



### **Statement about Numerous Errors in Tuesday night's story on Osteonecrosis of the Jaw (ONJ)**

Tuesday night's story on Osteonecrosis of the Jaw on the 7.30 Report (11<sup>th</sup> December 2007) contained numerous errors which have the potential to affect patients adversely. Many patients are concerned and have stopped therapy inappropriately following this story. A complaint has been made to the 7.30 Report but in the meantime ANZBMS wishes to correct certain errors in the story.

It was stated that these drugs are used to treat 'osteoporosis and cancer'. However a distinction between the two uses of bisphosphonates was not clearly made in the report. There is clear evidence that the risk of ONJ is considerably greater in the higher doses used in cancer than in osteoporosis where much lower doses are used. Bisphosphonates have been proven to prevent the skeletal complications of cancer. Cancer patients therefore should not stop this therapy before speaking to their treating oncologist.

It was stated that the bisphosphonates were listed by the Federal Government on the PBS scheme last December. That is totally incorrect. They have been available for 10 years. The evidence for their benefit was considered so good that the Federal Government extended their indication last year from patients who had already had a fracture to include prevention of fractures in older patients with very low bone density who had not yet fractured.

In regard to osteoporosis, the 7.30 Report did not include other important statistics such as: 1 in 5 patients who sustain a hip fracture due to osteoporosis will die within 6 months. Or that numerous trials with bisphosphonates show they can reduce the risk of a fracture by 50%. Or that in a recent large trial published in the New England Journal of Medicine of 7765 postmenopausal women treated for osteoporosis with either a bisphosphonate or placebo for 3 years, one case each of ONJ occurred in the bisphosphonate and placebo groups, ie no increased risk was seen. Or that in another recent trial published in the New England Journal of Medicine of 2127 patients treated with bisphosphonate or placebo, bisphosphonate therapy reduced the risk of death by 28% compared to placebo. None of these established facts were included in the Report.

The impression from the 7.30 Report story was that Calcium and Vitamin D was sufficient to effectively treat osteoporosis in 50% of patients. This is totally incorrect. Calcium and Vitamin D may be sufficient in very mild cases of osteoporosis but are not sufficient in moderate or severe cases of osteoporosis.

ANZBMS has written to request the 7.30 Report make a clarification of these points on television as well as on the web version. The 7.30 Report have agreed to post the full version of Professor Sambrook's interview on the 7.30 Report website and their response to our complaint is pending.

In the meantime, ANZBMS wish to make two important points to patients:

(a) bisphosphonates are used to prevent the skeletal complications of cancer and this benefit must be weighed against any risk.

(b) Calcium and Vitamin D are not sufficient alone to prevent osteoporosis of moderate or severe degree. Patients with osteoporosis who stop bisphosphonate therapy will be at increased risk of fracturing including serious fractures such as hip and spine fractures.