

Principles of Care for the Optimal Management of Systemic Anticancer Therapy-Induced Nausea and Vomiting in the UK

The Group for Oncology Nausea and Emesis (GONE)

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Background

Nausea and vomiting are debilitating side effects of systemic anticancer therapy (SACT). Although guidelines for managing SACT-induced nausea and vomiting exist, both internationally and across the UK,^{1,2} a UK audit carried out in 2023 highlighted that management of this adverse event is inconsistent, leading to inequity in care quality and potentially impacting patient outcomes.³ An initial advisory board was conducted in February 2024 to discuss the results of this audit, with attendees identifying that there is an unmet need for a consistent approach to the prevention and management of this adverse event. To address this unmet need, a working group of stakeholders from across the UK was formed to develop key principles of care for the optimal management of SACT-induced nausea and vomiting.

Six multidisciplinary healthcare professional (HCP) advisers, including pharmacists, nurses and a medical consultant working within the oncology sector, were invited to participate in a pre-meeting survey, consensus meeting, and anonymous consensus voting exercise, conducted between August 2024–February 2025. Insights from the pre-meeting survey were synthesised into preliminary principles of care, which were then discussed during the consensus meeting. Following the consensus meeting, the principles were further refined, informed by post-meeting feedback provided by the advisers and relevant medical societies, including the [UK Oncology Nursing Society \(UKONS\)](#) and the [UK Association of Supportive Care in Cancer \(UKASCC\)](#). Anonymous voting was then conducted on the refined principles, using a web-based survey application, with consensus defined as ≥75% of advisers selecting 'Agree/Strongly Agree' or 'Disagree/Strongly Disagree'.

The ten finalised principles of care are outlined below; where relevant, additional information has been provided to guide their implementation. These principles of care have been designed to ensure that people receiving SACT are provided with consistent, high-quality and individualised care. Those involved in the commissioning and delivery of healthcare to people receiving SACT are encouraged to adopt these principles into their practice, to promote the optimal management of SACT-induced nausea and vomiting and to improve consistency in centre policies across the UK.

Chugai Pharmaceuticals UK Ltd funded the initiative and was involved in organising the advisory board and consensus meeting, but was not involved in the development of the principles of care beyond reviewing meeting outputs for technical accuracy. Medical writing and design support was funded by Chugai Pharmaceuticals UK Ltd and provided by [Costello Medical](#).

Principles of Care

Risk Assessment

01 All patients should undergo an individualised risk assessment prior to any new SACT regimen or relevant change in circumstance between SACT cycles

Previous uncontrolled SACT-induced nausea and vomiting should be assessed as a risk factor. Relevant changes in patient circumstance may include the presence of a new comorbid condition, chemotherapy treatment protocol or concomitant medication.

02 The risk assessment should utilise a locally approved and evidence-based tool

Where possible, a standardised risk assessment tool should be considered alongside clinical judgement. Tools for risk assessment vary; however, all should be evidence-based, locally approved and ideally digitally accessible. Example tools are detailed in the [Further Information](#) section.

Treatment Optimisation

03 SACT treatment protocols should include anti-emetic medication informed by evidence-based guidelines. There should be clear guidelines for how to optimise the anti-emetics according to the individual risk assessment

Evidence-based practice, following the latest international guidance from MASCC/ESMO or other oncology-focused organisations, should inform these treatment protocols.¹ While prevention is important, delayed symptoms, breakthrough and refractory nausea and vomiting require equal consideration. To optimise anti-emetic regimens based on individual risk assessments, guidance should provide clear escalation options for patients deemed to be of higher individual risk. These tailored 'action plans' should be documented in the patient's health record, be easily accessible to HCPs involved in the patient's care, and should be regularly reviewed alongside individualised risk assessments, in accordance with [Principle 1](#).

Symptom Tracking and Treatment Adjustment

04 Patients should be sign-posted to a method of monitoring their nausea and vomiting symptoms, preferably with real-time data collection

HCPs should direct patients to methods for monitoring and documenting their symptoms, ideally using digital tools. Example tools that can be used by patients to monitor their nausea and vomiting symptoms are provided in the [Further Information](#) section of this report. Where possible, NHS Trusts and other organisations should share examples of resources for patient symptom monitoring.

05 Clear protocols should be in place to communicate instances of SACT-induced nausea and vomiting between and within relevant healthcare departments

All SACT-induced nausea and vomiting events reported by patients (e.g. in-person or via helplines) should be documented by the treating site and should be accessible to all HCPs working in the site's Acute Oncology Service and A&E (where applicable). Feedback mechanisms are also required to ensure that the treating oncology team are updated when patients present elsewhere in the system with nausea and vomiting symptoms.

Patient Education and Resources

06 All patients (and relevant carers) receiving SACT should be provided with clear information on SACT-induced nausea and vomiting, prior to starting treatment, to support self-management and early intervention

Resources on self-management and early intervention of SACT-induced nausea and vomiting can be found in the [Further Information](#) section.

07 Rapid access to specialist advice should be available to patients receiving SACT to guide early intervention, including access to a 24-hour telephone advice line

Access to a 24-hour telephone advice line is an essential part of managing SACT-induced nausea and vomiting, particularly acute nausea and vomiting. This service should be available to patients receiving SACT throughout the UK. The UKONS triage tool, linked in the [Further Information](#) section, may be used to support the rapid assessment of patients.

08 The potential for SACT-induced nausea and vomiting should be discussed during the consent process, with patients encouraged to discuss concerns with their healthcare team

Cancer Research UK national consent forms, linked in the [Further Information](#) section, should be utilised where available. The side effects of SACT (including nausea and vomiting) should be discussed during the pre-assessment meeting with members of the nursing and pharmacy teams after the consent process. A question guide resource that can help patients to have informed discussions with their HCPs is available in the [Further Information](#) section.

HCP Education

09 Clear and easily accessible guidelines regarding anti-emetic support for anticipatory, delayed or refractory nausea and vomiting associated with SACT should be available for all healthcare professionals managing the patient's symptoms

Centre guidelines need to cover all aspects of care for those experiencing SACT-induced nausea and vomiting and should be accessible to all HCPs who might be in contact with patients experiencing this adverse event.² HCPs who do not work in oncology teams, but nonetheless may engage with patients experiencing SACT-induced nausea and vomiting, should also receive relevant training on implementing the guidelines and be provided with protocols that facilitate referral to teams providing specialist care or complementary therapies. Acute Oncology Services could play an important role in facilitating access to guidelines and training across centres.

10 All healthcare professionals involved in the care of people receiving SACT should receive education and training on all aspects of managing SACT-induced nausea and vomiting, including but not limited to risk assessment, prophylaxis, and management of anticipatory, breakthrough and refractory SACT-induced nausea and vomiting

For treating oncology teams, education should focus on how SACT induces nausea and vomiting, including detailing the mechanism of action, as well as prophylactic approaches, optimising anti-emetic treatment based on patient risk assessments and managing new events that might impact a patient's treatment regimen. Education should also highlight SACT-induced nausea and vomiting as a red flag for reducing treatment adherence. For non-oncology teams and HCPs working in the Acute Oncology Service, education should focus on management of anticipatory, breakthrough and refractory SACT-induced nausea and vomiting, in line with [Principle 9](#).

Further Information

For more information: Oncology@chugai-pharm.co.uk

Principle 02

Risk CINV assessment tool



MASCC anti-emesis tool



Principle 04

Cancer Research UK cancer treatment records



Careology digital application



Principle 06

Chemosickness prevention



Principle 07

United Kingdom Oncology Nursing Society 24 hour triage rapid assessment and access toolkit



Principle 08

Cancer Research UK national consent forms



Chemosickness prevention question guide



GONE Stakeholders

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With thanks to the [United Kingdom Oncology Nursing Society](#) and the [United Kingdom Association of Supportive Care in Cancer](#) for their feedback on the principles of care. For further management information, please see the [United Kingdom Oncology Nursing Society Acute Oncology Initial Management Guidelines](#) here: <https://ukons.hosting.sundownsolutions.co.uk/>

Please consider printing the quick reference guide on the following page, rather than the whole document, when disseminating these principles of care within your organisation for convenience, cost and to minimise environmental impact.



References

1. Herrstedt, J et al. 2023 MASCC and ESMO guideline update for the prevention of chemotherapy- and radiotherapy-induced nausea and vomiting. ESMO open vol. 9,2 (2024): 102195; 2. United Kingdom Oncology Nursing Society, 2023. Acute Oncology Initial Management Guidelines Version 4.0. Available at: <https://ukons.hosting.sundownsolutions.co.uk/>. Last Accessed 05/03/2025; 3. Martin D., Sladkowski M., UK Wide Audit of Antiemetic Dexamethasone Dosing Given Alongside Highly Emetogenic Chemotherapy [Poster]. British Oncology Pharmacy Association Conference 2024, Birmingham.

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Quick Reference Guide:



Scan the QR code for background information and implementation guidance on the principles of care

Category	Principles of Care
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	07 Rapid access to specialist advice should be available to patients receiving SACT to guide early intervention, including access to a 24-hour telephone advice line
	08 The potential for SACT-induced nausea and vomiting should be discussed during the consent process, with patients encouraged to discuss concerns with their healthcare team
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Abbreviations

A&E: Accident & Emergency, **HCP:** healthcare professional, **MASCC/ESMO:** Multinational Association of Supportive Care in Cancer/European Society for Medical Oncology, **SACT:** systemic anti-cancer therapy, **UKASCC:** UK Association of Supportive Care in Cancer, **UKONS:** UK Oncology Nursing Society.