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SUPPORTIVE CARE

1681O Evaluation of practice patterns for prevention of chemotherapy (CT)-induced nausea and vomiting (CINV) and antiemetic guidelines (GLs) adherence based on real-world prescribing data

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Background: GLs-recommended antiemetic treatment improves emesis in most patients (pts) receiving CT. Non-adherence to GLs leads to suboptimal CINV control. MASCC/ESMO GLs recommend prophylaxis with a neurokinin-1 receptor antagonist (NK_1RA), a 5-hydroxytryptamine-3 ($5\text{-}HT_3$) RA, and dexamethasone (DEX) for pts receiving highly emetogenic CT (HEC, including anthracycline-cyclophosphamide [AC]) and carboplatin-based regimens. Here, we analyse use of $NK_1RA + 5\text{-}HT_3RA +$ DEX for antiemetic prophylaxis prior to HEC and carboplatin (considered moderately EC [MEC]).

Methods: The data source was the Global Oncology Monitor (Ipsos Healthcare). Geographically representative physicians from France, Germany, Italy, Spain, and UK were screened for treatment involvement and number of pts treated/month. Pts' data from Jan–Dec 2017 were collected and extrapolated based on a doctor universe; projected estimates are shown here. The emetic risk of CT was classified per MASCC/ESMO GLs.

Results: Antiemetic treatment use is shown (Table). Data from 46,503 pts treated with CT were collected, which represents a total prevalence of 1,468,522 CT-treated pts included in the analysis. NK_1RAs were used in 39%/36%/23% of pts receiving cisplatin-/AC-/carboplatin-based CT, respectively; 18%/20%/11% received the GLs-recommended $NK_1RA + 5\text{-}HT_3RA +$ DEX combination; 17% of all HEC-/MEC-treated pts received no antiemetics. Physicians' perception of the emetic risk of CT did not follow MASCC/ESMO GLs classification for 48%/48%/43% of cisplatin-/AC-/carboplatin-based regimens.

Conclusions: EU practice patterns revealed very low adherence to antiemetic GLs in clinical practice, with 16% of all pts (HEC/AC/carboplatin) receiving an $NK_1RA + 5\text{-}HT_3RA +$ DEX, and 17% of HEC-/MEC-treated pts receiving no antiemetics. New strategies to improve GLs adherence are critically needed.

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Table: 1681O Use of NK_1RA-based prophylactic antiemetic treatments for CINV by emetic risk of chemotherapy according to the MASCC/ESMO guidelines classification

Chemotherapy regimen	Total patients,* %, n	Patients with NK_1RAs,* %, n	$NK_1RA + 5\text{-}HT_3$ RA + DEX, %	NK_1RA + $5\text{-}HT_3RA$, %	NK_1RA + DEX, %	NK_1RA monotherapy, %	NK_1RA + other antiemetics, %
HEC – cisplatin based	55% of HEC 211,600	39% 81,827	18% 38,804	16% 33,363	2% 4,935	2% 4,554	0% 172
HEC – AC based	39% of HEC 151,185	36% 54,724	20% 30,955	12% 18,601	2% 3,497	1% 1,419	0% 252
HEC – other	6% of HEC 22,219	17% 3,803	2% 515	13% 2,894	1% 144	1% 234	0% 15
MEC – carboplatin based	30% of MEC 177,027	23%, 40,317	11% 18,839	10% 17,484	1% 1,995	1% 1,656	0% 343
Total (all HEC + carboplatin based)	38% of all patients 562,032	32% 180,671	16% 89,114	13% 72,342	2% 10,571	1% 7,862	0% 783

$5\text{-}HT_3RA$, 5-hydroxytryptamine-3 receptor antagonist; AC, anthracycline-cyclophosphamide; CINV, chemotherapy-induced nausea and vomiting; DEX, dexamethasone; HEC, highly emetogenic chemotherapy; MASCC/ESMO, Multinational Association of Supportive Care in Cancer/European Society for Medical Oncology; MEC, moderately emetogenic chemotherapy; NK_1RA, neurokinin-1 receptor antagonist.

*Estimate of total number of patients is based on the projected prevalence of total 1,468,522 patients being treated with chemotherapy. A sample of 46,503 patients was used for the projections.