A letter re: Chemotherapy-induced nausea and vomiting in paediatric oncology

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Abbreviations

CINV - Chemotherapy-induced nausea and vomiting
CCLG - Children's Cancer and Leukaemia Group

I read with interest the published article by Abigail Wong[1] in the *Inspire Student Health Sciences Research Journal*. The author conducted a retrospective audit to determine the extent of guideline adherence in the management of chemotherapy-induced nausea and vomiting (CINV) in paediatric oncology patients. Below are my comments regarding the article.

Firstly, 11 patients were retrospectively audited to obtain data regarding 3 sequential chemotherapy cycles (for a total of 33 cycles) during which time CINV may have developed and been managed.[1] In my opinion, this is not a sufficient sample size for any valid statistical significance to be expressed. However, I recognise the limitations of using retrospective data and appreciate this has been acknowledged in the article. It is curious to see that there has been no mention of audit selection criteria or if patients were matched to said criteria. I believe it would have been useful to state if the patients were matched for sex, age, type of cancer, ethnicity, etc. If the patients had not been matched, then it would be useful to state the rationale behind this. Ruggiero *et al*[2] claim that the difficulty in creating protocols for CINV in children is due to how a child's physiology varies based on age. In my opinion, creating protocols for each age group may prove to be an inefficient use of resources. Instead, guidelines that offer evidence-based advice whilst maintaining clinical autonomy may be more appropriate.

Secondly, the author concludes that the lack of adherence to the guidelines published by The Children's Cancer and Leukaemia Group (CCLG) increases the likelihood that a child will suffer CINV due to treatment failure.[1] I find this conclusion to be unjustified. There is no mention of the reasoning behind the prescriber's treatment (apart from the flowchart in the article)[1] or whether they were following different guidelines. Comparing the CCLG's guidelines[3] with those of the Leeds Teaching Hospitals NHS Trust,[4] there are apparent differences in the choice of anti-emetics used as well as route of administration. However, non-adherence to CCLG's guidelines does not automatically imply that local protocols are less effective.

Finally, I agree with the author that implementing teaching to prescribers would likely reduce rates of treatment failure, with the caveat that the teaching would not solely be focused on the CCLG's guidelines but also take into account local protocols.

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References

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