

# RAPID Program

## What is RAPID

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

A complementary way of adding to the evidence base includes phase IV consecutive cohort studies that provide data on widespread and longer term use of medications or other interventions commonly used in palliative and supportive care. 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 practise, as well as, pharmaceutical policies around the world.

## Objectives

RAPID aims to prospectively collect information on:

- The therapeutic benefit of medications and non-pharmacological interventions commonly used in palliative and supportive care;
- The net clinical response (harms and benefits) of medications and non-pharmacological interventions used in palliative care; and
- Any significant drug/drug, drug/host interactions of medications and non-pharmacological interventions commonly used in palliative and supportive care.

RAPID also aims to:

- Engage with palliative and supportive care services around the globe to participate in the program
- Provide a central coordination through the National Office of the Palliative Care Clinical Studies Collaborative to assist new sites/ individual clinicians become involved in the program
- Actively seek input from those involved to nominate new Series for investigation.

## Outcome measurement

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

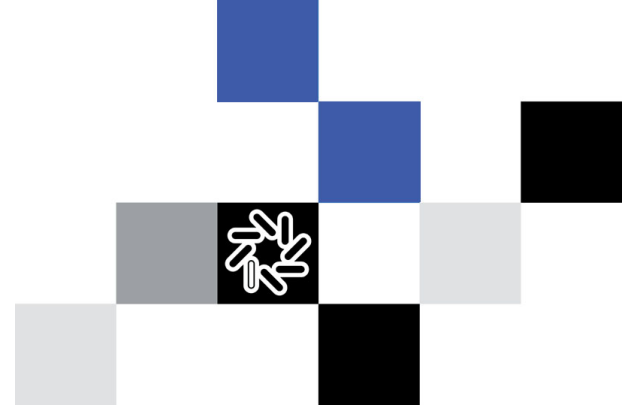
The RAPID program has ~35 active sites from ~ 16 countries that are participating or have expressed interest in the program. There have been five medication Series completed and two non-pharmacological intervention Series completed. All Series are published following completion of data collection.

Evidence from these studies directly inform practice

## Series

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

A non-pharmacotherapeutic or other intervention Series continues to run concurrently with the medication Series.



## Further Reading

### Rationale for the RAPID Program:

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.

### Publications from the RAPID Program:

1. To T, LeBlanc TW, Eastman P, Neoh K, Agar MR, To LB, Rowett D, Vandersman Z, Currow DC. (2017) The Prospective Evaluation of the Net Effect of Red Blood Cell Transfusions in Routine Provision of Palliative Care. *J Palliat Med*. doi:10.1089/jpm.2017.0072
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. To TH, To LB, Currow DC. (2016) Can we detect transfusion benefits in palliative care patients? *J Palliat Med*. doi:10.1089/jpm.2016.0073
4. Agar MR, Quinn SJ, Crawford GB, Ritchie CS, Phillips JL, Collier A, Currow DC. (2016) Predictors of mortality for delirium in palliative care. *J Palliat Med*. doi: 10.1089/jpm.2015.0416
5. Sanderson C, Quinn SJ, Agar MR, 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
6. Hatano Y, Moroni M, Wilcock A, Quinn S, Csikos A, Allan SG, Agar M, Clark K, Clayton JM, Currow DC. (2016) Pharmavigilance 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
7. Clark K, Quinn SJ, Doogue M, Sanderson C, Lovell M, Currow DC. (2015) Routine prescribing of gabapentin or pregabalin in supportive and palliative care: what are the comparative performances of the medications in a palliative care population? *Support Care Cancer*. 23(9):2517-20. doi: 10.1007/s00520-015-2837-z
8. 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
9. 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
10. 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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