ALEXANDRIA, Va. - An update of the American Society of Clinical Oncology (ASCO) clinical practice guideline covers new medicines for nausea and vomiting related to cancer treatment. The update, issued today, provides new evidence-based information on the appropriate use of olanzapine, NK1 receptor antagonists and dexamethasone.

"The adverse impact of inadequately controlled nausea and vomiting on patient's quality of life is well documented," said Paul J. Hesketh, MD, co-chair of the ASCO Expert Panel that developed the guideline update. "By following the ASCO Antiemetics Guideline clinicians have the opportunity to improve patient's quality of life by minimizing treatment induced emesis."

To develop this guideline, the Expert Panel conducted a systematic review of the medical literature published between November 2009 and June 2016. The Panel included members with expertise in medical oncology, radiation oncology, nursing, pharmacy, and health services research, as well as a patient representative.

"Tremendous progress has been realized over the last 25 years in the prevention of chemotherapy-induced nausea and vomiting with the introduction of new classes of antiemetic agents," said Mark G. Kris, MD, co-chair of the Expert Panel that developed the guideline update. "The full benefit of these treatment advances will only be realized, however, if evidence-based guidelines are fully implemented."

Key recommendations of the guideline update:

- For adults receiving chemotherapy with a high risk for nausea and vomiting (e.g., cisplatin, the combination of cyclophosphamide and an anthracycline), olanzapine should be added to standard antiemetic regimens (the combination of a 5-HT3 receptor antagonist, an NK1 receptor antagonist and dexamethasone). Olanzapine also helps individuals who experience symptoms despite receiving medicines to prevent vomiting before chemotherapy is given.
For adults receiving carboplatin-based chemotherapy or high-dose chemotherapy, and children receiving chemotherapy with a high risk for nausea and vomiting, an NK1 receptor antagonist should be added to the standard antiemetic regimen (the combination of 5-HT3 receptor antagonist and dexamethasone).

Dexamethasone treatment can be limited to the day of chemotherapy administration in patients receiving the combination of an anthracycline and cyclophosphamide.

The Expert Panel recommends FDA-approved cannabinoids dronabinol or nabilone to treat nausea and vomiting that is resistant to standard antiemetic therapies. Evidence remains insufficient to recommend medical marijuana for either prevention or treatment of nausea and vomiting in patients with cancer receiving chemotherapy or radiation therapy.

The Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Focused Update was published today in the Journal of Clinical Oncology.

The guideline update is available at asco.org/supportive-care-guidelines.

Information for patients about nausea and vomiting is available at cancer.net/navigating-cancer-care/side-effects/nausea-and-vomiting.

ASCO encourages feedback on its guidelines from oncologists, practitioners, and patients through the ASCO Guidelines Wiki at asco.org/guidelineswiki.

For an embargoed copy of the guideline update, please contact Amanda Narod at amanda.narod@asco.org or 571-483-1795.

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About ASCO:

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world’s leading organization of its kind, ASCO represents more than 40,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.