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# Management of chemotherapy and radiotherapy induced emesis: update of the 2004 Perugia antiemetic consensus guideline

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Important progress has been achieved in the last few years in the prevention of chemotherapy and radiotherapy induced emesis. In March 2004, the Perugia antiemetic consensus guideline was produced as a result of a consensus conference in which 23 multiprofessional experts representing 9 oncology organizations were participating. The guideline contains recommendations regarding: emetic classification of antineoplastic agents; prevention of acute emesis (chemotherapy of high, moderate, minimal or low emetic risk); prevention of delayed emesis (chemotherapy of high, moderate, minimal or low emetic risk); additional issues: refractory emesis, rescue antiemetic therapy, multiple-day chemotherapy, high-dose chemotherapy; anticipatory emesis; radiotherapy-induced emesis; antiemetics in children receiving chemotherapy as well as methodological directions for future research and economic considerations. In September 2005, the guideline was updated, mainly due to results of the studies with aprepitant, a new neurokinin-1 receptor antagonist, in prevention of nausea and vomiting following moderately emetogenic chemotherapy. Changes are as follows: a) in women receiving a combination of antracycline plus cyclophosphamide, a three-drug regimen including single doses of a 5-HT<sub>3</sub> antagonist, dexamethasone and aprepitant is recommended for prevention of acute emesis; to prevent delayed emesis in these patients aprepitant or dexamethasone is suggested and b) in patients receiving moderately emetogenic chemotherapy, NOT including a combination of antracycline plus cyclophosphamide, a combination of 5HT<sub>3</sub> antagonist and dexamethasone is recommended for prophylaxis of acute emesis in the first cycle of chemotherapy; to prevent delayed emesis in these patients, oral dexamethasone is the preferred treatment while a 5HT<sub>3</sub> antagonist is an alternative, if a corticosteroid cannot be used. Updating guidelines is an ongoing process, but the challenge is their dissemination and implementation in clinical practice.