ESEMPIO di PROFFERED COMUNICATION (da inviare per mail a <u>vfusco@ospedale.al.it</u>) DEADLINE: 1 MARZO 2021

| Titala | (*** *** | $\gamma \cap$ | 100110 | \sim |
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ONJ (OSTEONECROSIS OF THE JAW) IN BREAST CANCER PATIENTS: ONJ RISK FACTORS IN A FIFTEEN-YEAR MONOISTITUTIONAL EXPERIENCE

| Autori: Xxxxx, Yyyyyy, Zzzzzz, et al | |
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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.

ESEMPIO DI EXTENDED ABSTRACTS (da caricare su QEIOS)

con TAG "ONJ UPDATE 2021" e opzione "PREPRINT"

DEADLINE 10 APRILE 2021

Gli Autori devono essere tutti iscritti a Qeios

Titolo (max 20 parole)

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

Abstract (min 50 parole, max 300 parole)

Charts of all breast cancer patients affected by bone metastases observed at the Oncology Unit of Xxx Hospital in years 2005-2018 have been reviewed. ONJ frequency has been evaluated according to drug administered, treatment duration (less or more than 2 years), year of treatment start, and the dental history observed after start of antiresorptive treatments (bisphosphonates and/or denosumab).ONJ was associated to drug (higher for denosumab and zoledronic acid than for pamidronate), prolonged treatment (> 2 years), ill fitting dentures, periodontal disease.

Body (minimo 300 parole; senza limite massimo) STRUTTURATO

Background: Breast cancer incidence was 114 cases on 100.000/year.

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). 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 1-15 % 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.

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References

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