

# 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"

Sunil Poudel<sup>1</sup>

<sup>1</sup> Weill Cornell Medical College

**Potential competing interests:** No potential competing interests to declare.

It is a great pleasure for me to carry out this review.

The authors have done wonderful job and have summarized the treatment plan and cost associated.

On the results sections, the authors have indicated the side effects such as renal toxicity, hypocalcaemia and other side effects associated with these treatment plan. Authors has indicated the creatinine level and calcium level examined for all drugs, however authors haven't how these side effects were determined and haven't showed the values of these parameters for all drugs. Did authors did any statistical analysis between the treatment groups/drugs and the parameters?

According to the authors have recommendation,

Treatment with monthly denosumab or zoledronic acid, for at least 12 months, in case of aggressive and/or symptomatic disease, and/or in case of pain or high risk of fracture (defined by specialist or – where possible – multidisciplinary evaluation). In case of excellent response to medical treatments, another 12 months can be evaluated with the same treatment (or shift to zoledronic acid quarterly).

What was the multidisciplinary evaluation? And how was it done?

Treatment with zoledronic acid for 12 months and then quarterly for another 12 months, in case of indolent bone disease, oligometastatic and/or low risk of short-term fracture (defined by specialist or – where possible – multidisciplinary evaluation). Consider resumption of treatment in case of clinical or symptomatic progression, as well as in case of Skeletal Related Event (SRE).

What was the multidisciplinary evaluation? And how was it done?

Treatment with monthly denosumab in case of renal failure, for 12-24 months.

How was these statistical methods used and analyzed.



Treatment with quarterly zoledronic acid “upfront” in case of frail elderly patient, in the absence of pain and in the absence of high risk of short-term fracture (defined by specialist or – where possible – multidisciplinary evaluation).

What was the multidisciplinary evaluation? And how was it done? How was the pain determined and analyzed.