

Study shows bone metastases treatment can improve overall survival

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It is common for patients initially diagnosed with lung cancer to have the cancer spread to sites like the liver, brain and bone. One of the most frequent sites of metastases is the bone, with an estimated 30 to 40 percent of patients with non-small-cell lung cancer (NSCLC) developing bone loss. A study published in the December 2012 issue of the International Association for the Study of Lung Cancer's (IASLC) *Journal of Thoracic Oncology*, shows that the bone metastases drug denosumab was associated with improved overall survival compared with zoledonic acid (ZA).

A total of 811 [lung cancer patients](#) (411 for denosumab and 400 for ZA) were evaluated. Patients were randomized 1:1 to receive either monthly subcutaneous injection of denosumab 120 mg (plus intravenous infusion of placebo) or monthly intravenous infusion of ZA 4 mg (plus subcutaneous injection of placebo). The ZA dose was adjusted for renal impairment. And, daily calcium and vitamin D supplementation was strongly recommended for all patients.

In all 811 lung cancer patients, denosumab was associated with significantly improved overall median survival compared with ZA, with a difference of 1.2 month. In patients with NSCLC, denosumab was associated with significant improved survival, with a difference of 1.5 months.

In addition, overall survival in patients with small-cell lung cancer was 7.6 months for the deno-sumab group and 5.1 months for the ZA group,

a difference of 2.5 months. Denosumab-treated patients with [squamous cell carcinoma](#) also showed improved survival compared with the ZA group, with a difference of 2.2 months. The treatments were associated with similar overall survival in patients with adenocarcinoma.

Provided by International Association for the Study of Lung Cancer

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