

Review of: "Personalized (tailored) treatment with antiresorptive drugs (bisphosphonates, denosumab) in patients with bone metastases from solid tumors – A “Pico” document by Rete Oncologica Piemonte-Valle D’Aosta Bone Metastatic Disease Study Group"

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Potential competing interests: No potential competing interests to declare.

This paper presents the answer to a question raised by oncologists within the “Rete Oncologica Piemonte-Valle d’Aosta” regarding the possibility of personalizing, or at least classifying in several groups, the treatment with antiresorptive drugs for patients with metastatic bone cancer from solid tumors. This question is relevant, since there is not a clear consensus on the best treatment depending on aspects like patient commitment depending on the doses and resting periods, cost, side effects and others. This study tried to answer a PICO (Patient/population; Intervention; Comparison; Outcome) question, following the consensus among all participants, to get consensual conclusions.

Here, a summary of the final report is presented, with the justification of the study, the different concepts included in the analysis and the main conclusions. The main results included in the summary were that “Early antiresorptive treatment was recommended, and four types of tailored treatment options were recommended, in four different metastatic cancer scenarios.”.

It is difficult to comment something positive or negative with respect to the methodology and results since this is just an exercise looking for consensus among specialists. The results and conclusions are what they are. However, a higher detail on the group and on the study would be welcome to have a clearer idea of the actual capacity of the group to establish such recommendations. For example, number of specialists consulted, average number of patients attended by each of them, years of experience in patient treatment, and any other figure that can support the qualification in the topic of the study of the participants in the study.

Also, additional details on the methodology, like number of meetings attended if any, how the inputs from the participants (document in Fig 1) were treated to extract the results and conclusions, how many people conformed the reduced group that extracted the conclusions, etc. are interesting. Finally, a consensus may be unanimous or have a clear between two similar groups. If, the main results (e.g. Table in Figure 3 and the conclusions) were unanimously approved, please comment.

These are minor aspects to be considered that may help to establish the real power of the conclusions achieved to an



important question, that could help other specialists worldwide.