



**Comments on**  
**Guideline on Non-clinical and Clinical Development of Medicinal Products**  
**for the Treatment of Nausea and Vomiting associated with Cancer**  
**Chemotherapy**  
**(CPMP/EWP/4937/03, Draft, 17 February 2005)**

**German Region of the International Biometric Society**

**Comments:**

**1. page 4, 3.2 Study populations and chemotherapy regimens, 1<sup>st</sup> paragraph**

Covariate information on tumor stage / tumor mass (e.g. metastatic disease) should be added.

**2. page 5, 3.2 Study populations and chemotherapy regimens, 3<sup>rd</sup> paragraph**

The restriction to “patients receiving multi-day chemotherapy” in the 1<sup>st</sup> line seems to be somewhat confusing, as the rest of the paragraph fits to all types of chemotherapeutic regimens, including those only given on day one.

**3. page 6, 3.3 Methods to assess efficacy, 7<sup>th</sup> paragraph, 5<sup>th</sup> bullet**

“Proportion” is suggested instead of “number”.

**4. page 7, 3.4.3 Main efficacy studies, 3<sup>rd</sup> paragraph**

If a formal proof of conserved antitumor activity of every chemotherapy regimen is required, the option “non-restricted indication” or “extrapolation” (as written in section 3.2) is not a realistic one. What about the same chemotherapy regimen in different tumor indications? Is it necessary to show unchanged antitumor activity for every tumor type?



### **5. page 8, 3.4.3 Main efficacy studies, 5<sup>th</sup> paragraph**

The preference of studies in patients receiving highly emetogenic regimens may be questionable. In practice, this category refers only to chemotherapy containing cisplatin. However, cisplatin has lost its dominant role in several major tumor indications during the last decade.

### **6. 3.4.3 Main efficacy studies**

The following sentence should be added to this chapter:

‘Covariate information for known influential covariates in CINV should be included in the statistical model to control for potential imbalance in these factors.’

### **7. page 8, 3.4.4 Studies in special populations**

The recommendation of studies that include patients above the age of 75 may be problematic, as a high proportion of these elderly patients will not be treated with aggressive chemotherapy.