Xgeva® (denosumab) – Expanded indication

- On January 5, 2018, Amgen announced the FDA approval of Xgeva (denosumab) for the prevention of skeletal-related events (SRE) in patients with multiple myeloma (MM).
    - Previously, Xgeva was approved for the prevention of SRE in patients with bone metastases from solid tumors.
- Xgeva is also approved for the treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity, and treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy.
- MM is the second most common hematologic cancer, and it develops in plasma cells located in the bone marrow. It is characterized by osteolytic bone lesions as well as renal failure.
    - An estimated 114,000 new cases of MM are diagnosed worldwide each year, resulting in more than 80,000 deaths per year.
- Denosumab is also available as the branded product, Prolia®, indicated for the following:
    - Treatment of postmenopausal women with osteoporosis at high risk for fracture.
    - Treatment to increase bone mass in men with osteoporosis.
    - Treatment of bone loss in men receiving androgen deprivation therapy for prostate cancer.
    - Treatment of bone loss in women receiving adjuvant aromatase inhibitor therapy for breast cancer.
- The expanded indication for Xgeva was approved based on a double-blind study of 1,718 patients with newly diagnosed MM. Patients were randomized to receive Xgeva or zoledronic acid every 4 weeks. The primary endpoint of the study was non-inferiority of Xgeva vs. zoledronic acid with respect to time to first on-study SRE (pathologic fracture, radiation to bone, surgery to bone or spinal cord compression).
    - Xgeva was non-inferior to zoledronic acid in delaying the time to first SRE (HR = 0.98; [95% CI: 0.85, 1.14]).
    - The results for overall survival were comparable between Xgeva and zoledronic acid treatment groups (HR = 0.90; [95% CI: 0.70, 1.16]).
- The most common adverse reactions (≥ 10%) with Xgeva use in patients with MM were diarrhea, nausea, anemia, back pain, thrombocytopenia, peripheral edema, hypocalcemia, upper respiratory tract infection, rash, and headache.
- The recommended dosage of Xgeva for the prevention of SRE in patients with MM and in patients with bone metastases from solid tumors is 120 mg administered as a subcutaneous (SC) injection every 4 weeks in the upper arm, upper thigh, or abdomen.
    - Xgeva is intended for SC route only and should not be administered intravenously, intramuscularly, or intradermally.
    - Calcium and vitamin D should be administered as necessary to treat or prevent hypocalcemia.

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— Refer to Xgeva's drug label for recommended dosages for other indications.