INTRODUCTION
Osseous metastases frequently occur as a result of an advanced tumour disease and are accompanied by typical skeletal complications which may go hand in hand with severe bone pains and a greatly reduce in quality of life of the affected patients.

The analgesics available (including opioids and radiation therapy) are usually insufficient and are, moreover, associated with significant side effects.

In phase II studies, an intravenous ibandronate “loading dose” therapy has provided an effective alleviation after only a few days in the case of patients with urogenital tumours.1,2

Is it possible to achieve a better pain control also for patients with breast cancer with therapy-resistant bone pain in the final stage using this therapy concept?

METHODS

The observation data of 6 patients already been admitted to the hospice with advanced breast cancer and osseous metastases are presented below.

All 6 female patients were in a purely palliative state and were already undergoing pain therapy with opioids.

In spite of the administration of opioids, the patients suffered serious pain and simultaneously side effects due to the opioids such as obstipation, nausea and fatigue and refused all further therapy options.

Subsequently, the patients were informed in detail regarding the “loading dose” therapy with Bondronat® (“off-label use”, risks, effects and side effects) and agreed subsequently to the treatment.

Bondronat® (6 mg) was administered intravenously as a short infusion for 15 minutes on 3 consecutive days (day 0 – day 2).

The data regarding the pain intensity and bearableness of pain were determined several times daily by means of visual analogue sales (VAS: 0 – 10).

RESULTS

As early as on the first day following ibandronate “loading dose” therapy (day 3), a marked reduction of the pain symptoms was achieved in all patients. (Table 1)

By day 6 the mean maximum pain value assessed as 9.8 had fallen to 4. (Table 1)

The pain bearableness documented before the beginning of therapy as 9.7 on average amounted to 2 VAS points on day 3 and 1.5 VAS points on day 6. (Table 1)

The daily requirement of rescue medication could also be reduced.

Undesirable side effects connected with the ibandronate “loading dose” were not observed in the case of any patient.

SUMMARY

The ibandronate “loading dose” had an excellent effect on the therapy-resistant bone pain in the case of female patients with greatly advanced breast cancer and osseous metastases.

This dosage concept is highly tolerable and permits a significant pain alleviation within a few days.

LITERATUR


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<thead>
<tr>
<th>Age (Years)</th>
<th>Primary Tumour</th>
<th>Pain Development (VAS, Maximum Values)</th>
<th>Pain Bearableness (VAS)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Baseline</td>
<td>Day 3</td>
</tr>
<tr>
<td>54</td>
<td>Mamma-Ca</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
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<td>Mamma-Ca</td>
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<td>5</td>
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<tr>
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Table 1. Pain Development, Pain Bearableness