

LETTER TO DENTISTS

Dear Colleague:

Recently it has been reported that a number of patients have developed osteonecrosis of the jaws after taking bisphosphonates, particularly IV bisphosphonates. We also see attorneys advertising for patients with osteonecrosis of the jaw (ONJ) to contact them for legal help to “get the settlement that they deserve.”

While the bisphosphonate issue seemed to be “someone else’s problem,” unfortunately it appears that dentists may also have malpractice claims as plaintiff attorneys start looking for someone to “blame” for their client’s misfortunes. Patients who are receiving IV bisphosphonates are usually being treated for multiple myeloma, metastatic breast, lung or prostate cancer. Many of these patients will likely die because of their disease, but have been spared several years of debilitating bone pain that many times goes along with these diseases. Unfortunately, a small percentage of these patients will be trading off the bone destruction and pain associated with their disease for ONJ. Oncologists appear to be continuing to use IV bisphosphonates in spite of the potential for the development of ONJ saying that the benefits outweigh the risks.

While it is obvious that ONJ is NOT a condition that dentists are responsible for creating, it is important that dentists look at every patient who walks into their office with metastatic bone cancer as a potential challenge. We have seen that many patients on IV bisphosphonates DO NOT DISCLOSE to the dentist that they are on them. Rather, they will disclose that they are on “chemotherapy,” NOT LISTING which specific drugs they are taking. It is important for the dentist to be suspicious that patients with metastatic disease MAY be on bisphosphonates, and question the patient and their oncologist as to which specific drugs they are taking.

Here are a few suggestions to enhance patient care:

1. Disclose ...patients need to be advised of potential bad outcomes from surgical treatment while on bisphosphonates
2. Document ...a documented informed consent discussion, along with the use of a consent form for patients on oral or IV bisphosphonates really helps with patient education. We have copies of consent forms for patients taking both forms of the drug, oral and intravenous. If you would like a copy of these forms, please contact our office.
3. Follow Guidelines for Treatment as announced by the company producing IV bisphosphonates (Novartis). In the letter to dentists on May 05, 2005, Novartis indicates that “prescribing information recommends that cancer patients:

- receive a dental examination prior to initiating therapy with intravenous bisphosphonates; and,
- avoid invasive dental procedures while receiving bisphosphonate treatment. For patients who develop ONJ while on bisphosphonate therapy, dental surgery may exacerbate the condition. Clinical judgment by the treating physician should guide the management plan of each patient based on individual benefit/risk assessment.”

The American Dental Association convened an Expert Panel and developed recommendations for dental management of patients on bisphosphonates and published them in June, 2006. The recommendations can be found at <http://www.ada.org/news/1876.aspx>

The American Association of Oral and Maxillofacial Surgeons issued a Position Paper on Bisphosphonate-Related Osteonecrosis of the Jaw—2009 Update available at http://www.aaoms.org/docs/position_papers/bronj_update.pdf. This paper defines Bisphosphonate-Related Osteonecrosis of the Jaws (“BRON”) and provides current management/treatment strategies for patients undergoing either oral or IV bisphosphonate therapy. These recommendations are somewhat more involved than the recommendations issued by the ADA.

For patients taking oral bisphosphonates for longer than three years prior to any invasive surgery, the **current** recommendation is a “drug holiday” of three months before surgery and three months after surgery. These recommendations are based on anecdotal evidence that may be of benefit, not on any long-term clinical studies. We have enclosed a summary of the AAOMS “Treatment” and “Management” recommendations for you to use as a guide for treatment if you want. These summaries can be kept in your desk for reference. In addition, we have included a current listing of all bisphosphonate drugs currently available, both oral and intravenous.

It is important that we as a dental community do what is best for our patients. With regard to treatment of those patients on bisphosphonates, it is important to keep current with the latest information and suggestions. A little bit of additional time on the initial consultation will be beneficial in allowing the doctor to provide excellent care to patients taking bisphosphonates.

Cordially,

Dr. Brad W. Ray DDS FRCD(C)
Oral and Maxillofacial Surgery