

## Letter to the Editor

# Emesis and Cancer Chemotherapy

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THE CONTROL of cytotoxic-drug-induced emesis improving dramatically and exciting novel strategies are becoming available [1]. Before such experimental therapy is available for routine clinical use, further studies will be required. We have previously published the results of high-dose metoclopramide by continuous infusion with dexamethasone against cisplatin-induced emesis and shown encouraging results [2]. We have extended the use of this anti-emetic strategy to the emetogenic combination of cyclophosphamide and doxorubicin and have found it to be highly effective.

Cyclophosphamide 1 g/m<sup>2</sup> and doxorubicin 50 mg/m<sup>2</sup> were administered as part of lymphoma therapy (Bleo-CHOP—bleomycin, cyclophosphamide, doxorubicin, vincristine, prednisolone) in six patients and a lung cancer therapy (MACE—methotrexate, doxorubicin, cyclophosphamide and etoposide) in 19 patients. Dexamethasone 20 mg was given as a 10 min infusion prior to a loading dose of 3 mg/kg metoclopramide

over 8 h. Chemotherapy was administered through a fast-running drip immediately before commencing the anti-emetic therapy. Three young patients received lorazepam as prophylaxis against dystonic reactions.

Five out of six B-CHOP patients had no vomiting on their first course and on 15 subsequent courses there have only been two emetic episodes. Protracted nausea and vomiting during the succeeding week is no longer the problem which it was on previous anti-emetic regimens for B-CHOP.

Thirteen out of nineteen MACE patients have had no vomiting over the 72 h of their first admission. The remaining five patients all had three or less vomits over the 72 h period. Sixteen out of 65 subsequent courses have been associated with any emesis, i.e. 75% of courses are free of emesis.

We believe that for the combination of cyclophosphamide and doxorubicin high-dose metoclopramide with dexamethasone is highly effective at controlling emesis, and would recommend its use in these circumstances as well as for cisplatin-induced nausea and vomiting.

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## REFERENCES

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2. Warrington PS, Allan SG, Cornbleet MA, Macpherson JS, Smyth JF, Leonard RCF. Optimising anti-emesis in cancer chemotherapy: efficacy of continuous versus intermittent infusion of high dose metoclopramide in emesis induced by cisplatin. *Br Med J* 1986, **293**, 1334–1337.