

## 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 <sup>#</sup>	AntiD2 systématiquement associés sur l'ordonnance ; à prendre en cas de besoin.
	Dabrafenib <sup>#</sup> + Trametinib	
	Ceritinib*	
	Crizotinib*	
	Lorlatinib*	
Faiblement émétisante (10-30%)	Afatinib	AntiD2 systématiquement associés sur l'ordonnance ; à prendre en cas de besoin.
	Alectinib	
	Dabrafenib <sup>#</sup>	
	Trametinib	
Minimale (< 10%)	Osimertinib*	
	Gefitinib	
	Erlotinib	

\*Les sétrons sont déconseillés en association (allongement du QT).

<sup>#</sup>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 (33)).**

#### 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 prescrite 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 (23).

Modalité	Molécule	Nom commercial	Posologie
<b>Introduction d'une nouvelle molécule (Option préférée MASCC/ESMO-ASCO)</b>	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		
<b>Intensification du traitement</b>	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.

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**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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