

RE: Real-World Use of Bone Modifying Agents in Metastatic Castration-Sensitive Prostate Cancer

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We want to congratulate Mitchell and colleagues for their important retrospective analysis of the real-world use of bone modifying agents (BMAs) in metastatic hormone-sensitive prostate cancer (1). The overuse of BMAs is an important area of concern leading to relevant toxicity, especially osteonecrosis of the jaw, and unnecessary costs. Our noninterventional, cross-sectional survey involving oncologists across Switzerland (SAKK 95/16), published March 1, 2021, also revealed the frequent administration of BMAs in this setting (2). We identified 106 patients with metastatic prostate cancer, of whom 34% were hormone-sensitive. More than one-half of these patients (52%) received a BMA (mostly denosumab) in a monthly dose, leading to estimated total yearly costs of more than 8.3 million Swiss francs (or 9.5 million US dollars if converted from Swiss francs to US dollars using the purchase power parity of 1.139 from the OECD) (3). We are pleased to see that our findings are matching with the ones by Mitchell and colleagues. Applying the Swiss costs, which are considered to be lower than in the United States, and correcting them for population (Swiss: 9 million inhabitants, USA: 329 million) (4), this misuse results in additional costs of more than 347 million US dollars per year.

The Swiss Group of Clinical Cancer Research SAKK is engaged to further optimize the use of BMAs. Zoledronic acid has shown equal efficacy when given every 3 months instead of every month in breast and prostate cancer (5). The situation is, however, unclear regarding denosumab. Our trial SAKK 96/12 (Reduse) (6) compares an application of denosumab of every 4 weeks vs every 3 months in patients with castration-resistant prostate cancer and breast cancer with bone metastases and has already accrued 1178 of 1380 patients (85%). We will therefore show in the near future if this approach of delayed interval is noninferior.

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Data Availability

The data cited in our correspondence are openly available in the published referenced papers.

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