

Antiresorptive Medications and



This booklet focuses on preventing and managing oral complications that could arise from the use of antiresorptive medications in patients with cancer or osteopenia/osteoporosis.

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WHAT ARE ANTIRESORPTIVE MEDICATIONS?

These are medications used to prevent the breakdown of bone; i.e., they are used to increase bone strength.

WHAT ARE ANTIRESORPTIVE MEDICATIONS USED FOR?

They are used to treat bone thinning diseases, such as osteopenia/osteoporosis, and to prevent pathologic bone fracture from metastatic cancer disease to the bone.

AS A PATIENT WITH CANCER, WHY AM I TAKING ANTIRESORPTIVE MEDICATIONS?

Advanced-stage cancer diseases usually metastasize to the bone, resulting in pathologic bone fracture. In order to prevent this, patients with metastatic cancer disease to the bone are usually placed on these medications.

EXAMPLES OF ANTIRESORPTIVE MEDICATIONS

- Pamidronate (Aredia®)
- Zoledronate (Zometa®/Reclast®)
- Denosumab (Xgeva®/Prolia®)
- Alendronate (Fosamax®)
- Risedronate (Actonel®)
- Ibandronate (Boniva®)

WILL YOU BE PLACED ON ANTIRESORPTIVE MEDICATIONS?

If yes, this booklet is a good resource. While antiresorptive medications are effective in preventing pathologic bone fractures in patients with metastatic cancer disease to the bone, they can also cause side effects that can negatively impact your oral and general health.



WHAT SIDE EFFECT CAN ARISE FROM ANTIRESORPTIVE MEDICATIONS?

- Jaw bone changes (osteonecrosis)

This side effect known as Medication-Related Osteonecrosis of the Jaw (MRONJ) occurs in up to 6.7 percent of cancer patients on antiresorptive medications. In patients on antiresorptive medications for osteoporosis, the rate of MRONJ is 0.1 percent. This difference is due to differences in dose, frequency of use, and mode of administration of the antiresorptive medications. MRONJ is considered to be an area of exposed bone of the jaw that has persisted for more than eight weeks usually precipitated by a dento-alveolar trauma such as a tooth extraction, deep gum cleaning, etc. and can also occur spontaneously.

HOW LONG AM I AT RISK OF THIS SIDE EFFECT?

For as long as you are on antiresorptive medication and even after discontinuation. The type of antiresorptive medication you have been placed on also plays a role.

ARE THERE OTHER CANCER THERAPY MEDICATIONS THAT CAN GIVE RISE TO MRONJ?

Yes, these medications include anti-angiogenic medications:

- Bevacizumab (Avastin®)
- Sunitinib (Sutent®)
- Sorafenib (Nexavar®)

However, the risk of developing MRONJ is lower compared to the risk when taking antiresorptive medications.



SHOULD I SEE A DENTIST?

Yes, going to the dentist before you commence the use of antiresorptive medications may help prevent this serious side effect (MRONJ). This side effect usually occurs in patients whose mouths are not healthy before starting anti-resorptive medications.

WHEN SHOULD I SEE A DENTIST?

You should see the dentist several weeks before you start your antiresorptive medication. If you missed a dental visit before starting antiresorptive medication, you should see one as soon as possible. Have your physician/medical oncologist coordinate your oral care with the dentist.

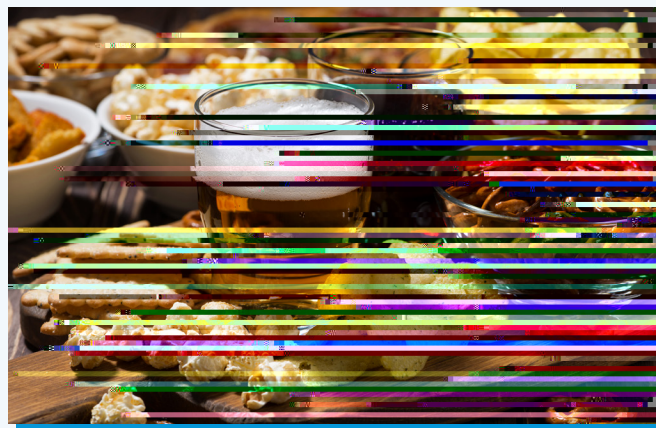
WHAT WILL THE DENTIST DO?

- Perform a complete oral evaluation
- Clean your teeth
- Treat any tooth that requires a filling or extraction
- Provide you with oral hygiene instructions
- Educate you on how to care for your mouth to prevent this side effect



REMEMBER TO

- Brush your teeth, gums and tongue with a soft toothbrush after every meal and at bedtime
- If your mouth hurts or you identify an area of bone exposure, call the dentist
- Avoid crunchy foods and sugary foods
- Avoid toothpicks
- Avoid all tobacco products and alcoholic drinks



Our dental professionals at the Oral Health
Center, College of Dental Medicine,
University of New England can provide
you with comprehensive oral health care.

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