Notification: update to antiemetics for eviQ medical oncology protocols – June 2018

The antiemetic recommendations in all applicable eviQ medical oncology treatment protocols will be updated to reflect current clinical practice and international guidelines. These changes have been decided following consultation and consensus with an expert clinician group and review of the current literature.

These changes will begin to be made in the relevant protocols from **Monday 25th June 2018**.

While the changes reflect consensus of current practice and are following international guidelines the **eviQ antiemetic recommendations are intended as a guide only**. Any antiemetic schedules should be based on clinical judgement and the individual patient's situation.

Summary of changes

High emetogenic risk – AC protocols:

- a note has been added to dexamethasone on day 1 stating the full dose may not be required and may be reduced to 8mg at the clinicians discretion
- dexamethasone on day 2, 3 and 4 also has an additional note stating these doses may not be required and may be reduced or omitted at the clinicians discretion
- a link to the *Prevention of chemotherapy induced nausea and vomiting document (ID:7)* has been added beneath the treatment table.

Example:

Day 1		
Netupitant	300 mg (PO)	60 minutes before chemotherapy (fixed dose preparation with palonosetron)
Palonosetron	0.5 mg (PO)	60 minutes before chemotherapy (fixed dose preparation with netupitant)
Dexamethasone	12 mg (PO)	60 minutes before chemotherapy. Note: the full dose of dexamethasone on Day 1 may not be required and may be reduced to 8mg at the clinicians discretion.
DOXOrubicin	60 mg/m^2 (IV)	over 5 to 15 minutes
CYCLOPHOSPHamide	600 mg/m^2 (IV infusion)	in 500 mL sodium chloride 0.9% over 30 to 60 minutes
Day 2		
Dexamethasone	8 mg (PO)	ONCE a day (or in divided doses) with or after food. Note: dexamethasone doses on Day 2, 3 and 4 may not be required and may be reduced or omitted at the clinicians discretion*.
Pegfilgrastim	6 mg (Subcut)	inject subcutaneously on day 2 at least 24 hours after chemotherapy
Day 3 and 4		
Dexamethasone	8 mg (PO)	ONCE a day (or in divided doses) with or after food. Note: dexamethasone doses on Day 2, 3 and 4 may not be required and may be reduced or omitted at the clinicians discretion*.

- G-CSF was used for primary prophylaxis of neutropenia in the clinical trial. G-CSF is only available on the PBS for secondary prophylaxis for this regimen.
- * Link to ID 7 Prevention of chemotherapy induced nausea and vomiting

Moderate emetogenic risk protocols:

- a note has been added to dexamethasone on days 2 and 3 in these protocols stating these doses may not be required and may be reduced or omitted at the clinician's discretion
- a link to the Prevention of chemotherapy induced nausea and vomiting document has been added beneath the treatment table.

Example:

Day 1		
Dexamethasone	8 mg (PO)	60 minutes before chemotherapy
Palonosetron	0.25 mg (IV bolus)	30 minutes before chemotherapy
Irinotecan	180 mg/m^2 (IV infusion)	in 250 mL to 500 mL glucose 5% over 90 minutes
Calcium folinate (Leucovorin)	50 mg (IV bolus)	over 1 to 2 minutes *
Fluorouracil	400 mg/m^2 (IV)	over 3 to 5 minutes
Fluorouracil	2,400 mg/m^2 (CIV)	via ambulatory infusion pump over 46 hours
Day 2 and 3		
Dexamethasone	8 mg (PO)	ONCE a day (or in divided doses) with or after food. Note: dexamethasone doses on day 2 and 3 may not be required and may be reduced or omitted at the clinicians discretion. **

* The dose of calcium folinate (Leucovorin®) has been modified in this protocol from the original clinical trial dose of 200 mg/m^2 to 50 mg. A discussion regarding the effect of dosing on outcome can be found in the calcium folinate dose document.

** Link to ID 7 Prevention of chemotherapy induced nausea and vomiting

Oxaliplatin containing protocols:

- dexamethasone dose on day 1 reduced from 12mg to 8mg
- dexamethasone on day 2 and 3 has a note stating these doses may not be required and may be reduced or omitted at the clinicians discretion
- dexamethasone dose on day 4 has been removed
- a link to the *Prevention of chemotherapy induced nausea and vomiting document (ID:7)* document has been added beneath the treatment table.

Example:

Day 1		
Netupitant	300 mg (PO)	60 minutes before chemotherapy (fixed dose preparation with palonosetron)
Palonosetron	0.5 mg (PO)	60 minutes before chemotherapy (fixed dose preparation with netupitant)
Dexamethasone	8 mg (PO)	60 minutes before chemotherapy
Oxaliplatin	85 mg/m^2 (IV infusion)	in 250 mL to 500 mL glucose 5% over 2 hours
Calcium folinate (Leucovorin)	50 mg (IV bolus)	over 1 to 2 minutes *
Fluorouracil	400 mg/m^2 (IV)	over 3 to 5 minutes
Fluorouracil	2,400 mg/m^2 (CIV)	via ambulatory infusion pump over 46 hours
Day 2 and 3		
Dexamethasone	8 mg (PO)	ONCE a day (or in divided doses) with or after food. Note: dexamethasone doses on day 2 and 3 may not be required and may be reduced or omitted at the clinicians discretion **

* The doses of calcium folinate (Leucovorin®) and oxaliplatin have been modified from the original FOLFOX6 doses in this protocol (200 mg/m^2 to 50 mg for leucovorin and 100 mg/m^2 to 85 mg/m^2 for oxaliplatin). Although there are no RCTs that provide a comparison between FOLFOX regimens, the FOLFOX6 (Modified) regimen is widely accepted and is currently used as the control arm in most clinical trials (link to discussion on FOLFOX protocols). A discussion regarding the effect of dosing on outcome can be found in the calcium folinate dose document.

** Dexamethasone doses on day 2 and 3 may not be required and may be reduced or omitted at the clinicians discretion. Link to Prevention of chemotherapy induced nausea and vomiting.

Dexamethasone dosing as a pre-medication for taxanes in highly emetogenic protocols:

- Due to the interaction between dexamethasone and netupitant these protocols will have a reduced dexamethasone dose of 8mg **DAILY** on the day of chemotherapy and days 2, 3 and 4. Note: the dexamethasone dose the day before chemotherapy remains at 8mg twice a day as the interaction is not applicable then.

Example:

Day before chemotherapy		
Dexamethasone	8 mg (PO)	TWICE a day with or after food.
Day 1		
Netupitant	300 mg (PO)	60 minutes before chemotherapy (fixed dose preparation with palonosetron)
Palonosetron	0.5 mg (PO)	60 minutes before chemotherapy (fixed dose preparation with netupitant)
Dexamethasone	8 mg (PO)	ONCE a day with or after food.
DOCEtaxel	50 mg/m^2 (IV infusion)	in 250 mL to 500 mL sodium chloride 0.9% over 60 minutes
Oxaliplatin	85 mg/m^2 (IV infusion)	in 250 mL to 500 mL glucose 5% over 2 hours
Calcium folinate (Leucovorin)	50 mg (IV bolus)	over 1 to 2 minutes *
Fluorouracil	2,600 mg/m^2 (CIV)	via ambulatory infusion pump over 24 hours
Day 2		
Dexamethasone	8 mg (PO)	ONCE a day with or after food.
Day 3 and 4		
Dexamethasone	8 mg (PO)	ONCE a day (or in divided doses) with or after food. Note: dexamethasone dose on day 3 and 4 may not be required and may be reduced or omitted at the clinicians discretion **

*The dose of leucovorin has been modified in this protocol from the original clinical trial dose of 200 mg/m^2 to 50 mg. A discussion regarding the effect of dosing on outcome can be found in the calcium folinate dose document.

** Dexamethasone dose on day 3 and 4 may not be required and may be reduced or omitted at the clinicians discretion. Link to Prevention of chemotherapy induced nausea and vomiting.

ID 7 Prevention of chemotherapy induced nausea and vomiting:

- supporting document has been updated to reflect the changes above and in line with international guidelines (NCCN, MASCC/ESMO)
- information regarding the use of olanzapine being recommended internationally added.