

Concluding Remarks

Giorgio Cocconi

THE DATA presented in this symposium demonstrate granisetron's efficacy as an antiemetic agent with superior activity compared with conventional therapies. Granisetron has a very simple dosage schedule and the large majority of patients require only a single dose. Oral administration is emerging as potentially important, especially for easily maintaining control of emesis during a course of chemotherapy. It has been shown that granisetron differs in its characteristics compared with another drug of the same class, namely ondansetron. Granisetron has a higher potency, at least 5 times that of ondansetron, a more conventional dose-response curve, and a longer duration of activity - approximately double that of

ondansetron and possibly a better ability to maintain activity in subsequent courses of chemotherapy.

A topic which will be an open question for the future, which will need to be addressed by comparative studies, is the problem of achieving a higher rate of complete response by combining granisetron with other agents, mainly corticosteroids.

Finally, it was important that certain aspects of this meeting focused on the attitudes of the doctor, nurses and most of all the patients, to the problem of nausea and vomiting. The view of patients is obviously very important and differences in perspective between patients and clinicians can lead to unforeseen problems. However, it is encouraging to see that the opinions and attitudes of the patients are being considered by the medical profession, as ultimately this should lead to more effective treatment modalities.

Correspondence to: G. Cocconi
G. Cocconi is at the Ospedale Regionale, Via Gramsci 14, 43100, Parma, Italy.

Panel Discussion

Dr. L. Fallowfield, Dr. A. Jones,
J. Ouwerkerk, C. Murray,
M. Watson, Prof. M. Marty
and Prof. V. Diehl

Several questions were presented to the audience during the course of the panel discussion in order to obtain their opinions on several issues relating to antiemetic treatment. These questions, along with the answers, are presented in boxes throughout the edited text of the panel discussion.

SMITH (U.K.): Do the panel believe that, in general, doctors are not very good at spotting the patient's underlying concerns regarding treatment?

JONES (U.K.): Specialists, nurses, and to a lesser extent patients, perceive nausea as actually a more important feature of chemotherapy than vomiting. Whether such information was gathered in the course of patients' chemotherapy is unclear, and it may be that clinicians who have seen a lot of people suffering with nausea would rate it more highly. In contrast, a patient who has only received one or two courses of chemotherapy may not have come to terms with the situation.

OUWERKERK (Holland): I imagine the clinician and the nurses rank nausea and vomiting higher than patients because they see the patients every day in the clinics when the patients are more than likely to feel nausea and vomiting. Individual patients in their home environment probably experience less nausea and vomiting, and this may account for the apparent difference.

SMITH: Dr Murray, what aspect of treatment worries patients the most?

MURRAY (U.K.): Prior to the initiation of treatment, we find that most patients worry about nausea and hair loss. However, during treatment, anxiety and tiredness arise, although worries

about nausea still predominate.

SMITH: This relates well with my own experience. In general patients express concern for one particular group of problems, but soon discover that the problems they were warned about are perhaps not quite so important, especially as other problems emerge.

MURRAY: The media impression of chemotherapy certainly influences many patients. Patients who contact us initially are usually very anxious about nausea because they associate chemotherapy with nausea and also hair loss. We try to reassure them that not all drugs will have these specific adverse effects, and try to give realistic information about chemotherapy. Certainly, a lot of possible misconceptions arise before treatment starts.

SMITH: Are there any discrepancies between what doctors perceive as major problems and what actually turn out to be concerns for the patient?

MARTY (France): Years ago when we were trying to assess the impact of nausea and vomiting during adjuvant chemotherapy of breast cancer, we found that the patient expressed only limited concern. However, after completing chemotherapy, patients said the worst adverse effect they experienced was nausea. Clearly, perceptions are time related. Moreover, some patients may actually become anxious if nausea is not experienced. For instance, in a patient who relapsed after adjuvant chemotherapy of breast cancer, and later received treatment with a less emetogenic drug, the absence of nausea led to the perception that the patient was receiving less-effective treatment.

JONES: It is quite important to distinguish between patients who are receiving adjuvant chemotherapy, as opposed to those who are administered chemotherapy for symptomatic disease. The latter patients will initially experience some relief of their disease-related symptoms which will be followed somewhat later by the adverse effects to the chemotherapy. This may partly explain the different patterns that you see the patients express, as opposed to the medical and nursing staff.

FALLOWFIELD (U.K.): Unfortunately, most chemotherapy-treated patients are reluctant to talk to their doctors about many of the problems that arise and actually affect their way of life. The notable exceptions being issues related to hair loss, nausea and vomiting. Consequently, many problems such as sexual dysfunction, depression, anxiety, etc. often go unrecognised.

Question: How many of the audience routinely warn patients on chemotherapy that this will probably have an impaired effect on their sex life?

Answer: Yes 20%, No 80%.

Question: Is this because you personally find this a difficult topic to discuss with patients as Dr Fallowfield has suggested?

Answer: Yes 60%, No 40%.

HACKING (South Africa): I find that many patients and their partners talk openly about this issue. In terms of treatment, patients find low-dose androgen very effective; fluoxymestrone, 5 mg twice a week, rapidly restores libido.

SMITH: Clearly we do not entirely understand the problems that patients face and we tend to discuss only relatively non-controversial topics such as nausea and vomiting, and hair loss.

Question: Can we predict which patients are most likely to suffer from nausea and vomiting, and if we can predict, does it make you change your treatment right away?

Answer: Yes 50%, No 40%, Don't know 10%.

DIEHL (Germany): I think it is very important to predict which patients are most likely to suffer from nausea and vomiting. There are certain indicators that make us aware of whether the patient suffers nausea and vomiting. So called "strong-willed" patients tend to cope well. However, I find that young men suffer badly, especially if you don't have support from their close family, they tend to rapidly withdraw from treatment.

Question: Are young men a difficult group to treat in terms of nausea and vomiting?

Answer: Yes 70%, No 30%.

SMITH: The main disease presenting in young men is testicular teratoma, for which treatment is particularly unpleasant. Therefore, the question of whether it is the treatment of disease or actual attitude remains to be resolved. I would like to know if women have a bigger problem than men?

MARTY: In certain diseases, for instance non-Hodgkin's lymphoma, Hodgkin's disease or acute leukaemias, the

incidence of emesis is higher in women, especially young women, than in male patients. Nevertheless, women tend to cope better with the distress caused by the disease than men.

JONES: I think it is useful to define groups of people who are at particularly high risk of emesis with chemotherapy because they may require a different approach than is normal. Nevertheless, it is still important to realise that all patients undergoing chemotherapy are at risk of emesis and all will require at least some form of prophylactic antiemetic cover.

WATSON (U.K.): Using self-report measures, data from three centres in the U.K. have demonstrated that across a wide range of diagnoses women tend to report more symptoms.

SMITH: About 80% of our telephone calls come from women. I would agree with what Dr Watson said, in that women are more likely to report adverse effects of treatment. Moreover, they are more used to discussing their problems than are men.

Question: Do you directly or indirectly use behavioural intervention techniques in the management of patients?

Answer: Routinely 15%, Some patients 65%, Not at all 20%.

Question: Are you in the future going to use behavioural intervention techniques in the management of your cancer patients?

Answer: Routinely 25%, Some patients 70%, Never 5%.

SMITH: Does the panel think that behavioural therapy supervised by psychologists should be more widely used?

FALLOWFIELD: Unfortunately, it is generally assumed that behavioural interventions are only necessary for those patients who really are experiencing problems. I think in the vast majority of cases, psychologists should be used at the outset of treatment.

WATSON: In many cases, nurses can be trained to perform the function of a clinical psychologist. In addition, there is also a lot that the doctors can do especially in relation to how they inform the patients about the potential of nausea before treatment actually begins.

SMITH: All these ideas are fine in theory but do we have the resources to actually carry them out?

FALLOWFIELD: If you see something as a vital part of patients' welfare, which I think psychological care is, then it should be routinely incorporated. Indeed, the time and expense issues for a wide range of factors that are routinely incorporated into a general patient's management don't get questioned quite so severely as the incorporation of psychological care. I believe a psychologist should become an integral part of the management team for a patient receiving chemotherapy.

SMITH: Should the role of the nurse be expanded to encompass certain psychological aspects of chemotherapy?

OUWERKERK: All nurses would like to be involved, but generally do not have a lot of time to expand their role in this area.

SMITH: Turning to the role of 5-HT₃ antagonists, just what kind of an impact are they going to have? Moreover, do they have a future, and are they going to supersede all other forms of antiemetic therapy?

JONES: I think one of the things the introduction of 5-HT₃ receptor antagonists has accomplished is that it has made everyone aware of the problems of emesis in cancer patients.

5-HT₃ antagonists are extremely useful for the treatment of certain sub-groups of patients, although their full therapeutic role remains to be fully defined.

HACKING: I think that the 5-HT₃ antagonists have radically altered our approach to chemotherapy-induced emesis. Nowadays, patients receiving high doses of cisplatin can actually enjoy an evening meal, a situation that has never been envisaged previously.

SMITH: There are a number of different 5-HT₃ antagonists available. How are we going to address which ones we should use, and what kind of trials need to be performed to clarify this issue?

FALLOWFIELD: The actual design of clinical trials is important. Firstly, consideration must be given as to how symptoms are going to be monitored. I think that clinician-

related patients' responses are too far removed from what the patient experiences. Thus, I think you have to monitor quality of life more thoroughly using standardised self report measures, and preferably via a member of the treatment team who is not directly concerned with administration of therapy.

WATSON: It's important to measure the frequency, duration and severity of both nausea and emesis. It's also useful to ascertain the patient's attitude to these symptoms especially in relation to quality of life.

DIEHL: The introduction of 5-HT₃ receptor antagonists has proved a therapeutic success. However, as many as 40% of patients do not derive the full clinical benefit from their administration. Studies need to be undertaken to establish how such patients can achieve effective treatment with this promising group of agents.