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Palonosetron on final day of multiday chemotherapy

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Chemotherapy-induced nausea and vomiting (CINV) has broad clinical and economic implications. Triplet therapy consisting of a 5-HT3 receptor antagonist, aprepitant and dexamethasone is the recommended antiemetic prophylaxis for highly emetogenic chemotherapy (HEC) per guidelines. Palonosetron has pharmacologic and pharmacokinetic advantages over other 5-HT3 RA with respect to its receptor-binding affinity and half-life appear to translate into significantly improved efficacy in preventing delayed CINV. There are several different regimens utilized in real clinical practice. For example, patients receive palonosetron on their final day of multiday chemotherapy, despite receiving 5-HT3 RA earlier in the same treatment cycle. Currently, there is limited data evaluating the advantages and disadvantages of this strategy versus standard regimen for CINV. Chemotherapy in testicular cancer patients scheduled to receive HEC either BEP or EP were enrolled. The eligible patients were received with antiemetic therapy. The primary endpoint was the complete response rate (the CR rate; no CINV) during the delayed phase (24120 h). The efficacy analysis was performed in 136 patients. The CR rates during the delayed, 73.3% of subjects achieved CR during the delayed phase in palonosetron on final day group while 49.18% patients achieved CR during delayed phase in standard regimen. This was statistically significant different among two group (P-value 0.005). Factors associated nausea and vomiting were history of alcohol consumption, and history of CINV from previous chemotherapy. The most common adverse events are constipation and headache. Palonosetron scheduled on final day helped reduce CINV in HEC with BEP or EP in this study. Nonetheless, the randomized controlled study will help clinicians to determine efficacy and safety of palonosetron on the final day of multiday chemotherapy.

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