Strategies to reduce the risk of infusion reactions to fosaprepitant in highly emetogenic chemotherapy

Frías-Ruiz. P.[1], Reyes-de la Mata, Y.[1], Fernández-Jurado, M.D.[2], Ponce-Pacheco, A.[2], Ríos-Sánchez, E.[1], Vázquez-Vela., V.[1]

[1]Hospital Pharmacy. [2]Oncology nursing. Hospital Universitario Puerto Real.

OBJECTIVE

Evaluate the incidence of infusion site reactions (IFR) related to fosprepitant.
Asses the effectiveness of preventive measures to mitigate this risk.

MATERIALS AND METHODS

Retrospective analysis.
Data: from dec-2023 to sept-2024. Collected in FarmisOncofarm® and conducted with SPSS® 20.

Before

Fosaprepitant 150mg + dexamethasone 10mg + ondansetron 8mg in 100mL of 0.9% of sodium chloride. Administration: 20'.

Intervention

After

Fosaprepitant 150mg + dexamethasone 10mg + ondansetron 8mg in 250mL of 0.9% of sodium chloride. Administration: 30'
Training to healthcare staff and patients

RESULTS

Overall incidence of IFR: 1,30% (20/1537 infusions).
Patient incidence: 4,16% (15/361 patients).

Before

IFR: 4,3% (13/301 infusions).

Intervention

After

IFR: 0,56% (7/1236 infusions).

Relative risk (RR) = 0,13 (95%CI 0.05-0.33, p<0.05).

CONCLUSIONS

Proper dilution, extended infusion times, rate monitoring and staff education reduced IFR significantly.
Multidisciplinary approach + continous education optimize the management of nausea and vomiting while minimizing treatment-related risks.

5PSQ-101