# Prevention and Management of Chemotherapy-Induced Peripheral Neuropathy in Survivors of Adult Cancers: ASCO Guideline Update

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<th>Clinical Domain</th>
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| Prevention of chemotherapy-induced peripheral neuropathy | Clinicians should assess the risks and benefits of agents known to cause CIPN among patients with underlying neuropathy and with conditions that predispose to neuropathy such as diabetes and/or a family or personal history of hereditary neuropathy. | Type: Informal consensus; benefits outweigh harms  
Evidence quality: Low  
Strength of recommendation: Moderate |
| Prevention of chemotherapy-induced peripheral neuropathy | Clinicians should not offer, and should discourage use of, acetyl-L-carnitine for the prevention of CIPN in cancer patients.                                                                                   | Type: Evidence based; harms outweigh benefits  
Evidence quality: High  
Strength of recommendation: Strong |
| Prevention of chemotherapy-induced peripheral neuropathy | Outside the context of a clinical trial, no recommendations can be made on the use of the following interventions for the prevention of CIPN:  
• Acupuncture  
• Cryotherapy  
• Compression therapy  
• Exercise therapy  
• Ganglioside-monosialic acid (GM-1) | Type: No recommendation  
Evidence quality: Low  
Strength of recommendation: Not applicable |
| Note: While preliminary evidence suggests a potential for benefit from these interventions, larger sample sized definitive studies are needed to confirm efficacy and clarify risks.                                                                                                        |
### Clinical Domain

Clinicians should not offer the following agents for the prevention of CIPN to cancer patients undergoing treatment with neurotoxic agents:

- All-trans retinoic acid
- Amifostine
- Amitriptyline
- Calcium magnesium
- Calmangafodipir
- Cannabinoids
- Carbamazepine
- L-carnosine
- Diethyldithio-carbamate (DDTC)
- Gabapentin/pregabalin
- Glutamate
- Glutathione (GSH) for patients receiving paclitaxel/carboplatin chemotherapy
- Goshajinkigan (GJG)
- Metformin
- Minocycline
- N-acetylcysteine
- Nimodipine
- Omega-3 fatty acids
- Org 2766
- Oxcarbazepine
- rhuLIF
- Venlafaxine
- Vitamin B
- Vitamin E

### Evidence Rating

**Type:** Evidence based; no benefits  
**Evidence quality:** Intermediate  
**Strength of recommendation:** Moderate
### PREVENTION AND MANAGEMENT OF CHEMOTHERAPY-INDUCED PERIPHERAL NEUROPATHY IN SURVIVORS OF ADULT CANCERS: ASCO GUIDELINE UPDATE

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| **Treatment of chemotherapy-induced peripheral neuropathy that develops while patients are receiving neurotoxic chemotherapy** | Clinicians should assess, and discuss with patients, the appropriateness of dose delaying, dose reduction or stopping chemotherapy (or substituting with agents that do not cause CIPN) in patients who develop intolerable neuropathy and/or functional nerve impairment. | Type: Informal consensus; benefits outweigh harms  
Evidence quality: Low  
Strength of recommendation: Moderate |
| **Treatment of chemotherapy-induced peripheral neuropathy for patients who have completed neurotoxic chemotherapy** | For cancer patients experiencing painful CIPN, clinicians may offer duloxetine.  
Outside the context of a clinical trial, no recommendations can be made on the use of the following interventions for the treatment of CIPN:  
- Exercise therapy  
- Acupuncture  
- Scrambler therapy  
- Gabapentin/pregabalin  
- Topical gel treatment containing baclofen, amitriptyline HCL, plus/minus ketamine  
- Tricyclic antidepressants  
- Oral cannabinoids | Type: Evidence based; benefits equal harms  
Evidence quality: Intermediate  
Strength of recommendation: Moderate |

Note: While recent preliminary evidence suggests a potential for benefit from exercise, acupuncture, and scrambler therapy, larger sample sized definitive studies are needed to confirm efficacy and clarify risks.