

European Respiratory Society Annual Congress 2012

Abstract Number: 952

Publication Number: P1244

Abstract Group: 11.1. Lung Cancer

Keyword 1: Lung cancer / Oncology **Keyword 2:** Treatments **Keyword 3:** No keyword

Title: The antiemetic effects of oral azasetron in lung cancer patients treated with moderately emetogenic chemotherapy: Comparison with intravenous granisetron

Dr. Hirotooshi 4485 lihara dai0920@gifu-u.ac.jp ¹, Dr. Junki 4486 Endo jayspina@gifu-u.ac.jp MD ², Ms. Maya 4487 Yamada maya@gifu-u.ac.jp ¹, Dr. Kiyoyuki 4488 Kitaichi kitaichi@gifu-u.ac.jp ¹, Dr. Koumei 4489 Yanase yanase-f@ac.auone-net.jp MD ², Dr. Fumihiko 4490 Kamiya yasusi12342000@yahoo.co.jp MD ², Dr. Fumitaka 4491 Ito fm-it@rie.hi-ho.ne.jp MD ², Dr. Norihiko 4492 Funaguchi funa2im@yahoo.co.jp MD ², Dr. Yasushi 4493 Ohno yasusi@gifu-u.ac.jp MD ², Prof. Dr Shinya 4494 Minatoguchi masa-gif@umin.ac.jp MD ² and Prof. Dr Yoshinori 4495 Itoh yositou@gifu-u.ac.jp ¹. ¹ Department of Pharmacy, Gifu University Hospital, Gifu, Japan, 501-1194 and ² Second Department of Internal Medicine, Gifu University, Gifu, Japan, 501-1194 .

Body: Background: Azasetron (AZA) and granisetron (GRN) were generally used as antiemetics during cancer chemotherapy. However, 5-HT₃ receptor occupancy of these two drugs was quite different. The calculation based on pharmacokinetic information showed that AZA had a relatively higher 5-HT₃ receptor occupancy (oral: 80%; intravenous:85%) than GRN (oral: 57%; intravenous:64%) at 24 h after treatment. In the present study, we conducted a randomized controlled noninferiority study comparing the antiemetic effects of oral AZA and intravenous GRN in patients receiving moderately emetogenic chemotherapy (MEC) for lung cancer. Methods: Patients with lung cancer who received MEC were randomly assigned to oral AZA (10mg) and intravenous GRN (3mg). The primary end point was complete antiemetic response (no emesis, no moderate to severe nausea, and no rescue treatment; CR) during acute (0-24 h) period. CR during delayed (24-120 h) period and hematological toxicities were also monitored. Results: CR during acute period was not different between oral AZA and intravenous GRN. There were also no significant differences in CR during delayed (24-120 h) period and the incidence of hematological toxicities between oral AZA and intravenous GRN. Conclusion: Oral AZA was shown to be noninferior to intravenous GRN in the antiemetic effect against MEC. Thus, the use of oral AZA would be cost-beneficial for cancer chemotherapy.