Antiresorptives: What's New?



This department covers selected points from the 2006 Endocrine Update: A CME Day from the Division of Endocrinology and Metabolism at McMaster University and the University of Western Ontario, June 2006.



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Raloxifene: Cardioprotective agent?

Several developments in the field of antiresorptive therapy have recently surfaced. Of note, the Raloxifene Use for The Heart (RUTH) trial noted that raloxifene did not increase or decrease the combined endpoint of non-fatal MI, fatal MI and hospitalized acute coronary syndrome, in comparison to placebo. Although there was a slight increase in stroke mortality in patients taking raloxifene, there was no difference in overall mortality in the groups. The results of the trial indicate that raloxifene is not to be prescribed as a cardioprotective agent.

Breast cancer risk reduction

In the Study of Tamoxifen And Raloxifene (STAR), conducted in post-menopausal women with an increased risk of breast cancer, raloxifene demonstrated equivalent effects with respect to breast cancer risk reduction in comparison to tamoxifen over five years. Raloxifene also showed a better overall safety profile than tamoxifen.

Bisphosphonates

Zoledronic acid is a novel IV bisphosphonate that has been approved for use in Paget's disease and is currently being tested for efficacy in osteoporosis. The Health Outcomes and Reduced Incidence with Zoledronic acid ONce yearly (HORIZON) Recurrent Fracture Trial (RFT) is aimed at assessing

the incidence of hip and vertebral fractures at three years time, in patients receiving 5 mg of zoledronic acid once yearly vs. placebo.

Osteonecrosis of the jaw (ONJ)

Recent data has recognized ONJ as a potential sideeffect of bisphosphonate use. The majority of such reports are associated with IV pamidronate and zoledronic acid use in oncology patients with a history of chemotherapy and/or radiotherapy use.

The actual incidence of ONJ related to the use of bisphosphonates is very rare, occurring in those patients at high risk for the condition. Patients at risk for ONJ should be advised to have any invasive dental work completed prior to initiating bisphosphonate therapy and any existing infections should be treated. Finally, it is important to note that noninvasive dental work does not require a delay of bisphosphonate therapy.

Resources

- Calis KA, Pucino F: Zoledronic Acid and Secondary Prevention of Fractures. N Engl J Med 2007; 357(18):1861-2.
- Barrett-Connor E, Mosca L, Collins P, et al: Effects of Raloxifene on Cardiovascular Events and Breast Cancer in Postmenopausal Women. N Engl J Med 2006; 355(2):125-37.
- Vogel VG, Costantino JP, Wickerham DL, et al: Effects of Tamoxifen vs. Raloxifene on the Risk of Developing Invasive Breast Cancer and Other Disease Outcomes. The NSABP Study of Tamoxifen and Raloxifene (STAR) P-2 Trial. JAMA 2006; 295(23):2727-41.
- Shane E, Goldring S, Christakos S, et al: Osteonecrosis of the Jaw: More Research Needed. J Bone Miner Res 2006; 21(10):1503-5.

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