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

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ABSTRACT

In patients' perception, chemotherapy-induced nausea and vomiting (CINV) are the main treatment-related adverse events of anti-cancer treatment. The probability of CINV incidence depends on the treatment regimen, dose, administration route, and patient-dependent factors. According to the current guidelines, a combination of setrons, neurokinin-1 receptor antagonists, and glucocorticoids results in control of acute emesis in 80–90% of patients and delayed emesis in 80–80%. Despite the availability of recommendations for prophylaxis 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 emetogenic chemotherapy receive prophylaxis consistent with recommendations. Overuse of 5-hydroxytryptamine-3 receptor antagonists, incorrect dosing of corticosteroids, and overuse of metoclopramide in prophylaxis of delayed emesis are the main issues of non-adherence. Possible reasons for non-adherence are: insufficient knowledge of the guidelines, inappropriate CINV risk assessment, underestimation of symptoms reported by the patients, and difficulties in communication between a patient, medical personnel, and physician. To improve adequate control of CINV and adherence to the guidelines repetitive educational, administrative, and scientific actions need to be taken.

Key words: nausea, vomiting, chemotherapy, guidelines

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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 (QoL) 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 chemotherapy-induced 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

**Robert Wyllie, MD,Jeffrey S. Hyams,
MD,Marsha Kay, MD**



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 quick 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 neurokinin 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 AUDIT. Introduction: Palonosetron 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. Methods: This 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. Results: A 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 least 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 Conclusions Vomiting 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 available evidences 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 cancer cervix 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 in the clinic *Textbook of Therapeutics*

Richard A. Helms, David J. Quan, 2006 The contributors to this volume deliver 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 therapies **Drug-Induced Diseases** James E. Tisdale, Douglas A. Miller, 2010-02-11 According to the authors a drug 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 predisposition to cancer and oncology informatics Learn about the latest breakthroughs in diagnosis and management making this the most complete guide in pediatric hematology and

oncology Discover the latest in focused molecularly targeted therapies derived from the exponential growth of knowledge about basic biology and genetics underlying the field Rely on it anytime anywhere Access the full text images and more at Expert Consult **Supportive Care in Cancer Patients II** Hans-Jörg Senn, Agnes Glaus, 2012-12-06 The second international symposium on Supportive Care in Cancer Patients took place March 1 3 1990 again in St Gallen in eastern Switzerland It was an honor once more to welcome dozens of internationally recognized experts in the field and more than 800 participants from over 30 countries around the world Australia Canada China USSR USA and many countries in Europe The international nature of the grade facilitated lively and exciting contributions and critical discussions aimed at fostering professional knowledge and skills and rethinking our personal attitudes toward cancer patients in all stages of their disease Cancer patients need various types of tailored support whether during active initial curative therapies in phases of worrying relapsing disease or during the demanding terminal stage of their illness The symposium tried to bridge the strange gap between curative and palliative cancer care it must be our aim to be and remain supportive for our patients during both curative and palliative treatment strategies This requires extended knowledge and even more and flexible professional skills The symposium was designed to promote improved approaches that are helpful and supportive for all our oncology patients not just for a selected disease or stage dependent minority **Social, clinical and economic factors: Evidence-based**

healthcare financing and policy for cancer prevention and therapy Xin Li, Aiqun Li, Xuefeng Xie, Hao Hu, 2023-04-13

Walker's Pediatric Gastrointestinal Disease Ronald E. Kleinman, Olivier-Jean Goulet, Giorgina Mieli-Vergani, Ian R. Sanderson, Philip M. Sherman, Benjamin L. Shneider, 2018-06-04 *Pediatric Gastrointestinal and Liver Disease - E-BOOK* Robert Wyllie, Jeffrey S. Hyams, Marsha Kay, 2025-05-31 Accessible practical and focused on diagnosis and treatment Pediatric Gastrointestinal and Liver Disease Seventh Edition covers the entire spectrum of pediatric GI hepatic and nutritional disorders This popular reference offers definitive guidance from experienced editors Drs Robert Wyllie Jeffrey S Hyams and Marsha Kay as well as globally renowned contributors who share their knowledge and expertise on complex issues Full color illustrations review questions online real world case studies and detailed instruction on performing key procedures ensure that this updated edition remains your reference of choice in this fast changing area Includes significantly updated coverage of the gut microbiome new biologic therapies for the treatment of pediatric inflammatory bowel diseases advancements in the treatment of pediatric liver diseases including metabolic associated fatty liver disease MAFLD and new diagnostic imaging techniques Features a robust art program with full color anatomical figures clinical photos and other illustrations throughout the text Details key procedures such as esophagogastroduodenoscopy and related techniques colonoscopy and polypectomy endoscopic retrograde cholangiopancreatography and endoscopic ultrasound capsule endoscopy and small bowel enteroscopy GI motility procedures and more Prepares you for certification and recertification with more than 400 board style review questions answers and rationales online Contains numerous algorithms that provide

quick and easy retrieval of diagnostic screening and treatment information as well as detailed diagrams that accurately illustrate complex concepts and provide at a glance recognition of disease processes An ideal everyday resource for pediatric gastroenterologists and hepatologists pediatric dietitians and nutritionists pediatricians family medicine practitioners PAs and NPs Any additional digital ancillary content may publish up to 6 weeks following the publication date Cancer in Children and Adolescents William L. Carroll, Jonathan L. Finlay, 2010-10-22 Over the last six decades there has been tremendous improvement in the survival rate for the majority of children affected by cancer in the United States and in Western Europe Despite dramatic advances in the developed world 85% of children diagnosed with cancer globally will not survive this disease Cancer in Children and Adolescents is an accessible textbook that covers the complexities and interdisciplinary nature of cancer occurrences and provides the fundamentals of diagnosis and management of cancers that affect children and adolescents Distinguished for its global focus many chapters in Cancer in Children and Adolescents are co authored by recognized specialists from around the world Cancer in Children and Adolescents is divided into four major sections Section 1 The Laboratory Biology and Diagnostic Evaluation of Childhood Cancer Section 2 Principles of Cancer Therapy in Children Section 3 Tumors of Children Section 4 Supportive Care **Cancer Chemotherapy and Biotherapy** Bruce A. Chabner, Dan L. Longo, 2010-11-08 Updated to include the newest drugs and those currently in development Cancer Chemotherapy and Biotherapy Fifth Edition is a comprehensive reference on the preclinical and clinical pharmacology of anticancer agents Organized by drug class the book provides the latest information on all drugs and biological agents their mechanisms of action interactions with other agents toxicities side effects and mechanisms of resistance Chapters emphasize pharmacology and mechanisms of action at the molecular and cellular levels followed by clinical activity and toxicity both acute and delayed The authors explain the rationale for use of drugs in specific schedules and combinations and offer guidelines for dose adjustment in particular situations This edition's introduction includes timely information on general strategies for drug usage the science of drug discovery and development economic and regulatory aspects of cancer drug development and principles of pharmacokinetics Eight new chapters have been added and more than twenty have been significantly revised A companion website includes the fully searchable text and an image bank *The Bethesda Handbook of Clinical Oncology* Jame Abraham, James L. Gulley, 2022-07-14 Offering up to date authoritative information in a quick reference format The Bethesda Handbook of Clinical Oncology Sixth Edition is a comprehensive yet concise review of the management of different cancer types Drs Jame Abraham James L Gulley and a team of expert contributors emphasize practical information that can be applied in everyday patient care situations and thoroughly revised content keeps you current with advances in this fast changing field *Pediatric Gastrointestinal and Liver Disease* Robert Wyllie, MD, Jeffrey S. Hyams, MD, Marsha Kay, MD, 2015-08-03 Consult the leading text in the field that delivers the information you need to diagnose and treat pediatric gastrointestinal and liver diseases effectively In one convenient and comprehensive volume Drs

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