Letter referencing “Randomized open-label phase II trial of 5-day aprepitant plus ondansetron compared to ondansetron alone in the prevention of chemotherapy-induced nausea-vomiting in glioma patients receiving adjuvant temozolomide”

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To the editor:

We read the prospective, open-label, randomized trial reported by Patel et al. [1] with great interest and appreciate their effort in clarifying the chemotherapy-induced nausea-vomiting (CINV) efficacy of aprepitant plus ondansetron in patients receiving adjuvant temozolomide. However, we would like to mention three concerns regarding this study.

First, the authors should report the number of participants with steroid use and the dose of steroids in each group. They have only reported that steroid was strongly associated with complete control. It is important to demonstrate whether such strong prognostic factors were balanced in both arms [2].

Second, they did not report one of the prespecified outcomes, i.e., the time to treatment failure, in the trial protocol (NCT01450826). Such selection of reporting outcome can introduce bias [3].

Finally, there was a spin in the conclusion of the abstract. The authors concluded that aprepitant plus ondansetron may be beneficial concerning the effect of CINV on the quality of life (QoL) of patients. However, there was no significant difference between arm A and arm B in terms of QoL for all

days. Claiming efficacy without considering the statistically nonsignificant primary outcome or reporting statistically nonsignificant results as beneficial can be regarded as a spin [4].

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

References

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