



Background

- ❖ Traditional prophylactic regimens often include multi-day administration of dexamethasone, along with NK1 receptor antagonists and 5-HT3 receptor antagonists.
- ❖ This study have explored the efficacy of dexamethasone-sparing regimens, which reduce the duration of dexamethasone administration, aiming to maintain antiemetic efficacy while minimizing adverse effects.



Objective

- ❖ Study evaluates the efficacy of a single dose of dexamethasone combined with Netupitant and Palonosetron Tablets for CINV prophylaxis in highly and moderately emetogenic chemotherapy.



Result

- N= 1124 patients
- ❖ Age Mean \pm SD: 52.7 \pm 10.7 years, with 59.4% being female
 - ❖ Common chemotherapy regimens included doxorubicin-cyclophosphamide (15.53%) and Docetaxel, Cisplatin and Fluorouracil (10.64%). 68.3% received HEC, 22.4% received MEC and 9.3% received LEC.
 - ❖ Dexamethasone doses in Cycle 1 were predominantly 8 mg (60.74%), 12 mg (16.81%), and 16 mg (20.21%), with similar trends in subsequent cycles.
 - ❖ Complete response rates, Complete Protection rates and Complete Control rates improved with subsequent Chemotherapy cycles (Fig. 1.)

Efficacy of dexamethasone-sparing regimen as CINV prophylaxis in highly and moderately emetogenic chemotherapy: a multicentre, retrospective study

Title:

Authors:

Suyash Bharat 1, Sudheer Reddy 2, Archit G Joshi3, Suhas Agre4, Priyal Savalia5, Dhruv Mehta6, Pinaki Mahato7, Tanveer Maksud8, Ankit Patel8, Sreekanth Boga9, Suresh B Kumar10, Uday Kumar Punukollu11, Tirumala Venkatesh 12, Aditi Thanky13, Richa Tripathi1

1. Medical Affairs, Institution-Zydus Lifesciences LTD, Gujarat, IND
2. Department of Oncology, Omega Cancer Hospital, Kurnool, IND.
3. Department of Medical Oncology & Haematology, Zydus Hospitals & Healthcare Research Pvt. LTD, Vadodara, Gujarat, IND
4. Department of Medical Oncology, Cancer One Clinic, Mumbai, IND.
5. Department of Medical Oncology, Kiran Hospital, Surat, Gujarat, IND
6. Department of Medical Oncology, SGHOC, Surat, Gujarat, IND
7. Department of Medical Oncology, HCG CANCER CENTER, Vadodara, Gujarat, IND
8. Department of Medical Oncology, Surat oncology centre, Surat, Gujarat, IND
9. Department of Oncology, Omega Cancer Hospital, Guntur, IND
10. Department of Oncology, Kauvery Hospital, Chennai, IND
11. Department of Oncology, Renova Century Hospital, Telangana, IND.
12. Department of Oncology, DBR and SK Super Specialty Hospital and Cancer Centre, Tirupati, IND.
13. Department of Oncology, Sterling Cancer Hospital, Rajkot, Gujarat, IND



Methods

- ❖ This retrospective, multicenter study aimed to evaluate the efficacy of a dexamethasone-sparing regimen in managing CINV among patients receiving HEC, MEC or LEC.
- ❖ Data of patients administered with Tablet Netupitant 300 mg and Tablet Palonosetron 0.5 mg (Nykron) with a single dose of Dexamethasone 8 mg or 12mg on day 1, prior one hour chemotherapy was evaluated.
- ❖ The data was collected from September 2022 till December 2024.
- ❖ Outcomes measures for acute phase (0-24 hours) & delayed phase (24-120 hours) CINV.
- ❖ **Complete Response:** No vomiting and no need for rescue medications
- ❖ **Complete Protection:** No significant nausea (<2.5 cm on VAS), No vomiting, and No use of rescue medications
- ❖ **Complete Control:** No emetic episodes, No rescue therapy, and No nausea (0 cm on VAS)



Conclusions

- ❖ Sparing Dexamethsone dose on day 2nd, 3rd and 4th with tab Netupitant + tab Palanosetron + Day 1 Dexamethasone is effective in achieving high response rates, in both acute and delayed phases of CINV, with minimal reliance on rescue medications.



Figure 1:
CR,CP & CC
rates in acute
and delayed
phase of CINV