

Causes of emesis in cancer patient:

- (1) Bowel obstruction
- (2) Electrolyte abnormality (eg hyponatremia, hyperglycemia, hypercalcemia)
- (3) Uremia
- (4) Brain metastasis
- (5) Vestibular dysfunction
- (6) Anxiety
- (7) Chemotherapy & radiotherapy
- (8) Other drug therapy eg opioids

High risk of emesis:

Start before chemotherapy

Aprepitant(D1-D3) + Dexamethasone (D1-D4) + Ondansetron/ Granisetron (D1) +/- Lorazepam (D1-D4)

Moderate risk of emesis:

Start before chemotherapy

D1=Same (Aprepitant +/-)

D2-D4= Aprepitant + Dexamethasone +/- Lorazepam

OR

Dexamethasone +/- Lorazepam

OR

Ondansetron/ Granisetron +/- Lorazepam

Low risk of emesis:

Start before chemotherapy , repeat daily (if chemotherapy continued)

Dexamethasone +/- Lorazepam

OR

Prochlorperazine +/- Lorazepam

OR

Metoclopramide +/- Diphenhydramine +/- Lorazepam

Minimal risk of emesis:

No routine prophylaxis. Drugs recommended for prophylaxis of low-risk emesis are to be used if there is nausea/emesis.

Break-through emesis:

Give an additional agent from a different class of drugs. Usually IV agents are used as oral agents will be less effective in the presence of actual emesis.

Doses:

Aprepitant 125 mg PO D1, 80 mg PO D2, D3

Dexamethasone 12 mg PO/IV D1, 8 mg PO/IV D2, D3, D4

Ondansetron 16-24 mg PO/ 8-12 mg IV daily

Granisetron 2 mg PO/1mg BD PO/ 0.01 mg/kg IV daily

Prochlorperazine 10 mg PO q 4-6 hours

Diphenhydramine 24-50 mg PO/IV q 4-6 hours

Metoclopramide 20-40 mg PO q 4-6 hours OR 1-2 mg/kg IV q 3-4 hours

Lorazepam 0.5-2 mg IV/PO q 4-6 hours

RT-induced emesis:

Prophylaxis is required routinely only for specific cases, eg, RT to upper abdomen/brain/SRS/SRT/TBI/conc CT

Agens used daily pretreatment are Ondansetron 8 mg PO BD-TID

OR

Dexamethasone 2 mg PO TID

OR

Granisetron 2 mg PO OD

Anticipatory emesis:

Anxiolytics + Anti-emetics+/- behavioural therapy