

Conclusions and future directions

Progress in the control of nausea and vomiting related to cancer therapy has been remarkable. However, many questions remain open, and not all patients are adequately protected against cancer therapy-induced nausea and vomiting.

We lack randomized studies investigating whether palonosetron, in combination with a neurokinin-1-receptor antagonist (NK-1-RA), should be preferred over the other 5-hydroxytryptamine-3 receptor antagonists due to its contribution to the prevention of delayed chemotherapy-induced nausea and vomiting, and we hope that this will be addressed in the future. We also look forward to the development of other NK-1-RAs.

We need better guidance for the treatment of patients who, after optimal preventative treatment, nevertheless experience nausea and vomiting. In the delayed phase, emerging studies indicate that dexamethasone-sparing regimens might be an option and this strategy should be further investigated. However, it remains the best drug for delayed nausea, which is a challenge.

Nausea is a subjective phenomenon which is understood in different ways and not easily measured. We should remain aware that it is likely that for patients, this term encompasses many different reasons for being unwell after chemotherapy.