INCIDENCE OF CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING WITH MODERATELY EMETOGENIC CHEMOTHERAPY: ADVICE STUDY


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Background: Limited information regarding incidence of chemotherapy induced nausea and vomiting (CINV) is available in patients receiving moderately emetogenic chemotherapy (MEC).

Methods: Chemotherapy-naive patients receiving MEC, between April-2012 and May-2013 were included in an observational and prospective trial evaluating incidence of CINV during 120 hours post-chemotherapy as primary endpoint. Patients completed a diary to capture intensity of nausea and number of vomiting episodes. Complete response (no vomiting or rescue medication use) and complete protection (no vomiting and no severe nausea or use of rescue medication) were assessed as secondary endpoints.

Results: Of 261 patients included, 240 were evaluated. The median age was 64.36 years (36.15-87.3), 44.17% were female and 11.25% were aged less than 50 years. The majority, 95.3% of patients received a combination of a 5-HT3 antagonist +corticosteroid as antiemetic treatment. Episodes of vomiting within 5 days of chemotherapy administration occurred in 20.78% of patients, nausea of any intensity (≥5 mm to 100 mm VAS (visual analog scale)), and significant nausea in 23.8% of patients (≥25 mm to 100 mm VAS). An increase in the percentage of patients with severe nausea and vomiting was observed from the acute to the delayed phase, from 9.44% to 21.65% and from 9.24% to 15.45% respectively. Complete response in the acute phase was 85%, 77% in the late phase and 68.9% in the overall study period. Complete protection was 79.5% in the acute phase, 69.7% in the late phase and 62.4% throughout the study period. Physicians estimated prophylaxis would be effective (no vomiting or nausea and no use of rescue medication) for 75% of patients receiving MEC, compared with 54.1% obtained from patient’s diary.

Conclusions: Despite receiving prophylactic treatment, 31% of patients did not achieve a complete response and 38% patients did not achieve complete protection. In general nausea was worse controlled than vomiting. The results also showed the late phase was worse controlled than the acute phase in all variables. Healthcare providers overestimated the effectiveness of antiemetic prophylaxis.

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