

January 2008 Meeting News – New Members

The group welcomed **Helen**, whose husband, **Jim**, was diagnosed in late 2001, and initially held off from treatment. He completed oral chemotherapy a year ago, which was difficult to tolerate but effective; and is now using a combination of Revlimid and Dex, which is working.

Business & Other Information

Joe led the meeting. The Vermont Teddy Bear that Yvonne donated was raffled, and the winner was . . . **Latain!**

With sadness, we learned of the passing of **Joanne**. Joanne contributed so much to our meetings and will be missed.

Guests and Presenters

The group extends our thanks to **Dr. Steven M. Roser**, Chief of Oral Surgery, Emory; and **Dr. Marvin Winter**, DDS, General Dentist, who presented in the January meeting. We also thank **Jeanette** for arranging this opportunity. Copies of the presentations will be made available to group members, but a synopsis follows.

Dr. Roser presented, “Bisphosphonate Related Osteonecrosis of Jaws”. Osteonecrosis of Jaws (also known as “ONJ”) is a condition where the jaw bones die through infection and rotting. ONJ develops when the jaw does not heal after minor trauma, such as a tooth extraction, resulting in bone exposure. The majority of ONJ cases begin with tooth extraction. ONJ has received a lot of attention in the past five years, as an adverse side effect of bisphosphonate therapy, which is standard treatment for cases of hypercalcemia and osteolytic lesions. There is no standardized definition of ONJ as it relates to bisphosphonates, but it is generally understood to be (post tooth extraction):

- A wound with exposed bone
- Failure to heal at 6 weeks

Bisphosphonates work by affecting bone turnover by inhibiting resorption and decreasing turnover at the cellular level. Bisphosphonates increase bone mass and change bone chemical markers. A single dose lasts for years. The combination of slowed bone turnover and decreased vascularity can lead to jawbone problems. Some common intravenous bisphosphonates include Zometa and Aredia. Some common oral bisphosphonates include Fosamax and Actonel.

Management of ONJ

There is no known consistent management plan for ONJ, and there is not enough experience in the medical world to know the best treatment immediately. Some treatments include:

- Local irrigation
- Debridement
- Resection
- HBO (hyperbaric oxygen therapy)
- Antibiotics

Preventative Measures

While on bisphosphonates, it is important to:

- Maintain good dental hygiene
- Avoid trauma
- Avoid elective dental surgeries
- Visit the dentist every six months.

If a dental problem develops while on bisphosphonates:

- Select the least invasive dental procedure possible
- Withhold bisphosphonates until bone has healed (1 – 2 months) if possible
- Before beginning any dental surgeries, a CTX test is recommended to measure the bones biochemical markers for later monitoring

Dr. Winter's presentation, "General Dentistry Services for the Multiple Myeloma Patient", was organized into three categories: 1) post diagnosis/pre treatment, 2) during treatment, and 3) post myeloma treatment but during bisphosphonates use. The suggested dental care for each category follows.

Post Diagnosis/Pre Treatment

- Oral exam including new x-rays
- Fluoride supplements
- Brush, floss, plaque control
- Non cariogenic diet
- Dry mouth products
- Xylitol-containing gum and mints
- Peridex rinse
- Extract any teeth in question
- Eliminate any dental infection, decay, and periodontal disease

During Myeloma Treatment

- Continue oral hygiene measures
- Moist gauze wipes (Peridex if tolerable)
- For mucositis - maintain good oral hygiene, use non alcohol-containing dry mouth products, and topical anesthetics
- Not a good time for other dental procedures

Post Myeloma Treatment / Using Bisphosphonates

- Minimize decay risk with preventative care
- Continue regular dental care
- Regular radiograph checks
- Fluoride supplements
- If invasive treatment is required, an oral surgeon familiar with myeloma and bisphosphonates is recommended
- Schedule dental appointments with permission from physician

Presentation Questions and Answers

Q: How can bisphosphonates affect someone who has a prosthetic device?

A: It is not unusual for those who have prosthetic devices in their mouths to have some sore spots due to rubbing. Those taking bisphosphonates should be especially proactive about getting adjustments made immediately, don't wait for any further irritation.

Q: Do bisphosphonates affect fracture healing?

A: No, and does not inhibit healing.

Q: What is the half-life of bisphosphonates such as Zometa and Aredia?

A: Years, but the exact time where the level of bisphosphonates in the bone will no longer inhibit osteoclasts (bone resorption) is unknown.

Also attending the meeting was **Carroll** from the **Chattanooga Area Multiple Myeloma Support Group**, who presented an impressive marketing video that was prepared for her support group. **Carroll** also invited our members to join her group, who meets on the 3rd Thursday of each month from 6:30 PM – 8:00 PM. For more information, call (423) 495-7778.

Member Updates & Collaboration

Suzanne, who has smoldering myeloma, will begin intravenous immunoglobulin (IVIG) therapy to assist her immune system. **Ginny** has begun Round 5 of LBH-589 (a HDAC inhibitor). **Latain** had her six month post stem cell transplant and reported doing well.

Willene inquired if anyone knew why Medicare would not pay for a Procreit shot. Someone mentioned that the coverage may be based upon test results, and that there may be an article on this topic on the MMRF website. **Elaine** commented that she participated in the St. Petersburg IMF conference and she highly recommends attending these conferences.

Submitted by Wendy