2. Cancer (Condition after Cancer Surgery and Unspecified Adverse Drug Reactions of Anti-cancer Drugs)

18. Symptoms and Signs

References

Ohnishi S, Watari H, Sakuragi N, et al. Additive effect of rikkunshito, an herbal medicine, on chemotherapy-induced nausea, vomiting, and anorexia in uterine cervical or corpus cancer patients treated with cisplatin and paclitaxel: results of a randomized phase II study (JORTC KMP-02). *Journal of Gynecologic Oncology* 2017; 28: 1-10. doi: 10.3802/jgo.2017.28. e44 CENTRAL ID: CN-01403248, Pubmed ID: 28657216

1. Objectives

To evaluate the efficacy and safety of add-on rikkunshito（六君子湯）to antiemetics for nausea, vomiting, and anorexia in patients receiving cisplatin plus paclitaxel for uterine cervical or corpus cancer

2. Design

Randomized controlled trial (RCT)

3. Setting

Four institutions, Japan

4. Participants

Forty patients aged 20 years or older, with histologically diagnosed uterine cervical or corpus cancer, and with an ECOG Performance Status score of 0 to 2.

Patients were excluded if they had brain metastasis, seizure, unconsciousness, gastrointestinal obstruction, vomiting, or nausea of CTCAE (version 4.0) grade ≥3, or had received treatment within one month with steroids, androgens, progesterones, other herbal medicines, other medicines with the potential to increase appetite, or opioids.

Efficacy was analyzed in 19 patients in the rikkunshito group and 17 patients in the control group. Safety was analyzed in 20 patients in the rikkunshito group and 19 patients in the control group.

5. Intervention

Arm 1: oral administration of rikkunshito（六君子湯）(manufacturer unknown) 7.5 g (on days 0-13) plus antiemetics (n=20)

Arm 2: administration of antiemetics alone (n=20)

6. Main outcome measures

Nausea using a 100-mm visual analog scale (VAS) with 0–5 mm indicating “no nausea” and 5–25 mm indicating “no significant nausea”, the rate of complete control (CC) (i.e., no emesis, no rescue medication, and no significant nausea), and the rate of complete response (CR) (i.e., no emesis and no rescue medication) were assessed.

7. Main results

Two-tailed $P<0.20$ was considered significant. For the overall phase (0–120 hours), both the CC rate and the CR rate were significantly higher in the rikkunshito group ($P=0.175$ and $P=0.042$, respectively). When the overall phase was divided into acute (0–24 hours) and delayed (24–120 hours) phases, the CC and CR rates were similar between the two groups during the acute phase and significantly higher in the rikkunshito group during the delayed phase ($P=0.095$ for the CC rate, $P= 0.042$ for the CR rate). In terms of anorexia and nausea VAS scores, rikkunshito appeared to be effective from day 2 through day 6 (without significant difference), but no differences were shown between the groups from day 7 through day 13.

8. Conclusion

Rikkunshito provides an additive effect to antiemetic therapy for vomiting and anorexia.

9. From Kampo medicine perspective

None

10. Safety assessment in the article

In the rikkunshito group, there was increased ALT in 2 patients (10.0%), increased AST in 1 patient (5.0%), and increased GGT in 1 patient (5.0%).

11. Abstractor’s comments

Severe gastrointestinal symptoms during chemotherapy may make chemotherapy completion difficult. In cancer therapy, whether chemotherapy is completed or not is important because it changes the prognosis. This study showed significant reductions of nausea and vomiting by add-on rikkunshito to antiemetics. Add-on use of rikkunshito is considered to be particularly effective in highly emetogenic anticancer drug therapy.

12. Abstractor and date

Nakata H, 1 June 2020.