

When Cancer Affects The Bones

“Honey, I Shrunk The Kids” Actress Marcia Strassman Takes Center Stage To Share Her Story

(NAPSA)—For many cancer patients, bone complications occur when their cancer spreads to bone (also known as bone metastases). These bone complications, often referred to as skeletal-related events (SREs), can be a frequent cause of pain for patients and cause the bones to fracture or break. In breast cancer alone, bone metastases occur in 65 to 75 percent of patients. The good news, however, is that by working with a health care professional to carefully manage bone health throughout the cancer journey, it is possible to slow down the damage and reduce the risks associated with bone complications.

Television and film actress Marcia Strassman, best known for playing Gabe Kaplan’s wife in the series “Welcome Back, Kotter” and starring as “Honey” in the “Honey, I Shrunk the Kids” movies, knows firsthand the importance of working closely with a medical team to properly manage cancer and the complications that can result from the illness.

In 2007, Strassman was diag-

Take charge of your bone health throughout the cancer journey! Visit my Facebook page at www.Zometa.com/facebook for more information about my cancer journey and links to cancer organizations and resources.

—Marcia Strassman 

nosed with Stage IV breast cancer—the type of cancer that has already spread to another part of the body. In Strassman’s case, the cancer had spread to her bones, so it was imperative to start on a treatment protocol immediately that would manage both the cancer and her bone health. Doctors immediately put her on an aromatase inhibitor to help manage the cancer and an IV bisphosphonate called Zometa (zoledronic acid) to help stabilize her bones.

“I’ve been sticking to my treatment regimen that includes Zometa therapy, which is a 15-minute infusion every 28 days,” explains Strassman. “After being vigilant about taking my treatment routine for more than a year, my most



All smiles now, actress Marcia Strassman overcame cancer of the breast and of the bones.

recent bone scans show the damage to my bones remains unchanged, and today, I enjoy the same active lifestyle as before my diagnosis. I spend as much time as possible with my daughter, Lizzie, and I hike with my dog, Ollie, and continue to work as I always have.”

Now, Strassman is taking on her most important role yet, but this time for a new audience—cancer patients. After discovering that

many cancer patients do not adhere to their treatment regimens outlined by their oncology team, Strassman is embarking on a multicity tour over the next year to tell her story to patients nationwide, encouraging them to carefully follow prescribed treatment regimens and inspiring them to live life to the fullest potential.

“It’s so important that all patients take charge of their bone health during the cancer journey,” adds Strassman. “Proper treatment and management of bone complications from bone metastases may help preserve physical independence and general well-being. I encourage all cancer patients to talk with their doctor, like I did, about helping to protect their bones during treatment.”

For more information about Strassman’s cancer journey and links to cancer organizations and resources that can help you navigate your cancer journey, visit www.Facebook.com and search Marcia Strassman by name. Strassman’s tour is supported by Novartis Pharmaceuticals Corporation.

Additional Information About Zometa: Zometa is indicated for patients with multiple myeloma and documented bone metastases from solid tumors in conjunction with standard antineoplastic therapy; prostate cancer should have progressed after treatment with at least one hormonal therapy.

Important safety information: Zometa is contraindicated in patients with hypersensitivity to zoledronic acid or other bisphosphonates, or any of the excipients in the formulation of Zometa. Hypersensitivity reactions, including rare cases of urticaria and angioedema and very rare cases of anaphylactic reaction/shock, have been reported.

Due to the risk of clinically significant deterioration in renal function, which may progress to renal failure, single doses of Zometa should not exceed 4 mg, and the duration of infusion should be no less than 15 minutes. Risk factors for the deterioration of renal function include impaired baseline renal function and multiple cycles of bisphosphonate treatment.

Zometa is not recommended in patients with bone metastases with severe renal impairment. In patients with mild to moderate renal impairment at baseline, lower doses of Zometa are recommended based on calculated creatinine clearance. Before each Zometa dose, serum creatinine should be measured and treatment should be withheld for renal deterioration until serum creatinine has returned to within 10% of the baseline value.

Zometa should not be used during pregnancy. Women of childbearing potential should be advised to avoid becoming pregnant. If the patient becomes pregnant while taking this drug, the patient should be apprised of the potential harm to the fetus.

Osteonecrosis of the jaw (ONJ) has been reported predominantly in cancer patients treated with intravenous bisphosphonates, including Zometa. Many of these patients were also receiving chemotherapy and corticosteroids, which may be risk factors for ONJ. Postmarketing experience and the literature suggest a greater frequency of reports of ONJ based on tumor type (advanced breast cancer, multiple myeloma) and dental status (dental extraction, periodontal disease, local trauma, including poorly fitting dentures). Many reports of ONJ involved patients with signs of local infection, including osteomyelitis. Cancer patients should maintain good oral hygiene and should have a dental examination with preventive dentistry prior to treatment with bisphosphonates. While on treatment, these patients should avoid invasive dental procedures, if possible. No data are available as to whether discontinuation of bisphosphonate therapy reduces the risk of ONJ in patients requiring dental procedures. A causal relationship between bisphosphonate use and ONJ has not been established. Clinical judgment of the treating physician should guide the management plan of each patient based on individual benefit/risk assessment.

In postmarketing experience, severe and occasionally incapacitating bone, joint and/or muscle pain has been reported infrequently in patients taking bisphosphonates.

The most common adverse events (≥15%) in bone metastases clinical trials, regardless of causality, with Zometa 4 mg (n=1031) were as follows: bone pain (55%), nausea (46%), fatigue (39%), anemia (33%), pyrexia (32%), vomiting (32%), constipation (31%), dyspnea (27%), diarrhea (24%), weakness (24%), myalgia (23%), anorexia (22%), cough (22%), arthralgia (21%), lower-limb edema (21%), malignant neoplasm aggravated (20%), headache (19%), dizziness (excluding vertigo) (18%), insomnia (16%), decreased weight (16%), back pain (15%) and paresthesia (15%).

Caution is advised when bisphosphonates are administered with aminoglycosides, loop diuretics and potentially nephrotoxic drugs.

Zometa contains the same active ingredient as found in Reclast® (zoledronic acid). Patients being treated with Zometa should not be treated with Reclast.

Patients should be administered an oral calcium supplement of 500 mg and a multiple vitamin containing 400 IU of vitamin D daily.

Please see full Prescribing Information at www.zometa.com.