NCCP Supportive Care

Antiemetic Medicines for Inclusion in National Cancer Information System (NCIS) - Haemato-Oncology Regimens

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1	25/06/2024	Version 1	NCCP

All comments and feedback are welcome at oncologydrugs@cancercontrol.ie

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1 Background

The NCCP has facilitated the development of nationally agreed systemic anti-cancer therapy (SACT[1]) regimens to support safe, evidence-based and cost-effective cancer treatment for patients with cancer. These regimens are developed under the guidance of Medical Consultants involved in the treatment of patients with cancer with input from nursing staff, pharmacists and other healthcare professionals.

Chemotherapy Induced Nausea and Vomiting (CINV) is one of the most frequent side effects experienced by patients undergoing SACT treatment. Each NCCP SACT regimen indicates the emetogenic potential of each SACT within the regimen[2]. Currently, hospitals delivering SACT services have individual policies on the management of CINV. The NCCP has a **classification document** (1) on the range of options available to manage CINV.

The NCCP Haemato-oncology Clinical Leads Group agreed that standardised evidenced based antiemetic regimens should be developed for use in NCIS for haemato-oncology regimens.

The NCCP Haemato-oncology Standardised Antiemetics for inclusion in NCIS Working Group was established in May 2024 as a multidisciplinary subgroup of the NCCP National Haemato-oncology Clinical Leads Group. This group is responsible for decision-making in relation to standardised antiemetics for haemato-oncology regimens for inclusion within NCIS.

The methodology for selecting standardised antiemetics considered the following:

1. Individual regimen requirement and also group of similar regimens if possible
2. The current recommendations from the NCCP Supportive Care Antiemetic Medicines for Inclusion in NCIS (Medical Oncology)[3] (2) appropriate to the emetogenic risk associated with the NCCP National SACT Regimen
3. Relevant international guidelines
4. Current practice

[1] SACT (systemic anti-cancer therapy) involves systemic treatment for cancer; involving parenteral and oral anti-cancer therapies, including but not limited to chemotherapy, targeted therapies and immunotherapies.
[2] Based on the available supporting evidence
[3] NCCP Supportive Care Antiemetic Medicines for inclusion in NCIS (Medical Oncology), available here

The defined antiemetic medicines will be reviewed and updated in this document in line with any future updated antiemetic recommendations.

To note:

1. These agreed medicines do not preclude the use of locally agreed antiemetic agents in line with local procurement contracts in place
2. Prescribers may change the default antiemetic medicine at an individual patient level at their own discretion

The NCCP recommends that when local antiemetic policies are being reviewed, the defined antiemetic medicines being built into NCIS for haemato-oncology regimens would be considered for inclusion as appropriate[4] as this should reduce change management at a local level when NCIS is implemented.

[4] Considering any local procurement arrangements that are in place.

2 Defined Antiemetic Medicines to be built into NCIS for Haemato-Oncology Regimens

NCCP SACT Regimen	Details	
azaCITIDine	**NCIS build for each dose of azaCITIDine**	**Recommendation for subsequent days / PRN medications**
NCCP Regimen 00287 azaCITIDine 75mg/m^2 5-2-2 Therapy[i] here	Ondansetron 4mg PO OD	Metoclopramide 10mg PO TDS x 7 days prn (5 day regimen) Metoclopramide 10mg PO TDS x 9 days prn (7 day regimen)
NCCP Regimen 00288 azaCITIDine 100mg/m^2 5-day Therapy[i] here		
NCCP Regimen 00287.2 azaCITIDine 75mg/m^2 IV 5-2-2		
NCCP Regimen 00288.2 azaCITIDine 100mg/m^2 IV 5-day		
R-CHOP	**NCIS build on Day 1**	**Recommendation for subsequent days / PRN medications**
NCCP Regimen 00409 (*riTUXimab) cycloPHOSphamide, DOXOrubicin, vinCRIStine and prednisoLONE (*R)-CHOP Therapy – 14 days here	Ondansetron 16mg PO OD	Metoclopramide 10mg PO TDS x 3 days x prn
NCCP Regimen 00307 (*riTUXimab) cycloPHOSphamide, DOXOrubicin, vinCRIStine and prednisoLONE (*R)-CHOP) Therapy– 21 days here		
NCCP Regimen 00667 riTUXimab S/C, cycloPHOSphamide, DOXOrubicin, vinCRIStine and prednisoLONE (R-CHOP) Therapy – 21 Days here		
ABVD	**NCIS build on Day 1 and 15**	**Recommendation for subsequent days / PRN medications**
NCCP Regimen 00290 ABVD Therapy here	Aprepitant 125mg PO OD Ondansetron 16mg PO OD dexAMETHasone 12mg PO OD	Aprepitant 80mg PO daily on Days 2, 3, 16 and 18 dexAMETHasone 8mg PO daily on Days 2-3 and 16-17 Metoclopramide 10mg PO TDS x 3 days (Day 1 and Day 15) x prn

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3 References

1. National Cancer Control Programme. NCCP Classification Document for Systemic AntiCancer Therapy (SACT) Induced Nausea and Vomiting V5 ed2023.

2. National Cancer Control Programme. NCCP Supportive Care Antiemetic Medicines for inclusion in NCIS (Medical Oncology). V7 ed2023.

Appendix 1. Abbreviations

Abbreviation	Detail
CINV	Chemotherapy Induced Nausea and Vomiting
ISMO	The Irish Society of Medical Oncologists
NCCP	National Cancer Control Programme
NCIS	National Cancer Information System
SACT	Systemic Anti-Cancer Therapy

Appendix 2. Glossary

Phrase	Definition
BD	Twice daily
IV	Intravenously
OD	Once daily
PRN	As required
PO	Orally
QDS	Four times daily
SC	Subcutaneous
TDS	Three times daily