Cancer treatments may cause a wide range of side effects that negatively affect quality of life (QOL) (Ballatori & Roila, 2003) and, occasionally, survival. In particular, chemotherapy-induced nausea and vomiting (CINV) is a bothersome and common problem associated with cancer treatment and may cause complications such as electrolyte imbalance, dehydration, and malnourishment (Navari, 2013). Chemotherapy is better tolerated by well-nourished patients who have fewer episodes of low blood counts and infection, experience fewer treatment delays, are able to tolerate higher doses of chemotherapy, and have better QOL (Bozzetti, 2001). Therefore, the management of nausea and vomiting (NV) should be considered in all phases of treatment.

Despite treatment progress and the introduction of new drugs like palonosetron, a second-generation 5-hydroxytryptamine 3 (5-HT3) receptor antagonist, and aprepitant, a neurokinin-1 receptor (NK-1R) antagonist, delayed CINV still affects about half of all patients undergoing moderately emetogenic chemotherapy (MEC) or highly emetogenic chemotherapy (HEC) (Aapro et al., 2012). Poor management of CINV may lengthen the hospital stay, increase medical costs, and contribute to a patient’s physical and mental deterioration.

The incidence of delayed CINV is often underestimated by healthcare professionals. A study by Grunberg et al. (2004) showed that, although physicians and nurses accurately predicted the incidence of acute CINV, more than 75% underestimated the incidence of delayed CINV in this population.