MASCC Guidelines for Antiemetic control: An update

Nausea and vomiting continues to be a major concern for many cancer patients receiving chemotherapy or radiotherapy. Adequate pharmacological treatment is crucial to achieve optimal prevention and treatment of the symptoms. Over the past 25 years vast improvements in antiemetic therapy have been made, including the availability of new effective drugs. However, the results from the extensive research performed in the field may be difficult to synthesize and use in daily clinical practice. During the late 1990s several professional organizations convened practice guidelines groups to assist in the selection of the most appropriate antiemetic treatment. With the emergence of new findings and agents since the publication of these guidelines, the societies encouraged an updating of the antiemetic guidelines. To avoid producing guidelines that differ from each other, as happened in the past, the societies decided to initiate a shared guideline process.

In March 2004, MASCC served as the host organization for a three day antiemetic consensus guideline meeting in Perugia, Italy. Invited to the meeting were 23 multiprofessional experts, representing nine oncology organisations (ASCO, CCO, COSA, EONS, ESMO, MASCC, NCCN, ONS, SASMO), acting in 11 different countries.

The guideline process was based on literature reviews followed by evaluation of the evidence by the expert panel. The panel was comprised of ten committees, each dealing with one specific topic in the field (i.e. emetogenic classification of chemotherapy agents, acute and delayed emesis after highly emetic chemotherapy, acute and delayed emesis after moderately emetic chemotherapy, radiotherapy-induced emesis etc). Position papers were written by each committee prior to the 3-day deliberation process. The papers were presented in the whole group which discussed the evidence and the level of confidence for the recommendation. For a guideline recommendation to be accepted, a consensus of at least 75% of the experts was needed.

Table 1 is a comprehensive summary of the recommendation regarding chemotherapy-induced emesis made during the consensus meeting. Details on this and the suggestions for other areas will be given during my presentation. There are also a number of publications available in a special issue of Supportive Care in Cancer (1-10). Information is also available at the MASCC web site (http://www.mascc.org).

Table 1.

<table>
<thead>
<tr>
<th>EMETOGENIC RISK</th>
<th>ACUTE EMESIS</th>
<th>DELAYED EMESIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>5-HT3 antagonist + corticosteroid + aprepitant</td>
<td>För cis-based treatment receiving three dos AE for acute: corticosteroid + aprepitant</td>
</tr>
<tr>
<td>Moderate</td>
<td>5-HT3 antagonist + corticosteroid</td>
<td>Corticosteroid but 5-HT3 antagonist could be an alternative</td>
</tr>
<tr>
<td>Low</td>
<td>Single agent, for example corticosteroid</td>
<td>No routinely prophylaxis</td>
</tr>
<tr>
<td>Minimal</td>
<td>No routinely prophylaxis</td>
<td>No routinely prophylaxis</td>
</tr>
</tbody>
</table>
REFEREE LIST


