

BCCA Protocol Summary for Treatment of Acute Bone Pain Secondary to Breast Cancer Metastases using Pamidronate or IV Clodronate

Protocol Code

BRAVPAM

Tumour Group

Breast

Contact Physician

Dr. Karen Gelmon

ELIGIBILITY:

- Acute bone pain secondary to metastatic breast cancer
- A "Class II Drug Registration Form" must be submitted at the time of initiation of treatment.

TESTS:

- Completion of necessary dental work is recommended prior to starting pamidronate
- Every 3rd treatment: serum creatinine
- If clinically indicated: serum calcium* and albumin (or ionized calcium)
*corrected calcium (mmol/L) = total calcium (mmol/L) + (0.02 x [40 – albumin in g/L])

PREMEDICATIONS:

- None

TREATMENT:

Drug	Dose	BCCA Administration Guideline
<u>Pamidronate</u>	90 mg	IV in 250 mL NS over 1 hour
OR		
<u>Clodronate</u>	1500 mg	IV in 500 mL NS over 3 hours

Repeat once monthly

DOSE MODIFICATIONS:

1. Renal dysfunction:

- There is limited experience with pamidronate in patients with serum creatinine greater than 440 micromol/L or clodronate in patients with serum creatinine greater than 220 micromol/L; caution is required.

PRECAUTIONS:

1. Pamidronate and clodronate should NEVER be given as a bolus since severe local reactions and thrombophlebitis may result from high concentrations.
2. **Symptomatic hypocalcemia** (e.g., muscle spasms, irritability) may occur and may require calcium supplement. Avoid concomitant use of other calcium lowering agents such as corticosteroids and loop diuretics.
3. After the use of bisphosphonates, there is a persistent risk of jaw osteonecrosis. Patients in whom bisphosphonates are planned should have prophylactic assessment and management by a dentist and all later dental work should be undertaken cautiously by dental specialists experienced in the recognition and management of jaw osteonecrosis
4. **Duration of treatment:** The BCCA Breast Systemic Tumour Group recommends a maximum continuous exposure of patients to bisphosphonates of 2-3 years, due to increasing incidence of atypical femoral fractures with prolonged use. However patients may be treated for longer if additional clinical benefit is likely in the judgement of their treating oncologist.

Call Dr. Karen Gelmon or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: 01 July 1999

Date revised: 01 Jan 2012 (duration of treatment clarified)

References:

1. Badros A, et al. J Clin Oncol 2006;24:945-52.
2. Schilcher J, et al. N Engl J Med 2011;364:1728-378.
3. Van Poznak CH, et al. J Clin Oncol 2011;29(4):1221-7.