Supplementary Table: ASCO 2017 recommendations for antiemetic prophylaxis of chemotherapy regimens.

Recommended antiemetic prophylaxis for intravenously administered chemotherapy in adults

Risk category	Agent	Dosing on day of chemotherapy	Dosing on subsequent days
High emetic risk" (>90 percent) ***Option 1***	**NK_1R antagonist (one of following)**		
	▪ Aprepitant	125 mg oral	80 mg oral daily; days 2 and 3
	▪ Fosaprepitant	150 mg IV	
	▪ Rolapitant	180 mg oral	
	PLUS		
	5-HT_3 antagonist (one of following)		
	▪ Granisetron	2 mg oral; 1 mg or 0.01 mg/kg IV; 10 mg SQ	
	▪ Ondansetron	8 mg oral twice daily; 8 mg or 0.15 mg/kg IV	
	▪ Palonosetron	0.5 mg oral; 0.25 mg IV	
	▪ Dolasetron	100 mg oral ONLY	
	▪ Tropisetron	5 mg oral; 5 mg IV	
	▪ Ramosetron	0.3 mg IV	
	PLUS		
	Glucocorticoid¶		
	▪ Dexamethasone	12 mg oral or IV (20 mg orally if using rolapitant)	8 mg oral or IV daily; days 2 to 4Δ
	PLUS		
	▪ Olanzapine	5 to 10 mg◦	5 to 10 mg daily; days 2 to 4◦
High emetic risk" (>90 percent) ***Option 2***	**NEPA** (netupitant plus palonosetron)	Once	
	PLUS		
	Glucocorticoid¶		
	▪ Dexamethasone	12 mg oral or IV	8 mg oral daily on days 2 to 4 (cisplatin only§)
	PLUS		
	▪ Olanzapine	5 to 10 mg◦	5 to 10 mg daily; days 2 to 4◦
Moderate emetic risk¥ ‡ (31 to 90 percent)	**5-HT_3 antagonist**		
	▪ Palonosetron†	0.5 mg oral; 0.25 mg IV	
	PLUS		
	Glucocorticoid		
	▪ Dexamethasone	8 mg oral or IV	8 mg oral or IV daily; days 2 and 3Δ
Low emetic risk (10 to 30 percent)	**Glucocorticoid**		
	▪ Dexamethasone	4 to 8 mg oral or IV	
Minimal emetic risk (<10 percent)	None	None	None

NK_1R: neurokinin 1 receptor; IV: intravenous; 5-HT_3: 5-hydroxytryptamine-3; SQ: subcutaneous.
" Includes combination of an anthracycline and cyclophosphamide.
¶ The dexamethasone dose is for patients who are receiving the recommended regimen that contains an NK_1R antagonist for highly emetic chemotherapy. If patients do not receive an NK_1R antagonist, the dexamethasone dose should be adjusted to 20 mg on day 1 and 16 mg daily on days 2 to 4.
Δ For patients receiving anthracycline/cyclophosphamide for breast cancer or a carboplatin-containing regimen, delete day 2 to 3 of dexamethasone.
◦ 5 mg dose of olanzapine preferred for most patients because of less sedation.
§ When NEPA is used on day 1, multiday administration of glucocorticoids is only used in the delayed phase period with cisplatin. For anthracycline/cyclophosphamide combinations, administer glucocorticoids on day 1 only. If a first-generation 5-HT_3 antagonist is used on day 1 rather than palonosetron, treatment with a first-generation 5-HT_3 antagonist alone on days 2 and 3 is an acceptable alternative.
¥ Clinicians who choose to use an NK_1R antagonist for a moderate risk regimen should follow recommendations for high emetic risk chemotherapy regimens. Importantly, corticosteroid is only given on day 1; the dexamethasone dose is lower (12 mg).
‡ Also appropriate for anthracycline/cyclophosphamide-containing chemotherapy in diseases other than breast cancer.
† If palonosetron is not available, substitute a first-generation 5-HT_3 antagonist, preferably granisetron or ondansetron.