Breakthrough CINV is nausea and/or vomiting that occurs within 5 days of chemotherapy administration despite the use of guideline-directed prophylactic antiemetics.

Prevalence of breakthrough CINV is high (30-40%) and usually requires immediate treatment, or “rescue” medication.

Chemotherapy-induced nausea and vomiting prevention:

- There are numerous options for effective antiemetic prophylaxis; however, control of CINV remains suboptimal.
- Patients who experience CINV may experience deterioration in their quality of life.

Managing breakthrough CINV:

For breakthrough CINV treatment, antiemetic guidelines recommend including:

- An antiemetic agent from a different class not used in prophylaxis
- Intravenous hydration
- Olanzapine

Hydration as part of a composite end point:

Costs associated with breakthrough CINV can be substantial, including those related to:

- Emergency department visits
- Hospitalizations
- Unscheduled hydrations

Unscheduled hydrations, which require evaluation in the clinic, may provide an additional measure of CINV control and serve as a surrogate of associated healthcare utilization.

Discussion:

The addition of unscheduled hydration to no vomiting and no rescue antiemetic use could expand the definition of complete response to capture impact on healthcare utilization.