乳がん患者においてゾレドロン酸の投与頻度を減少させても安全である（Abstract: LBA9003）

骨転移を有する乳がん女性においてゾレドロン酸の投与頻度を減らしても安全であり有効性は通常頻度の場合と同等である

Less frequent zoledronic acid is safe and has comparable efficacy for women with breast cancer and bone metastases

2014年ASCO年次総会で発表された第III相ランダム化スタディの結果、骨転移を有する乳がん女性において毎月のゾレドロン酸治療を1年間施行した後に、治療を3か月毎のスケジュールに変更しても安全であることが示唆された。OPTIMIZE-2スタディにおいて、乳がんの骨転移を有する患者で約1か月毎のゾレドロン酸治療を終了した女性403人が、次の1年間、ゾレドロン酸3か月毎投与群と毎月投与群にランダムに割り付けられた。研究者らは骨イベント（長骨や椎骨骨折、脊髄圧迫、および骨転移により行われた治療）率を評価した。骨イベントは2つの投与群で同等であり（毎月投与群22%対3か月毎投与群23.2%）、毎月毎の治療に対する治療頻度の減少の非劣性が示唆された。初回骨イベントまでの時間や骨代謝マーカーなどの他の有効性評価項目もまた、2群間で同等であった。疼痛レベルや鎮痛薬の使用も2つの投与群で差はなかった。全体的な安全性プロファイルや腎の副作用に関して、2つのゾレドロン酸投与群間で明らかな差は認められなかった。

Full Text

New findings from a phase III randomized study, OPTIMIZE-2, suggest that after a year of monthly treatment with zoledronic acid, women with breast cancer and bone metastasis can safely scale back treatment to an every-three-month schedule. Lower-frequency dosing appeared to have comparable efficacy in reducing complications from bone metastases as monthly dosing, and may decrease the risk of rare, serious side effects associated with zoledronic acid.

"The addition of bisphosphonate drugs like zoledronic acid has dramatically improved the care of patients with bone metastases. But long-term treatment carries the risk of serious side effects, such as osteonecrosis of the jaw and kidney problems," said lead study author Gabriel N. Hortobagyi, M.D., a professor of medicine at the M.D. Anderson Cancer Center in Houston, TX. "We found that less frequent treatment may reduce the risk of serious side effects, with added benefits in reduced patient inconvenience and cost."

Zoledronic acid is commonly used to reduce complications from bone metastases, such as bone fractures and spinal cord compression. Most doctors give zoledronic acid every four weeks for the first year, starting at diagnosis of bone metastases. It is thought that the treatment should continue indefinitely, but doctors have been concerned about the risk of side effects. To date, there has been limited research, and there are no evidence-based guidelines for the optimal treatment schedule after the first year.

In the OPTIMIZE-2 study, 403 women with bone metastases from breast cancer who had completed roughly one year of monthly zoledronic acid therapy were randomly assigned to receive zoledronic acid every month vs. every three months for an additional year. Researchers assessed the skeletal event rate (fractures of long bones and vertebrae, spinal cord compressions, and interventions precipitated by bone metastases).

The skeletal event rates were comparable between the two arms (22 percent in the monthly arm vs. 23.2 percent in the every-three-months arm) indicating that less frequent treatment was not inferior to monthly treatment. Other efficacy measures, such as time to first skeletal event and bone turnover markers, were also similar between the two arms. There were no differences in pain levels and use of pain medications between the two treatment schedules. However, due to design limitations and statistical concerns, the efficacy data of OPTIMIZE-2 should be interpreted with caution.

No obvious differences in overall safety profile and in kidney side effects were noted between the two zoledronic acid treatment regimens. Two cases of osteonecrosis of the jaw were reported in the monthly arm, whereas none in the every-three-months treatment arm.

"Women with metastatic breast cancer who require long-term protection against bone fractures now have the option of receiving maintenance bisphosphonate therapy at less frequent intervals without compromising benefit or safety," said Patricia Ganz, M.D., FASCO, ASCO Expert.

This research was supported by Novartis Pharmaceuticals.

ASCO2014特集