Supplementary Table 7: Recommended multitarget antiemetic prophylaxis for conditioning regimens prior to autologous stem cell transplant in adults.[22]

Regimen (common acronym)	Agents (most emetogenic agent shown in bold)	Emetogenicity of the regimen	Recommended combined use of antiemetic agents*			
			5-HT_3 RA†	Dex	NK_1 RA‡	Olanzapine
BEAC	Carmustine, etoposide, cytarabine, cyclophosphamide	High	Yes	Yes	Yes	Optional
BEAM	Carmustine, etoposide, cytarabine, melphalan	High	Yes	Yes	Yes	Optional
BeEAM	Bendamustine, etoposide, cytarabine, melphalan	High	Yes	Yes	Yes	Optional
BuCy	Busulphan, cyclophosphamide	High	Yes	Yes	Yes	Optional
BuCyE	Busulphan, cyclophosphamide, etoposide	High	Yes	Yes	Yes	Optional
FEAM	Fotemustine, etoposide, cytarabine, melphalan	High	Yes	Yes	Yes	Optional
Hi-MEL	High-dose melphalan	High	Yes	Yes	Yes	Optional
Mito-MEL	Mitoxantrone, melphalan	High	Yes	Yes	Yes	Optional
TBC	Thiotepa, busulphan, cyclophosphamide	High	Yes	Yes	Yes	Optional
TEC	Thiotepa, etoposide, carboplatin	High	Yes	Yes	Yes	Optional

Regimens listed in alphabetical order.

*Recommended by MASCC-ESMO guidelines.

†See also multiple-day chemotherapy regimens containing cisplatin for an optimal use of the 5-HT_3 RAs in the high-dose chemotherapy setting.

‡MASCC/ESMO guidelines recommend the administration of aprepitant on Days 1–4. However, single-dose NEPA given on Day 1 is capable of providing protection for 4 days due to the long half-life of netupitant.

Dex: dexamethasone; ESMO: European Society for Medical Oncology; MASCC: Multinational Association for Supportive Care in Cancer; NEPA: fixed combination of netupitant plus palonosetron; NK_1: neurokinin-1; RA: receptor antagonist; 5-HT_3: 5-hydroxytryptamine-3.