

Q: Is there a reason that Olanzapine is recommended over Prochlorperazine when it's an unlicensed indication?

A: Olanzapine is recommended in the international guidelines based on the results of a randomised Phase III clinical trial for the prevention of chemotherapy induced N&V associated with some high emetogenic risk regimens.

Q: Is there a standardised dosing for Septrin for PJP prophylaxis and fluconazole for a.v.pro?

1. Co-trimoxazole (Septrin)
 - a. Different dosing strategies are used by different centres for immunocompromised patients (e.g. leukaemia, lymphoma, HIV) such as 960mg BD Mon/Wed/Fri or 480mg BD M/W/F or 960mg OD Mon-Fri. International guidelines advise different strategies also. This is likely due to limited studies in patients on cancer treatment.
2. Fluconazole
 - a. Dosing varies from 200mg-400mg OD. Some centres may prefer higher dosing due to theoretical concern that lower dosing could lead to development of resistance.
 - b. The choice of antifungal prophylaxis is guided by the different types of invasive fungal infection in specific groups i.e. immunocompromised, in particular whether Candida species or moulds are the primary causative pathogens among other factors. There may be variations in institutional practice regarding antifungal prophylaxis.