

EFFICIENCY OF A PROTOCOL TO PREVENT DELAYED CHEMOTHERAPY-INDUCED EMESIS

CP-058

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BACKGROUND

Delayed-chemotherapy-induced nausea and vomiting (dCINV) are common adverse events and appear within 24h after receiving highly emetogenic drugs: cisplatin-cyclophosphamide-doxorubicin

Antiemetic guidelines recommend APR to prevent dCINV.

However, authors had not considered:

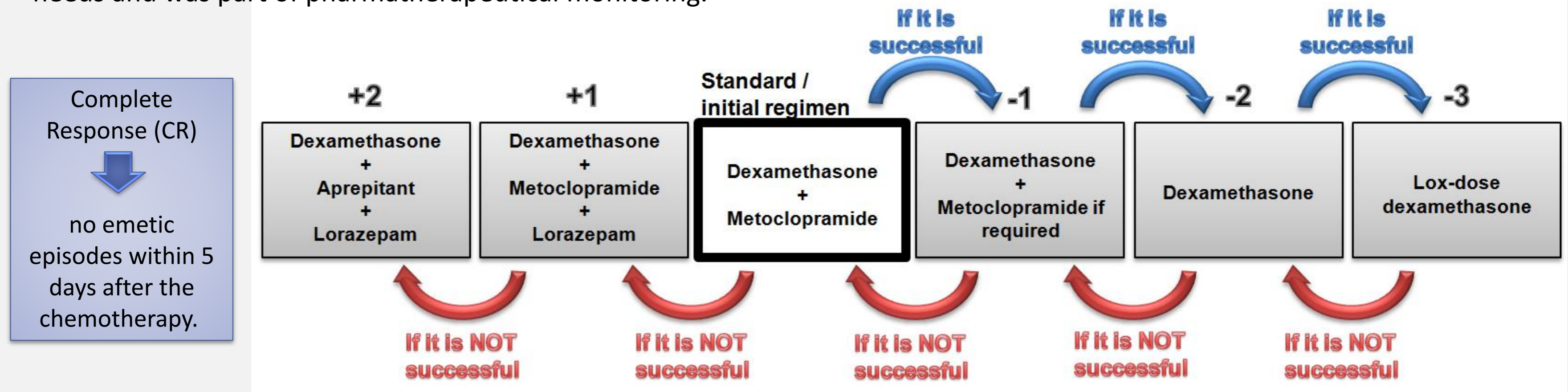
- Two-drug combination (DEX+MET) as standard treatment in previous versions
- No study had compared APR with the previous two-drug combination deemed valid by authors themselves.

PURPOSE

To assess the **efficiency** of a dCINV-prophylaxis protocol on patients of high risk of emesis.

MATERIALS AND METHODS

A protocol/algorithm based on available published trials was designed. This algorithm was applied according to each patient needs and was part of pharmaceutical monitoring.



- Number of patients achieving CR with each regimen
- Economic costs associated with dCINV prophylaxis

These results were compared with those that would have obtained if all the patients had received APR.

RESULTS

256 patients
(2.5-years period)

About **91.8%** of patients achieved CR with **standard-regimen** or less intensive treatment.

Anti-nausea regimen			Cost / patient	Patients with CR	Cost of treatment for all patients
+2	APR+DEX+ LOR	APR (125mg day 1; 80mg days 2-3) + DEX (4mg days 2-3 BID; 2mg days 4-5 BID) + LOR (0,5-1mg BID days 2-3)	58.53 €	11 (4.3%)	643.83 €
+1	DEX+MET +LOR	DEX (8mg days 2-3 BID; 4mg days 4-5 BID) + MET (20mg TID days 2-5) + LOR (0,5-1mg BID days 2-3)	4.18 €	10 (3.9%)	41.80 €
Standard	DEX+MET	DEX (8mg days 2-3 BID; 4mg days 4-5 BID) + MET (20mg TID days 2-5)	4.13 €	89 (34.8%)	367.57 €
-1	DEX+MET if required	DEX (8mg days 2-3 BID; 4mg days 4-5 BID) + MET (20mg TID days 2-5 only if nausea/vomiting)	4.13 €	65 (25.4%)	268.45 €
-2	DEX alone	DEX (8mg days 2-3 BID; 4mg days 4-5 BID)	3.20 €	39 (15.2%)	124.80 €
-3	Low-dose DEX	DEX (4mg days 2-3 BID; 2mg days 4-5 BID)	2.46 €	42 (16.4%)	103.32 €

If all the patients had received APR

14983.68 €

Estimated saving
89.66%

1549.77 €

CONCLUSIONS

Only a small percentage of patients needed aprepitant to prevent dCINV.

Total costs of dCINV prophylaxis based on the proposed algorithm will be one tenth of the cost of APR-based regimen