

Review of: "Long-Term Risk of Medication-Related Osteonecrosis of the Jaw (MRONJ) After Bisphosphonates and/or Denosumab in Metastatic Breast Cancer Patients"

Vera Panzarella¹

¹ MEPRECC, University of Palermo, Italy

Potential competing interests: No potential competing interests to declare.

The commentary provides an insightful discussion of Brunner et al.'s study, which investigated the long-term risk of Medication-Related Osteonecrosis of the Jaw (MRONJ) in patients with metastatic breast cancer receiving bisphosphonates and/or denosumab. The author commends the study's robust long-term follow-up data while raising essential points for further clarification and exploration.

Significant results from the original study are highlighted, particularly the observation of a higher risk of MRONJ in patients treated with denosumab compared to those receiving bisphosphonates. This emphasis on the importance of long-term observation underscores the need to identify the cumulative risks associated with these treatments. The clinical relevance of the study's findings is fundamental, especially for medical practitioners managing bone metastases in breast cancer patients. The commentary addresses the critical issue of drug de-escalation and the ongoing debate regarding the optimal duration of antiresorptive treatment, which remains a pertinent topic in clinical practice.

Moreover, the author provides a constructive suggestion to subdivide patients based on the start year of treatment to assess how advances in cancer treatments may have influenced the incidence of MRONJ. This recommendation is thoughtful and actionable, as it could yield valuable insights into the evolution of MRONJ risk within the context of modern cancer therapies.

Overall, the commentary offers a valuable and thorough analysis of Brunner et al.'s study, presenting constructive suggestions for future research while raising critical questions regarding MRONJ risk in metastatic breast cancer patients.