



Date of original recommendation: 23rd November 2010,
Date Re-reviewed: 25th September 2012.

Denosumab (Prolia®▼) for the treatment of bone loss associated with hormone ablation in men with prostate cancer who are at increased risk of fractures.

The New Therapies Subgroup discussed the above drug at a meeting on 25th September 2012. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMMG considered the use of denosumab (Prolia®) for the treatment of bone loss associated with hormone ablation in men with prostate cancer who are at increased risk of fractures.

The group does not recommend the routine use of denosumab in the above patient group.

The group recommends that these patients should follow the same treatment pathway as other patients deemed to be at high risk of osteoporosis.

Denosumab may be a treatment option in patients where bisphosphonates are contraindicated (e.g. renal patients) not tolerated or have been proven to be ineffective*

Denosumab should be initiated by a physician experienced in the diagnosis and treatment of osteoporosis. Costs for 1 year's treatment with denosumab are £366 per patient compared to £266 for IV zoledronic acid.

This recommendation is in line with current NICE guidance.

According to set criteria denosumab was deemed to be low priority for funding.

* *Ineffective = treatment failure*

Review date: September 2014

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.

▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.