

Your Letterhead Here

Dear Dr.

I am writing to further inform you and obtain your help with the constantly increasing complication ARONJ (antiresorptive drug associated osteonecrosis of the jaw). Although the complication is uncommon (0.1–0.4% with oral dosing and 2–10% with IV dosing), it has devastating effects on those patients so afflicted (see below pictures). Thousands of cases have now been reported.

Since the effects of these drugs may last for years, it significantly alters the options for dental treatment for these patients. Most ARONJ cases have been precipitated by tooth extraction and invasive dental procedures. It is therefore imperative that any practitioner contemplating treating a patient with antiresorptive bone-sparing drugs for diseases such as osteoporosis, Pagets, metastatic breast and prostate cancers, and other maladies should inform the patient about the need for a thorough oral examination *prior* to beginning antiresorptive drug therapy, as well as a lifetime of meticulous home and regular dental professional care. All future potential need for invasive dentistry such as extractions, implants, surgical periodontal, or surgical endodontic procedures should be done *prior* to the beginning of antiresorptive drug therapy.

We understand that the benefits of these drugs outweigh the risks. However, together we can minimize the risks of this serious complication. Thank you for your consideration.

Sincerely,

References:

- National Osteoporosis Foundation: www.nof.org/patientinfo/osteonecrosis.htm
- American Dental Association: www.ada.org/prof/resources/topics/osteonecrosis.asp
- Managing the care of patients receiving antiresorptive therapy for prevention and treatment of osteoporosis: Exec. Summary of recommendations from the ADA Council of Scientific Affairs. JADA 142(11), November 2011, Pp 1243-1251

