Bisphosphonate such as zoledronic acid or denosumab as Xgeva to be administered? Very Important to be Aware!

Compiled by Charles (Chuck) Maack – Prostate Cancer Continuing Patient/Advocate/Activist/Volunteer Mentor

Please recognize that I am not a Medical Doctor. Rather, I do consider myself a medical detective. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued deep research and study in order to serve as an advocate for prostate cancer awareness, and, from an activist patient's viewpoint, as a mentor to voluntarily help patients, caregivers, and others interested develop an understanding of this insidious men's disease, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make their journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. **IMPORTANTLY**, readers of medical information I may provide are provided this "disclaimer" to make certain they understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as **MY OPINION**, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing their prostate cancer care.

I am always concerned, particularly if the patient or family members are aware, when the patient has dental issues. This should have been addressed before his physician administers a bisphosphonate such as zoledronic acid or denosumab as Xgeva.

The treating physician should ALWAYS ascertain from the patient if he has dental issues before either of these medications are administered.

Unfortunately, too many physicians who prescribe these medications fail to recognize (or acknowledge) this important concern.

I contacted a renowned Medical Oncologist friend who advised the following that before beginning dental work – particularly after treatment with a bisphosphonate as well as the product denosumab as Xgeva – it is imperative to have a dentist put in writing that it is okay for the patient to have "invasive" dental work such as extraction or root canal.

This is VERY IMPORTANT if the patient requires extractions or root canals (invasive procedures) performed in the near term. Once he has begun a continuing bisphosphonate or denosumab as Xgeva, it would be imperative to stop the medication and not move to invasive dental work until a dentist provides in writing that it is safe to do so. If he only requires routine dental procedures wherein only fillings may be required, this is not a problem since the risk of osteonecrosis of the jaw/ONJ does not extend to ordinary dental work. Thus, if the patient only needs routine, non-invasive dental work such as cleaning out cavities for dental fillings (not root canals!) this is not a problem. If in that cleaning out of cavities, however, it is found an extraction or root canal is needed, as noted above, the bisphosphonate or denosumab as Xgeva would have to be stopped and no further dental work that would be invasive performed until determined safe with the testing of the patient's CTx (C-terminal telopeptides of collagen I) blood level is found to be over 150 picograms/ML – and as indicated in the below reference, even better/safer if at least 200 picograms/ML – and, the dentist putting in writing that it is now safe. This could result in 4 to 6 months before this blood level has been achieved following stopping the bisphosphonate or denosumab as Xgeva.

Explanation here:

https://www.lexi.com/individuals/dentistry/newsletters.jsp?id=april_10