



STATEMENT ON BISPHOSPHONATES

The Food and Drug Administration and Novartis Pharmaceuticals Corporation have each issued a drug precaution for health professionals regarding a condition known as Osteonecrosis of the Jaw (ONJ). According to these precautions, this condition has been observed in cancer patients who undergo invasive dental procedures such as dental implants or tooth extractions while receiving treatment with intravenous bisphosphonates. ONJ can cause severe, irreversible, and often debilitating damage to the jaw. The two intravenous bisphosphonates that were mentioned in the precautions are marketed by Novartis under the trade names Aredia and Zometa.

Bisphosphonates, also known as bone-sparing drugs, are commonly used in the treatment of osteoporosis and cancer that has spread to the bone. Doctors prescribe intravenous bisphosphonate therapy, which was the subject of the precautions, for patients with cancer that has spread to the bone to help decrease associated pain and fractures. In addition, emerging research is exploring the ability of intravenous bisphosphonate therapy to inhibit the spread of some cancers to the bone.

Doctors also prescribe an oral dose of bisphosphonates for patients at risk for osteoporosis to help delay the onset of disease by slowing the natural progression of bone tissue destruction, or to reduce its complications. Orally administered bisphosphonates were not the subject of the drug precautions. However, the FDA noted that there have been anecdotal reports of ONJ in association with oral bisphosphonates administered for osteoporosis.

Osteonecrosis literally means death, or "necrosis," of bone. According to the National Osteonecrosis Foundation, the many risk factors for osteonecrosis can be divided into two categories: definite and probable. Definite risk factors include major trauma, fractures, dislocations, Caisson Disease, Sickle Cell Disease, post-irradiation, chemotherapy, Arterial Disease, and Gaucher's Disease. Probable risk factors include corticosteroids, blood clotting, alcohol, lipid disturbances, connective tissue disease, pancreatitis, kidney disease, liver disease, lupus, and smoking.

The FDA recognizes additional risk factors associated with the development of osteonecrosis (not limited to the jaw) in cancer patients, such as female sex, advanced age, edentulous regions, combination cancer therapy, blood dyscrasias/metastatic disease, anemia coagulopathy, surgical dental procedures, and prior infection.

Of course, the decision about what treatment to provide to a patient must be made by a periodontist in the exercise of his or her best judgment. However, in light of the precautions, periodontists are advised to determine whether a patient is receiving intravenous bisphosphonate therapy. If so, invasive dental procedures should be avoided unless absolutely necessary. Conversely, if a periodontist becomes aware that a patient is going to be treated with intravenous bisphosphonates, any needed invasive dentistry should, if possible, be performed before the initiation of such treatment. Finally, periodontists should endeavor to identify ONJ and other oral complications of cancer and cancer therapy.

Any questions about ONJ associated with intravenous bisphosphonate therapy can be addressed to Novartis at 1.888.669.6682.

The precautions are available online at:

www.fda.gov/ohrms/dockets/ac/05/briefing/2005-4095B2_03_02-FDA-TAB1.htm and
www.fda.gov/medwatch/safety/2005/zometa_deardentite_5-5-05.pdf.

I have been made aware of the current information regarding my medications and their potential risks and side effects.

PATIENT OR GUARDIAN SIGNATURE _____

Date