NSCLC, locally advanced

1205P QUALITY OF LIFE (QOL) EVALUATION IN PORTUGUESE LUNG CANCER PATIENTS RECEIVING CHEMOTHERAPY-ASSOCIATED ANTIEMETIC PROPHYLAXIS - SANTARÉM STUDY

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Aim: Nausea and vomiting are some of chemotherapy's most disabling side effects. Our main objective was to compare the impact in quality of life (QoL) of different antiemetics for chemotherapy-induced nausea and vomiting (CINV) in patients with non-small cell lung cancer (NSCLC). Secondary objectives were to evaluate antiemetics prophylactic effectiveness (percentage of patients with CINV symptoms) and safety [percentage of adverse events (AE)].

Methods: Prospective, observational study. NSCLC patients receiving chemotherapy and antiemetics were included. We used EORTC QLQ-C30 and EORTC QLQ-LC13 for the primary objective, variance analysis to compare scales scores, and X2 tests to

assess significance of differences found.

Results: In total, 149 patients with a mean age of 61.8 ± 10.1 years were included, 71% of which were men. The four most used antiemetic schemes were analysed: ondansetron (O) (n = 243), palonosetron (P) (n = 146), aprepitant + ondansetron (AO) (n = 41) and aprepitant + palonosetron (AP) (n = 18). EORTC QLQ-C30 showed differences amongst the four regimens for Global Health Status (p = 0.015), Physical and Emotional Functioning (p = 0.047 and 0.033, respectively), Pain (p = 0.007) and Insomnia (p = 0.001). Paired comparisons showed that combined regimens were superior to P for Global Health Status (AO, p = 0.026; AP, p = 0.022), O superior to P for Physical Functioning (p = 0.023), but P superior to O for Fatigue (p = 0.024) and Pain (p = 0.038). AP was superior to P for Emotional Dimension (p = 0.020), and AO superior to P for Cognitive Dimension (p = 0.014). EORTC QLQ-LC13 showed differences for Coughing (p = 0.037), Peripheral neuropathy (p = 0.001), Alopecia (p = 0.001) and Pain in the arm or shoulder (p = 0.013). P had the lowest percentage of patients with CINV symptoms (nausea-10.1%, vomiting-5.8%). AE occurred in 43 patients (28%), 98.1% of which were treated with O.

Conclusions: Overall, combined antiemetic regimens had better results in the prophylaxis of CINV than single-drug therapies. O showed advantage over P for Physical Functioning, Fatigue and Pain dimensions. Effectiveness and safety analysis revealed that P is the most effective drug in the prevention of CINV, and AO is the safest combination.

Disclosure: All authors have declared no conflicts of interest.

Annals of Oncology 25 (Supplement 4): iv417–iv425, 2014