Zoledronic Acid



Information for Patients

This information is written for patients with early breast cancer. It tells you about how **zoledronic acid** can reduce the risk of the cancer coming back.

If you have any further questions or concerns, please do not hesitate to speak with a doctor or nurse caring for you.

What is Zoledronic Acid?

Bone constantly undergoes a process of renewal by specialised bone cells that break down old bone and replace it with new bone every day. Zoledronic acid is a type of drug called a bisphosphonate. It controls the cells that break down bone (osteoclasts) and allow the cells that rebuild bone (osteoblasts) to work better. Bisphosphonates are also used to treat osteoporosis and secondary cancer that has spread to the bones.

Why is zoledronic acid being used to treat women with early breast cancer?

Breast cancer can recur in bones; sometimes many years after patients have had an operation to remove the cancer from the breast. It is thought that the chemicals that control bone turnover could also encourage the growth of breast cancer cells inside bones.

Large clinical trials show that for some patients with early breast cancer, taking bisphosphonates can reduce the risk of the cancer coming back. The patients will have no sign of cancer following surgery and subsequent treatment (chemotherapy and/or radiotherapy).

Bisphosphonates are the most effective in 2 groups of women. These are:

- Post menopausal woman
- Pre menopausal women who were treated with drugs to suppress their ovaries

How is zoledronic acid given?

Zoledronic acid is given by an infusion (drip) into the vein through a fine tube called a cannula. It is given in the chemotherapy unit at the hospital. The infusion takes approximately 15 minutes and is given every 6 months for three years.

What are the side effects?

Most people will not experience side effects and if they do, they are usually short lived.

Side effects can include:

- Flu like symptoms such as fever and aching muscles
- Headache
- Nausea

These side effects should settle within 24-48 hours of the infusion

Approved by: Clinical Policy, Documentation & Information Group Approved: May 2017 Review: May 2020 Page 1 Less common side effects include:

- Effect on the kidneys: Your doctor will check how well your kidneys are working during your treatment by doing blood tests.
- Anaemia (low number of red blood cells: Symptoms of anaemia include feeling very tired and breathless. Your doctor can check whether you are anaemic by doing a blood test.
- Risk of bone damage in the jaw: We will advise you to have a full dental check-up before starting treatment. You should maintain good dental hygiene and have regular dental check ups during the treatment.
- Risk of damage in the ear canal: You should report any persisting ear pain or discharge from the ear to the doctor or nurse looking after you
- Risk of hip bone fracture: Report any new or unusual thigh, hip, or groin pain to your doctor or nurse.

Additional information

It is important that you are getting enough calcium and vitamin D during your treatment. We will prescribe a calcium and vitamin D supplement (Adcal D3) that you will take once a day.

While on treatment, we recommend:

- You take regular weight bearing exercise e.g. walking
- Avoid smoking
- Ensure any alcohol you take is within the recommended limits.

Other medicines

Please tell your doctor or nurse if you are taking any other medications, including:

- Medicines your GP has prescribed
- over-the-counter drugs
- Complementary therapies and herbal drugs.

It is very important that you tell your doctor or nurse if you are taking bisphosphonates for another reason e.g. alendronic acid for osteoporosis.

Where can I find further information?

If you need more information about bisphosphonates, please speak to someone from your treatment team at the oncology department. You can also get Information from Breast Cancer Now and Macmillan:

- Breast Cancer Now: www.breastcancernow.org Telephone: 0333 20 70 300
- Macmillan Cancer Support: www.macmillan.org.uk

Interpretation and Translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter.

Approved by: Clinical Policy, Documentation & Information Group Approved: May 2017 Review: May 2020 Page 2