Recommandation

Le choix de la prévention des NVCI repose sur le type de molécules utilisées pour la chimiothérapie et associe les Anti NK1 et/ou les Anti 5HT3 et/ou les corticoïdes et/ou l'olanzapine (hors AMM) et/ou les Anti D2.

Degré (fréquence)	Molécules	Prévention des NVCI
Moyennement émétisantes (30-90%)	Brigatinib# Dabrafenib#+ Trametinib Ceritinib* Crizotinib*	AntiD2 systématiquement associés sur l'ordonnance ; à prendre en cas de besoin.
Faiblement émétisante (10-30%)	Afatinib Alectinib Dabrafenib# Trametinib Osimertinib*	
Minimale (< 10%)	Gefitinib Erlotinib	

*Les sétrons sont déconseillés en association au crizotinib et au ceritinib (allongement du QT).
#L'association aux sétrons peut réduire les concentrations plasmatiques du principe actif.

Tableau 6 – Recommandations concernant le traitement et la prévention des NVCI pour les thérapies ciblées orales (d'après (26)**).**

4. Prise en charge des NVCI anticipées

Les benzodiazépines ont montré un intérêt pour la prévention et le traitement des NVCI anticipées. Toutefois, les traitements comportementaux, et la prévention des NVCI aiguës ou retardées sont également essentiels dans cette indication.

5. Prise en charge des NVCI réfractaires

La définition des NVCI réfractaires n'est pas consensuelle, tout comme leur prise en charge (**Tableau 7**).
Avant de parler de NVCI réfractaires, il est recommandé de s'assurer que la prophylaxie adaptée au risque de chimiothérapie a bien été precrite et observée.
L'ASCO et l'ESMO/MASCC considèrent l'olanzapine comme l'option thérapeutique de choix pour les patients qui n'en ont pas reçu en prophylaxie. L'olanzapine peut donc être proposée comme un traitement de secours, d'autant plus que sa bonne tolérance et sa simplicité d'administration (1 cp par jour) facilitent la compliance. Une forme lyophilisée a été développée afin d'améliorer la prise (16).

Modalité	Molécule	Nom commercial	Posologie
Introduction d'une nouvelle molécule (Option préférée MASCC/ESMO-ASCO)	**Olanzapine**	**Zyprexa®**	**5 mg/j durant 5 jours (Option : 10mg)**
	Métopimazine	Vogalène® Lyoc / Gé	Dose max 15-30 mg / j
	Alizapride	Plitican® IV/IM Plitican® po*	2 à 20mg/kg/j IV/IM 100-200mg/j po*
	Sétron	-	Nouvelle molécule 12h après la première
	Halopéridol	Haldol®	0,5 à 2 mg po ou IV/4-6h
	Lorazepam Alprazolam		
Intensification du traitement	Métoclopramide	Primpéran®	20 mg x 3 /j
	Aprépitant	Emend®	Nouvelle cure : 80 mg deux à trois jours supplémentaires
	Sétron		Nouvelle injection 12h après la précédente

*Non remboursé

Tableau 7 – Propositions de prise en charge des NVCI réfractaires.

- Le renouvellement de l'injection de corticoïdes est inutile, de même qu'une augmentation des doses de l'aprépitant (non recommandé).
- Dans tous les cas, la survenue de NVCI réfractaires devra faire réévaluer le traitement de chimiothérapie pour les cures ultérieures.

Recommandation

L'olanzapine à 5mg/jour pendant 5 jours est recommandée pour le traitement des NVCI réfractaires lorsqu'elle n'a pas été utilisée en prophylaxie (hors AMM).

6. Prise en charge des nausées et vomissements induits par la radiothérapie

Bien qu'il s'agisse d'un effet secondaire fréquent, il n'existe que peu de données sur les nausées et vomissements liés à la radiothérapie. Les facteurs affectant la fréquence et la sévérité des symptômes sont divisés en deux catégories :

- Les facteurs liés au patient : âge, sexe, état général, chimiothérapie récente ou concomitante, état psychologique et stade tumoral.
- Les facteurs liés à la radiothérapie : organe / région irradiée, dose par fraction et dose totale, volume irradié et technique d'irradiation.

Le tableau 8 reprend les recommandations des experts MASCC/ESMO 2016 et celles de l'ASCO, adaptées à l'oncologie thoracique. En cas de chimiothérapie concomitante, il faut tenir compte du risque lié à la chimiothérapie, même s'il est plus faible que celui lié à la radiothérapie. Le palonosétron n'a pas l'AMM dans cette indication et il n'existe aucune donnée sur le dosage optimal dans cette indication. Il n'est donc pas recommandé de l'utiliser.

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DECLARATION DES LIENS D'INTERETS

Les personnes ci-dessous ont déclaré des liens d'intérêt en oncologie thoracique pour des participations à des congrès, séminaires ou formations ; des bourses ou autre financement ; des rémunérations personnelles ; des intéressements ; ou tout autre lien pertinent dans les 3 dernières années :

ARPIN D : Takeda, Roche
AUDIGIER-VALETTE C : Roche, Abbvie, BMS, MSD, Takeda, Boehringer, AstraZeneca, Pfizer, Novartis, Fabre, Amgen, Lilly
AVRILLON V : BMS, Abbvie.
BARANZELLI A. : Roche, Takeda, BMS, MSD
BAUD M. : Boehringer
BAYCE BLEUEZ S. : Roche, BMS, AMGEN
BERARD H : Roche, Pfizer, Boehringer
BERNARDI M. : BMS, Sandoz, Roche
BOMBARON P : Roche, AstraZeneca, BMS, Boehringer.
COURAUD S. : AstraZeneca, Boehringer Ingelheim, Lilly, Merck, MSD, Novartis, Pfizer, Roche, Sysmex Innostics, Chugai, Laidet.
DELCLAUX B : BMS, Boehringer, AstraZeneca, Novartis, Roche.
DEMIR S : Pfizer, BMS
FALCHERO L. : Roche, Boehringer, AstraZeneca, BMS, Pfizer, Amgen.
FOUCHER P : AstraZeneca, Roche, BMS, MSD, Chugai, Vifor, IFCT, PFIZER
FOURNEL P. : Lilly, Amgen, BMS, MSD, Roche, Pfizer, Astelas, Boehringer, AstraZeneca, Takeda, Novartis, PFO
GERINIERE L : Lilly
GIAJ LEVRA M. : MSD, BMS, Roche, AstraZeneca, Novartis, Pfizer, Boehringer
GONZALEZ G. : Roche, Novartis, Pharmadom
GOUNANT V : Takeda, Lilly, Roche, AstraZeneca, BMS, Boehringer, Pfizer, Novartis.
GROUET A. : Boehringer, Novartis
HAMMOU Y : Chiesi, ISIS, Elia
JACOULET P : Boehringer
JANICOT H. Boehringer
LARIVE S. : TEVA Santé, Pfizer, Boehringer, BMS, MSD, AstraZeneca.
LE TREUT J. : AstraZeneca, Boehringer, Roche, BMS, MSD
LOCATELLI SANCHEZ M. : Boehringer, BMS, AstraZeneca, LFB
LUCIANI S : Pfizer
MARTIN E. : Astra Zeneca
MASTROIANNI B : Amgen
MERLE P : MSD, AstraZeneca, BMS, Pfizer
MORO-SIBILOT D : Roche, Pfizer, Lilly, Boehringer, MSD, BMS, Takeda, AstraZeneca, Novartis, Amgen, Abbvie
NAKAD A : BMS
ODIER L. : Lilly, Amgen, Pfizer
PAULUS V : MSD, Roche
PEROL M. : Roche, AstraZeneca, Boehringer, Lilly, Takeda, BMS, MSD, Pfizer, Novartis, Chugai
PERROT E. : AstraZeneca
PINSOLLE J. : Takeda, MSD, Roche, Pfizer, Agiradom.
RANCHON F : CELGENE, JAZZPHORNA
SAKHRI L : Pfizer, BMS.
SOUQUET P.-J. : Amgen, AstraZeneca, BI, CHUGAI, P FABRE, LILLY, MSD, BMS, Pfizer, Novartis, Sandoz, Roche, Takeda, Bayer, Merrimack, Merck, Astellas,
TAVIOT B : Chiesi
TISSOT C : Amgen, Sandoz, BMS
WATKIN E. : MSD, AstraZeneca, Boehringer, Pfizer, Roche, BMS
ZALCMAN G. : Roche, AstraZeneca, BMS, Pfizer, Novartis, Abbvie, MSD, Boehringer, GSK, Inventiva

Les autres participants et membres des groupes de travail n'ont déclaré aucun lien d'intérêt en oncologie thoracique.
Aucun participant ou membre d'un groupe de travail n'a rapporté de lien d'intérêt avec l'industrie du tabac.

MENTIONS LEGALES

La réunion de mise à jour des référentiels (édition 2019) a été organisée par l'Association de Recherche d'Information Scientifique et Thérapeutique en Oncologie Thoracique (ARISTOT).
Les partenaires institutionnels 2019 d'ARISTOT sont : **Amgen, Astra Zeneca, Boehringer Ingelheim, Chugai, Pfizer, Roche**.

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