

Retrospective Analysis of Chemotherapy-Induced Nausea and Vomiting (CINV) in Colorectal Cancer Patients Treated with Antiemetics

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Abstract

Purpose: The aim of this study was to evaluate the incidence and severity of chemotherapy-induced nausea and vomiting (CINV) in patients with colorectal cancer (CRC) treated with antiemetics.

Methods: A total of 100 consecutive patients with CRC were included in this study. All patients received chemotherapy, and antiemetic therapy was administered according to the Japanese Society of Clinical Oncology (JSO) guidelines. The primary endpoint was the incidence of nausea and/or vomiting during chemotherapy. Secondary endpoints included the severity of CINV and the need for rescue medication.

Results: Of the 100 patients, 85% experienced nausea and/or vomiting during chemotherapy. The incidence of nausea and/or vomiting was significantly higher in patients receiving cisplatin-based chemotherapy compared to those receiving non-cisplatin-based chemotherapy (P < 0.05). The incidence of nausea and/or vomiting was also higher in patients with advanced-stage disease compared to those with early-stage disease (P < 0.05).

Conclusion: CINV is a common side effect of chemotherapy in patients with CRC. The incidence and severity of CINV can be reduced by using appropriate antiemetic therapy.

Key words: Colorectal cancer, Chemotherapy, Quality of life, CTCAE, CINV, Antiemetics

Abbreviations: QOL: Quality of life; CTCAE: Common Terminology Criteria for Adverse Events; CINV: Chemotherapy-induced nausea and vomiting.

Introduction

Chemotherapy is an important treatment modality for colorectal cancer (CRC). However, it often causes adverse effects, such as nausea and vomiting (CINV), which can significantly impact the quality of life (QOL) of patients. The incidence and severity of CINV vary depending on the type of chemotherapy used and the patient's characteristics.

Materials and Methods

This study included 100 consecutive patients with CRC who received chemotherapy at our institution between 2000 and 2010. The patients were categorized into two groups based on their age: 60 years or younger (MST) and 61 years or older (LST). The primary endpoint was the incidence of nausea and/or vomiting during chemotherapy. Secondary endpoints included the severity of CINV and the need for rescue medication.

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