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Guidelines on Chemotherapy-induced Nausea and Vomiting in Pediatric Cancer Patients - Anticipatory

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III. Prevention and Treatment of Anticipatory Chemotherapy-Induced Nausea and Vomiting

The “Guideline for the Prevention and Treatment of Anticipatory Nausea and Vomiting due to Chemotherapy in Pediatric Cancer Patients” was endorsed by the COG in August 2014.

The source guideline is published (Flank J, Robinson PD, Boodhan S, et al. *Pediatr Blood Cancer* 2014; 61: 1506-12.) and is available at: <http://onlinelibrary.wiley.com/doi/10.1002/pbc.25063/pdf>

The purpose of this guideline is to provide evidence-based recommendations for the prevention and treatment of anticipatory chemotherapy-induced nausea and vomiting in children. The recommendations of the endorsed guideline are presented below.

Summary of Recommendations for the Prevention and Treatment of Anticipatory Chemotherapy-induced Nausea and Vomiting (CINV)

RECOMMENDATIONS	Strength of Recommendation and Quality of Evidence
1. What approaches are recommended to prevent the development of anticipatory chemotherapy induced nausea and vomiting (CINV) in children?	
Control of acute and delayed CINV should be optimized for each child in order to minimize the risk of the child developing anticipatory CINV.	Strong recommendation Low quality evidence
2. What interventions are recommended to control anticipatory CINV in children who develop it?	
We suggest that psychological interventions such as hypnosis or systematic desensitization may be offered to children with anticipatory CINV.	Weak recommendation Moderate quality evidence
We suggest that lorazepam in a dose of 0.04 to 0.08 mg/kg/dose (maximum: 2 mg/dose) once at bedtime the night before chemotherapy and once the next day prior to administration of chemotherapy may be used to prevent or treat anticipatory CINV in children.	Weak recommendation Low quality evidence

Appendix 1: GRADE

Strength of Recommendations:

Strong Recommendation	When using GRADE, panels make strong recommendations when they are confident that the desirable effects of adherence to a recommendation outweigh the undesirable effects.
Weak Recommendation	Weak recommendations indicate that the desirable effects of adherence to a recommendation probably outweigh the undesirable effects, but the panel is less confident.

Strength of Recommendations Determinants:

Factor	Comment
Balance between desirable and undesirable effects	The larger the difference between the desirable and undesirable effects, the higher the likelihood that a strong recommendation is warranted. The narrower the gradient, the higher the likelihood that a weak recommendation is warranted
Quality of evidence	The higher the quality of evidence, the higher the likelihood that a strong recommendation is warranted
Values and preferences	The more values and preferences vary, or the greater the uncertainty in values and preferences, the higher the likelihood that a weak recommendation is warranted
Costs (resource allocation)	The higher the costs of an intervention—that is, the greater the resources consumed—the lower the likelihood that a strong recommendation is warranted

Quality of Evidence

High Quality	Further research is very unlikely to change our confidence in the estimate of effect
Moderate Quality	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate
Low Quality	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate
Very Low Quality	Any estimate of effect is very uncertain

Guyatt, G.H., et al., *GRADE: an emerging consensus on rating quality of evidence and strength of recommendations*. BMJ, 2008; 336: 924-926.

Guyatt, G.H., et al., *GRADE: going from evidence to recommendations*. BMJ, 2008; 336: 1049-1051.