gutflix
GI learning, personalised

Summary

PROPHYLACTIC NALDEMEDINE FOR OPIOID-INDUCED NAUSEA AND VOMITING IN PATIENTS WITH CANCER INITIATING OPIOID THERAPY: A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL (POSEIDON)

Takaomi Kessoku

UEG Week Barcelona 2026 | Presentation

Oesophagus | Stomach & H. Pylori | Mechanisms & Personalised Medicine | Digestive Oncology

October 20, 2026

The POSEIDON trial demonstrated that prophylactic naldemedine significantly reduced opioid-induced nausea and vomiting in cancer patients initiating opioid therapy, with a complete response rate of 74.1% versus 32.2% for placebo at day 5 (P < 0.0001).

KEY POINTS

- Complete response rates (no vomiting, no rescue antiemetics) were consistently higher with naldemedine versus placebo from day 1 through day 7, with the primary endpoint at day 5 showing 74.1% versus 32.2% (P < 0.0001).
- Nausea severity score on day 1 was significantly lower with naldemedine compared to placebo (mean 0.40 versus 1.14, P = 0.0095).
- CTCAE Grade 3 or higher adverse events occurred in 1.72% of naldemedine patients versus 5.08% of placebo patients, with no new safety signals identified.
- The trial enrolled 117 treated patients (naldemedine n=58, placebo n=59) with cancer initiating regular opioid therapy, randomized 1:1 and stratified by age, sex, and opioid type.
- Naldemedine, a peripherally acting μ-opioid receptor antagonist approved for opioid-induced constipation, was initiated simultaneously with opioid therapy and continued once daily for 7 days.
- The findings support the use of naldemedine as a prophylactic strategy for opioid-induced nausea and vomiting at the time of opioid initiation in cancer patients.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/2e3e680e-d12b-11f1-845b-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.