

# 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.

Thank you for the opportunity to review this article.

This research question challenges the important problem that the optimal use of antiresorptive agents remains uncertain in clinical oncology practice.

The prognosis for life after bone metastases in breast and prostate cancer patients is very long, with many patients continuing on bone resorption inhibitors on a monthly routine for more than five years (60 times). Several patients ask their doctor, "How long should I continue to use these drugs?", but no clear and evidence-based answer is given.

Improved life expectancy after bone metastases is one benefit for patients, but for dentists, prevention of MRONJ becomes more difficult yearly due to the long-term use of antiresorptive agents.

Assessing the patient's economic costs/benefits with the aim of modifying the treatment in your subjective way is an important step towards personalized medicine.

Considering that low-dose denosumab has demonstrated sufficient pharmacological effects on patients with osteoporosis when administered every six months, I suggest that high-dose denosumab, like zoledronic acid, could be switched to a quarterly interval at one or two years from the start of treatment, especially when active bone metastases have almost disappeared.

What are your views in this regard?