

Bisphosphonates and osteonecrosis of the jaw

The EMEA has completed an extensive review on the risk of osteonecrosis of the jaw (ONJ) associated with the use of bisphosphonates. The resulting guidance is published [1].

The risk of ONJ is significantly greater for patients receiving IV bisphosphonates for cancer indications than in patients receiving oral bisphosphonates for osteoporosis/Paget's disease. The risk of developing ONJ in association with oral bisphosphonates appears to be low.

Potency of the drug administered, route of administration and cumulative dose are specific risk factors. The evidence base appears to be less robust for other proposed risk factors, e.g. duration and type of malignant disease, concomitant treatment, gender, genetic factors, smoking and co-morbid conditions. However, these risk factors should be considered by prescribers and patients when evaluating an individual's potential risk of developing ONJ.

A history of dental disease, including invasive dental procedures, dental trauma, periodontal disease and poorly fitting dentures are associated with an increased risk of ONJ. The EMEA is calling for further research to be conducted.

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SSRIs linked to risk of premature birth

A Danish study finds that the use of selective serotonin reuptake inhibitors (SSRIs) can affect the length of the pregnancy and the health of the baby at birth [1]. The study of more than 57,000 pregnancies and deliveries found that treatment with SSRIs was associated with a mean reduction of five days in gestational age. A mental health problem during pregnancy not treated by an antidepressant was associated with a 3.8 day reduction in gestational age.

In utero-exposed newborns had increased risk of admission to the neonatal intensive care unit (odds ratio (OR), 2.4; 95% confidence interval (CI), 1.7–3.4) and of 5-minute Apgar scores of less than 8 (OR, 4.4; 95% CI, 2.6–7.6) compared with those not exposed. Head circumference and birth weight did not differ between infants in the exposed and unexposed groups. The results were similar when compared with infants of women with a psychiatric history.

Study doctors advised that the treatment of depression may still be warranted. Further research to distinguish between individual SSRIs was called for. A further study [2] found no association with major malformations overall. However there was an increased risk of septal heart defects among individuals treated with sertraline, citalopram and fluoxetine (OR 3.25, 2.52 and 1.34 respectively).

1. Arch Pediatr Adolesc Med. 2009;163(10):949-54.
2. BMJ. 2009;339:b3569.

Chronic myeloid leukaemia: an update

The European LeukemiaNet (ELN) concepts and recommendations for the management of chronic myeloid leukaemia have been reviewed and updated. These recommendations are based on a critical and comprehensive review of the relevant papers up to February 2009 and the results of four consensus conferences held by the panel of experts appointed by ELN in 2008.

The revised guidelines require cytogenetic monitoring at 3, 6, 12, and 18 months and molecular monitoring every 3 months. Initial treatment was confirmed as imatinib 400 mg daily. Imatinib should be continued indefinitely in optimal responders. Sub-optimal responders may continue on imatinib, at the same or higher dose, or may be eligible for investigational therapy with second-generation tyrosine kinase inhibitors (TKIs). In instances of imatinib failure, second-generation TKIs are recommended, followed by allogeneic hematopoietic stem cell transplantation only in instances of failure and, sometimes, suboptimal response, depending on transplantation risk.

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Diabetes: weekly hormone analogue in phase III trials

The first phase III study of once weekly glucagon-like peptide-1 (GLP-1) analogue taspoglutide versus exenatide has met its primary endpoint of change in HbA1c. Superiority versus exenatide was demonstrated. The most frequent side effects were nausea and vomiting. The T-EMERGE phase III clinical trial programme is recruiting over 6,000 patients into eight studies, four of which have active comparators, including exenatide, sitagliptin, insulin glargine and pioglitazone.

Taspoglutide is the first once-weekly human GLP-1 analogue being developed for patients with type 2 diabetes who no longer respond to oral agents. Taspoglutide is similar to the naturally-occurring human hormone GLP-1 which plays a key role in blood glucose modulation while slowing down food absorption and suppressing appetite resulting in glycaemic control, weight loss and no incremental risk of hypoglycaemia.

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