

Lack of association between oral bisphosphonates and osteonecrosis using jaw surgery as a surrogate marker: reply to Yarom and Elad

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Dear Editors,

We have carefully read the comments by Yarom and Elad. In response, we would like to point out that in our paper [1] we stated that our study is designed on a previous publication by Zavras and Zhu [2] where the investigators used jaw surgery as a surrogate marker for bisphosphonates-associated osteonecrosis of the jaw (ONJ) in patients with cancer. The design does include the estimated accumulative dose of oral bisphosphonates. Also, the limitations of the study are stated clearly through the relevant sections in our paper. Furthermore, we are puzzled by Yarom and Elad's comment that "there are major discrepancies between the study design and the conclusions of Pazianas et al.'s study" and also that we claim there to be, based on the findings of our study, no association between oral bisphosphonates and ONJ. We never suggested that; our references were consistently to jaw surgery.

Therefore, we believe there is no discrepancy between the study's design and its conclusions.

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References

1. Pazianas M, Blumentals WA, Miller PD (2007) Lack of association between oral bisphosphonates and osteonecrosis using jaw surgery as a surrogate marker. *Osteoporos Int* DOI [10.1007/s00198-007-0502-1](https://doi.org/10.1007/s00198-007-0502-1)
2. Zavras AI, Zhu S (2006) Bisphosphonates are associated with increased risk for jaw surgery in medical claims data: is it osteonecrosis? *J Oral Maxillofac Surg* 64:917–923

This reply refers to the letter that can be found at <http://dx.doi.org/10.1007/s00198-007-0546-2>.

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