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Nice guidelines chemotherapy induced nausea and vomiting



The Oncologist

Symptom Management and Supportive Care

Guidelines for Antiemetic Treatment of Chemotherapy-Induced Nausea and Vomiting: Past, Present, and Future Recommendations

KARIN JORDAN, CHRISTOPH SIPPEL, HANS-JOACHIM SCHMOLL

Department of Internal Medicine IV, Oncology/Hematology, Martin-Luther-University Halle/Wittenberg,
Halle/Saale, Germany

Key Words. Antiemetic therapy • ASCO antiemetic guidelines • MASCC antiemetic guidelines
NCCN practice antiemesis guidelines • 5-HT₃ serotonin-receptor antagonists • Neurokinin₁-receptor antagonist

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LEARNING OBJECTIVES

After completing this course, the reader will be able to:

1. Explain the optimal antiemetic prophylaxis for patients receiving chemotherapy in regard to the emetogenic potential of the therapy.
2. Describe the difference between acute and delayed emesis.
3. Discuss the properties and optimal use of the different antiemetic drugs.

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ABSTRACT

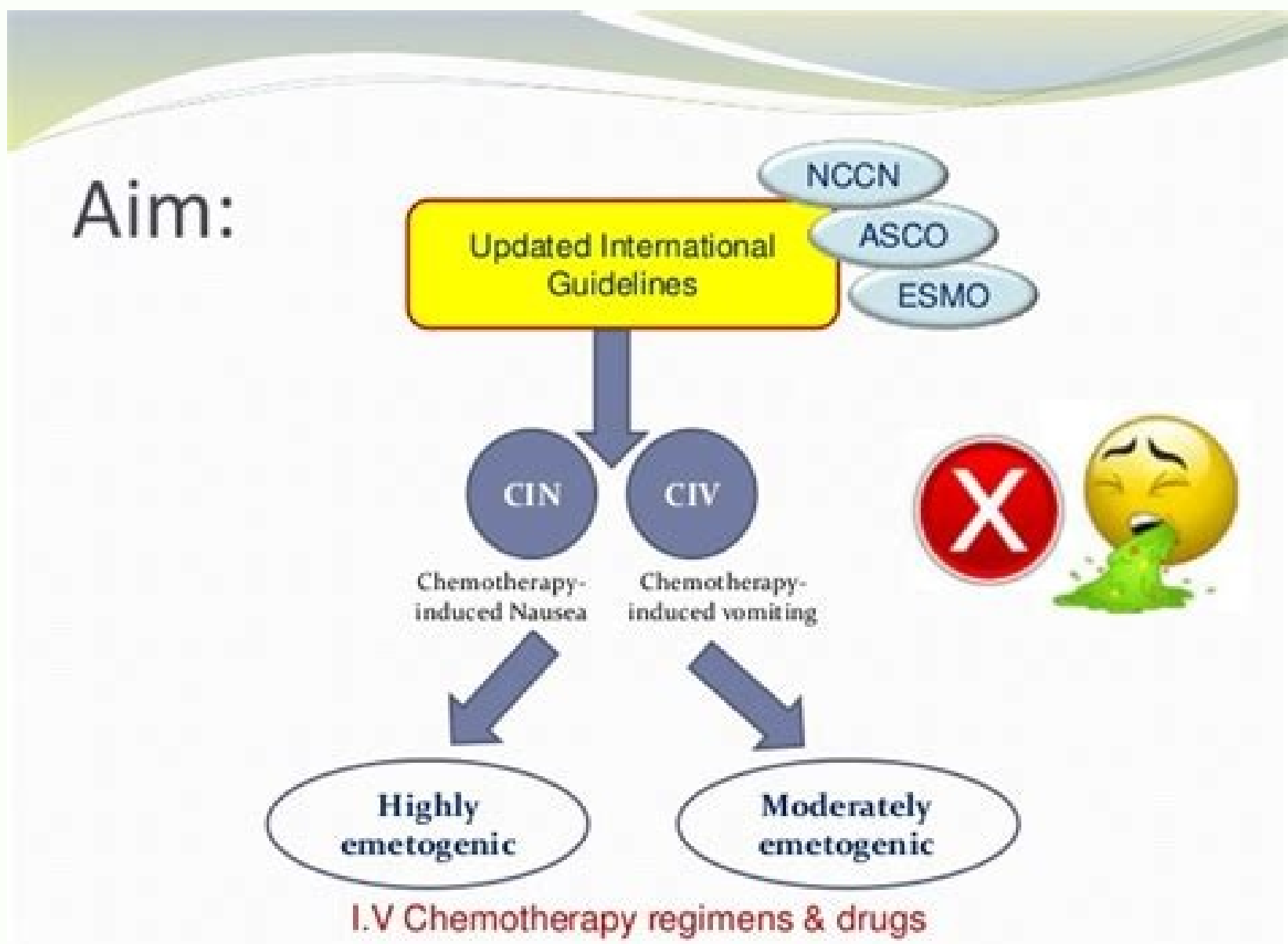
Clinicians should be aware of chemotherapies-induced nausea and vomiting (CINV) is still one of the most feared side effects of patients. With the correct use of antiemetics, CINV can be prevented in almost 70% up to 80% of patients. There are several useful tools that enable physicians to integrate the latest clinical research into their practices. The large volume of rapidly changing evidence necessitates that the information incorporated into treatment recommendations by well-known and reliable institutions, including the Multinational Association of Supportive Care in Cancer, the American Society of Clinical Oncology, and the National Comprehensive Cancer Network. Despite the availability of such guidelines, however, there is evidence that these guidelines are not implemented, and the review recommendations are less than optimal. This review focuses, in particular, on the conformity and divergence of the evidence-based guidelines with the current questions and trends in the field of antiemesis are discussed as well. *The Oncologist* 2007;12:1143-1150.

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Correspondence: Karin Jordan, M.D., Department of Internal Medicine IV, Oncology/Hematology, Martin-Luther-University Halle-Wittenberg, Ernst-Grube-Str. 40, 06120 Halle/Saale, Germany. Telephone: 49-345-557-2924; Fax: 49-345-557-2950; e-mail: karin.jordan@medizin.uni-halle.de Received March 19, 2007; accepted for publication July 9, 2007. ©AlphaMed Press 1083-7159/2007/\$30.000 doi: 10.1634/theoncologist.12-9-1143

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First Author	Country	No. of Patients	Chemotherapy Schedule	Nausea (%)	Vomiting (%)
Chan ¹³	Malaysia	99	PC: 36.7% of patients GEM: 16.7% of patients DOX: 13.3% of patients	83.3	78.9
Williams ¹⁵	Philippines	63	ALK, ANT, VIN, other*	73.0	52.4
Chan ¹²	Singapore	235	IV CIS on day 1 of a 7-day (40 mg/m ²) or 21-day (100 mg/m ²) cycle	73.7	24.7
			IV CIS 20 mg/m ² /d and IV FU 1,000 mg/m ² /d on days 1, 2, 3, and 4 of a 2-day cycle	48.9	28.9
Shih ¹⁴	Singapore	91	IV DOX 60 mg/m ² + CYC 600 mg/m ² every 14 or 21 days for up to five cycles	25.3†	68.1†
Yap ¹⁶	Singapore	710	IV DOX 60 mg/m ² /d + CYC 600 mg/m ² /d, or IV DOX 50 mg/m ² /d + CYC 500 mg/m ² /d + FU 500 mg/m ² /d, or IV EPI 75-100 mg/m ² /d + CYC 500 mg/m ² /d + FU 500 mg/m ² /d, or IV OXA 130 mg/m ² /d + oral CAP 2,000 mg/m ² /d, or IV CIS 20-100 mg/m ² /d ± FU 1,000 mg/m ² /d	55.0† 67.0†	15.0† 22.0†
Chan ¹⁷	Singapore	156	CAP days 1-14 (median, 1,775 mg/m ² /d) + OXA day 1 (median, 104 mg/m ²) every 21 days	35.3† 46.8†	6.4† 14.7†

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