

OPTIMIZATION OF ANTIEMETIC THERAPY BASED ON INDIVIDUAL RESPONSE IN COLORECTAL CANCER PATIENTS TREATED WITH MODERATELY EMETOGENIC CHEMOTHERAPY

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AIM AND OBJETIVES

To describe the pharmacist-led follow-up and optimization of antiemetic therapy in colorectal cancer patients receiving moderately emetogenic chemotherapy, quantifying adjustments and their impact on symptom control.

MATERIAL Y METHODS

STUDY DESIGN & POPULATION



Prospective study in a regional hospital.

Patients with colorectal cancer receiving ≥ 3 cycles of moderately emetogenic chemotherapy.

DATA COLLECTION & TOOLS



Follow-up: Structured clinical interviews in Oncohematology Clinic.

Data sources: Electronic medical record (Dirraya®) and prescribing system (Farmis Oncofarm®).

INTERVENTION STRATEGY

CYCLE 1 (Baseline)

Full NCCN-recommended regimen (Day 1)

SUBSEQUENT CYCLES (Personalized)

Simplified, corticosteroid-based maintenance.
Goal: Less medication than guidelines.

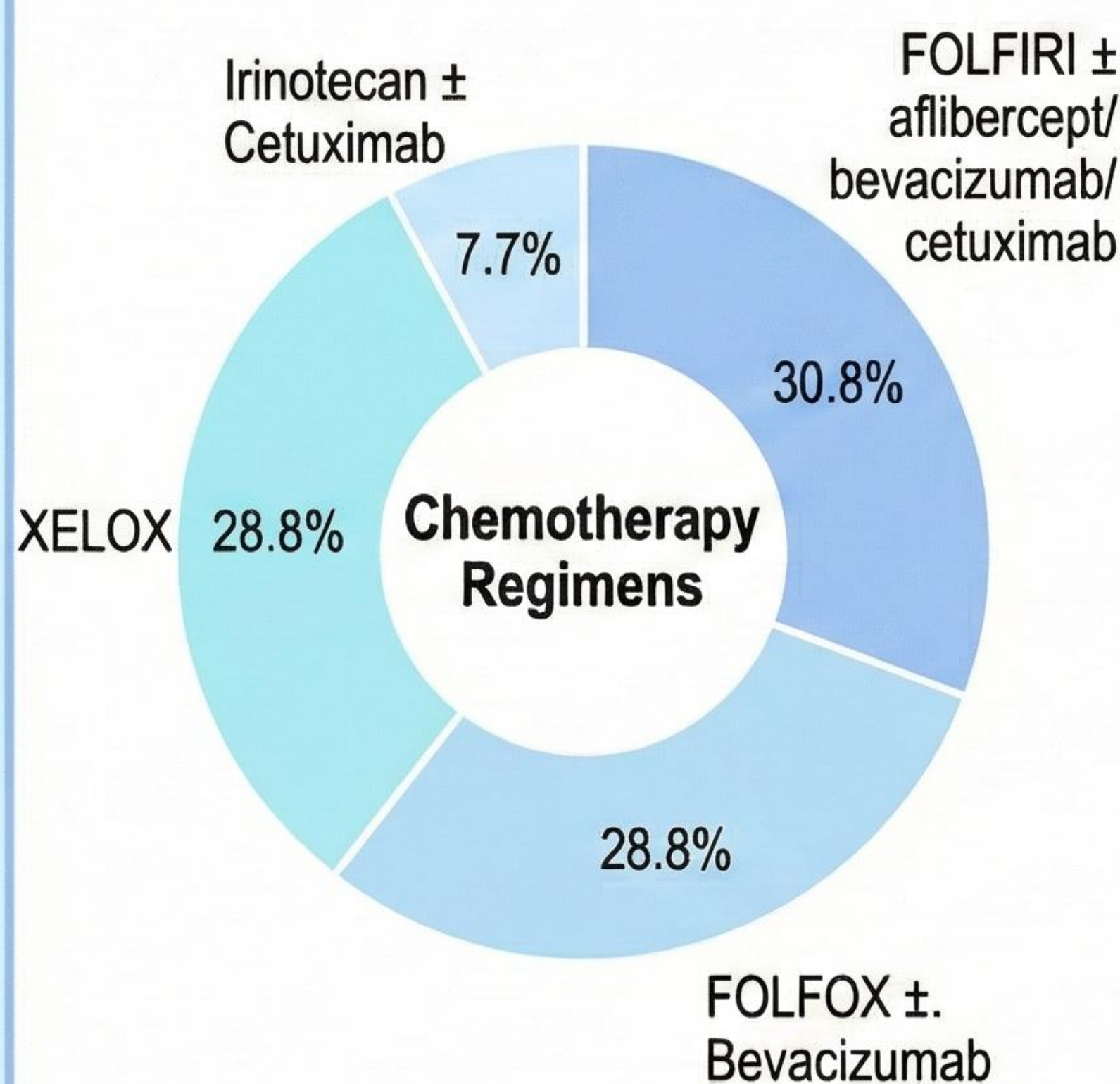
EFFICACY ENDPOINTS

- ✓ **Complete Response (CR):** No vomiting AND No rescue medication.
- ✓ **Total Control (TC):** No nausea, No vomiting, AND No rescue.

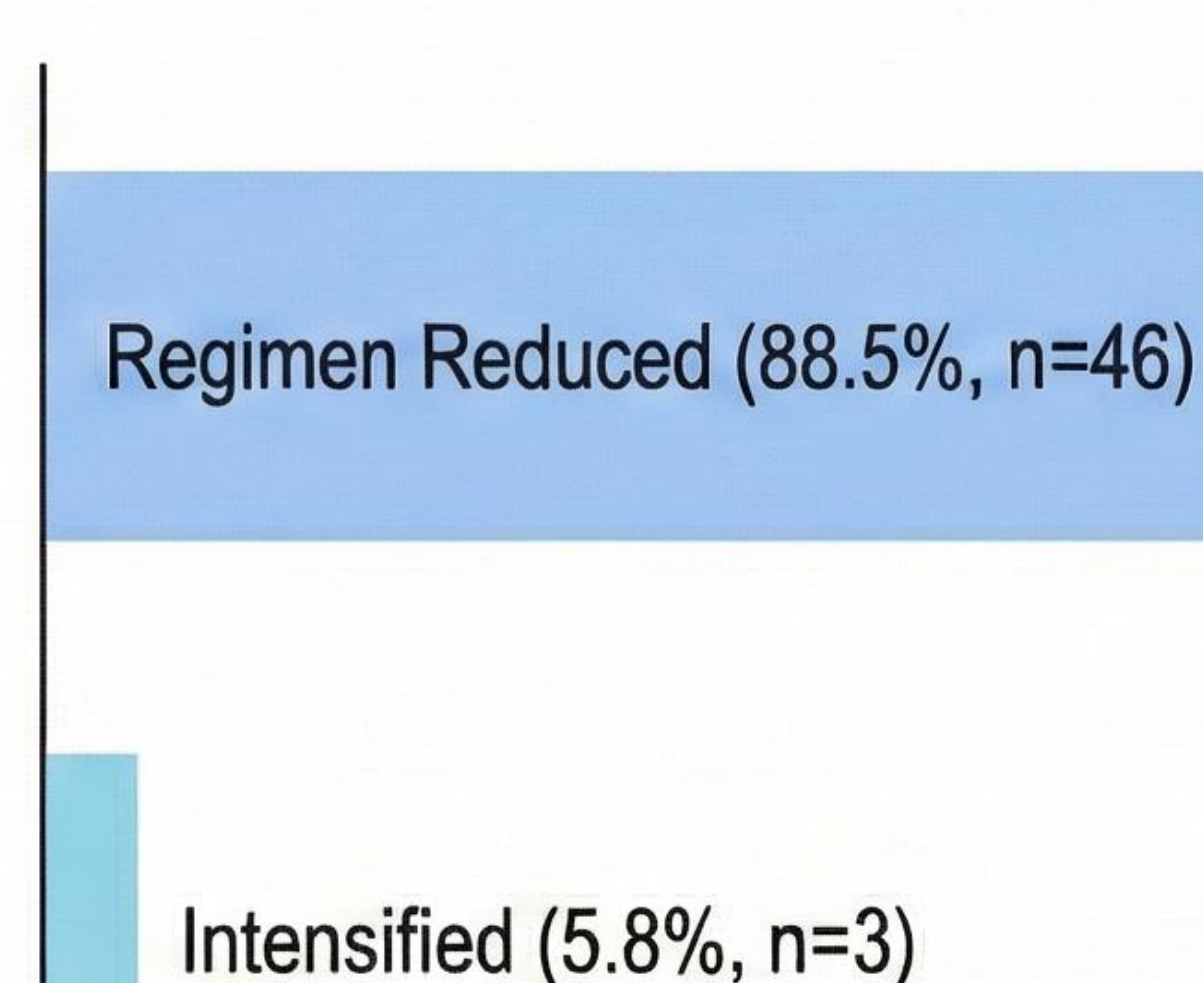
RESULTS

PATIENT BASELINE & REGIMENS

N = 52 Patients | Median Age: 63.5 y (41–82) | 59.6% Male | 3.8% Diabetes



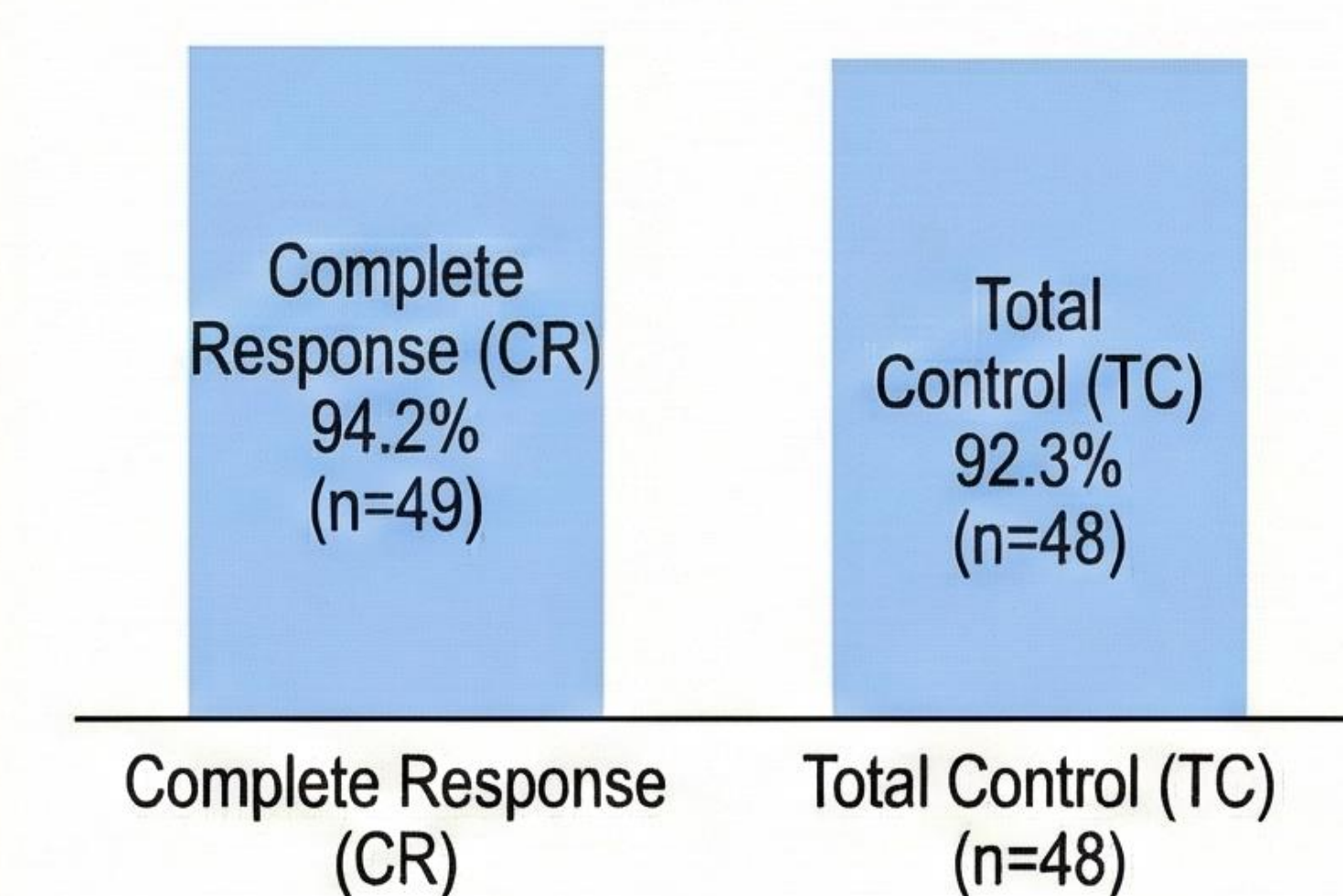
TREATMENT OPTIMIZATION & STATUS



✓ **At Study Closure:** 67.3% off antiemetic therapy

EFFICACY & KEY FINDINGS

Overall Efficacy Rates



★ **Post-Intensification:** 100% achieved CR & TC

🛡️ **XELOX Subgroup:** 0% required rescue antiemetics

Symptom Occurrence: Nausea 7.7%, Vomiting 3.8%

CONCLUSION AND RELEVANCE

Individualized antiemetic optimization enables safe regimen reduction in colorectal cancer patients receiving MEC. Transitioning from full NCCN protocols to simplified corticosteroid-based maintenance significantly reduced medication burden without loss of efficacy. The structured pharmacist-led follow-up was key to managing this balance. Notably, the XELOX subgroup required no rescue therapy, suggesting these patients are ideal candidates for simplified initial prophylaxis.

