THE PHARMACIST´S ROLE IN THE MANAGEMENT OF CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING

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BACKGROUND

At our hospital, the oncology pharmacist participates in the development and implementation of the antiemetic protocol for controlling chemotherapy-induced nausea and vomiting (CINV), evaluates patient´s risk factors and dispenses the antiemetic treatment, assesses the antiemetic response and optimizing antiemetic therapy

PURPOSE

The aim of this study was to assess the effectiveness of the pharmacist-driven antiemetic prophylaxis in patients undergoing high emetogenic chemotherapy (HEC).

STUDY DESIGN

- We analysed data from patients starting HEC (cisplatin-based chemotherapy or anthracycline/cyclophosphamide combination [AC]).

At our hospital, the antiemetic prophylaxis consists on granisetron 1mg/ dexamethasone (DXM) 20 mg before chemotherapy on day 1, followed by DXM 8-0-4mg plus metoclopramide 10 mg every 8 hours on days 2-4 (squeme A).
In patients not achieving CR or CC, we use netupitant/palonosetron (300/0.5mg)/ DXM 12mg before chemotherapy, followed by DXM 8mg plus metoclopramide 10 mg every 8 hours on days 2-4.

We have considered the percentage of patients achieving **complete response** (CR: no vomiting and no rescue) and **complete control** (CC: CR and no significant nausea), during 0–120hours after chemotherapy administration.
We have also calculated the percentage of patients achieving CR and CR after treatment failure and therapy optimization. CINV were evaluated using a semi-structured clinical interview at every cycle and registering the patient-reported outcomes.

RESULTS

- 56 patients receiving 206 chemotherapy cycles (71.4% AC, 28.6% cisplatin-based chemotherapy).
- 93% of patients started antiemetic prophylaxis with squeme A.
- 34% of patients required some change in the antiemetic treatment used as first line, which led to CR plus CC in 69% of them.

Complete Response	AC	Cisplatin	Total
Cycle 1	84,6%	93,7%	87,3%
Cycle 2	92,3%	86,7%	90,1%
Cycle 3	93,5%	90%	92,7%

Complete Control	AC	Cisplatin	Total
Cycle 1	66,7%	75%	69,1%
Cycle 2	76,9%	86,7%	79,6%
Cycle 3	93,5%	80%	90,2%

Overall CR and CC rates were high and improved over the first 3 cycles of chemotherapy after treatment optimization according to clinical response.

CONCLUSIONS

Our antiemetic **protocol** and a close **patient follow-up** conducted by the oncology pharmacist led to a good control of HEC-induced nausea and vomiting, that improved during the subsequent cycles after an individualized adjusment of the antiemetic treatment according to the patient-reported outcomes.