

Bisphosphonates and oesophageal cancer

Dr David Hosking – Chair of The Paget's Association

Many patients with Paget's disease may have seen reports in the press of an association between oral bisphosphonate use and oesophageal cancer. All of us – both patients and doctors must take this sort of information seriously. However, it is important to understand what has been reported and how the treatment of Paget's disease differs from osteoporosis.

The report of a doubling of cancer risk is dramatic but alarmist. What has actually been reported is that the risk of oesophageal cancer in the normal population is one new cancer for every 2000 women followed for 5 years. 2000 men have to be followed for 5 years during which time 3 of them develop cancer. The absolute risk of oesophageal cancer is therefore low.

Oral bisphosphonates may irritate the lower end of the oesophagus and we know that long sustained inflammation may occasionally turn into cancer. Patients treated for osteoporosis usually have weekly (or sometimes daily) treatment over a period of years and this increases the risk, which is actually very small, of developing oesophageal inflammation. Patients with Paget's disease usually have relatively short courses of high dose bisphosphonate or have these drugs intravenously. They are therefore less likely to develop oesophageal problems which seem a feature of sustained use over a period of years. Recent research has shown that intravenous Zoledronic acid is very effective at controlling Paget's disease in the long term and also avoids oesophageal irritation. Even before this report there was an increasing trend for specialists to use intravenous bisphosphonates and this is likely to accelerate particularly if patients are known to have, or develop, oesophageal irritation.

If you are currently taking oral bisphosphonates for Paget's disease do not discontinue treatment without discussing this with your doctor.