



**Granitryl<sup>®</sup>**  
granisetron HCL

**No More  
Vomiting**

# Granitryl<sup>®</sup>

granisetron HCL

Your concern is our guide  
Granitryl

Selectivity provide maximum efficacy

Longer time free emesis

Patient convenience

No drug interaction with chemotherapy

● **Selectivity provide maximum efficacy.** ●

**Granitryl** is an antiemetic and antiemetic agent which is consider as high selective 5-hydroxy tryptamine ( 5-HT<sub>3</sub>) receptor antagonist with little or no affinity for other serotonin receptors<sup>(2)</sup>

In retrospective multi center study granisetron 1 mg (10 mcg/kg) and ondansetron 32 mg appeared more effective in prevention of CINV related to cyclophosphamide therapy.

**Symptoms of chemotherapy induced nausea and vomiting**

(3,4,5)

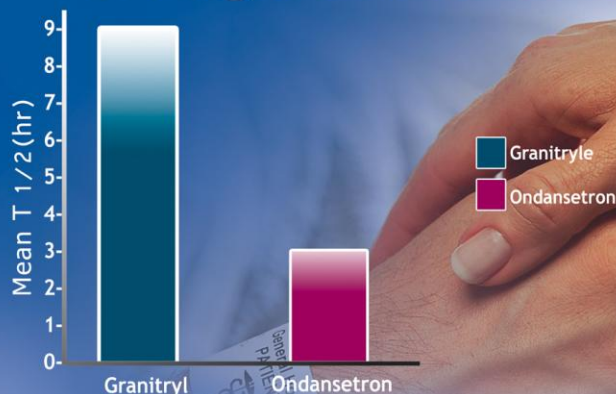
Out come	Ondansetron 32 mg (n=76)	Ondansetron 8 mg (n=68)	<b>Granitryl</b> 1mg ( n=80)
<b>No (%) patients with nausea</b>			
within 24 hr	20 (26%)	34 (50%)	20 (25%)
within 25-72 hr	7 (9%)	4 (6%)	7 (9%)
<b>No (%) patients with emesis</b>			
within 24 hr	10 (13%)	11 (16%)	5 (6%)
within 25-72 hr	4 (5%)	0	1 (1%)



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## • Longer time free emesis •



- 🔪 Single dose effectively cover 24 hr. with high patient satisfaction.
- 🔪 The highest T<sub>1/2</sub> of granisetron (**Granitryl amp**). enables it to be given less frequently than other 5 HT<sub>3</sub> receptor antagonist.

## • Patient convenience •

- No need for oral maintenance dose •

**Granisetron** one ampoule only 10 min. before chemotherapy  
**Tropisetron** one ampoule 10 min. before chemotherapy followed by 5 mg cap. every morning for 5 days.<sup>(6)</sup>

- No drug interaction with chemotherapy<sup>(7)</sup> •

**Granitryl** metabolized only by one (cytochrome P450) enzyme Vs ondansetron which metabolized by multiple enzymes that interfere with pharmacokinetic parameter of chemotherapy.<sup>(7)</sup>

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Provide maximum effect and ultimate safety

- highly selective on 5 HT3 receptor that give high effect and less side effects
- Longer time free emesis due to longer half life (9 hr).
- No need for dose adjustment in hepatic and renal impairment patients or children.
- Dose response 10 mcg/kg.

## Indication:

Prevention and treatment of nausea and vomiting induced by chemotherapy

## Dose:

- For adults and children from 2 years 10 mcg/kg.
- in case of highly emetogenic chemotherapy  
Dose may be reach up to 40 mcg/kg  
To be given I.V. 30 min. prior to chemotherapy

## References:

1) The oncologist 2003, 8 :187-198 2) Data on file 3) Am J health-syst. pharm- Vol. 61 Apr. 15-2004 4) Ruff P. Paska W. Goedhals L et al. Ondansetron compared with granisetron in the prophylaxis of cisplatin-induced acute emesis: a multicentre double-blind, randomised, parallel-group study. Oncology. 1994; 51: 113-8. 5) Seynaeve C, Schuller J. Buser K et al. Comparison of the anti-emetic efficacy of different doses of ondansetron, given as either a continuous infusion or a single intravenous dose, in a acute cisplatin-induced emesis: a multicentre, double-blind, randomised, parallel group study. BMJ Cancer. 1992; 66: 192-7. 6) BHI publishing group Ltd and RPs publishing 2007. 7) Martindale the complete drug reference 34th edition,2005:P1281.

For further information please contact Egypharma Scientific office:  
24 Abbas elakkad St., Nasr city, Cairo  
Mob.: +20 01000 32 560  
Tel & Fax: +202 228 71 991  
E.Mail: egypharmaco@yahoo.com

