



RAPID Pharmacovigilance in Palliative Care

RAPID Data Collection

An international, multi-site, consecutive cohort, post-marketing study of the real world net clinical effects of medications and non-pharmacological interventions used in hospice/palliative care – RAPID

Palliative care has sought to improve its evidence base for clinical prescribing. A complementary way of adding to the evidence base includes pharmacovigilance studies (phase IV studies, post marketing data, adverse drug reaction reporting) that provide data on widespread and longer term use of medications or other interventions such as blood transfusions. These studies are cost effective, timely and genuinely add to the knowledge for clinical prescribing and other therapies, by defining the net benefit (clinical response together with toxicity) on data from the target audience, in this case palliative care practices around the world.

The evidence collected from these studies directly informs clinical practice, as well as, pharmaceutical policies around the world.

RAPID Objectives

To prospectively collect information on:

- The therapeutic benefit of medications and interventions commonly used in palliative care;
- The toxicity of medications and interventions commonly used in palliative care; and
- Any significant drug/drug interactions of medications commonly used in palliative care.

Primary outcome measurement/ endpoint

- The primary outcome is to evaluate the benefit and toxicity of medications and interventions commonly used in palliative care.
- Secondary outcomes include: to describe the indications for medications and interventions being used in palliative care, and to document the frequency of prescribing of common medications and interventions in palliative care.

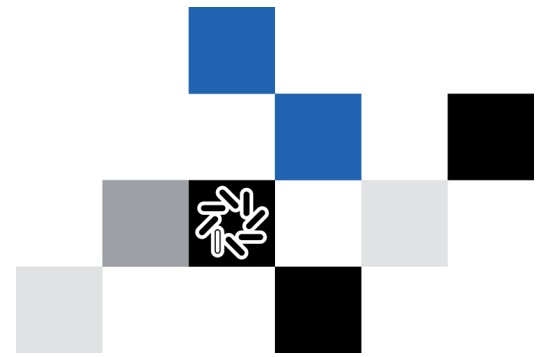
The RAPID program has 35 active sites from 16 countries that are participating or have expressed interest in the program. There have been X medication series completed and Y non-pharmacological intervention series complete. All have been, or are in the process of being published.

Evidence from these studies directly inform practice

RAPID Program

The medication series commenced in 2011 with one medication series. The program has now expanded to include a medication series across six symptom areas commonly experienced in palliative care including: pain, breathlessness, gut dysfunction, nausea, mood and cognitive disorders and appetite and cachexia.

A non-pharmacotherapeutic intervention series continues to run concurrently with the medication series.



Further Reading

Rationale for the RAPID study series:

Currow DC, Rowett D, Doogue M, To THM, Abernethy AP. (2012) An international initiative to create a collaborative for pharmacovigilance in hospice and palliative care clinical practice. *Journal of Palliative Medicine*, 15(3):282–6. doi: 10.1089/jpm.2012.9605.

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2. Digges M, Hussein A, Wilcock A, Crawford GB, Boland JW, Agar MR, Sinnarajah A, Currow DC, Johnson MJ (2017) Pharmacovigilance in Hospice/Palliative Care: Net effect of haloperidol for nausea or vomiting. *J Palliat Med*. doi: 10.1089/jpm.2017.0159.
3. Sanderson C, Quinn SJ, Agar M, Chye R, Clark K, Doogue M, Fazekas B, Lee J, Lovell MR, Rowett D, Spruyt O, Currow DC (2016) Pharmacovigilance in hospice/palliative care: net effect of pregabalin for neuropathic pain. *BMJ Support Palliat Care*. 6(3):323-30 . doi: 10.1136/bmjspcare-2014-000825.
4. Hatano Y, Moroni M, Wilcock A, Quinn S, Csikós Á, Allan SG, Agar M, Clark K, Clayton JM, Currow DC. (2016) Pharmacovigilance in hospice/palliative care: the net immediate and short-term effects of dexamethasone for anorexia. *BMJ Supportive & Palliative Care*, 6(3):331-7. doi: 10.1136/bmjspcare-2015-001037.
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6. Sanderson C, Quinn S, Agar M, Chye R, Clark K, Doogue M, Fazekas B, Lee J, Lovell M, Rowett D, Spruyt O, Currow D. (2014) Pharmacovigilance in hospice/palliative care: net effect of gabapentin for neuropathic pain. *BMJ Supportive & Palliative Care*, 5(3):273-80 doi: 10.1136/bmjspcare-2014-000699.
7. Crawford GB, Agar M, Quinn SJ, Phillips J, Litster C, Michael N, Doogue M, Rowett D, Currow DC. (2013) Pharmacovigilance in Hospice/Palliative Care: Net Effect of Haloperidol for Delirium. *Journal of Palliative Medicine*, 16(11):1-7. doi: 10.1089/jpm.2013.0230.
8. Currow DC, Vella-Brincat J, Fazekas B, Clark K, Doogue M, Rowett D. (2012) Pharmacovigilance in hospice/ palliative care: Rapid report of net clinical effect of metoclopramide. *Journal of Palliative Medicine*, 15(10):1071-5. doi: 10.1089/jpm.2012.0111.

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