

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.

## 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.

Risque	Type d'irradiation	Traitement anti-émétique	
		Prophylactique	Curatif
Modéré (60-90%)	Haut de l'abdomen Cranio-spinal	Prévention par Sétron avant chaque fraction. (+/- Corticoïdes (4 mg équivalent Dexaméthasone) avant chacune des 5 premières fractions en OPTION).	
	Crâne	(Corticoïdes)	Corticoïdes*
Faible (30-60%)	ORL	(Corticoïdes ou sétrons ou Anti-D2)	Corticoïdes ou sétron ou Anti-D2*
	Thorax		
	Pelvis		
Minimale (< 10%)	Extrémités	-	Corticoïde ou sétron ou Anti-D2
	Seins		

\*Le traitement curatif est l'option préférée dans les recommandations ASCO

**Tableau 8 – Prévention et traitement des nausées et vomissements liés à la radiothérapie**

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