A Message from MASCC President Ian Olver

The most uplifting news last month was the number of abstracts submitted to the Vienna meeting (817), and we still have the late-breaking abstracts to come! This suggests that we will have an exciting scientific program with many new ideas presented and many opportunities to network.

I am also pleased by the number of recent new members, and I hope that you all become involved with our Study Groups and pursue areas of interest. I hope that a persuasive reason for attending the Annual Meeting is the chance for face-to-face meetings to plan Study Group activities. The Antiemetics Study Group has demonstrated a breadth of recent activities involving many members, as detailed in this issue of the Society News.

The role of President has its share of rewarding decisions to make, but also involves some that are more difficult and less popular. With the rising costs of holding conferences and the costs of travel, we have made some decisions about the extent to which we can subsidize members to attend the Annual Meeting and still live within our means. The Executive Committee has been very keen to continue our Travel Awards to enable researchers from developing nations to attend the meeting, and we certainly want to ensure that we don’t diminish support for our Young Investigators. However, to be responsible about our budget projections, we have decided to limit accommodations for invited speakers and Board members to a maximum of two nights (i.e., two nights total, even if a speaker is also a Board member). This will restore a balance and allow us to apportion extra investment in our new strategic planning goals.

In February, we had our second Board teleconference, taking place between our 2017 and 2018 face-to-face meetings in June. In addition to the financial reports and the progress reports on the planning for the Vienna meeting, we spent much of the time on a strategic plan update, having prioritized the multiple initiatives from the Washington meeting. The second edition of the MASCC Textbook of Cancer Care and Survivorship is now complete and has entered the production phase. We discussed the possibility of a MASCC Exchange initiative and the opportunities that can be created for our young investigators and travel awardees if they could be paired with more senior MASCC members in a mentoring relationship. We also reviewed the growing number of societies with which we have partnerships: ISOO, SIOG, NICSO, JASC, AFOS, EONS, and ONS. Our social media strategy is taking shape under the direction of Anna Boltong and her team, and we will see evidence of this in Vienna (get ready to tweet!). Carla Ripamonti is leading two projects. One is a supportive care position paper for MASCC. The other is the development of MASCC accreditation standards for supportive care, to enable MASCC to evaluate and recognize the supportive capabilities of cancer treatment centers. We have undertaken a pilot MASCC Ambassador Program in India and, in South America, a partnership project with Amgen to encourage more involvement with supportive care and MASCC in that region.

I thank all of those members who have helped with this impressive list of MASCC activities.

I encourage every MASCC member to vote in the upcoming Board of Directors election. You have already received your ballot information by email. Casting your votes is an important way to participate in keeping MASCC strong and representative of our full membership. I greatly appreciate your participation!

~ Ian Olver
Adherence to Antiemetic Guidelines on Management of CINV

While there is abundant research supporting antiemetic regimens, evidence-based guidelines are not always followed. Recently, MASCC members Rebecca Clark-Snow, Mary Lou Affronti, and Cynthia N. Rittenberg published the results of an online survey undertaken to assess adherence to antiemetic guidelines on treatment of CINV. Clark-Snow and her colleagues surveyed 531 US oncology nurses to determine nurses’ awareness of guidelines and practice patterns, perceived adherence to guideline recommendations, and perceived barriers to adherence. This research is reported in the February 2018 issue of Supportive Care in Cancer.1

The most relevant, up-to-date guidelines include the MASCC/ESMO Antiemetic Guidelines, as well as those of ASCO and the National Comprehensive Cancer Network (NCCN). The study respondents were most familiar with the ASCO and NCCN guidelines. Most felt that antiemetics are prescribed in accordance with guideline recommendations, yet perceived patterns of use suggest that adherence may actually be low — especially during the delayed phase following highly emetogenic chemotherapy. 25% of nurses reported the administration of guideline-recommended agents, with phenothiazines and benzodiazepines commonly overused.

Only 17% of nurses said that their patients’ CINV is optimally controlled and nearly 40% said that CINV requires changes in the treatment regimen in up to 20% of patients. Reports of emergency department and hospital visits due to poorly controlled CINV were also high. Physician preference was most often reported as a barrier to guideline adherence.

This survey reveals the need to increase awareness of antiemetic guidelines and to address barriers that interfere with prescription of guideline-recommended antiemetic agents. On the basis of this sample of US nurses, awareness and use of the MASCC/ESMO guidelines appears to be low, especially compared with the NCCN guidelines. This study, however, suggests some directions for making progress toward meeting identified needs.

Few studies have evaluated barriers related to following CINV guidelines or explored ways to improve adherence. The limited research suggests that communicating CINV outcomes to physicians is critical, and multifaceted strategies are necessary. The nurses in this study offered numerous suggestions for improving adherence, including education of healthcare providers, use of standardized protocols, electronic orders that incorporate recommendations of evidence-based guidelines, improved patient education, and follow-up. The authors note that improved communication between patients, nurses, and doctors would prove helpful, as well as use of an assessment tool, such as the MASCC Antiemesis Tool (MAT) to increase awareness about CINV and its treatment. Oncology nurses are in a unique position to increase awareness and promote best practices. They also serve as a primary liaison with patients and play a key role in education about antiemetics in the clinic and at home.


Rebecca Clark-Snow, RN, BSN, OCN, is an Oncology Supportive Care Consultant, Overland Park, Kansas, USA. She is Past Chair of the MASCC Antiemetic Study Group and is a co-author on the MASCC/ESMO and ASCO Antiemetic Guidelines. Rebecca is currently a member of MASCC Study Groups on Antiemetics, Education, and Rehabilitation, Survivorship, and Quality of Life.

Mary L. Affronti, DNP, MHSc, RN, ANP, is an Associate Professor, a nurse practitioner, and researcher at Duke University School of Nursing and The Preston Robert Tisch Brain Tumor Center at Duke Cancer Institute in Durham, North Carolina, USA. She is a member of MASCC’s Antiemetics Study Group.

Cynthia N. Rittenberg, RN, MN, AOCN, FAAN, is President of Rittenberg Oncology Consulting in Metairie, Louisiana, USA, where she works with both individual and corporate clients. She served as the first Executive Director of MASCC (2001-2010) and is currently a member of MASCC Study Groups on Antiemetics, Education, and Neutropenia, Infection, and Myelosuppression.
Reminder: The MASCC Antiemesis Tool (MAT)™

The MASCC Antiemesis Tool (MAT)™, developed by members of MASCC, helps oncology professionals and patients communicate about the prevention and control of CINV. The MAT is easy to use and allows patients to keep track of the frequency and severity of both immediate and delayed CINV episodes. Tracking this information and providing feedback to healthcare providers can lead to fine-tuning of treatment plans. The MAT helps healthcare personnel provide patients with the best individual care. The MAT also allows treatment centers to evaluate the effectiveness of antiemetic strategies. The MAT is available in numerous languages for mobile devices and tablets. Cancer professionals and their patients are welcome to use the MAT freely. We only ask that you acknowledge MASCC. For-profit companies must obtain written approval from MASCC and will incur a nominal fee for using this tool. Read more or download the MAT from the MASCC website.

More Antiemetics Research From MASCC Members

Genetic Polymorphisms and CINV

MASCC members Kord Kober and Christine Miaskowski participated in this literature review to examine associations between the occurrence and severity of CINV and polymorphisms in serotonin receptor, drug metabolism, and drug transport pathway genes. The authors summarize the findings of 16 studies that evaluate the associations between CINV variables and single nucleotide polymorphisms. Given the small number of polymorphisms studied so far, there remains a need to identify mechanisms to allow for developing more targeted therapies. The authors identify limitations of current knowledge and directions for research. (Singh KP, Dhruva AA, Flowers E, Kober KM, Miaskowski C. Crit Rev Oncol Hematol. 2018 Jan;121:51-61.)

Olanzapine to Prevent Emesis Caused by Cisplatin or Ifosfamide

Kazuo Tamura and his colleagues at the National Cancer Center Hospital in Tokyo conducted this prospective dose-escalation study to determine the feasibility and efficacy of olanzapine for prevention of CINV in patients undergoing continuous five-day chemotherapy. A 2.5 mg/day dose of olanzapine was found to prevent CINV in these patients. None experienced dose-limiting toxicity and none had a vomiting episode. A dose of 10 mg/day (recommended by international CINV guidelines) is also tolerated. If CINV is not controlled by an initial dose of 2.5 mg/day of olanzapine, dosage escalation is encouraged. (Bun S, Yonemori K, Akagi T et al. Invest New Drugs. 2018 Feb;36(1):151-155.)

NK1 Receptor Antagonists for CINV in Moderately Emetogenic Chemotherapy

Karin Jordan and her colleagues at Martin Luther University (Halle, Germany) and University Hospital Heidelberg recently reported the results of a systematic review and meta-analysis to evaluate the efficacy of neurokinin-1 receptor antagonists (NK1RAs) for preventing CINV in moderately emetogenic chemotherapy (MEC). The results indicate that the addition of NK1RAs results in significant benefits in carboplatin-based chemotherapy. More research is needed to determine the global benefit of an NK1RA-containing regimen for the whole MEC category. (Jordan K, Blättermann L, Hinke A et al. Support Care Cancer. 2018 Jan;26(1):21-32.)

Single-Dose NEPA Versus an Aprepitant Regimen to Prevent CINV

Li Zhang, with MASCC members Matti Aapro and Karin Jordan and other colleagues, conducted the first head-to-head comparison of NEPA with an aprepitant (APR)/granisetron (GRAN) regimen for preventing CINV in patients receiving highly emetogenic chemotherapy. A single oral dose of NEPA proved comparable to a 3-day regimen of APR/GRAN for complete response, no emesis, and no significant nausea, and significantly fewer NEPA patients required rescue medication. NEPA was well tolerated and had a safety profile similar to that of APR/GRAN. (Zhang L, Lu S, Feng J, Dechaphunkul A, et al. Ann Oncol. 2018 Feb;1;29(2):452-458.)

Fosaprepitant for Prevention of CINV

MASCC members Bernardo Rapoport and Karin Jordan, along with Cindy Weinstein, report on a recent Phase III trial that prospectively evaluated fosaprepitant-based antiemetic therapy for CINV prevention in a large, well-defined nonanthracycline- and cyclophosphamide-based, moderately emetogenic chemotherapy population. Compared with a control regimen, fosaprepitant demonstrated significantly greater efficacy outcomes and was generally well tolerated. The results indicate that NK1 receptor antagonists are a valuable therapeutic option in this setting. (Rapoport BL, Jordan K, Weinstein C. Future Oncol. 2018 Jan;14(1):77-92.)

Amisulpride to Prevent CINV in Cisplatin-Based Therapy

Jørn Herrstedt and colleagues investigated the antiemetic effect of the amisulpride, a dopamine D2- and D3-receptor antagonist, in patients receiving cisplatin-based chemotherapy. This dose-escalation study showed that amisulpride has a marked antiemetic effect against acute cisplatin-induced vomiting, and especially nausea. The study is a first step toward further investigation of amisulpride in CINV via randomized trials. (Herrstedt J, Summers Y, Daugaard G, et al. Support Care Cancer. 2018 Jan;26(1):139-145.)
MASCC/ISOO Annual Meeting 2018

MASCC Late-Breaking Abstract Deadline: April 20, 2018

The MASCC Annual Meeting Program Committee recognizes that the results of some new and exciting research may not have been ready by the February abstract submission deadline. If this applies to you, there is still time to submit your research for this year’s meeting. See the guidelines and procedures.

Distinguished Service Award Nominations
Deadline: April 1, 2018

April 1 is the deadline for nominations for MASCC’s Distinguished Service Award! See the award policy, selection process, and nomination form at MASCC Policies and Forms.

MASCC/ISOO 2018 — Help Spread the Word!


Be a MASCC Ambassador!

Say a few words about MASCC and our Annual Meeting at your next speaking engagement. Contact Melissa Chin at mchin@mascc.org for a few MASCC slides to add to your presentation. And join us in Vienna for an exciting program featuring supportive care research advances and clinical applications.

ONS to Hold 43rd Annual Congress

The Oncology Nursing Society will hold its 43rd Annual Congress from May 17-20 in Washington, DC, USA. The conference will feature four educational tracks: Clinical Practice, for nurses working in acute care or ambulatory settings; Advanced Practice, for advanced practice nurses; Leadership Management Education, for current or future nurse leaders, administrators, managers, and educators; Research, for doctorally-prepared nurses involved in research science, doctoral students, and nurses interested in research. This year’s meeting also features a specialty track, Radiation, for nurses working in radiation and those caring for patients undergoing radiation treatment.

In addition, pre-conference sessions will include the following topics: Managing Moral Distress and Building Resiliency; Skills Lab: Lab Interpretations for Oncology Nurses; and Immuno-Oncology: How to Develop a Treatment Plan.

The early-bird registration deadline is March 29th.
For more information and registration: http://congress.ons.org/.

NCCN 23rd Annual Conference

The National Comprehensive Cancer Network (NCCN) will hold its 23rd Annual Conference on March 22-24 in Orlando, Florida, USA. The theme of this year’s meeting is “Improving the Quality, Effectiveness, and Efficiency of Cancer Care.” The NCCN Annual Conference attracts more than 1,600 registrants from around the globe, including oncologists, oncology fellows, nurses, pharmacists, and other healthcare professionals involved in the care of patients with cancer. Respected opinion leaders will present the latest cancer therapies and provide updates on selected NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), the data upon which the NCCN Guidelines® are based, and quality initiatives in oncology. Topics focus on major cancers and supportive care areas. This year’s agenda will include 20 educational sessions featuring the latest advances in oncology care, including interactive patient case studies, emerging issues in oncology, and management of immunotherapy toxicities. For more information and registration: NCCN Annual Conference.
Future MASCC/ISOO Meetings

**VIENNA 2018**
June 28-30

**SAN FRANCISCO 2019**
June 21-23

**SEVILLE 2020**

**YOKAHAMA 2021**
TBA

Read the latest issue of the [International Society of Oral Oncology Newsletter](http://www.anaemiacourse.com).
Past issues are also available on the MASCC website. Please scroll to the bottom of the newsletter archive.

MASCC welcomes the new members who joined us in January!

Jael Aebersold, Switzerland  
Fabio Alves, Brazil  
Camilla Carrillo, Brazil  
Mahati Chittem, India  
Codruta Comsa, Romania  
Peter Eastman, Australia  
David Edwards, United States  
Sara Haeusermann, Switzerland  
Biplab Halder, Bangladesh  
Nicola Holtom, United Kingdom  
HakJin Kim, Republic of Korea  
Anna Kotylak, Poland  
Emily Peizhen Li, Australia  
Victoria Loerzel, United States  
Ellyn Matthews, United States  
Carla Mazzuco, Brazil  
Julie Nangia, United States  
Javier Perez Altozano, Spain  
Jollen Robijns, Belgium  
Mitsuru Sakitani, Japan  
Paulina Staron, Poland  
Pulu Olivian Stovicek, Romania

**CONFERENCE REMINDERS**

March 15-16, 2018  
The APM ASP Supportive & Palliative Care Conference  
Association for Palliative Medicine of Great Britain and Ireland  
Bournemouth, UK  
[http://apmonline.org/events/](http://apmonline.org/events/)

March 16-17, 2018  
16th Annual Course on Anaemia, Neutropenia, Thrombosis, and Cancer  
Vienna, Austria  
[http://www.anaemiacourse.com](http://www.anaemiacourse.com)

March 22-24, 2018  
NCCN 23rd Annual Conference  
Improving the Quality, Effectiveness, and Efficiency of Cancer Care  
Orlando, Florida, USA  
[https://www.nccn.org/professionals/meetings/annual_conference.aspx](https://www.nccn.org/professionals/meetings/annual_conference.aspx)

May 17-20, 2018  
ONS 43rd Annual Congress  
Washington, DC, USA  

Click here to proceed to the MASCC/ISOO 2018 Annual Meeting Official Website

**MASCC/ISOO**
ANNUAL MEETING ON SUPPORTIVE CARE IN CANCER

28-30 JUNE • VIENNA, AUSTRIA

Save the Date!

Join Our Community • Get Updates & Get Connected

#MASCC18  
[Follow @CancerCareMASCC](http://twitter.com/CancerCareMASCC)

Have any news items to share? Please send contributions to Toni at tclark@mascc.org.