NCCP Supportive Care

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

Version	Date published	Amendment	Approved By
1	25/06/2024	Version 1	NCCP
1a	08/07/2024	Amendments made to Section 2: 1. ABVD: Aprepitant 80mg - days 16 and 18 amended to days 16 and 17 2. R-CHOP and ABVD: Metoclopramide – "x" removed from before "prn"	NCCP
2	22/11/2024	Amendments: – Addition of text to Section 1 (Background) – Additional regimens added to Section 2	NCCP
2a	13/12/2024	Amendment made only to this version control box to list the numbers of the additional regimens added to Version 2. 00270, 00274, 00293, 00397, 00400, 00405, 00416, 00435, 00436, 00528, 00549, 00550, 00566, 00575, 00595, 00598, 00601, 00643, 00703, 00715, 00737, 00752, 00755, 00756, 00780, 00781, 00801, 00841, 00842, 00852.	NCCP

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

Contents

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

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

[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

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

To note, if the Working Group agree that no regular standard antiemetics are required for particular regimens in NCIS, the medication selection option will subsequently be removed from those NCIS regimens.

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

To note, regimens are organised into groups based on the presence of similar medications. The headings are comprised of a regimen which is frequently used in NCIS and its similar counterparts, e.g. NCCP Regimen 00397 (R*)-ICE ((riTUXimab), Ifosfamide, CARBOplatin and Etoposide) Therapy and similar regimens, since this method facilitated the review by the Working Group.

NCCP SACT Regimen	Details	
2.1 azaCITIDine and similar regimens	**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		
NCCP Regimen 00852 Venetoclax and azaCITIDine Therapy here	Ondansetron 4mg PO OD	Metoclopramide 10mg PO TDS prn
2.2 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[a, b] dexAMETHasone 12mg PO OD	Aprepitant 80mg PO daily on Days 2, 3, 16 and 17 dexAMETHasone 8mg PO daily on Days 2, 3, 16 and 17 Metoclopramide 10mg PO TDS x 3 days (Day 1 and Day 15) prn
[a] Alternate dosing options may be recommended at the discretion of the clinician, considering individual patient characteristics e.g. splitting ondansetron to 8mg PO twice daily or reducing to 8mg PO once daily.		
[b] Ondansetron prolongs the QT interval in a dose-dependent manner. Caution should be exercised when prescribing to patients with underlying conditions or concomitant medicines which may predispose them to this risk.		

NCCP SACT Regimen	Details	
2.3 R-CHOP and similar regimens	**NCIS build on treatment days**	**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[a, b]	Metoclopramide 10mg PO TDS x 3 days 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		
NCCP Regimen 00841 cycloPHOSphamide, DOXOrubicin, vinCRIStine and prednisoLONE (CHOP) Therapy–21 day here		
NCCP Regimen 00549 Obinutuzumab cycloPHOSphamide, DOXOrubicin, vinCRIStine and prednisoLONE (O-CHOP) Therapy–21 day here		
NCCP Regimen 00436 (R)-miniCHOP Therapy-21 day here		
NCCP Regimen 00801 Brentuximab vedotin and cycloPHOSphamide, DOXOrubicin and prednisoLONE (CHP) Therapy here		
NCCP Regimen 00550 Obinutuzumab cycloPHOSphamide vinCRIStine and prednisoLONE (O-CVP) here		
NCCP Regimen 00293 (*riTUXimab) cycloPHOSphamide, vinCRIStine and prednisoLONE (R*)-CVP) here		
NCCP Regimen 00737 (*riTUXimab)-Gemcitabine cycloPHOSphamide vinCRIStine and prednisoLONE (R*)-GCVP here	Ondansetron 16mg PO OD[a, b] on day 1 and Ondansetron 8mg PO OD day 8	Metoclopramide 10mg PO TDS prn
*riTUXimab to be included in CD20 positive patients		
[a] Alternate dosing options may be recommended at the discretion of the clinician, considering individual patient characteristics e.g. splitting ondansetron to 8mg PO twice daily or reducing to 8mg PO once daily.		
[b] Ondansetron prolongs the QT interval in a dose-dependent manner. Caution should be exercised when prescribing to patients with underlying conditions or concomitant medicines which may predispose them to this risk.		

NCCP SACT Regimen	Details				
2.4 NCCP Regimen 00397 (R*)-ICE ((riTUXimab), Ifosfamide, CARBOplatin and Etoposide) Therapy and similar regimens	**NCIS build on Day 1:**	**NCIS build on Day 2:**	**Recommendation for subsequent days/PRN medications:**	**NCIS build on Day 22, CYCLE 3 ONLY:**	**Recommendation for subsequent days/PRN medications (post day 22):**
NCCP Regimen 00397 (R*)-ICE ((riTUXimab), Ifosfamide, CARBOplatin and Etoposide) Therapy here	Ondansetron 8mg PO OD	Aprepitant 125mg PO OD Ondansetron 16mg PO OD[a, b] dexAMETHasaone 12mg PO OD	Aprepitant 80mg PO daily on Days 3 and 4 dexAMETHasaone 8mg PO daily on Days 3 to 5 Metoclopramide 10mg PO TDS x 5 days prn	n/a	n/a
NCCP Regimen 00842 ICE (Ifosfamide, CARBOplatin and Etoposide) Therapy here					
NCCP Regimen 00528 Brentuximab vedotin and ICE Therapy here	Ondansetron 8mg PO OD	Aprepitant 125mg PO OD Ondansetron 16mg PO OD[a, b] dexAMETHasaone 12mg PO OD	Aprepitant 80mg PO daily on Days 3 and 4 dexAMETHasaone 8mg PO daily on Days 3 to 5 Metoclopramide 10mg PO TDS x 5 days prn	Day 22, CYCLE 3 ONLY: Ondansetron 8mg PO OD	Metoclopramide 10mg PO TDS prn
*riTUXimab to be included in CD20 positive patients					
[a] Alternate dosing options may be recommended at the discretion of the clinician, considering individual patient characteristics e.g. splitting ondansetron to 8mg PO twice daily or reducing to 8mg PO once daily.					
[b] Ondansetron prolongs the QT interval in a dose-dependent manner. Caution should be exercised when prescribing to patients with underlying conditions or concomitant medicines which may predispose them to this risk.					

NCCP SACT Regimen	Details	
2.5 NCCP Regimen 00752 Daratumumab (SC), Bortezomib (Once Weekly), Thalidomide and dexAMETHasone Induction and similar regimens	**NCIS build on treatment days**	**Recommendation for subsequent days / PRN medications**
NCCP Regimen 00752 Daratumumab (SC), Bortezomib (Once Weekly), Thalidomide and dexAMETHasone Induction regimen here	None	Metoclopramide 10mg PO TDS prn
NCCP Regimen 00756 Daratumumab (SC), Bortezomib (Once Weekly), Thalidomide and dexAMETHasone Consolidation Therapy here		
NCCP Regimen 00703 Daratumumab (SC), Bortezomib, Thalidomide and dexAMETHasone Induction Therapy here		
NCCP Regimen 00755 Daratumumab (SC), Bortezomib, Thalidomide and dexAMETHasone Consolidation Therapy here		
NCCP Regimen 00274 Bortezomib, Thalidomide and dexAMETHasone (VTD) Induction Therapy here		
2.6 NCCP Regimen 00598 Carfilzomib (56mg/m² once weekly) Lenalidomide and dexAMETHasone (KRd) Therapy - 28 day and similar regimens	**NCIS build on treatment days**	**Recommendation for subsequent days / PRN medications**
NCCP Regimen 00598 Carfilzomib (56mg/m² once weekly) Lenalidomide and dexAMETHasone (KRd) Therapy -28 day here	None	Metoclopramide 10mg PO TDS prn
NCCP Regimen 00566 Carfilzomib and dexAMETHasone (Kd) Therapy-28 day here		
NCCP Regimen 00595 Carfilzomib (20/70 mg/m^2 once Weekly) dexAMETHasone (Kd) Therapy-28 day here		

NCCP SACT Regimen	Details	
NCCP Regimen 00405 Carfilzomib (27mg/m^2 twice weekly), Lenalidomide and dexamethasone (KRd) Therapy – 28 day here	Cycle 1-12: Ondansetron 8mg PO OD on days 2, 9 and 16 Cycle 13: Ondansetron 8mg PO OD on days 2 and 16	Metoclopramide 10mg PO TDS prn
2.7 NCCP Regimen 00643 Bortezomib, Lenalidomide and dexAMETHasone (RVD) Therapy - 28 day and similar regimens	**NCIS build on treatment days**	**Recommendation for subsequent days / PRN medications**
NCCP Regimen 00643 Bortezomib, Lenalidomide and dexAMETHasone (RVD) Therapy-28 day here	None	Metoclopramide 10mg PO TDS prn
NCCP Regimen 00270 Bortezomib and dexAMETHasone Therapy here		
NCCP Regimen 00416 Bortezomib, Lenalidomide and dexAMETHasone (RVD) Therapy-21 day here		
NCCP Regimen 00780 Bortezomib, Lenalidomide, dexAMETHasone (RVD-Lite) Induction Therapy here		
NCCP Regimen 00601 Pomalidomide, Bortezomib and dexAMETHasone (PVD) here		
NCCP Regimen 00435 Bortezomib Maintenance Therapy-14 day here		
NCCP Regimen 00781 Bortezomib and Lenalidomide (RVD-Lite) Consolidation Therapy here		
2.8 NCCP Regimen 00715 Venetoclax and Obinutuzumab Therapy and similar regimens	**NCIS build on treatment days**	**Recommendation for subsequent days / PRN medications**
NCCP Regimen 00715 Venetoclax and Obinutuzumab Therapy here	None	Metoclopramide 10mg PO TDS prn
NCCP Regimen 00575 Venetoclax and riTUXimab Therapy here		
NCCP Regimen 00400 Venetoclax Monotherapy here		

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