Ibandronic acid beneficial in metastatic bone disease

Oral ibandronic acid reduces the incidence of new skeletal events in women with metastatic bone disease from breast cancer, reports a multinational group of researchers.

This double-blind phase III study was conducted at 68 centres in Australia, Bulgaria, New Zealand, South Africa and the US.* The study involved 435 women who were randomised to receive oral ibandronic acid 20 mg/day (n = 144) or 50 mg/day (148), or placebo, for ≤ 96 weeks.

The skeletal morbidity period rate** (SMPR) was significantly lower in both ibandronic acid groups, compared with placebo recipients (0.97 and 0.98 vs 1.2, respectively). In particular, there was a decrease in the incidence of events requiring radiotherapy with ibandronic acid (0.81 and 0.77 vs 0.99, respectively), and the difference reached statistical significance for the 50mg dose. However, other SMPR components, such as vertebral and nonvertebral fractures and bone events requiring surgery, were similar between the ibandronic acid and placebo groups. Regression analysis revealed a significant reduction in the relative risk of skeletal-related events of 38% and 39% with ibandronic acid 20 and 50 mg/day, respectively, compared with placebo. Furthermore, the time from randomisation to first new bone event was delayed in the ibandronic acid groups (76 and 54 vs 48 weeks). In addition, bone pain scores and analgesic use were lower with ibandronic acid treatment, particularly with the 20mg dose. Ibandronic acid treatment also had beneficial effects on bone turnover and was well tolerated.

* The study was supported by Hoffman-LaRoche. Two of the researchers were affiliated with that company.

** defined as the number of 12-week periods with new skeletal complications, such as vertebral and nonvertebral fractures, bone radiotherapy or bone surgery

Tripathy D, et al. Oral ibandronate for the treatment of metastatic bone disease in breast cancer: efficacy and safety results from a randomized, double-blind, placebo-controlled trial. Annals of Oncology 15: 743-750, No. 5, May 2004

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