

Chemotherapy-induced nausea and vomiting (CINV)

PREVENTION MATTERS

CINV is a distressing and common side effect, negatively affecting patient quality of life¹

70–80% of patients who do not receive CINV prophylaxis before chemotherapy, experience nausea and/or vomiting²

Incidence of CINV in patients receiving emetogenic chemotherapy

32.8%³

of **acute** CINV occurs within 24 hours of chemotherapy administration⁴



60.7%³

of **delayed** CINV occurs from 25 to 120 hours after chemotherapy administration⁴

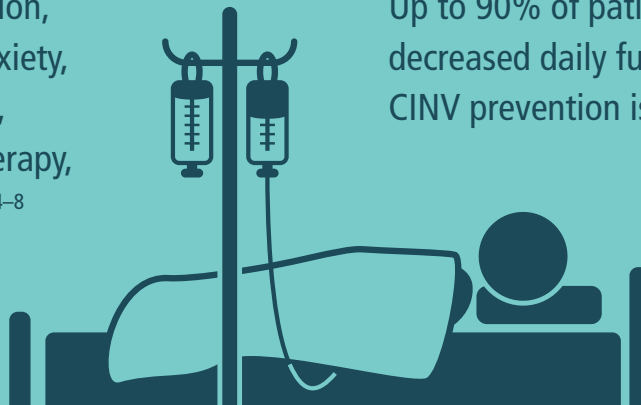


Medical complications

Significant morbidity, poor nutrition, muscle wasting, dehydration, anxiety, physical damage to the stomach, discontinuation of anticancer therapy, compromised survival outcomes^{4–8}

Affects quality of life

Up to 90% of patients reporting decreased daily functioning when CINV prevention is inadequate⁵



The economic consequences of CINV can be significant

Severe CINV episodes present a significant cost for national healthcare services⁹

Mean cost per patient:

€389

Italy

€750

France

€1,017

Germany

When patients do not receive guideline-recommended CINV preventative treatment, healthcare visits due to CINV are higher¹

Approaches which may reduce costs associated with CINV, including economic consequences of healthcare visits:^{1,9}



Educating patients



Increasing guideline adherence



Improving management of CINV episodes



Optimising use of CINV prophylactic agents

Prevention is central to effective CINV management

- **32% of healthcare providers delayed or discontinued** a patient's chemotherapy because of CINV¹⁰
- International antiemetic guidelines recommend drug administration targeting CINV prevention¹
- Guideline compliance can significantly **reduce CINV incidence by almost 10%** when compared with guideline-inconsistent prophylaxis, as reported in a prospective, observational multicentre study¹
- Oncologists estimated that **35% of patients made mistakes** (i.e. missed or delayed doses) during home administration of antiemetics¹¹
- Patient non-compliance to antiemetic prophylaxis represented **a problem for 42% of oncologists**¹¹
- Simplifying regimens has been suggested to improve patients' adherence to guideline-recommended CINV prophylaxis¹¹

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