NCCN Chemotherapy Order Templates (NCCN Templates®)
Appendix D

Appendix D:

Nausea/Vomiting in Adults

The emetic risk level listed on the NCCN Templates® is based on recommendations in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis. The highest emetic risk level for each day of therapy is listed in the *NCCN Supportive Care: Emetic Risk* section of the templates and includes all days of treatment.

In the *Antiemetic Therapy* section, the NCCN Templates include general guidance for selection of antiemetic therapy based on the emetic risk designated for the regimen. A link to the guideline is included for the full list of recommended antiemetic prophylaxis and treatment options for acute and delayed emesis.

The NCCN Templates and NCCN Guidelines use four categories of emetogenic potential for intravenous agents and two categories for oral agents.[1,2,3]

Intravenous Agents:

- High emetic risk: >90% frequency of emesis
- Moderate emetic risk: >30% – 90% frequency of emesis
- Low emetic risk: 10% – 30% frequency of emesis
- Minimal emetic risk: <10% frequency of emesis

Oral Agents:

- Moderate to high emetic risk (listed on the NCCN Templates as "Oral High/Moderate"): ≥30% frequency of emesis
- Minimal to low emetic risk (listed on the NCCN Templates as "Oral Low/Minimal"): <30% frequency of emesis

Nausea/Vomiting in Pediatrics

The emetic risk level listed on the pediatric NCCN Templates® is based on recommendations in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis and *Classification of the acute emetogenicity of chemotherapy in pediatric patients: A clinical practice guideline.*[4] The highest emetic risk level for each day of therapy is listed in the *NCCN Supportive Care: Emetic Risk* section of the templates and includes all days of treatment.

The pediatric NCCN Templates use the following categories of emetogenic potential for intravenous and oral agents. Agents with emetic risk classifications for pediatrics are categorized according to the bulleted list below. Agents without specific classifications for pediatrics are categorized according to the NCCN Guidelines® for Antiemesis as described on page 1.[1,4]

Intravenous Agents and Oral Agents:[a]

- High emetic risk: >90% frequency of emesis
- Moderate emetic risk: 30% – 90% frequency of emesis
- Low emetic risk: 10% – <30% frequency of emesis
- Minimal emetic risk: <10% frequency of emesis

[a] Referenced with permission from John Wiley and Sons. Paw Cho Sing E, Robinson PD, Flank J, et al. Classification of the acute emetogenicity of chemotherapy in pediatric patients: A clinical practice guideline. *Pediatr Blood Cancer.* 2019;66:e27646.[4]

In the *Antiemetic Therapy* section, the pediatric NCCN Templates include general guidance for selection of antiemetic therapy based on the emetic risk designated for the regimen. Since the NCCN Guidelines® for Antiemesis present management strategies intended for use only in adults, the *Guideline for the prevention of acute chemotherapy-induced nausea and vomiting in pediatric cancer patients: A focused update* may be considered.[5]

REFERENCES

1. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Antiemesis. Available at: https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf.
2. Hesketh PJ, Kris MG, Grunberg SM, et al. Proposal for classifying the acute emetogenicity of cancer chemotherapy. *J Clin Oncol*. 1997;15(1):103-109.
3. Grunberg SM, Warr D, Grall RJ, et al. Evaluation of new antiemetic agents and definition of antineoplastic agent emetogenicity--state of the art. *Support Care Cancer*. 2010;19:S43-47.
4. Sing EP, Robinson PD, Flank J, et al. Classification of the acute emetogenicity of chemotherapy in pediatric patients: A clinical practice guideline. *Pediatr Blood Cancer.* 2019 May;66(5):e27646. doi: 10.1002/pbc.27646. Epub 2019 Feb 7.
5. Patel P, Robinson PD, Thackray J, et al. Guideline for the prevention of acute chemotherapy-induced nausea and vomiting in pediatric cancer patients: A focused update. *Pediatr Blood Cancer.* 2017 Oct; 64(10). doi: 10.1002/pbc.26542. Epub 2017 Apr 28.