

Dr. Joseph DiBenedetto, Jr. OA Medical Director

A practicing oncologist in Providence, RI, Dr. DiBenedetto directs the Oncology Associates (OA) advisory board for establishing treatment guidelines, selection of product and therapeutic alternatives and reporting on reimbursement / legislative issues that affect the OA membership. Dr. DiBenedetto is active in ASCO as well as many other societies and committees specific to the practice of oncology treatment. Dr. DiBenedetto's numerous associations and positions include Clinical assistant Professor, Brown University School of Medicine, 1992-present, President, Rhode Island Clinical Oncologists, 1992-present, Board of Trustees, Leukemia Society of America, RI chapter, 1990-present. Dr. DiBenedetto concluded his Internal Medicine Residency and fellowship in Hematology at the Rhode Island Hospital, RI (1973-1977) while performing his fellowship in Medical Oncology at the Roswell Park Memorial Institute in Buffalo, NY (1977-1978). Contact him with your questions or remarks at oncologyassoc@rmed.com

In his column, Dr. DiBenedetto, Jr. discusses topics pertinent to the community-based oncology practice.

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From the Desk of

Dr. DiBenedetto, Jr.

UNDERSTANDING ACUTE EMESIS AND 5-HT₃ RECEPTOR ANTAGONISTS



Chemotherapy-induced emesis is quite common in the oncologic setting, and approximately 70 to 80 percent of all patients receiving chemotherapy experience some nausea and vomiting during their course of treatment. Chemotherapy-induced emesis can have a major adverse impact on a patient's quality of life and may ultimately lead the patient to withdraw from potentially beneficial anticancer treatment. The goal of antiemetic therapy should be to prevent nausea and vomiting completely.

The acute emesis that occurs within the first 24 hours of chemotherapy treatment has been much improved with the addition of the 5-HT₃ receptor antagonists. The delayed chemotherapy emesis that occurs one to five days after drug administration, though less severe than acute chemotherapy-induced emesis, has unfortunately been less responsive to treatment. It may also have a longer time duration. Cortical steroids, specifically dexamethasone, have been the most effective agent in the treatment of delayed chemotherapy-induced emesis. Recent studies have shown the addition of the oral 5-HT₃ receptor antagonist ondansetron on the days following moderately emetogenic chemotherapy have made a significant benefit in decreasing those symptoms, especially in those patients who are at high risk for developing nausea and vomiting.

Prevention today seems to be the best approach in managing delayed chemotherapy-induced emesis; and to improve patient outcomes, clinicians need to be more proactive in administering an oral 5-HT₃ antagonist along with dexamethasone in any patient deemed at risk.