Meeting report

Navoban (Tropisetron) and 5HT$_3$ Antiemetics in Perspective
Hotel Inter-Continental, Vienna, Austria, 2 October 1992

Over 500 delegates attended a symposium in Vienna in October to review the role of the newest 5-HT$_3$ antiemetic, tropisetron.

Professor R. Gralla (Ochsner Cancer Institute, New Orleans, LA, USA) spoke of the flexibility and easy use of the new 5-HT$_3$ antiemetics. Both tropisetron (oral, following an initial intravenous dose) and granisetron (intravenous) can be given once daily, making them convenient and versatile. Such regimens also have economic advantages in that they decrease the pharmacist and nursing time required. Ondansetron needs to be given at least twice daily, intravenously on the first day and orally for up to 5 days.

The 5-HT$_3$ antiemetics can be administered by the same route as intravenous chemotherapy. The oral formulations of the 5-HT$_3$ antagonists extend their flexibility and convenience in many situations. Professor Gralla added that 5-HT$_3$ combined with a single dose of corticosteroid is likely to give greatest antiemetic effect over the widest range of circumstances: "Once we feel we really know that that combination is best, then it might be worth looking at each agent side by side".

Dr H. Bleiberg (Institut Jules Bordet, Brussels, Belgium) reported a review of the compassionate use of tropisetron in 545 patients with a variety of malignancies (mainly breast cancer and ovarian cancer) who had either proved refractory to antiemetic treatment or were considered to be at high risk of nausea and vomiting. Tropisetron 5 mg was given intravenously just before chemotherapy and, on day 1 of the first course of chemotherapy, 62% of patients experienced no nausea or vomiting, while 29% had a partial response (1–4 vomits and/or episodes of nausea). Significantly, Dr Bleiberg noted: "If patients did not respond during the first cycle there was still a chance of a complete response on day 1 of the second cycle" — 37% of those who had initially had a partial response and 26% of those who had failed to respond had a complete response on day 1 of course 2.

In a comparative study, Professor M. Bruntsch found that tropisetron 5 mg/day was better than a standard regimen in controlling acute vomiting and nausea. Duration of acute nausea was significantly reduced and delayed vomiting was controlled significantly better by tropisetron. There was also a tendency towards better control of delayed mausea. Overall, the investigators and the patients considered tropisetron to be preferable to the standard antiemetic therapy. No difference in response was observed in patients on cisplatin and non-cisplatin regimens.

Dr B. Sorbe (Regionssjukhuset Gynaecological Oncology Clinic, Orebro, Sweden) presented the results of an on-going multicentre study, which, to date, has evaluated 231 patients (45 men and 168 women, mean age 57.6 years) with various cancers (60% gynaecological). Patients received tropisetron 5 mg i.v. shortly before chemotherapy started and oral capsules of 5 mg on the morning of days 2–6; 39% of patients were treated with a cisplatin regimen and the remainder received agents such as carboplatin, adriamycin, dacarbazine, bleomycin or methotrexate. The results were similar to those of Dr Bleiberg's study: 67% of patients achieved complete protection from nausea and vomiting and 27% achieved partial protection during day 1 of course 1. During days 2–4, protection was less good (complete protection 64–72%). During 10 consecutive courses there were no significant differences in efficacy regarding complete (57–89%) or complete plus partial response (90–100%).

Dr Sorbe found that complete protection (course 1, day 1) was achieved in 51% of cisplatin-treated patients and in 78% of non-cisplatin treated patients ($P<0.0001$). "This difference was significant for all 6 days studied in each course", he said. He could not account for this difference between his results and those of Dr Bleiberg, but suspected it had to do with patient selection. Total control of nausea and vomiting was significantly more common among men than women and more common among individuals older than 50 years.

Dr M. Schmidt (Akademiska Hospital, Oncology and Gynaecology Department, Uppsala, Sweden) presented a study of 160 patients with gynaecological cancer. She found tropisetron monotherapy given for 6 days to be an effective first-line antiemetic treatment for patients undergoing highly emetic chemotherapy. In subsequent chemotherapy cycles, tropisetron should be continued as monotherapy in patients with complete response. "In cases of partial control or treatment failure, tropisetron should be combined with dexamethasone, but it is imperative that dexamethasone be given for 6 days", she said.

Professor Gralla concluded the meeting, saying that the risk–benefit ratio is heavily on the side of 5-HT$_3$ antagonists and that they are extremely easy to use in a variety of settings. "It [tropisetron] could not be easier or more convenient to use or much more flexible, so we are really in very good shape on these points".

The conference was organized by Sandoz Pharma Ltd, Basle, Switzerland.