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CLOSING REMARKS

Navoban® (tropisetron): the current consensus

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The first paper presented at this symposium, 'Reactions of patients to the diagnosis and treatment of cancer' by Dr Sussman from the New York University School of Medicine, dealt with strategems for coping with patients with cancer. Dr Sussman also called our attention to the concerns of patients suffering from the side effects of treatment, such as nausea and vomiting. These constitute an important second source of distress to those facing the idea of having a malignant disease.

This is particularly striking in children, who may not be able to tolerate the treatment and may even run away from it. Dr Sussman concluded that the recent introduction of 5-HT_3-receptor-antagonists, with their ability to provide quite a satisfactory antiemetic effect, is contributing to a significant improvement in patient quality of life during chemotherapy.

The effect of Navoban® (tropisetron) in the prevention of nausea and vomiting in children receiving cytotoxic chemotherapy was discussed by Professor Benoit on behalf of the Belgian Navoban® Paediatric Group. This group reported that acute and delayed emesis were well controlled by Navoban® therapy (overall, complete and partial control for all 5 days of the chemotherapeutic courses of 93%). Very few side effects were documented, which confirmed the safety of the drug. This successful management of emesis in the paediatric population is therefore a great achievement in the treatment of childhood malignancies.

The antiemetic efficacy of Navoban® compared with that of another standard 5-HT_3-receptor antagonist, Zofran® (ondansetron), in highly emetogenic chemotherapy was discussed by Professor Marty from the Hôpital Saint Louis, Paris, on behalf of the French Navoban® Group. A randomised, double-blind trial showed that the control and the activity of Navoban® were clinically equivalent to those of Zofran® not merely on acute but also on delayed emesis. The same applied to recorded side effects, which were mild and did not differ between the two treated groups. Navoban®, having a simpler administration schedule, was recommended by the French group.

Professor Van Belle, from the University Hospital of Ghent, Belgium, on behalf of the Belgian Navoban® Group, reported a study which evaluated Navoban®-based combination therapy in patients who had incomplete control of chemotherapy-induced nausea and vomiting when using Navoban® as a single antiemetic agent. These investigators concluded that Navoban® 5 mg once daily was an effective, safe, well tolerated and simple-to-use antiemetic drug for chemotherapy-naive patients. In patients incompletely controlled with Navoban® alone, neither the addition of a conventional dose of alizapride nor doubling of the dose of Navoban® changed the complete response rate (CRR). However, in such patients, the addition of dexamethasone increased significantly the CRR of both acute and delayed emesis, with minimal side effects (gastric pain and pyrosis).

The Nordic experience with Navoban® in the prevention of chemotherapy-induced emesis was reported by Dr Sorbe, on behalf of the Nordic Antiemetic Trial Group. Treatment efficacy seemed to be equivalent to that of complex, high-dose metoclopramide cocktails, but associated with far fewer side effects. Navoban® thus proved to have a long-term, stable effect on preventing emesis and to be a safe and well tolerated antiemetic treatment. The addition of dexamethasone to Navoban® in patients incompletely controlled with Navoban® alone resulted in a significant improvement in its efficacy in both acute and delayed nausea and vomiting. The conclusion of this large trial was that Navoban® seemed to be very effective in preventing emesis even in patients at particular risk, such as those older than 50 years, those

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on cisplatin regimens or those with breast or gynaecological cancers.

The current evaluation of the antiemetic efficacy of Navoban® in preventing chemotherapy-induced emesis, as expressed by these important scientific contributions, offers much hope for improving the quality of life of cancer patients; it also suggests the very real possibility of offering patients increasingly intensive cytotoxic treatment when necessary.