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Zoledronic Acid Significantly Improve Survival Over Clodronate

The use of zoledronic acid for the prevention of skeletal-related events in patients with newly diagnosed multiple myeloma was superior to treatment with clodronate and was found to improve survival even after adjustment for potential effects of skeletal-related events on survival.

“After a median follow-up of 3.7 years, [zoledronic acid] significantly improved survival over clodronate. It significantly improved progression-free survival (PFS), reduced the proportion of patients with skeletal-related events and was generally well tolerated,” said Gareth Morgan, MD, of The Royal Marsden Hospital, Surrey, United Kingdom, during his presentation at the 2010 ASCO Annual Meeting.

Morgan presented data from the Medical Research Council Myeloma IX study. This study evaluated the effect of zoledronic acid (Zometa, Novartis) vs. clodronate plus anti-myeloma therapy on skeletal-related events in 1,960 patients with newly diagnosed multiple myeloma.

After 3.7 years of follow-up, data indicated that there was a 24% relative reduction in the number of skeletal-related events in patients treated with zoledronic acid vs. patients treated with clodronate (27% vs. 35.3%; $P=.0004$).

“These data should be viewed in context of the historical data from Berenson et al, which showed that 50% of people get a skeletal-related event in control arms, so it’s a significant difference that would be even greater if you compared it to placebo,” Morgan said.

In addition, patients treated with zoledronic acid had a 5.5-month longer overall survival (OS) (50 months vs. 44.5 months; $P=.012$) and a 2-month longer PFS (19.5 months vs. 17.5 months; $P=.018$) vs. patients treated with clodronate.

“The survival benefit was not related to the prevention of skeletal-related events but was an anti-myeloma effect,” Morgan said.

Both zoledronic acid and clodronate were generally well tolerated among the patients, Morgan said.