of bone loss and fragility fractures. Minimizing treatment toxicities and preserving bone health are important aspects of adjuvant breast cancer care.

Markopoulos and colleagues performed a phase III multicenter clinical trial investigating the affect of the oral risk for fracture and were randomized to either risedronate 35 mg weekly or control. All patients received calcium and vitamin D supplementation.

The study design of the ARBI study, like those of the ARIBON [2] and SABRE [3] trials, is extremely practical. The study participants are postmenopausal women and the drug, dose and schedule of the study intervention are couched in the literature for managing bone mass in postmenopausal women. Each of these three studies categorizes the patients' risk of fragility fracture by BMD into a low, intermediate or higher risk group and assigns the study bisphosphonate accordingly. The threshold for the intermediate group in the ARIBON trial (T score = −1.0 to −2.5) differs slightly from that of the other two studies (T score = −1.0 to −2.0), and each of the three studies randomized the intermediate group to bisphosphonate or not. The studies each use an oral bisphosphonate, risedronate or ibandronate, in doses and schedules that are US Food and Drug Administration