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DEADLINE : 1 MARZO 2021**

**Titolo (max 20 parole)**

ONJ (OSTEONECROSIS OF THE JAW) IN BREAST CANCER PATIENTS: ONJ RISK FACTORS IN A FIFTEEN-YEAR MONOINSTITUTIONAL EXPERIENCE

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**Affiliazioni** : .....

**Abstract (minimum 150 parole; testo libero)**

Bone is the most frequent site of metastases (mts) from breast and the presence of Skeletal Related Events (SRE) increases morbidity. The treatment is based on chemotherapy, endocrine therapy, radiotherapy and recently also target therapy agents (trastuzumab, lapatinib, bevacizumab, everolimus, cyclin-dependent kinase inhibitors ). These therapies are frequently associated with antiresorptive agents, such as Bisphosphonates (BPs), including Pamidronate, Zoledronic Acid, Ibandronate, or an anti-RANKL agent, Denosumab. All these agents are able to reduce the risk of SRE and to delay SRE onset. However they are associated with adverse events, including Osteonecrosis of Jaw (ONJ) that can occur in 1.1-9.9 % of breast cancer pts. Preventive (risk reduction) measures before BP and Denosumab treatment (dental visit, dental RX, eventual teeth extractions, dental and denture care) have been recommended.

We are reviewing all breast cancer patients affected by bone metastases observed by our team at the Oncology Unit in years 2005-2018 (at least one year of treatment or follow-up at December 2019), updating a previous report on years 2005-2013.

Data of ONJ frequency in several subgroups are ongoing, evaluating the impact of administered drugs, treatment duration, ONJ risk-reduction measures adopted, dental disease, year of treatment start.



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References

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