implementation of post HSCT revaccination was well received by patients. A high proportion of allogeneic and early autologous HSCT recipients successfully underwent revaccination.

PHARMACY ORAL

471 AN APREPITANT CONTAINING REGIMEN CONTROLS THE DELAYED NAUSEA AND VOMITING ASSOCIATED WITH HIGH-DOSE MELPHALAN FOLLOWED BY AUTOLOGOUS PERIPHERAL BLOOD STEM CELL TRANSPLANTATION IN PATIENTS WITH MULTIPLE MYELOMA

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Background: Aprepitant is approved for the prevention of acute and delayed nausea and vomiting associated with highly emetogenic chemotherapy. It has not, however, been studied in patients receiving high-dose melphalan prior to an autologous peripheral blood stem cell transplantation (PBSCT).

Objective: The principal objective was to determine the ability of an aprepitant containing regimen to prevent delayed vomiting 24−120 hours after the administration of high-dose melphalan followed by an autologous PBSCT in patients with multiple myeloma (MM).

Methods: The study period was from days -1 through +3. Eligibility criteria included age ≥18 years, diagnosis of MM undergoing an autologous transplant, and serum creatinine ≤1.5× upper limit of normal. Twenty-five patients received a melphalan dose of 200 mg/M² and one received 140 mg/M² on day -1. Treatment consisted of aprepitant 150 mg orally d−1 followed by 80 mg orally for 2 days (days 0 and +1); ondansetron 16 mg orally d−1; dexamethasone 12 mg orally d−1 followed by 8 mg daily orally for 5 days (days 0 to +3) with breakthrough medications as needed. Patients were evaluated for the frequency of emetic episodes, the need for break-through antiemetic medication and the mean nausea score in 24-hour increments beginning 24 hours after treatment and continuing until 120 hours. The nausea score was determined using a linear analog scale (0−10). A complete response was defined as no more than one emetic episode during the evaluation period.

Results: A total of 26 patients (17 male, 9 female) were enrolled in the study. Of these patients, 25 (96%) were complete responders and 24 (92%) had no documented emetic episodes during the study period. One patient (4%) had 1 emetic episode and 1 patient (4%) had 2 emetic episodes. Some degree of nausea was reported by 23 of 26 patients and the mean nausea score for the entire group over the study period was 0.7 (range 0−10). All but 3 patients required some breakthrough antiemetic therapy, primarily with promethazine. When compared with historical results, the aprepitant containing regimen provided better control than palonosetron alone, ondansetron alone or ondansetron/dexamethasone. Conclusion: This aprepitant containing regimen appeared to control the delayed nausea/vomiting associated with high-dose melphalan in the PBSCT setting and has now become the standard of practice in this group at our institution.