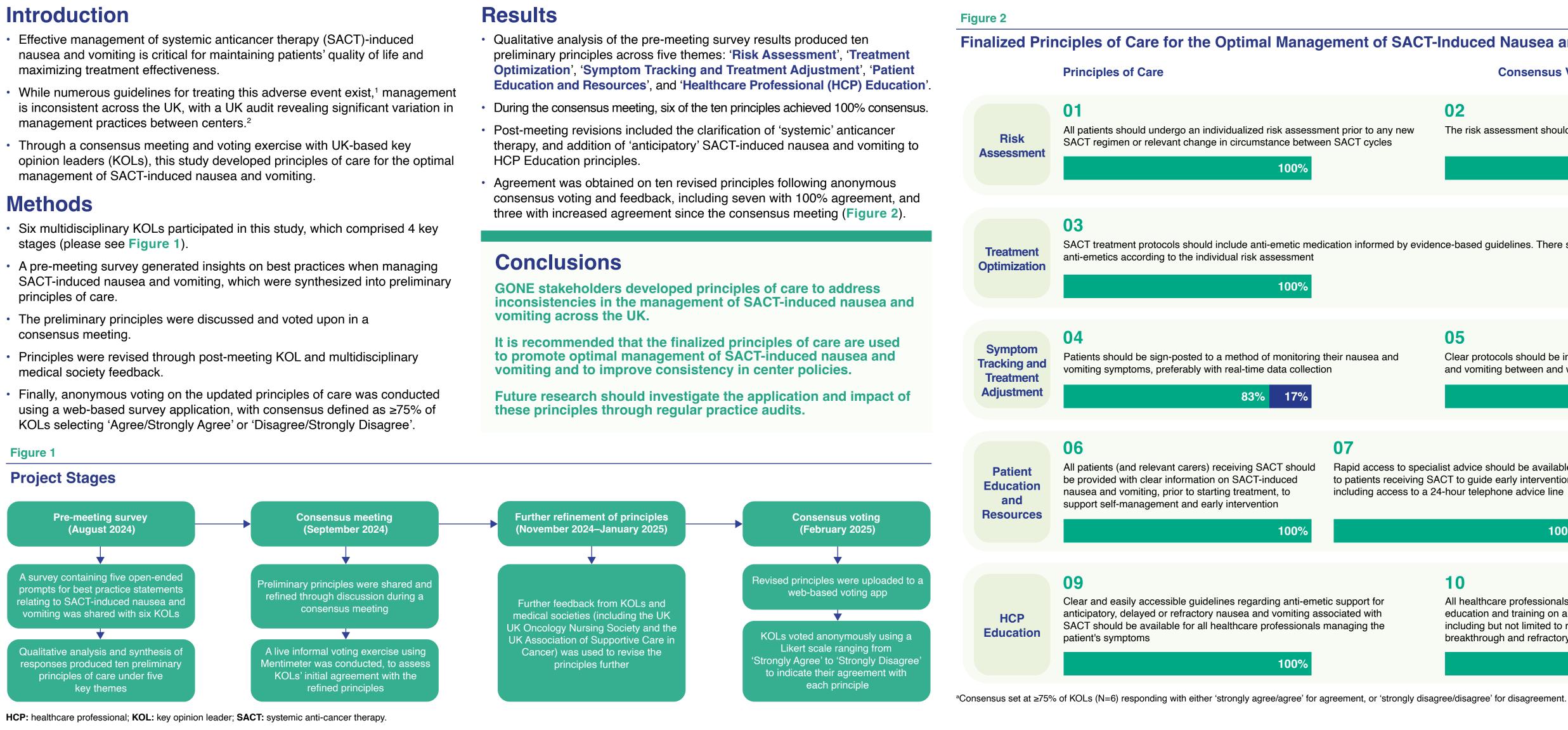
Expert Consensus on Principles of Care for the Optimal Management of Systemic Anticancer Therapy-Induced Nausea and Vomiting in the United Kingdom

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- nausea and vomiting is critical for maintaining patients' quality of life and maximizing treatment effectiveness.
- While numerous guidelines for treating this adverse event exist,¹ management is inconsistent across the UK, with a UK audit revealing significant variation in management practices between centers.²
- Through a consensus meeting and voting exercise with UK-based key management of SACT-induced nausea and vomiting.

- stages (please see Figure 1).
- A pre-meeting survey generated insights on best practices when managing SACT-induced nausea and vomiting, which were synthesized into preliminary principles of care.
- consensus meeting.
- Principles were revised through post-meeting KOL and multidisciplinary medical society feedback.
- Finally, anonymous voting on the updated principles of care was conducted using a web-based survey application, with consensus defined as ≥75% of KOLs selecting 'Agree/Strongly Agree' or 'Disagree/Strongly Disagree'.

- HCP Education principles.



References: 1. Gupta K., et al. Chemotherapy-Induced Nausea and Vomiting: Pathogenesis, Recommendations, and New Trends. Cancer Treatment and Research Communications 2021;26:100278; 2. Martin D., Sladkowski Disclosures: ET: Honoraria from Chugai, Roche and Bristol Myers Squibb; MS: Honoraria from Chugai, Roche and Novartis; KH: Honoraria from Chugai; OW: Honoraria from Chugai; Consultancy fees from SCUK; Presentation M., UK Wide Audit of Antiemetic Dexamethasone Dosing Given Alongside Highly Emetogenic Chemotherapy [Poster]. British Oncology Pharmacy Association Conference 2024, Birmingham. fees from UKASCC; SFG: Employee of Costello Medical; AW: Employee of Costello Medical; JM: Employee of Chugai Pharma UK Ltd; SL: Employee of SLC Medical Consulting Ltd; OAA: Employee of Chugai Pharma UK Ltd.

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d Nausea and V	omiting/		
Consensus Voting	g Result ^a	Strongly agree/agree	e Neutral
ssessment should utilize a locally approved and evidence-based tool			
83% 17%			
uidelines. There should be clear guidelines for how to optimize the			
ocols should be in place to communicate instances of SACT-induced nausea ing between and within relevant healthcare departments			
83% 17%			
	0070	17/0	
	00		
	08		
hould be available e early intervention, hone advice line	should be d	al for SACT-induced nausea liscussed during the consent couraged to discuss concerns	process, with
	healthcare t	-	, with their
100%			100%
care professionals involved in the care of people receiving SACT should receive			
and training on all aspects of managing SACT-induced nausea and vomiting, but not limited to risk assessment, prophylaxis, and management of anticipatory, ugh and refractory SACT-induced nausea and vomiting			
100%			





