

ONJ UPDATE 2024

Torino, 24 febbraio 2024

Abstract Submission FORM

ANALYSIS OF A CLINICAL-CARE MODEL FOR PATIENTS WITH METASTATIC BREAST CANCER

SECTION: 3 Esperienze di prevenzione (pre-trattamento con farmaci) e/o follow-up

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Background.

Osteonecrosis of the jaw (ONJ) is a serious condition associated with the use of bisphosphonates (BPs), denosumab and other antiresorptive agents. The pathogenesis includes oversuppression of bone remodeling, local infection, inhibition of angiogenesis, soft tissue toxicity and immune dysfunction. ONJ is described as an area of exposed bone in the maxillofacial region that does not heal within 8 weeks after diagnosis in a patient currently or previously treated with antiresorptive therapy, in the absence of radiation therapy to the craniofacial region.

It's important to recognize risks and plan therapies within a multidisciplinary team related with the patient's systemic condition; we present a diagnostic-therapeutic path and the related preliminary data. The aim of this study is to quantify the actual number of potential candidates for follow-up and determine if the data align with the statistics found in the literature.

Patients and methods.

The data relating to metastatic breast cancer in the three-year period 2013-2015 were examined from the Marche region tumor registry and compared, using the data available in the literature, with the case series registered in the department. The protocol aims to minimize the onset of osteonecrosis in patients receiving antiresorptive therapy.

In this specific case, only cases of breast cancer were examined due to the unavailability of official data relating to other pathologies.

Results.

In the three-year period under consideration, 3949 new diagnoses of breast cancer were recorded in the Marche region, of which 1294 in the province of Ancona. Of the 91 metastatic forms in our district only 5 developed ONJ. The real number of ONJ maybe be higher if compared to literature (can be over 10 cases due to missing prevention).

Conclusions.

A structured network is necessary, involving not only hospital facilities but also general practitioners and private dentists for information sharing. The electronic health record can thus serve as a foundation on which to build a project aimed at managing the at-risk patient. The care path which in our structure involves the screening of each patient treated with BF or antiresorptive agents shows encouraging data, therefore it is necessary to implement the network to promote coverage throughout the territory. It was not possible to compare more recent data due to the lack of updating of the tumor registry in our region. We are working on establishing a network to better understand the vastness of the phenomenon.

A multidisciplinary approach as in the case of our diagnostic therapeutic care path has proven useful in preventing the onset of ONJ in the population and the development of advanced forms.

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