PREVENTION DES NAUSEES ET VOMISSEMENTS INDUITS PAR LA CHIMIOTHERAPIE

1. Généralités

Les nausées et vomissements chimio-induits (NVCI) restent l'un des effets secondaires les plus redoutés par les patients malgré l'émergence de nouvelles classes thérapeutiques (4). Une étude italienne ayant interrogé 761 patients rapporte une altération importante à très importante de la qualité de vie pendant les chimiothérapies dans 45% des cas, 45,3% des patients rapportant des nausées/vomissements (5).

Les tableaux 1 et 2 reprennent la classification des nausées et des vomissements selon les critères de la classification des effets indésirables du NCI américain[C].

Les soignants ont tendance à surestimer l'incidence des NVCI mais à en sous-estimer l'impact sur la vie quotidienne. De plus, seul un tiers des patients rapporte une observance totale au traitement anti-émétique (6).

Grade 1	Perte d'appétit sans modification des habitudes alimentaires
Grade 2	Diminution des apports alimentaires sans perte de poids significative, de déshydratation ou de dénutrition.
Grade 3	Apport calorique et hydrique insuffisant : nécessité d'hospitalisation pour alimentation et/ou hydratation parentérale ou entérale.

Tableau 1 – Cotation des nausées selon la classification CTCAE v5.0

Grade 1	Pas d'intervention indiquée
Grade 2	Indication de rehydratation IV en ambulatoire, intervention médicale indiquée
Grade 3	Alimentation entérale par sonde naso-gastrique ou alimentation parentérale ou hospitalisation indiquée
Grade 4	Conséquences vitales
Grade 5	Décès

Tableau 2 – Cotation des vomissements selon la classification CTCAE v5.0

[C] https://ctep.cancer.gov/protocolDevelopment/electronic_applications/docs/CTCAE_v5_Quick_Reference_8.5x11.pdf

La meilleure prise en charge de cet effet indésirable reste sa prévention optimale.

On classe habituellement les NVCI en trois phases (7) :

- Les NVCI **anticipées** : avant l'administration de la chimiothérapie.
- Les NVCI de **la phase aiguë :** dans les 24h suivant l'administration de la chimiothérapie.
- Les NVCI de **la phase retardée (les plus fréquentes)** : après 24h et sans limite de fin.

Si les progrès thérapeutiques ont été importants ces dernières années et ont permis un meilleur contrôle des vomissements, les nausées restent difficiles à prendre en charge et doivent faire l'objet d'une attention spécifique. Certains facteurs de risque peuvent influencer la survenue de cet effet indésirable. Ils sont communément séparés en deux groupes (8) :

- Les facteurs liés au traitement : type, dose et mode d'administration du traitement de chimiothérapie (cf. ci-après) ;
- Les facteurs liés au patient :
    - Le sexe féminin,
    - L'âge inférieur à 55 ans,
    - Les antécédents personnels de NVCI, de vomissements gravidiques ou de mal des transports,
    - L'anxiété,
    - Les traitements émétisants concomitants.
- L'intoxication alcoolique chronique est, à l'inverse, un facteur protecteur.

Un score de prédiction du risque de nausées a été développé à partir des données individuelles de différents essais (75% femmes ; 8% de cancers bronchiques ; 1198 patients) (Tableau 3). L'objectif était de prédire le risque de survenue de nausées/vomissements de grade ≥2 entre J0 et J5. Ce score - de 0 à 32 - est particulièrement bien relié au risque de nausées/vomissement (9–11).

Facteur	Point
Age < 60 ans	+1
S'attend à avoir des nausées/vomissements	+1
A dormi <7h la nuit précédent la chimiothérapie	+1
ATCD de nausées/vomissement au cours de la grossesse	+1
Chimiothérapie à base de cisplatine ou anthracyclines	+2
Prise d'anti-émétique « de secours » au domicile au cours du cycle précédent	+3
ATCD de nausées/vomissement au cours du cycle précédent	+5
S'apprête à recevoir le second cycle	-5
S'apprête à recevoir le troisième cycle ou plus.	-6
Constante	+10
Score total	0-32
Prévalence des nausées/vomissement ≥ grade 2 selon le score : <12 : 13.6% - <20 : 43.7% - <28 : 72.8% - ≥28 : 87.9%	

Tableau 3 – Score de prédiction du risque de présenter des nausées/vomissements de grades ≥2

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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: BMS, D Medica, MSD, Takeda, Roche, Astrazeneca.
AUDIGIER-VALETTE C: Roche, Abbvie, BMS, MSD, Takeda, AstraZeneca, Novartis, Lilly, Amgen
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BAYCE BLEUEZ S: Roche.
BENZAQUEN J: Astrazeneca
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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.

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La réunion de mise à jour des référentiels (édition 2022) a été organisée par l'Association de Recherche d'Information Scientifique et Thérapeutique en Oncologie Thoracique (ARISTOT).
Les partenaires institutionnels 2022 d'ARISTOT sont : **Astra Zeneca, Chugai, Janssen, Lilly, MSD, Pfizer, Roche et Takeda**.

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Association ARISTOT
Service de Pneumologie Aiguë et Cancérologie Thoracique
Hôpital Lyon Sud
165 Chemin du Grand Revoyet
69495 Pierre Bénite CEDEX

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