www.palliativedrugs.com survey

Prevention of skeletal-related events (SRE) in adults with bone metastases from solid tumours – What do you use? October to December 2018

Number of responses = 21

1) Where do you work? (one_of)

answer	*votes*	*% of vote*
Inside the UK	13	62%
Outside the UK	7	33%

2) What drug do you generally use first-line in palliative care patients for the prevention of SRE in adults with bone metastases from solid tumours? (one_of)

answer	*votes*	*% of vote*
Denosumab SC	2	10%
Ibandronic acid PO	0	0%
Ibandronic acid IVI	0	0%
Pamidronate disodium IVI	1	5%
Zoledronic acid IVI	16	76%
Other	2	10%

3) What drug do you use in palliative care patients with *severe* renal impairment for the prevention of SRE in adults with bone metastases from solid tumours? (one_of)

answer	*votes*	*% of vote*
Denosumab SC	6	29%
Ibandronic acid PO	1	5%
Ibandronic acid IVI	1	5%
Pamidronate disodium IVI	3	14%
Zoledronic acid IVI	2	10%
Other	1	5%
Do not know/ no experience	7	33%

4) For patients with cancer referred to your specialist palliative care service, who have progressive metastatic bone disease, a limited prognosis (<6 months) and are already taking denosumab, what do you generally do? (one_of)

answer	*votes*	*% of vote*
Continue denosumab	10	48%
Change denosumab to zoledronic acid/other bisphosphonate	2	10%
Other (please state in the further comments section below)	2	10%
No experience	6	29%

5) Further comments

Any of our patients who are on denosumab have it prescribed by the acute trust. The only time we would prescribe it is in malignant hypercalcaemia resistant to two doses of zolendronic acid.
Q4. I would advise them to continue going to the hospital to have their denosumab (we don't give this as a day case) but if too unwell to get there or on the hospice IPU due to being so unwell I would tell them just to stop it.
We may well continue the denosumab if it is funded by the acute trust, otherwise switch to zoledronic acid.
In my country there is no access to Denosumab, so it's not among my first choice.