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# Improvment of Quality of Life (QOL) in the Patients with Cancer Chemotherapy

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The cancer chemotherapy has been remarkably progressed recently. The overall survival for the patients with previously untreated metastatic colorectal cancer has been extended to about 2 years, and the progression-free survival is more than a year. In the patients with nonmetastatic breast, colorectal and lung cancer, the adjuvant chemotherapy after operation can definitely increase the cure ratio. Therefore, the completion of chemotherapy is a key point to avoid a relapse. The multidisciplinary care is important in the chemotherapy, and the pharmacists are involved in the review and enrollment of regimens, providing of drug information to medical staff, verification of prescriptions based on the regimens, preparation of injections, patient education, monitoring of adverse drug reactions (ADR) and palliative care.

I'll talk about the current status of the preventive measures against anticancer drugs-induced ADR, and research on the extravasation and peripheral neuropathy.

The severe neutropenia and emesis induced by anticancer drugs are well controlled by G-CSF and 5-HT3 antagonists, respectively. Furthermore, the severe irinotecan-induced diarrhea and anthracyclines-induced cardiotoxicity are controlled by the proper use of these medicines and careful monitoring. Although the chemotherapy-induced mucositis, skin damage and peripheral neuropathy are not lethal ADR, these aggravation often limit the chemotherapy. The monitoring, early finding and treatment for ADR are very important to complete the chemotherapy and improve the patient's QOL including a complete cure.

The extravasation of anticancer drugs results in severe damage of skin and underlying tissues. When the anticancer drug is injected via peripheral vein, its incidence is thought to be 0.6 to 0.8%. At our outpatient chemotherapy center, it was 0.14% after the standardization of procedures and preparation of venipuncture and extravasation kits. The change of injection time from 1hr to 5 min was very effective for protection against extravasation of anthracyclines.

The peripheral neuropathy is difficlt to be cured. We found that neurotropin remarkably inhibited the paclitaxecel-induce neuropathy in rats. We also clarified that oxalate is involoved in the acute cold allodynia but not delayed mechanical allodynia in the oxaliplatin treated rats.