

Summarize the article,

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Summary Summary The article by Martin, Bell and Bourgeois et al. focuses on a study that was based on breast cancer and its related bone complications. In the study, the population of interest was patients with breast cancer and bone metastases, which acted as the main participants of the study. The intervention that was included in this study was the administration of the treatment, which was either denosumab or intravenous zoledronic acid. Hence, impact of subcutaneous denosumab was compared to intravenous zoledronic acid. The attained outcome from the study was that denosumab was superior when compared to zoledronic acid in terms of reducing bone-related complications among individuals with breast cancer. The time for the study was four weeks, which was the estimated duration for each treatment application to the sample population.

The research on phase III trial of patients contributed in gaining additional evidence that patients with bone metastases and breast cancer would be treated effectively with denosumab than with zoledronic acid. Such aids in maintaining quality of life, preventing hypercalcemia of malignancy and delaying bone radiation, as well as SREs (Martin, Bell and Bourgeois et al., 2012). Denosumab treatment also aids in minimizing renal toxicity risks, all forms of acute-phase reactions and establishing a convenience of the subcutaneous administration. These outcomes of denosumab are also evidenced in preventing skeletal based complications among patients that have bone metastases and breast cancer. As such, the study was able to identify the effective treatment, which breast cancer patients should be given for better outcomes.

References

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Martin, M, Bell, R, & Bourgeois, H. (2012). Bone-related complications and quality of life in advanced breast cancer: results from a randomized phase III trial of denosumab versus zoledronic acid. *Clin Cancer Res*, 18: 4841-4849.