

EDITORIAL COMMENT

This current study confirms that zoledronate exerts a favorable effect on skeletal-related events in patients with renal cell carcinoma (RCC) and bone metastases. A multicenter study to determine whether zoledronate also delays the development of bone metastases is being conducted in hormone-sensitive prostate cancer patients.¹ Denosumab, a RANK ligand inhibitor, has already been shown to delay time to first bone metastasis in men with castration-resistant prostate cancer.²

It is of interest that combining a bone-targeted agent, such as zoledronate, with antitumor therapy may improve survival of patients with cancer.^{3,4} These findings suggest that zoledronate has additional mechanisms of action that enhance the antitumor effects of conventional therapies. However, in our anecdotal experience, potentially severe acute renal failure can occur in RCC patients receiving combined therapy with zoledronate and mTOR inhibitors such as everolimus or temsirolimus. It is prudent to carefully monitor these patients for serum creatinine elevations and electrolyte abnormalities during treatment.

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