

# Treatment of Osteoporosis with Anabolic Agents and the Risk of Primary Bone Cancers: A Study of 44,728 Patients Treated with Teriparatide and Abaloparatide

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## INTRODUCTION:

Primary bone malignancies are rare but serious cancers. Osteosarcoma is the most common primary bone malignancy with a bimodal age distribution. It exists in both a primary form, driven by p53 mutations, and secondary forms subsequent to Paget’s disease, radiation, or other causes. Bone anabolic agents such as teriparatide and abaloparatide can benefit orthopaedic patients perioperatively and improve outcomes after fragility fractures. However, preliminary animal data raised concern for the potential development of bony malignancies following treatment with these medications.

## METHODS:

This investigation examined 44,728 patients over 50-years-old who were prescribed teriparatide or abaloparatide, and compared them to a matched control group to evaluate risk of primary bone cancer development. Patients under 50, with a prior history of cancer, or other risk factors for bony malignancy were excluded. A separate cohort of 1,241 patients prescribed teriparatide or abaloparatide and with risk factors for primary bone malignancy, along with 6,199 matched controls, was created to evaluate the effect of anabolic agents in this population. Cumulative incidence and incidence rate per 100,000 person years was calculated as were risk ratios and incidence rate ratios. Anabolic agents exposed and unexposed cohorts were compared using the Pearson Chi-square method and two-sided t-test where applicable.

## RESULTS:

The overall risk of primary bone malignancy development for risk factor excluded patients in the anabolic agent-exposed group was 0.02%, compared to 0.05% in the non-exposed group. Incidence rate per 100,000 person years was calculated at 3.61 for the anabolic exposed patients and 6.46 for controls. There was a risk ratio of 0.47 (p=0.03) for development of primary bone malignancies in patients undergoing treatment with bone anabolic agents and an incidence rate ratio of 0.56 (p=0.052). Among patients with osteosarcoma risk factors, 5.96% of anabolic exposed cohort developed primary bone malignancies and 8.13% developed primary bone malignancy in non-exposed patients. Incidence rate per 100,000 person years among osteosarcoma risk factor cohorts was 1025.99 for anabolic exposed and 2083.40 for non-exposed. The risk ratio was 0.73 (p=0.01) and incidence rate ratio was 0.95 (p=0.67).

## DISCUSSION AND CONCLUSION:

Bone anabolic agents such as teriparatide and abaloparatide can safely be used for osteoporosis and orthopaedic perioperative management without increased risk of development of primary bone tumors such as osteosarcoma.

Figure 3. Incidence Rate Ratio (IRR) of osteosarcoma and primary bone malignancies given exposure to teriparatide compared to previously reported data.

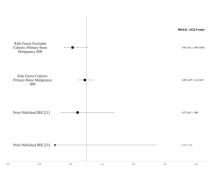


Table 1. Comparison of osteosarcoma, osteogenic, and primary bone malignancy risk factors between anabolic exposed and unexposed patients before matching and before covariate adjustment. \*The number patients in a cohort who did not respond to the HIFRA (Health Insurance Portability and Accountability Act).

	Exposed	%	Controls	%	P-value
<b>Total</b>	44,728	100	44,728	100	
<b>Osteogenic drugs</b>					
Teriparatide	20,593	46.0	20,480	45.8	
Abaloparatide	24,135	53.9	24,248	54.2	
Vitamin D	2,152	4.8	2,040	4.5	
Denosumab	7,158	15.9	7,045	15.7	
<b>Malignancies</b>					
Multiple Myeloma	514	0.8	443.5	0.7	
AML	46	0.1	47.5	0.1	
ALL	41	0.09	39	0.09	
CLL	79	0.17	76.5	0.17	
Oste	388	0.8	376.5	0.8	
Non-Oste	388	0.8	376.5	0.8	
<b>Primary Bone Malignancy Risk Factors</b>					
Any	188	0.42	178.5	0.4	
Primary Bone Malignancy	114	0.25	110.5	0.25	
<b>Exclusion</b>	309	0.7	309	0.7	
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