1706P Prognostic factors associated with prevalence of nausea, and time to development of nausea in patients receiving guideline-based anti-emetic prophylaxis: A prospective, observational, real world study

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**Background:** The development of effective anti-emetic treatments has contributed to the resolution of emesis in chemotherapy patients. There is a growing concern that the emesis focus is primarily on vomiting. Nausea seems to be underestimated and its incidence and impact remains a major unmet medical need. The study focused primarily on nausea in patients undergoing highly-, moderately- or low emetogenic chemotherapy (HEC, MEC, LEC). The primary endpoint was no nausea during the 120-hours overall phase after cycle 1. The analysis focused on the prevalence of nausea and time to nausea development following the first cycle of chemotherapy.

**Methods:** This prospective, observational single centre study enrolled 95 patients undergoing LEC (25 pts), MEC (24 pts) or HEC (46 pts) for malignancy. Prophylactic antiemetics were administered according to MASCC/ESMO 2016 guidelines. Patient diaries were used to collect data from day-1 to day-5, day-7 and day-10 beginning with cycle-1 for up to 3 cycles.

**Results:** The incidence of nausea of the entire population was 59% compared to only 24% pts experiencing vomiting. (Chi² = 23.5956; p > .000001). Significant variables predicted for nausea included gender, age and history of motion sickness. The level of emetogenicity did not correlate with the incidence of nausea (LEC = 25%, MEC = 60%, HEC = 67%), (Chi² = 5.1893; p > .05). On univariate analysis, factors associated with shorter time to the first nausea episode included; age < 60 years (log-rank test p < 0.0213, Chi sq = 2), then motion sickness (p < 0.0259), gender (p < 0.0321) and emetogenicity (p < 0.29). In a Cox-proportional multivariate proportional hazard model age < 60 years, (p < 0.0213), gender (p < 0.0321) and motion sickness (p < 0.0229) retained its significance while emetogenicity lost its significance.

**Conclusions:** Chemotherapy induced nausea is underreported and remains a major unmet medical need. Gender, age and motion sickness are significant risk factors associated with nausea independent of the level of emetogenicity of the chemotherapy utilized in patients receiving guideline-based antiemetic prophylactic treatment.

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