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Prevention of chemotherapy-induced nausea and vomiting — standards versus clinical practice

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Osteology in Clinical Practice 2010, Vol. 12, No. 4, 153-157 EOG: 18.5865/EOCP 2016.0002 Translations ifr n. mod. Aleksandra Holowisckia Copyright C 2016 Via Medica ESSN 2010-1654

ABSTRACT

In patients' perception, chemotherapy-induced naurea and vorniting (CINV) are the main treatment-related adverse events of anti-cancer treatment. The probability of CRV incidence depends on the treatment regimen, dose, administration route, and patient-dependent factors. According to the outent guidelines, a combination of settors, neurobinin-1 receptor antigoriests, and glucoconfocials results in control of acute emesis in 60-60% of patients and datayed emesis in 60-60%. Despite the availability of recommendations for prophylases CINV, the level of adherence to the guidelines in clinical practice is lower than observed in trials. Only half of the patients with highly and moderately emesogenic chemotherapy receive prophylasis-consistent eithinsommendations. Overse of 5-hydroxytyptamine-3 receptor antagonists, incomed dosing of contocularods, and overse of metodopramide in prophylasis of delayed emess are the main issues of non-adherence. Possible respons for non-adherence are: insufficient inoviedge of the guidelines, inappropriate CINV task assessment, underestimation of symptoms reported by the patients, and difficulties in communication between a patient, medical personnel, and physician. To emprove adequate control of CINV and adherence to the guidelines repetitive educational, administrative, and scientific actions need to be taken.

Reg weeds: naureau.

Oncol Clin Pract 2016; 12, 4: 153-157

Introduction

Chemotherapy-induced nausea and vomiting (CINV) are among the most frequent side effects of anticancer therapy. Patients consider CINV as the main complication of planned chemotherapy. CINV have a negative impact on the quality of life (OoL) during the treatment and remain the main cause of stress, discomfort, and limited social, professional, and personal activity. The estimated rate of CINV in chemotherapy patients amounts to 70% [1]. Persisting CINV may: cause hydroelectrolytic imbalance, modify the primary treatment schedule, reduce the optimal doses of the drugs, and consequently decrease the efficacy of the anticancer therapy. The probability of the occurrence of CINV depends on the treatment scheme, the drug dose and administration route, and on patient-related factors.

Despite the easy accessibility of the antiemetic prophylaxis recommendations during chemotherapy, the rates of CINV control and of adherence to supportive care standards remains unsatisfactory in clinical practice. This article reviews the process of introducing the antiemetic standards and analyses the difficulties in the use of the CINV prophylaxis recommendations in clinical practice.

The standards of the antiemetic treatment — presentation

Drugs used in the prophylaxis of chemotherapyinduced nausea and vomiting (CINV)

Until the mid 1990s, pronounced CINV were one of the reasons to terminate chemotherapy. The introduction of the antagonists of the serotonin (5-hydroxytryptamine) binding to its type 3 receptors (5-HT3, 5-hydroxytryptamine receptor type-3) to the routine use

Prevention Of Chemotherapyinduced Nausea And Vomiting

Matti Aapro, Karin Jordan, Petra Feyer

Prevention Of Chemotherapyinduced Nausea And Vomiting:

Prevention of Chemotherapy-induced Nausea and Vomiting Ann M. Berger, 2004 An expert addresses one of the most common side effects of chemotherapy nausea and vomiting Written for the oncologist **Fast Facts:** Chemotherapy-Induced Nausea and Vomiting Rudolph M. Navari, Bernardo L. Rapoport, 2016-04-18 Few side effects of cancer treatment are more feared by patients than nausea and vomiting Failure to control these symptoms on the first day of chemotherapy increases the risk of them occurring on subsequent days and in subsequent cycles of chemotherapy and can often result in patients refusing further cancer treatment Very effective antiemetics are available to prevent this from happening but do you know how best to use them Fast Facts Chemotherapy Induced Nausea and Vomiting presents the evidence for the clinical agents that can prevent CINV along with the recommendations for their use in various clinical settings using recently established international guidelines Correct administration of prophylactic antiemetics in relation to the emetogenicity of the chemotherapy being given not only improves patients quality of life during treatment but also adherence to subsequent cancer treatments thus improving overall outcomes This refreshingly readable handbook is therefore a must read resource for all health professionals in a position to make this kind of a difference Contents Definitions and pathophysiology Types of CINV and risk factors Antiemetic agents Prevention and management of acute and delayed CINV Treatment of breakthrough refractory and anticipatory CINV Prevention and treatment of chemotherapy induced nausea Barriers and opportunities in CINV management Prevention of Nausea and Vomiting in Cancer Patients Matti Aapro, Karin Jordan, Petra Feyer, 2013-11-12 Treatment tolerance is a challenge for most cancer patients and it is therefore essential that healthcare professionals HCPs are guick to recognize adverse events and implement management strategies to address them Prevention of Nausea and Vomiting in Cancer Patients provides comprehensive guidance on managing nausea and vomiting which are common and often severe adverse events experienced by patients receiving chemotherapy and radiotherapy The book refers to the latest American Society of Clinical Oncology ASCO European Society of Medical Oncology ESMO and Multinational Association for Supportive Care in Cancer MASCC guidelines and will be a useful resource for oncologists oncology fellows general physicians and other HCPs wishing to learn more about the effective management of chemotherapy and radiotherapy induced nausea and vomiting in cancer patients Management of **Chemotherapy-Induced Nausea and Vomiting** Rudolph M. Navari,2016-01-25 This book provides a comprehensive review of new agents a detailed description of new uses of current agents and an integration of the available agents in clinical practice A description of a detailed clinical approach provides clinical practitioners with the most up to date recommendations for the prevention and treatment of chemotherapy induced nausea and vomiting CINV in various clinical settings CINV is one of the most feared treatment related toxicities Patient surveys for the past thirty years consistently demonstrate patients perception of deterioration in quality of life due to chemotherapy treatments The introduction of the

antiemetics serotonin 5 HT3 receptor antagonists and the neurokinin 1 receptor antagonists have improved the control of chemotherapy induced emesis but the treatment of chemotherapy induced nausea remains a significant clinical problem Patients continue to have quality of life issues which prevent normal functioning during active treatment New agents such as the second generation 5 HT3 receptor antagonist palonosetron and the new neuroknin 1 receptor antagonists rolapitant and netupitant are being introduced into clinical practice and it is anticipated that these new agents will improve the control of CINV Agents such as olanzapine a FDA approved anti psychotic gabapentin a FDA approved neuroleptic and ginger a food additive which have been used primarily for other indications are now being tested as potential effective antiemetics. This work represents the first available comprehensive summary that details all new antiemetic agents and particularly their clinical role in treating patients an important reference for practitioners seeking to improve the quality of life of patients undergoing chemotherapy The MASCC Textbook of Cancer Supportive Care and Survivorship Ian Olver, 2010-10-19 Addressing physical and psychosocial matters of survivorship prior to during and after anticancer treatment is central to a patient's wellbeing The MASCC Textbook of Cancer Supportive Care and Survivorship explores not only the diagnosis and treatment but also the increasingly recognized complex and ongoing symptoms experienced by long term cancer survivors Significant advances have been made designing strategies to manage the side effects and symptoms of treatment and to prevent them from occurring maximizing the person's ability to pursue daily activities. The MASCC Textbook of Cancer Supportive Care and Survivorship assembles international multidisciplinary experts who focus on a comprehensive range of symptoms and side effects associated with cancer and its treatment Intended for health professionals involved with cancer care medical oncologists radiation oncologists surgeons general practitioners nurses and allied health workers this textbook provides current information on the management and prevention of cancer related side effects referring to up to date sources that are useful for conducting further research 11 - PREVENTION OF CHEMOTHERAPY- INDUCED NAUSEA AND VOMITING WITH PALONOSETRON: A SINGLE CENTER AUDIT Xiaoxiao Huang, 2017 PREVENTION OF CHEMOTHERAPY INDUCED NAUSEA AND VOMITING WITH PALONOSETRON A SINGLE CENTRE AUDITIntroductionPalonosetron has largely replaced first generation 5 HT3 receptor antagonists for the prevention of chemotherapy induced nausea and vomiting in single day chemotherapy. The aim of this audit was to confirm that chemotherapy induced nausea and vomiting is sufficiently prevented using IV palonosetron in combination with other antiemetics recommended in guidelines MethodsThis audit was conducted in the cancer care outpatient unit in an Australian tertiary hospital Eligible patients who had chemotherapy with palonosetron were identified using the electronic prescribing system Consented patients completed a questionnaire on nausea severity emesis rescue medications and their effectiveness from day 1 to day 5 of chemotherapy ResultsA total of 82 patients were included and 40 patients responded 22 55% 13 33% and 5 13% patients received highly moderately and low emetogenic chemotherapy respectively 32 80% patients received at

lease MASCC recommended antiemetic regimen but not olanzapine Overall one patient had vomiting and 24 patients 60% experienced nausea 64% 62% and 40% of patients received highly moderately and low emetogenic chemotherapy respectively Clinically significant score 3 out of 10 nausea was experienced by 13 33% patients Similar numbers of patients experienced nausea from Day 1 to 5 Rescue antiemetics were used by 17 42 5% patients Metoclopramide was the most frequently used antiemetic followed by ondansetron and Olanzapine ConclusionsVomiting was sufficiently prevented by the recommended antiemetics including palonosetron However majority of patients still experienced acute and delayed nausea

Guidelines For The Prevention Of Chemotherapy Induced Nausea And Vomiting (CINV) Do Not Address Economic Variation, Affordability In Different Populations, And Drug Availability Jose Galeas, 2017 Introduction Several organizations have published effective guidelines for CINV Evidence u2013based guidelines list the best known regimens for prevention of CINV in different emetic risk groups While useful this approach may not address economic realities of availability and affordability of antiemetics in most countries and for most patients Objectives Establish a framework addressing affordability of CINV regimens in different economic settings to indicate guidance for improving antiemetic control Methods We examined current guideline recommendations in 5 CINV risk categories from high to minimal risk and as a consensus group listed regimens for each setting as a Good regimen a Better regimen or Best regimen The World Bank WHO established four economic groups into which each nation is placed Additionally the WHO approached healthcare affordability based on income levels per country especially minimum wage Acquisition price and availability of recommended antiemetics in each country was determined Results The greatest economic issues were seen in the two top emetic risk groups where NK1 based regimens were often not affordable except in the highest income nation group but not in all these countries Widespread availability of generic agents has improved affordability Two agent regimens were affordable in most economic groups as were olanzapine based three agent regimens Differences still existed among countries of the same economic group Conclusions The Best antiemetic regimen should always be used where it is available and affordable Where economic realities exist limiting Best regimen use Good and Better regimens provide realistic CINV prevention for many nations This model may be useful in other oncology settings The Bethesda Handbook of Clinical Oncology Sayan Paul, 2020-09-01 The Bethesda handbook of clinical oncology has been thoroughly reviewed and Ed it Ed by a group of renowned oncologists from reputed government and private cancer institutes of India to make the contents relevant and useful for the students and practitioners of oncology of the Indian subcontinent and South Asia Salient features data and evidences from India and South Asia have been added All the chapters have been edited and updated as per most recent availableevidences and guidelines More emphasis has been given to the type of cancers more commonly seen in this part of the world such as head and neck cancer carvix breast cancer etc Chapters of basics of Radiation oncology and medical oncology have been revised Additional and relevant information on cancer surgery has been added in each br

Chapter a management Flowchart has been added at the end of each br Chapter for easy understanding and ready reference **Textbook of Therapeutics** Richard A. Helms, David J. Quan, 2006 The contributors to this volume deliver in the clinic information on latest drug treatments and therapeutic approaches for a wide range of diseases and conditions Coverage includes discussion of racial ethnic and gender differences in response to drugs and to biotechnical pediatric and neonatal **Drug-Induced Diseases** James E. Tisdale, Douglas A, Miller, 2010-02-11 According to the authors a drug therapies induced disease as an unintended effect of a drug which results in mortality or morbidity with symptoms sufficient to prompt a patient to seek medical attention and or require hospitalization Since the first edition of this book was published in 2005 numerous drugs have been withdrawn from the market in the United States as a result of morbidity and or mortality associated with drug induced diseases Despite best efforts to assure that all drugs are safe and effective millions of patients each year develop drug induced diseases Every time a patient presents with a new disease or an exacerbation of an existing condition someone needs to ask Could this be drug related Now in its second edition this popular and essential comprehensive resource provides a detailed analysis of how to identify prevent and manage drug induced diseases Edited by James E Tisdale and Douglas A Miller with contributions from experts distinguished in their respective specialties Drug Induced Diseases is organized logically and is easy to use for pharmacists physicians nurses and pharmacy students alike Inside you ll find Chapters dedicated to each disease state In depth tables throughout each chapter A new section on Drug Induced dermatologic diseases New drugs implicated as the cause of specific disease s The inclusion of the Levels of Evidence classification scheme for identifying drug induced diseases And much more Nathan and Oski's Hematology and Oncology of Infancy and Childhood E-Book Stuart H. Orkin, David G. Nathan, David Ginsburg, A. Thomas Look, David E. Fisher, Samuel Lux, 2014-11-14 Written by the leading names in pediatric oncology and hematology Nathan and Oski s Hematology and Oncology of Infancy and Childhood offers you the essential tools you need to overcome the unique challenges and complexities of childhood cancers and hematologic disorders Meticulously updated this exciting full color set brings together the pathophysiology of disease with detailed clinical guidance to provide you with the most comprehensive authoritative up to date information for diagnosing and treating children Form a definitive diagnosis and create the best treatment plans possible with comprehensive coverage of all pediatric cancers including less common tumors as well as all hematologic disorders including newly recognized ones Develop a thorough understanding of the underlying science of diseases through summaries of relevant pathophysiology balanced with clear practical clinical guidance Nathan and Oski s is the only comprehensive product on the market that relates pathophysiology in such depth to hematologic and oncologic diseases affecting children Quickly and effortlessly access the key information you need with the help of a consistent organization from chapter to chapter and from volume to volume Stay at the forefront of your field thanks to new and revised chapters covering topics such as paroxysmal nocturnal hemoglobinuria lysosomal storage diseases childhood genetic

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