Supplementary Table 1: Anti-cancer agents with high or moderate emetogenicity and recommended multi-target antiemetic regimens.[22]

Emetogenicity category (% patients at risk)	Intravenous agents	Oral agents	Recommended combined use of antiemetic agents (drug scheduling)*			
			5-HT_3 RA	Dex	NK_1 RA	Olanzapine
High (>90%)	Carmustine Cisplatin Cyclophosphamide ≥1,500 g/m^2 Dacarbazine Mechlorethamine Streptozocin	Hexamethylmelamine Procarbazine	Yes (Day 1)	Yes (Day 1–4)	Yes (Day 1 for NEPA; Day 1–3 for APR)	Optional† (Day 1–4)
High (>90%)	Anthracycline + cyclophosphamide‡	N/A	Yes (Day 1)	Yes (Day 1)	Yes (Day 1 for NEPA; Day 1–3 for APR)	Optional† (Day 1–4)
High-to-moderate (approximately 90%)	Carboplatin	N/A	Yes (Day 1)	Yes (Day 1)	Yes (Day 1 for NEPA; Day 1–3 for APR)	Optional† (Day 1–4)
Moderate (30–90%)	Alemtuzumab Azacitidine Bendamustine Clofarabine Cyclophosphamide <1,500 mg/m^2 Cytarabine >1,000 mg/m^2 Daunorubicin Doxorubicin Epirubicin Idarubicin Ifosfamide Irinotecan Oxaliplatin Romidepsin Temozolomide†† Thiotepa Trabectedin	Bosutinib Ceritinib Crizotinib Cyclophosphamide Imatinib Temozolomide Vinorelbine	Yes (Day 1)	Yes (Day 1)§	Optional** (see high-risk)	Optional† (see high-risk)

*Recommended by the MASCC/ESMO guidelines. The recommended schedule of drug administration is primarily intended for prevention of acute and delayed CINV due to intravenous agents because guidelines do not include any specific recommendations for oral agents.

†Clinician may opt to add olanzapine to antiemetic regimen in selected patients when nausea control may be an issue.

‡The combination of an anthracycline and cyclophosphamide in patients with breast cancer should be considered highly emetogenic.

§Dexamethasone can be administered also on Days 2 and 3 in patients receiving moderately emetogenic agents with known potential of delayed CINV such as anthracycline, cyclophosphamide, or oxaliplatin.

**Clinician may opt to add an NK_1 RA to antiemetic regimen in selected patients with additional risk factors or previous therapy failure with 5-HT_3 RA plus Dex. NEPA is a recommended option in moderately emetogenic chemotherapy without that limitation.

††No direct evidence found for temozolomide IV. Classification is based on oral temozolomide, since all sources indicate a similar safety profile.

CINV: chemotherapy-induced nausea and vomiting; Dex: dexamethasone; ESMO: European Society for Medical Oncology; MASCC: Multinational Association for Supportive Care in Cancer; N/A: not applicable; NEPA: fixed combination of netupitant plus palonosetron; NK_1: neurokinin-1; RA: receptor antagonist; 5-HT_3: 5-hydroxytryptamine-3.