

Preliminary results from DANSAC-EPI: A Danish multicenter trial to investigate the prevalence and treatment of nausea and/or vomiting in patients with advanced cancer

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Introduction

- Despite continuing progress in treatment of chemotherapy-induced nausea and vomiting, knowledge of nausea and vomiting (N/V) in patients with advanced cancer in the palliative phase is sparse.
- According to recent MASCC/ESMO guidelines “the evidence base in this field is minimal with largely poor quality trials or uncontrolled trials and case studies”. Consequently, current recommendations propose aetiology-based treatment approaches.

Patients

Patients were recruited from home, hospice or hospital by five Danish departments. Recruitment is ongoing.

- Advanced cancer, no curable treatment options
- Age \geq 18 years
- Ability to read and understand the forms required for the study
- Life-expectancy more than 2 weeks
- No abdominal or brain surgery within the last 2 weeks or exposure to general anesthesia within the last 4 days.
- No chemotherapy or radiation therapy within the last 4 weeks

Objective

- To assess prevalence, causes and predictors of nausea and correlation to quality-of-life (QoL) in patients with advanced cancer not receiving oncologic treatment.

Patients and Methods

- Eligible patients were screened using the EORTC-QLQ-C15-PAL including an addition of 5 questions targeting nausea/vomiting from the EORTC item bank.
- In patients answering at least ‘a little’ nausea, the treating physician evaluated possible causes (none, one or more) and anti-emetic treatment if any.
- After 5-9 days patients with at least ‘a little’ nausea completed the EORTC-QLQ-C15-PAL again (data not presented here).

Results

Preliminary results from the EORTC-QLQ-C15-PAL screening of patients

	Nausea: n (%)	No nausea: n (%)
Number of patients:	188 (47)	212 (53)
Female:	108 (50)	106 (50)
Male:	80 (43)	106 (56)
Mean age:	69.7 (95 % CI 68.2 ; 71.2)	71.3 (95 % CI 70.3 ; 72.6)
Lung:	39 (21)	59 (28)
Gastrointestinal:	28 (15)	22 (10)
Other:	28 (15)	32 (15)
Prostatic	19 (10)	17 (8)
Gynecologic:	18 (10)	9 (4)
Breast:	15 (8)	21 (10)
Pancreatic:	12 (6)	15 (7)
Stomach:	9 (5)	4 (2)
Eosophageal:	6 (3)	7 (3)
Liver:	4 (2)	2 (1)
Head and neck:	3 (2)	12 (6)
Urological:	4 (2)	10 (5)
Melanoma	2 (1)	0 (0)
Brain:	0 (0)	2 (1)

	n (%)
Constipation	30 (25)
Opioid-induced	13 (11)
Other nausea-inducing drugs	6 (5)
Bowel obstruction	7 (6)
Hypercalcemia	4 (3)
Hypomagnesia	4 (3)
Uremia	3 (3)
Increased intracranial pressure	3 (3)
Pregnancy	0 (0)
Other (e.g. reflux, candida, infection)	28 (24)

	QoL 1-3	QoL 4	QoL 5-7	Total:
1 ‘None’	81 38 %	52 24 %	80 38 %	213 100 %
2 ‘A little’	34 45 %	26 34 %	16 21 %	76 100 %
3 ‘Quite a bit’	20 63 %	15 23 %	9 14 %	64 100 %
4 ‘Very much’	28 61 %	9 20 %	9 20 %	46 100 %
Total:	183 46 %	102 25 %	114 29 %	399 100 %

Pearson $\chi^2(6) = 25.6330$
 $Pr < 0.001$

Conclusion:

- Preliminary results suggest that among cancer patients in palliative care, nausea is more frequent in females and in patients with gastrointestinal, gynecological or stomach cancer.
- Nausea was associated with poor overall quality of life, although the full analysis with adjustment for the effect of other symptoms has not yet been done.

