A Prospective Comparative Study of the Ondansetron Plus Aprepitant, Versus Ondansetron for the Prevention of Chemotherapy Induced Nausea and Vomiting

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Abstract: **Objective**: The objective of study is to compare Ondansetron plus Aprepitant versus Ondansetron’s safety for the prevention of chemotherapy induced nausea and vomiting in patients receiving Cisplatin and 5-Fluorouracil as their treatment for managing cervix cancer and head and neck cancer. Methods: The study was conducted in a Radiotherapy Department of tertiary care teaching hospital. Patients with cervix cancer and head and neck cancer who were scheduled to receive treatment with cisplatin and 5-fluorouracil were randomized to receive 1 of 2 treatment regimens; the standard therapy group received intravenous ondansetron 8 mg and intravenous dexamethasone 4 mg on Days 1-3. The aprepitant group received oral aprepitant 125 mg, intravenous ondansetron 8 mg, and oral dexamethasone 4 mg on Day 1; oral aprepitant 80 mg and oral dexamethasone 8 mg once daily on Days 2–3. Results: Of the 86 patients screened 82 were randomized. Twenty-seven (75%) of 36 patients achieved a CR in the acute phase (days 1 through 5) on the aprepitant cycle, and fourteen (32.5%) of 43 patients had a CR on the placebo cycle. In the delayed phase (days 6 through 8), 23 (64%) of the patients on the aprepitant cycle had a CR, and 21 (48.8%) of the patients on the placebo cycle achieved CR. The overall number of patients with CR for days 1 through 8 was 19 (52.7%) on the aprepitant cycle compared with 12 (27.9%) on the placebo cycle. Conclusion: There was a significant improvement in complete response rate with aprepitant combined with a 5HT3-RA and dexamethasone as on par with 5HT3-RA and dexamethasone alone.

Keywords: Aprepitant, Ondansetron, chemotherapy, nausea and vomiting

1. Introduction

Although nausea and vomiting can result from surgery, chemotherapy, opiates, radiotherapy chemotherapy-induced nausea and vomiting (CINV) is potentially the most severe and most distressing. CINV may be one of the important adverse effects of treatment. The antiemetic therapy used for the prevention of CINV, should be tolerable in patients receiving chemotherapy, especially with highly emetic agents. The three categories of drugs with the highest therapeutic index for the management CINV include Type-3 5-hydroxytryptamine (5-HT3) receptor antagonists, the neurokinin-1 (NK1) receptor antagonists- Aprepitant and Fosaprepitant, and Glucocorticoids. Aprepitant is a novel neurokinin 1 (NK1) antagonist that has been shown to improve safety of anti-emetic therapy when added to a standard antiemetic regimen of a 5-hydroxytryptamine-3 antagonist. Several studies have established that addition of a neurokinin-1 receptor antagonist (NK1-RA), such as aprepitant, to a 5-hydroxytryptamine-3 receptor antagonist (5HT3-RA) and dexamethasone can improve prevention of CINV in patients receiving highly emetogenic chemotherapy with cisplatin combination chemotherapy. We are looking out to evaluate safety of Aprepitant plus Ondansetron when compared to Ondansetron in cancer patients receiving emetogenic chemotherapy.

Background

Aprepitant is a novel neurokinin 1 (NK1) antagonist that has been shown to improve control of chemotherapy-induced nausea and vomiting (CINV) when added to a standard antiemetic regimen of a 5-hydroxytryptamine-3 antagonist plus a corticosteroid.
Inclusion Criteria

- Cancer patients of age more than 18 years admitted in radiation oncology department.
- Patients who are receiving Cisplatin and 5-Fluorouracil therapy
- Patients with cervix cancer and head and neck cancer
- Patients who are willing to participate.

Exclusion Criteria

- Cancer patients of age less than 18 years
- Patients who are not willing to participate in the study.

3. Results

Of the 86 patients screened 82 were randomized. Of these, 4 patients were excluded from the safety and efficacy analyses because they did not receive both cisplatin and at least 1 dose of study drug. The median age was 33 years (range, 16 to 62 years). Fig. 1 shows gender wise distribution of patients in which 50 females and 29 males are taken and randomly distributed into aprepitant and placebo groups.

Twenty-seven (75%) of 36 patients achieved a CR in the acute phase (days 1 through 5) on the aprepitant cycle, and fourteen (32.5%) of 43 patients had a CR on the placebo cycle. In the delayed phase (days 6 through 8), 23 (64%) of the patients on the aprepitant cycle had a CR, and 21 (48.8%) of the patients on the placebo cycle achieved CR. The overall number of patients with CR for days 1 through 8 was 19 (52.7%) on the aprepitant cycle compared with 12 (27.9%) on the placebo cycle achieved CR.

Aprepitant group had very good response in acute and delayed phases of chemotherapy as on par with the placebo group.

The Fig. 2 showing percentage patients with complete response from day 1 to 8, and also in both acute and delayed phases of chemotherapy.

Figure 3: Number of Episodes of Vomiting In Acute Phase

Fig. 3 depicts the number of episodes of vomiting in the acute phase of aprepitant vs placebo groups. Patients who are experiencing less (0-1) episode of vomiting are more with aprepitant therapy i.e. 75% (n=27) compared to placebo group i.e. 32.6% (n=14). Patients who had more than 2 episodes were much higher in placebo group when compared with aprepitant group. No patient had experienced more than 5 episodes in aprepitant group whereas it is seen in placebo group i.e. 7% (n=3) had 6-7 episodes and 18.6% (n=8) had more than 7 episodes.
Fig. 4 depicts the number of episodes of vomitings in the delayed phase of aprepitant vs placebo groups. Patients who are experiencing less (0-1) episode of vomitings are more with aprepitant therapy i.e. 86.3% (n=31) compared to placebo group i.e. 48.8% (n=21). Patients who had more than 2 episodes are much higher in placebo group when compared with aprepitant group. No patient had more than 5 episodes in aprepitant group whereas it is seen in placebo group i.e. 7% (n=3) had 6-7 episodes. Both the groups did not experience more than 7 episodes of vomitings in delayed phase.

5. Conclusion

The current analysis of 82 cancer patients reveals that the use of combination therapy (oral aprepitant, intravenous ondansetron and dexamethasone) proved to be more efficacious than the placebo therapy (intravenous ondansetron and intravenous dexamethasone). There was a significant improvement in complete response rate with aprepitant combined with a 5HT3-RA and dexamethasone as on par with 5HT3-RA and dexamethasone alone.

References

