Supplementary Table 2: Anti-cancer drugs with low or minimal emetogenicity and recommended antiemetic prophylaxis.[22]

Emetogenicity category (% of patients at risk)	Intravenous agents	Oral agents	Recommended use of antiemetic agents (drug scheduling)*		
			5-HT_3 RA	Dex	DOP
Low (10–30%)	Aflibercept Belinostat Blinatumomab Bortezomib Brentuximab Cabazitaxel Carfilzomib Catumaxumab Cetuximab Cytarabine ≤1,000 mg/m^2 Docetaxel Eribulin Etoposide 5-fluorouracil Gemcitabine Ipilimumab Ixabepilone Methotrexate Mitomycin Mitoxantrone Nab-paclitaxel Paclitaxel Panitumumab Pemetrexed Pegylated liposomal doxorubicin Pertuzumab Temsirolimus Topotecan Trastuzumab-emtansine Vinflunine	Afatinib Axatinib Capecitabine Dabrafenib Dasatinib Everolimus Etoposide Fludarabine Ibrutinib Idelalisib Lapatinib Lenalidomide Olaparib Nilotinib Pazopanib Ponatinib Regorafenib Sunitinib Tegafur Uracil Thalidomide Vandetanib Vorinostat	Yes, but alone (Day 1)	Yes, but alone (Day 1)	Yes, but alone (Day 1)
Minimal (<10%)	Bevacizumab Bleomycin Busulfan 2-chlorodeoxyadenosine Chlorambucil Cladribine Fludarabine Nivolumab Ofatumumab Pembrolizumab Pixantrone Pralatrexate Rituximab Trastuzumab Vinblastine Vincristine Vinorelbine	Chlorambucil Erlotinib Gefitinib Hydroxyurea Melphalan Methotrexate L-phenylalanine mustard Pomalidomide Ruxolitinib Sorafenib 6-thioguanine Vemurafenib Vismodegib	No†	No†	No†

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

†No routine prophylaxis is recommended for agents with minimal emetogenicity.

CINV: chemotherapy-induced nausea and vomiting; Dex: dexamethasone; DOP: dopamine receptor antagonist; ESMO: European Society for Medical Oncology; MASCC: Multinational Association for Supportive Care in Cancer; RA: receptor antagonist; 5-HT_3: 5-hydroxytryptamine-3.