

Supplementary Table 3. Laboratory exams in 6 patients developing hypercalcemia after denosumab discontinuation (N=6)

Sex/ Age	Time from last denosumab (months)	Ca (8.8–10.7 mg/dL)	Albumin (3.5–5.2 g/dL)	Albumin- corrected Ca	Creatinine (0.5–1.2 mg/dL)	Treatment	Notes	Interpretation
F/64	5	11.9	3.0	12.1	1.46	Zoledronic acid 4 mg+IV fluid	Reappearance of ground-glass densities in the posterior and superior right upper lobe+lytic focus in the right occipital bone+declining related to cancer progression	Cancer-related hypercalcemia
F/57	18	13.9	3.2	14.5	0.88	IV fluids+calcitonin+ zoledronic acid+ stop calcium supplement and vitamin D	Progression of liver, bone and new likely peritoneal carcinomatosis	Cancer-related hypercalcemia
M/76	1	9.7	1.9	10.8	1.45	Monitor	Stable disease, hypercalcemia before DMAB start	Cancer-related hypercalcemia
	1	9.5	1.7	10.8	1.54	Monitor		
	1	9.7	1.7	11.0	1.18	Monitor		
	8	10.6	3.1	10.8	1.41	Monitor		
F/60	20	10.8	4.1	-	0.70	Monitor	Recovering from her recent COVID-19 infection	DMAb withdrawal-related hypercalcemia
F/65	20	11.1	3.8	-	1.09	Monitor	No evidence of bone progression	DMAb withdrawal-related hypercalcemia
F/70	2	9.6	2.7	10.2 ^{a)}	0.86	Monitor	Stage 2 osteonecrosis of the jaw	DMAb withdrawal-related hypercalcemia

^{a)}Performed in an external laboratory (calcium reference range 8.5–10.1 mg/dL).

Ca, calcium; IV, intravenous; DMAB, denosumab; COVID-19, coronavirus disease 2019; F, female; M, male.