

Evaluating the Treatment of Chemotherapy-Induced Nausea and Vomiting

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Pharmacy Credit

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1. Each participant evaluating the activity is eligible to receive CE credit.
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Sample of Online Posttest

Choose the best answer for each of the following:

1. **Substance P, as mediated by neurokinin-1 (NK₁) receptors, is primarily related to which of the following types of chemotherapy-induced nausea and vomiting (CINV)?**
 - A. Acute CINV
 - B. Delayed CINV
 - C. Breakthrough CINV
 - D. Refractory CINV
2. **Which of the following 5-HT₃ receptor antagonists (5-HT₃ RAs) has been shown in clinical trials to be better in terms of complete responses in the prevention of delayed CINV in moderately emetogenic chemotherapy than the others?**
 - A. Ondansetron
 - B. Dolasetron
 - C. Granisetron
 - D. Palonosetron
3. **All NK₁ receptor antagonists (RAs) inhibit the metabolism of dexamethasone, EXCEPT:**
 - A. Aprepitant
 - B. Rolapitant
 - C. Netupitant
 - D. Fosaprepitant
4. **American Society of Clinical Oncology guidelines recommend which of the following regimens for the acute phase of highly emetogenic chemotherapy (HEC) containing cisplatin?**
 - A. NK₁ RA + 5-HT₃ RA + dexamethasone + olanzapine
 - B. NK₁ RA + 5-HT₃ RA + dexamethasone
 - C. Olanzapine + palonosetron + dexamethasone
 - D. 5-HT₃ + dexamethasone + olanzapine
5. **JR is a 48-year-old woman who smokes. She denies routine use of alcohol. Her initial diagnosis is stage II adenocarcinoma of the lung that is determined after workup of a persistent nonproductive cough. She underwent resection at that time. JR then received cisplatin-based adjuvant chemotherapy that she did not tolerate very well, experiencing significant CINV with each cycle. Nine months after her surgery, metastatic disease to her pelvic bone and femur is diagnosed. She is a single mother of 1 child but has very good family support at home. JR is here to start chemotherapy with pemetrexed 500 mg/m² + carboplatin AUC 5. Which of the following risk factors for acute and/or delayed CINV would JR exhibit?**
 - A. Female, younger than 50 years, and smoker
 - B. Metastatic disease of the bone, history of CINV with previous platinum chemotherapy, and HEC for metastatic disease
 - C. Female, younger than 50 years, low alcohol consumption, history of CINV with previous platinum chemotherapy, and HEC for metastatic disease
 - D. Female, low alcohol consumption, history of resection
6. **Your organization stocks numerous antiemetics in various formulations. Formulary decision makers have asked that you work with an oncologist and conduct a class review. Which of the following is the BEST reason to drop an antiemetic from the formulary?**
 - A. Its acquisition cost is more than the other drugs in its class.
 - B. It is readily available through your normal distribution chain.
 - C. It is not available as a suspension, just a capsule and an injectable.
 - D. A value analysis rates this drug lower than others in its class.

- 7. You review data from all patients (N >500) who have been treated for CINV at your facility over the past 3 years. Working with others on the transdisciplinary team, you find that 35% of your patients experienced dose reductions, chemotherapy changes, or chemotherapy discontinuation pursuant to CINV. What is the MOST LIKELY way to correct this?**
- A. Establish a team to select a guideline, tailor it to your organization, and use training and automated alerts in the order entry system to increase guideline adherence.
 - B. Manage patients' expectations about what to expect, ensure that they have diaries or tracking tools, and tell them to report CINV at their next visit.
 - C. Assign responsibility for educating patients about CINV and asking about CINV frequently to the oncologists; they prescribe, so they should monitor.
 - D. Rerun the data and reanalyze; this rate is roughly triple the rate reported in large national surveys of oncology providers, so it is clearly a calculation error.
- 8. Which of the following organizations offers an online toolkit for clinicians and patients to help address CINV more aggressively?**
- A. National Cancer Institute
 - B. Hematology/Oncology Pharmacy Association
 - C. National Comprehensive Cancer Network
 - D. American Society of Clinical Oncology
- 9. Select the statement that is TRUE:**
- A. One complementary therapy, ginger, has not been assessed in clinical studies, so clinicians should not discuss or recommend it.
 - B. Nausea is obvious to track, but vomiting is more difficult to assess because it is a subjective experience.
 - C. Patients who experience severe vomiting may be better able to use sublingual and buccal formulations.
 - D. Current guidelines include patient-specific factors in recommended antiemetic combinations based on evidence.
- 10. A 55-year-old woman who is being treated for breast cancer with a moderately emetogenic antineoplastic comes to the pharmacy on day 11 of her 21-day treatment cycle. She says that her nausea has increased significantly since day 9. She took a 3-drug regimen on days 1 through 5. She says her nausea was well controlled through day 8, and she has no other complaints. What would be the most important thing for you to check before calling the prescribing oncologist?**
- A. The patient's weight to determine if she is gaining or losing
 - B. Whether she has increased or decreased her alcohol consumption
 - C. Her pharmacy profile for drugs that can cause nausea
 - D. Whether she has recently become pregnant

SAMPLE
POSTTEST