342P Comparison of 0.25 mg versus 0.75 mg of palonosetron in combination with aprepitant and dexamethasone for prevention of chemotherapy-induced nausea and vomiting following cisplatin-containing chemotherapy in patients with esophageal cancer

S. Horasawa1, Y. Nakamura2, S. Shimada3, H. Taniguchi4, T. Kojima5, T. Aoyama6, T. Yoshino7

1Translational Research Support Section, National Cancer Center Hospital East, Kashiwa, Japan; 2Department of Gastroenterology and Gastrointestinal Oncology, National Cancer Center Hospital East, Kashiwa, Japan; 3Faculty of Pharmaceutical Science, Tokyo University of Science, Node, Japan; 4Department of Gastroenterology and Gastrointestinal Oncology, National Cancer Center Hospital East, Kashiwa, Japan

Background: Palonosetron (PALO) is a second generation 5HT-3 receptor antagonist recommended as a preferred drug for high-emeticogenic chemotherapies. PALO 0.25 mg has been reported to be as effective as 0.75 mg with less adverse events, such as constipation, when used alone or in combination with dexamethasone (DEX). The efficacy and safety of PALO 0.25 mg compared to 0.75 mg in combination with aprepit (APR) plus DEX in patients (pts) with esophageal cancer remain unclear.

Methods: We retrospectively evaluated the efficacy and safety of PALO 0.25 mg versus 0.75 mg in combination with APR plus DEX in pts with localized or metastatic esophageal cancer who received cisplatin (CDDP)-containing chemotherapy between Nov. 2015 and Mar. 2017 at our institution. Complete response was defined as no emetic episodes and no rescue medication use.

Results: This study enrolled 58 and 55 pts who received PALO 0.25 mg and 0.75 mg. The baseline characteristics were similar between both groups. Sixteen (28%) and 24 (44%) pts received single-agent (docetaxel, CDDP and 5-fluorouracil), respectively. The complete response rates were 72% for 0.25 mg and 62% for 0.75 mg, with no significant difference (odds ratio [OR] = 0.62, p = 0.23). Percentages of no nausea was also similar with 40% and 33%, respectively (OR = 0.74, p = 0.44). Grade 2-3 constipation occurred in any grade of aspartate aminotransferase increase was more frequently observed in 0.75 mg group (38% vs. 58%, p < 0.01; OR = 0.23). Percentages of no nausea and any grade of aspartate aminotransferase increase were more frequently observed in 0.75 mg group (38% vs. 58%, p < 0.01; OR = 0.23). Percentages of no nausea and any grade of aspartate aminotransferase increase were more frequently observed in 0.75 mg group (38% vs. 58%, p < 0.01; OR = 0.23). Percentages of no nausea and any grade of aspartate aminotransferase increase were more frequently observed in 0.75 mg group (38% vs. 58%, p < 0.01; OR = 0.23). Percentages of no nausea and any grade of aspartate aminotransferase increase were more frequently observed in 0.75 mg group (38% vs. 58%, p < 0.01; OR = 0.23). Percentages of no nausea and any grade of aspartate aminotransferase increase were more frequently observed in 0.75 mg group (38% vs. 58%, p < 0.01; OR = 0.23). Percentages of no nausea and any grade of aspartate aminotransferase increase were more frequently observed in 0.75 mg group (38% vs. 58%, p < 0.01; OR = 0.23). Percentages of no nausea and any grade of aspartate aminotransferase increase were more frequently observed in 0.75 mg group (38% vs. 58%, p < 0.01; OR = 0.23). Percentages of no nausea and any grade of aspartate aminotransferase increase were more frequently observed in 0.75 mg group (38% vs. 58%, p < 0.01; OR = 0.23). Percentages of no nausea and any grade of aspartate aminotransferase increase were more frequently observed in 0.75 mg group (38% vs. 58%, p < 0.01; OR = 0.23). Percentages of no nausea and any grade of aspartate aminotransferase increase were more frequently observed in 0.75 mg group (38% vs. 58%, p < 0.01; OR = 0.23).

Conclusions: PALO 0.25 mg in combination with APR plus DEX may contributed to the decrease in constipation in pts with esophageal cancer who received CDDP-containing chemotherapy without compromising the anti-emetic effect compared to 0.75 mg.

Legal entity responsible for the study: National Cancer Center.

Funding: Has not received any funding.