

you start zoledronic acid and to make sure you look after your teeth, including having routine check-ups, whilst on treatment.

Patients are advised to avoid any invasive dental work during the three years they will be receiving zoledronic acid. If your dentist advises that dental work is essential, please contact the lead AZS nurse (0151 556 5420) as any further infusions may need to be put off. Any invasive dental work should be put off for as long as possible following the last intravenous infusion.

Some of the symptoms of osteonecrosis of the jaw include swelling, pain, gum redness, loose teeth, or numbness and heaviness in your jaw. Please tell your dentist and cancer specialist straight away if you develop these.

Atypical (unusual) fractures of the thigh bone

Overall we know that treatment with zoledronic acid helps to reduce the risk of bone fractures. Very rarely unusual fractures of the thigh bone have occurred with very long courses of zoledronic acid (generally for more than 5 years). This very small risk is much smaller than the overall benefit for your bones. However if you develop pain in the groin or hip which is out of the ordinary please tell the doctor or nurse looking after you who may suggest an x-ray test.

What do I do if I feel unwell?

If you are unwell following your Zoledronic Acid treatment please call the Clatterbridge Cancer Centre Hotline on **0800 169 5555**.

Your call will be answered by a dedicated nurse advisor. This line is available 24 hours a day, 7 days a week.

How we produce our information

All of our leaflets are produced by staff at The Clatterbridge Cancer Centre and this information is not sponsored or influenced in any way. Every effort is made to ensure that the information included in this leaflet is accurate and complete and we hope that it will add to any professional advice you have had. All our leaflets are evidence based where appropriate and they are regularly reviewed and updated. If you are concerned about your health in any way, you should consult your healthcare team.

We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 556 5570.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 556 5570.

If you have a comment, concern, compliment or complaint, please call 0151 556 5203.

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Zoledronic Acid (Zoledronate) in the treatment of early breast cancer

General information

A guide for patients and carers

What is zoledronic acid?

Zoledronic acid belongs to a group of drugs called bisphosphonates. It is now being used as part of the treatment for early breast cancer.

Why have I been offered zoledronic acid?

Studies have shown that for women with breast cancer who have gone through the menopause (postmenopausal) bisphosphonates can help reduce the chances of breast cancer coming back in the bones and improve survival from breast cancer.

How Zoledronic acid works

In normal bone, two types of cells called osteoclasts and osteoblasts work together to shape, rebuild and strengthen existing bone. Zoledronic acid works by stopping the action of osteoclasts which normally destroy old bone.

In postmenopausal women who are diagnosed with breast cancer, their bones may be more susceptible to attack from breast cancer cells. Zoledronic acid helps strengthen the bones and protect against any tumour cells settling in the bone tissue.

How Zoledronic acid is given

Zoledronic Acid is given through a small tube (cannula) into the vein every 6 months. The infusion lasts for at least 15 minutes.

How long Zoledronic acid is given for

The treatment is given for up to 3 years in total after diagnosis.

How often will I be expected to attend hospital?

You will need to attend hospital every 6 months for 3 years. You will also need blood tests before you start your treatment and then before each 6 monthly treatment.

Possible side effects of Zoledronic Acid

We have provided a summary of the common side effects but this does not mean you will experience all listed. Most people have very few side effects but if you are concerned about side effects not listed here, please speak to your doctor or nurse.

Flu like symptoms

These can include aches and pains in your muscles or joints, fevers or chills.

If you are not already on any painkillers, we advise you to take two paracetamol tablets on the morning of your infusion and to continue to take two tablets every 6 hours for the next 3 days (maximum dose of 8 tablets in 24 hours). If you do take regular pain killers, please ask your doctor or nurse for advice about the need for any additional pain relief.

If you are receiving chemotherapy alongside zoledronic acid you will need to take your temperature daily and report any fevers to the emergency advice line that you have been provided with.

Low calcium blood levels

Your blood levels will be checked before each dose of zoledronic acid. You may be advised to take calcium supplements if your blood calcium level is low or if you have a diet that is low in calcium.

Anaemia

Zoledronic acid can cause anaemia, please inform your nurse if you have been feeling tired and breathless. You may have a blood test to see if you are anaemic.

Effect on the kidneys

Zoledronic acid can sometimes affect how your kidneys work. Your kidneys will be monitored with a blood test before each dose is given.

Red or sore eyes

Please inform your nurse. Sometimes eye drops may be prescribed for you.

Headaches

This is not common but if you develop headaches please speak to your doctor and they will be able to assess you.

Feeling sick (nausea) or being sick (vomiting)

If this happens please inform your nurse and you can be given an anti-sickness medication.

Low blood Magnesium levels

Although uncommon, if you develop symptoms of low magnesium you may need your blood levels checking.

You may then be advised to take magnesium replacement.

Jaw problems (Osteonecrosis of the Jaw)

This is a rare side effect where the bone tissue in the jaw becomes damaged and dies. Any problems with gum disease or some dental treatments, such as having a tooth removed, can increase the risk of this. It is important to have a full dental check before

