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Significant Pain Relief With Loading Dose Zoledronic Acid in Bone Metastases, Is Only Seen in Patients With Elevated Initial Serum C Telopeptide (CTX)

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Aim: Recent publications [1−3] drew attention to the analgesic effect of loading dose of ibandronate. The analgesic effect of loading dose Zoledronic acid (ZA) is not as well documented and predictive biochemical markers for its analgesic effect are enterily lacking.
Methods: Patients with painful bone metastases requiring analgesics, were treated with loading dose zoledronic acid (4 mg/day on 4 subsequent days). VAS score and analgesic consumption were evaluated. C telopeptide at baseline and on day 5 were evaluated.
Patients: 20 patients were treated from 10/2009 to 10/2010. All patients had diffuse bone metastases and severe pain (VAS >4);initially even resistant to opioids. Median age 74 (range 44−90). Tumour types: prostate 5, lymphoma 2, myeloma 2, breast 3, lung 3, bladder 1, kidney 1. VAS evaluation was done prior to bisphosphonate administration and on day 4 (24 hours after the last administration) serum CTX was determined at start of treatment and at day 4.
Results: Median VAS dropped from 8.0/10 to 3.4/10 after administration of ZA. This effect was seen across tumour types, and also in sites of prior irradiation. There were no side effects noted, nor subsequent renal function deterioration. Best analgesia was seen in patients with highly elevated CTX (>800) initially, in all these responding patients with a mean reduction of 62% from baseline CTX ($p < 0.001$). Three patients with normal CTX had no analgesic effect of this administration nor decrease of CTX.
Conclusion: In symptomatic bone metastases with significant pain, refractory to standard analgesics and radiotherapy, loading dose ZA represents a simple and non toxic treatment to obtain significant pain relief in a very short time. Its analgesic effect is limited to patients with massive osteoclast activation cq. high initial serum CTX. The pain reduction is proportionally correlated with the reduction of CTX.

References

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Metabolic Syndrome (MetS) in Metastatic (m) Colorectal Cancer (CRC) Patients (pts) Might Delay the Onset of Cachexia

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Background: It has been proven that the presence of MetS (hypertension, obesity, dyslipidemia, diabetes) increases the risk of CRC recurrence in radically resected pts. We aimed at evaluating whether increased values of MetS parameters also confer a worse prognosis in pts with established mCRC.
Materials and Methods: Consecutive mCRC pts treated at our Institution between March 2006 and December 2009 with standard first line chemotherapy (CT) and available baseline assessment (i.e. within two weeks before starting treatment) of Blood Pressure (BP), Body Mass Index (BMI), cholesterolemia, triglyceridemia and glycemia entered into the study. Primary endpoint was median overall survival (mOS) for both univariate and multivariate analyses.
Results: 152 pts were included (Male:Female, 95:47, median age 64, range 29−85 years). 89% of pts were treated with poly-CT (fluorouracil plus either irinotecan or oxaliplatin), 55% received a monoclonal antibody (bevacizumab or cetuximab). Baseline BP, BMI and cholesterolemia above median values (that were 130/70 mmHg, 25 kg/m^2 and 180 mg/dL, respectively) conferred a nonsignificant favourable prognosis (mOS 25.9 v 20.3, 24.6 v 18.3 and 28.4 v 19.3 months, respectively), whilst triglyceridemia or glycemia above the median (that was 125 mg/dl and 97 mg/dl, respectively) were not associated with improved mOS. When all the MetS parameters were combined together for survival analysis, pts with 4 to 5 parameters with values above the median had a statistically significant longer survival as compared to pts with 0 to 3 above-median values (mOS 34.1 v 19.2 months, respectively, HR 0.49, 95% CI 0.29–0.82, p 0.02). Significance of MetS parameters was retained in the multivariate analysis together with type of CT (mono- v poly-CT), ECOG PS (0−1 v >1), number of metastatic sites (0−1 v >1) and baseline WBC (> v <10000/mm^3).
Conclusions: Unlike what has been seen for radically resected pts, increased values of MetS parameters were associated with improved survival in the mCRC setting. The following possible explanation is under investigation: MetS may confer an additional energetic reserve able to counteract cachexia thus delaying health deterioration and prolonging survival.

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Malnutrition: a Therapeutic Target in Oncology − Results of a Multicentre Observational Study in 391 Cancer Patients

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Background: In patients with solid tumours, malnutrition increases the risk of chemotherapy-induced neutropenic fever (Alexandre J et al. Ann Oncol, 14(1):36−41, 2003; Alexandre J et al. Ann Oncol, 18(1):168−72, 2007). Moreover, malnutrition participates to performance status deterioration (A Cessot et al., Supportive Care in Cancer, Mar 10, 2011). However, the effects of nutritional interventions in this setting remain poorly documented. The aim of this observational study was to evaluate factors associated with improvement of quality of life in cancer patients treated with a 3-month home enteral nutrition (HEN).
Methods: A prospective multicentre study was conducted in patients with cancer on HEN for a period of at least 3 months. Patients were evaluated at D0 and D90. Body weight (BW), BMI, performance status (PS), albuminemia, and QoL were assessed. Physical and Mental health Composite Scores (PCS & MCS) were completed by patients using a 12-question score, ranging from 0 to 100.
Results: Among the 391 patients included, 243 (62%) achieved the 3 months nutritional program. Male: 84%. Age: 60±10 yrs. Tumours: head and neck (58%), gastro-intestinal (41%) or other (1%). Indications of HEN were malnutrition (43%), swallowing disorders (35%) or both (22%). HEN was exclusive in 25% of pts. At D0, 80% of patients were malnourished (loss of BW >10% and/or BMI <18.5 or <21 in patients aged 75 or over). Over 3 months, HEN improved BW (61±13 to 62±12; $p = 0.0001$) and BMI (21.3±4.5 to 21.7±4.1; $p = 0.0003$; paired t-test). The nutritional gain was associated with improvement in quality of life as measured by PCS (35.0±9.0 to 36.8±8.8, $p = 0.0028$) and MCS (40.3±11.0 to 43.0±9.9, $p = 0.0009$). In multivariate analysis, malnutrition at D0 (OR 3.4, 95% CI [1.06–10.87]; $p < 0.04$) and non-progression of the cancer disease at D90 (OR 2.56, 95% CI [1.04–6.29]; $p < 0.04$) were independently associated with PCS improvement.
Conclusion: Concomitantly to the multidisciplinary therapeutic approach of the tumour progression, a 3-month home enteral nutrition is feasible, participates to the clinical benefit and quality of life improvement.

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Palonosetron, Aprepitant and Dexamethasone to Prevent Nausea and Vomiting During Multiple Cycles of Cisplatin-Based Chemotherapy in Lung Cancer Patients

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Background: With repeated courses of chemotherapy, chemotherapy induced nausea and vomiting (CINV) is progressively more difficult to control. The aim of our study was to evaluate, for the first time, whether the antiemetic efficacy of the triple combination palonosetron aprepitant, and dexamethasone could be sustained for up to six cycles of highly emetogenic chemotherapy (HEC) in lung cancer patients.
Methods: Chemotherapy-naïve patients receiving cisplatin-based HEC, were treated with palonosetron 0.25 mg/i.v., dexamethasone 20 mg/i.v. and aprepitant 125 mg/p.o., 1-hour before chemotherapy. Aprepitant 80 mg/p.o. and dexamethasone 4 mg p.o. were administered on days 2−3. The primary endpoint was complete response (CR- no vomiting and no use of rescue medication), over five days following HEC in up to six cycles. Secondary