

PRELIMINARY QUESTIONNAIRE (to be answered only once)

1. In which country and federative unit, province, or territory do you practice?

☐ Argentina

- ☐ Autonomous City of Buenos Aires
- ☐ Buenos Aires
- ☐ Catamarca
- ☐ Chaco
- ☐ Chubut
- ☐ Córdoba
- ☐ Corrientes
- ☐ Entre Rios
- ☐ Formosa
- ☐ Jujuy
- ☐ La Pampa
- ☐ La Rioja
- ☐ Mendoza
- ☐ Misiones
- ☐ Neuquén
- ☐ Río Negro
- ☐ Salta
- ☐ San Juan
- ☐ San Luis
- ☐ Santa Cruz
- ☐ Sante Fe
- ☐ Santiago del Estero
- ☐ Tierra del Fuego, Antártida et Islas del Atlántico Sur
- ☐ Tucumán

☐ Brazil

- ☐ Acre
- ☐ Alagoas
- ☐ Amapá
- ☐ Amazonas
- ☐ Bahia
- ☐ Ceará
- ☐ Distrito Federal
- ☐ Espírito Santo
- ☐ Goiás
- ☐ Maranhão
- ☐ Mato Grosso
- ☐ Mato Grosso do Sul
- ☐ Minas Gerais
- ☐ Pará
- ☐ Paraíba
- ☐ Paraná
- ☐ Pernambuco
- ☐ Piauí

- ☐ Rio de Janeiro
 - ☐ Rio Grande do Norte
 - ☐ Rio Grande do Sul
 - ☐ Rondônia
 - ☐ Roraima
 - ☐ Santa Catarina
 - ☐ São Paulo
 - ☐ Sergipe
 - ☐ Tocantins
- ☐ Canada
 - ☐ Alberta
 - ☐ British Columbia
 - ☐ Manitoba
 - ☐ New Brunswick
 - ☐ Newfoundland and Labrador
 - ☐ Northwest Territories
 - ☐ Nova Scotia
 - ☐ Nunavut
 - ☐ Ontario
 - ☐ Prince Edward Island
 - ☐ Québec
 - ☐ Saskatchewan
 - ☐ Yukon

2. What type(s) of centre do you currently work in? (Select all that apply.)

- ☐ Academic or university-affiliated hospital or cancer centre
- ☐ Private hospital or private treatment centre
- ☐ Public community hospital
- ☐ Other (please specify: _____)

3. What types of cancer do you treat? (Select all that apply.)

- ☐ Breast
- ☐ Endocrine and neuroendocrine
- ☐ Gastrointestinal
- ☐ Genitourinary
- ☐ Gynecologic
- ☐ Head and neck
- ☐ Hematologic
- ☐ Musculoskeletal
- ☐ Neurologic
- ☐ Ocular
- ☐ Skin
- ☐ Thoracic
- ☐ Other (please specify: _____)

4. How many years have you been in practice?

- ☐ <5 years
- ☐ 5-15 years
- ☐ >15 years

5. Please indicate how the following agents are classified at your institution: (Note: drag-and-drop type question, with each regimen having to be dragged into one of 3 boxes labelled (Moderate emetic risk, High emetic risk, Not used in my practice)

- ☐ Anthracycline/cyclophosphamide combination
- ☐ Bendamustine
- ☐ Busulfan
- ☐ Carboplatin AUC ≥ 4
- ☐ Carboplatin AUC < 4
- ☐ Carmustine $> 250 \text{ mg/m}^2$
- ☐ Carmustine $\leq 250 \text{ mg/m}^2$
- ☐ Chlorambucil
- ☐ Cisplatin
- ☐ Cyclophosphamide $> 1500 \text{ mg/m}^2$
- ☐ Cyclophosphamide $\leq 1500 \text{ mg/m}^2$
- ☐ Cytarabine $> 200 \text{ mg/m}^2$
- ☐ Dacarbazine
- ☐ Dactinomycin
- ☐ Daunorubicin
- ☐ Doxorubicin $\geq 60 \text{ mg/m}^2$
- ☐ Doxorubicin $< 60 \text{ mg/m}^2$
- ☐ Epirubicin $> 90 \text{ mg/m}^2$
- ☐ Epirubicin $\leq 90 \text{ mg/m}^2$
- ☐ Idarubicin
- ☐ Ifosfamide $\geq 2 \text{ g/m}^2$ per dose
- ☐ Ifosfamide $< 2 \text{ g/m}^2$ per dose
- ☐ Irinotecan
- ☐ Mechlorethamine
- ☐ Melphalan $\geq 140 \text{ mg/m}^2$
- ☐ Melphalan $< 140 \text{ mg/m}^2$
- ☐ Methotrexate $\geq 250 \text{ mg/m}^2$
- ☐ Mitotane
- ☐ Oxaliplatin
- ☐ Romidepsin
- ☐ Sacituzumab govitecan
- ☐ Streptozocin
- ☐ Temozolomide
- ☐ Trabectedin
- ☐ Trastuzumab deruxtecan

6. For patients on the following agents, what proportion of your patients do you estimate experience with antiemetics prevention: (To enter a number from 0-100 for each category or check "Not used in my practice")

	Anticipatory nausea/vomiting	Acute nausea	Acute vomiting	Delayed nausea	Delayed vomiting
Anthracycline/cyclophosphamide combination					
Carboplatin AUC ≥ 4					
Carboplatin AUC < 4					
Cisplatin					
Sacituzumab govitecan					
Trastuzumab deruxtecan					

7. What are your top 3 challenges with regards to managing CINV? (Please select 3)

- ☐ Identifying patients on MEC at increased risk of CINV
- ☐ Selecting appropriate antiemetic regimen
- ☐ Access/coverage of antiemetic therapies
- ☐ Patient compliance with antiemetic regimen
- ☐ Anticipatory nausea/vomiting
- ☐ Breakthrough nausea/vomiting
- ☐ Delayed nausea/vomiting
- ☐ Refractory nausea/vomiting
- ☐ Other (please specify: _____)

8. On what references for the management of CINV are your institutional protocols based? (Select all that apply.)

- ☐ ASCO
- ☐ CCO
- ☐ MASCC/ESMO
- ☐ NCCN
- ☐ Product labelling
- ☐ Other (please specify: _____)

9. What prophylactic regimen do you most commonly use for patients on HEC? (To select one option in each subcategory)

- ☐ 5-HT₃ receptor antagonist
 - ☐ Dolasetron PO
 - ☐ Granisetron IV
 - ☐ Granisetron PO
 - ☐ Granisetron SC
 - ☐ Ondansetron IV
 - ☐ Ondansetron PO
 - ☐ Palonosetron IV
 - ☐ Palonosetron PO (in combination with netupitant)
 - ☐ None
- ☐ NK₁ receptor antagonist
 - ☐ Aprepitant IV
 - ☐ Aprepitant PO

- Fosaprepitant IV
- Fosneptupitant IV (in combination with palonestron)
- Netupitant PO (in combination with palonestron)
- Rolapitant PO
- None
- ☐ Atypical antipsychotic
 - Olanzapine
 - None
- ☐ Corticosteroid
 - Dexamethasone 8 mg PO x3 days
 - Dexamethasone 12 mg PO or IV once
 - Dexamethasone 12 mg IV on day 1, then 8 mg PO on days 2 and 3
 - Other (please specify: _____)
 - None
- ☐ Dopamine receptor antagonist
 - Metoclopramide PO
 - Other (please specify: _____)
 - None
- ☐ Other
 - Please specify: _____
 - None

10. What prophylactic regimen do you most commonly use for patients on MEC without additional risk factors for CINV?

- ☐ 5-HT3 receptor antagonist
 - Dolasetron PO
 - Granisetron IV
 - Granisetron PO
 - Granisetron SC
 - Ondansetron IV
 - Ondansetron PO
 - Palonosetron IV
 - Palonosetron PO (in combination with netupitant)
 - None
- ☐ NK1 receptor antagonist
 - Aprepitant IV
 - Aprepitant PO
 - Fosaprepitant IV
 - Fosneptupitant IV (in combination with palonestron)
 - Netupitant PO (in combination with palonestron)
 - Rolapitant PO
 - None
- ☐ Atypical antipsychotic
 - Olanzapine
 - None
- ☐ Corticosteroid
 - Dexamethasone 8 mg PO x3 days

- Dexamethasone 12 mg PO or IV once
- Dexamethasone 12 mg IV on day 1, then 8 mg PO on days 2 and 3
- Other (please specify: _____)
- None
- ☐ Dopamine receptor antagonist
 - Metoclopramide PO
 - Other (please specify: _____)
 - None
- ☐ Other
 - Please specify: _____
 - None

11. What prophylactic regimen do you most commonly use for patients on MEC with additional risk factors for CINV?

- ☐ 5-HT₃ receptor antagonist
 - Dolasetron PO
 - Granisetron IV
 - Granisetron PO
 - Granisetron SC
 - Ondansetron IV
 - Ondansetron PO
 - Palonosetron IV
 - Palonosetron PO (in combination with netupitant)
 - None
- ☐ NK₁ receptor antagonist
 - Aprepitant IV
 - Aprepitant PO
 - Fosaprepitant IV
 - Fosnetupitant IV (in combination with palonestron)
 - Netupitant PO (in combination with palonestron)
 - Rolapitant PO
 - None
- ☐ Atypical antipsychotic
 - Olanzapine
 - None
- ☐ Corticosteroid
 - Dexamethasone 8 mg PO x3 days
 - Dexamethasone 12 mg PO or IV once
 - Dexamethasone 12 mg IV on day 1, then 8 mg PO on days 2 and 3
 - Other (please specify: _____)
 - None
- ☐ Dopamine receptor antagonist
 - Metoclopramide PO
 - Other (please specify: _____)
 - None
- ☐ Other
 - Please specify: _____

- None

12. What risk factors do you consider when determining whether to initiate an NK-1 RA in patients on MEC?
(Select all that apply.)

- ☐ Age
- ☐ Gender
- ☐ BMI
- ☐ Performance status
- ☐ Anticancer regimen
- ☐ Number of lines of prior treatment
- ☐ Anticipatory nausea/vomiting with prior therapy
- ☐ CINV with prior therapy
- ☐ History of low alcohol intake
- ☐ History of morning sickness
- ☐ Comorbid anxiety disorder
- ☐ Comorbid GERD
- ☐ Concurrent radiation
- ☐ Concurrent CYP-inducing medication
- ☐ Other (please specify: _____)

13. At your institution, how are patients assessed to determine if they have experienced any nausea and/or vomiting? (Select all that apply.)

- ☐ In-person by:
 - Nurse
 - Oncologist
 - Pharmacist
- ☐ Telephone by:
 - Nurse
 - Oncologist
 - Pharmacist
- ☐ Patient encouraged to call if they experience nausea and/or vomiting
- ☐ Other (please specify: _____)

14. At your institution, at what timepoints are patients assessed to determine if they have experienced any nausea and/or vomiting? (Select all that apply.)

- ☐ Prior to administration
- ☐ Immediately after administration
- ☐ 1-2 days after administration
- ☐ 3-4 days after administration
- ☐ 5-6 days after administration
- ☐ 1 week after administration
- ☐ 2 weeks after administration
- ☐ 3 weeks after administration
- ☐ Patient encouraged to call if they experience nausea and/or vomiting
- ☐ Other (please specify: _____)

PATIENT PROFILE

To select: 10 adults who have been, or will be, treated with a high or moderately emetogenic anticancer regimen.

1. Age:

- ☐ 18-29 years
- ☐ 30-39 years
- ☐ 40-49 years
- ☐ 50-59 years
- ☐ 60-69 years
- ☐ 70-79 years
- ☐ ≥80 years

2. Gender:

- ☐ Female
- ☐ Male
- ☐ Other

3. Eastern Cooperative Oncology Group (ECOG) performance status:

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

4. Karnofsky performance status: ____ (drop-down list of numbers 0-100)

5. Type of coverage (private/public):

- ☐ Private
- ☐ Public
- ☐ Other (please specify: _____)

6. Type of cancer:

- ☐ Breast
- ☐ Endocrine and neuroendocrine
- ☐ Gastrointestinal
- ☐ Genitourinary
- ☐ Gynecologic
- ☐ Head and neck
- ☐ Hematologic
- ☐ Musculoskeletal
- ☐ Neurologic
- ☐ Ocular
- ☐ Skin
- ☐ Thoracic
- ☐ Other (please specify: _____)

7. Stage of cancer:

- ☐ I
- ☐ II
- ☐ II
- ☐ IV

8. Presence of brain metastases and/or carcinomatous meningitis:

- ☐ Yes
- ☐ No

9. Presence of peritoneal carcinomatosis with or without bowel obstruction:

- ☐ Yes
- ☐ No

10. Treatment setting:

- ☐ Neoadjuvant
- ☐ Adjuvant
- ☐ Maintenance
- ☐ Metastatic

11. Current or planned treatment regimen:

- ☐ Moderate emetic risk
- ☐ High emetic risk

12. Number of treatment cycles received: ____ (drop-down list of numbers 0-99)

13. Is there ongoing radiation?

- ☐ Yes
- ☐ No

14. Is there other ongoing anticancer therapy? (Select all that apply.)

- ☐ Immunotherapy
- ☐ Targeted therapy
- ☐ Other (please specify: _____)
- ☐ None

15. Potential risk factors for CINV: (Select all that apply.)

- ☐ Anticipatory nausea/vomiting with prior therapy
- ☐ CINV with prior therapy
- ☐ Delayed nausea/vomiting with prior therapy
- ☐ Anticipatory nausea/vomiting in prior cycles
- ☐ CINV with prior cycles
- ☐ Delayed nausea/vomiting with prior cycles
- ☐ BMI <27.5 kg/m²
- ☐ History of low alcohol intake

- ☐ History of morning sickness
- ☐ Other (please specify: _____)

16. Comorbidities: (Select all that apply.)

- ☐ Anxiety disorder
- ☐ Arrhythmia
- ☐ Cognitive impairment
- ☐ Diabetes
- ☐ Electrolyte or metabolic disorder (e.g., hypercalcemia, hyponatremia)
- ☐ GERD
- ☐ Kidney disease
- ☐ Liver disease
- ☐ QTc prolongation
- ☐ Severe pain
- ☐ Other relevant comorbidity (please specify: _____)
- ☐ None of the above

17. Concomitant medications:

- ☐ Antibiotic
- ☐ Antidepressant
- ☐ Antipsychotic
- ☐ CYP inducer
- ☐ Opioid
- ☐ Other relevant medication (please specify: _____)
- ☐ None of the above

18. What topics were discussed with the patient regarding CINV management? (Select all that apply.)

- ☐ Risk of CINV with their anticancer regimen
- ☐ Personal risk factors for CINV
- ☐ Anticipatory nausea/vomiting
- ☐ Breakthrough nausea/vomiting
- ☐ Delayed nausea/vomiting
- ☐ Non-pharmacological strategies for CINV management
- ☐ Pharmacologic strategies for CINV management
- ☐ Patient preferences
- ☐ Other (please specify: _____)
- ☐ None of the above

19. Was a prophylactic antiemetic regimen selected for this patient?

- ☐ Yes
- ☐ No

Following question to appear only if "No" selected

20. Why was a prophylactic antiemetic regimen not selected? (Select all that apply.)

- ☐ Lack of access/coverage

- ☐ Patient deemed at lower risk for CINV
- ☐ Regimen was offered but refused by patient
- ☐ Reactive antinausea medication provided instead
- ☐ Other (please specify: _____)

Following questions to appear only if "Yes" selected

21. Prior to which treatment cycle was antiemetic regimen started? ____ (drop-down list of numbers 1-99)

22. What regimen was selected: (To select one option in each subcategory)

- ☐ 5-HT3 receptor antagonist
 - ☐ Dolasetron PO
 - ☐ Granisetron IV
 - ☐ Granisetron PO
 - ☐ Granisetron SC
 - ☐ Ondansetron IV
 - ☐ Ondansetron PO
 - ☐ Palonosetron IV
 - ☐ Palonosetron PO (in combination with netupitant)
 - ☐ None
- ☐ NK1 receptor antagonist
 - ☐ Aprepitant IV
 - ☐ Aprepitant PO
 - ☐ Fosaprepitant IV
 - ☐ Fosnetupitant IV (in combination with palonestron)
 - ☐ Netupitant PO (in combination with palonestron)
 - ☐ Rolapitant PO
 - ☐ None
- ☐ Atypical antipsychotic
 - ☐ Olanzapine as prophylaxis
 - ☐ Olanzapine for breakthrough CINV
 - ☐ Other (please specify: _____)
 - ☐ None
- ☐ Corticosteroid
 - ☐ Dexamethasone 8 mg PO x3 days
 - ☐ Dexamethasone 12 mg PO or IV once
 - ☐ Dexamethasone 12 mg IV on day 1, then 8 mg PO on days 2 and 3
 - ☐ Other (please specify: _____)
 - ☐ None
- ☐ Dopamine receptor antagonist
 - ☐ Metoclopramide PO
 - ☐ Other (please specify: _____)
 - ☐ None
- ☐ Other
 - ☐ Please specify: _____
 - ☐ None