

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"

Samantha Pozzi¹

¹ Università degli Studi di Modena e Reggio Emilia

Potential competing interests: No potential competing interests to declare.

Dr Fusco and Coll. address a very important issue about the optimal use of the antiresorptive agents in cancer patients, however this analysis is more focused on the costs and the preference of patients and oncologists than to the goal of the therapy, that is the reduction of the SRE.

The equal benefits of all the different treatments proposed, should be properly addressed in a clinical trial, which is not an easy task to achieve, considering different kind of cancers and fracture risks.

In order to design the best tailored treatment, other clinical and laboratory data should be considered, not only the risk of fracture (sometimes hard to define, even in a multidisciplinary group) and the possible side effects of the therapies, but also markers of bone turn over, life expectancy and the frequency of the access to the clinic, based on the oncological treatments.

I would also be very careful about the use of denosumab for severe renal impairment, for the higher risk of hypocalcemia as reported in the product characteristics sheet.

I agree that how and when to end the treatment with denosumab is still unclear, and the right sequence and dose of bisphosphonates and denosumab in order to reduce the rebound effect is still under investigation.

The tailored treatment of antiresorptive agents in cancer patients is an important question with few clear answers, and when guidelines are unable to address all the issues, good clinical practice should be the answer.