

**Journal Watch**  
**Phase II Trial of Encapsulated Ginger as a Treatment for Chemotherapy-Induced Nausea and Vomiting**

**Presented by:** Doreen Oneschuk, MD on the Tertiary Palliative Care Unit, Grey Nuns Hospital. May 28, 2009

**Reference:** Zick SM, Ruffin MT, LeeJ, Normelle DP, Siden R, Alrawi S, Brenner DE.

**Abstract:**

**GOALS OF WORK:** Ginger has been used to treat numerous types of nausea and vomiting. Ginger has also been studied for its efficacy for acute chemotherapy-induced nausea and vomiting (CINV). However, its efficacy for delayed CINV in a diverse oncology population is unknown. **MATERIALS AND METHODS:** We performed a randomized, double-blind, placebo-controlled trial in 162 patients with cancer who were receiving chemotherapy and had experienced CINV during at least one previous round of chemotherapy. All participants were receiving a 5-HT(3) receptor antagonists and/or aprepitant. Participants were randomized to receive either 1.0 g ginger, 2.0 g ginger daily, or matching placebo for 3 days. The primary outcome was change in the prevalence of delayed CINV. Secondary outcomes included acute prevalence of CINV, acute and delayed severity of CINV, and assessment of blinding. **MAIN RESULTS:** There were no differences between groups in the prevalence of delayed nausea or vomiting, prevalence of acute CINV, or severity of delayed vomiting or acute nausea and vomiting. Participants who took both ginger and aprepitant had more severe acute nausea than participants who took only aprepitant. Participants were able to accurately guess which treatment they had received. Ginger appeared well tolerated, with no difference in all adverse events (AEs) and significantly less fatigue and miscellaneous AEs in the ginger group. **CONCLUSIONS:** Ginger provides no additional benefit for reduction of the prevalence or severity of acute or delayed CINV when given with 5-HT(3) receptor antagonists and/or aprepitant.

**Strengths:**

- Well conducted, comprehensive, randomized, placebo controlled study
- Randomization, blinding and allocation discussed
- Large number of patients screened
- Well outlined objectives,
- Assessment tools were used

**Weakness:** As identified by the authors:

- Inadequate power to detect small effect sizes for secondary outcomes.
- Inadequate sample sizes to detect differences in the primary and secondary outcomes by treatment with and without aprepitant.
- Identification of ginger from placebo noted by patients

**Relevance to Palliative Care:** A number of advanced cancer patients make use of natural health products. These products should, and are increasingly being subjected to well designed studies to identify possible efficacy and side effects. This paper adds to this required body of knowledge.