BACKGROUND

Patients with advanced cancers and bone metastases are at long-term risk for skeletal complications including the skeletal-related events (SREs) of radiation or surgery to bone, pathological fractures, and spinal cord compression. In some patients, reported toxicities associated with IV BPs may interfere with quality of life and limit or prevent optimal dosing, potentially influencing the overall benefit of this therapy.

OBJECTIVE

Oncology nurses have the ability to provide proactive patient care by educating patients on SREs and the treatments available.

METHODS / STUDY DESIGN

Study

Patient level data was combined from the preplanned, treatment-level clinical trials included in the current analysis (see Table 3). All patients gave written informed consent. The studies were conducted in accordance with the principles of the Declaration of Helsinki and applicable GCPs. The studies were approved by institutional review boards, and all patients provided written informed consent. 

RESULTS

By identifying APRs, nurses can help implement treatment strategies and options that may further enhance patient compliance.

CONCLUSIONS

• APRs are defined as a 1.5-fold increase of the lower limit of normal of a blood parameter. Compared to zoledronic acid, denosumab demonstrated significantly less frequent occurrence of other AEs, including injection site reaction (9.7% vs. 11.4%), asthenia (9.1% vs. 11.4%), back pain (8.8% vs. 12.3%), and pyrexia (5.6% vs. 7.1%).

REFERENCES