Dexamethasone sparing antiemetic regimens were upgraded from Likely To Be Effective to Recommended for Practice. These regimens are based on a standard triple-drug regimen, but include lower doses or less frequent use of dexamethasone.

New evidence examining the effects of providing antiemetics in accordance with several professional guidelines was categorized as Likely To Be Effective. Several studies show better CINV outcomes when professional guidelines were followed.

The anxiolytic benzodiazepine for anticipatory CINV in adults—a new item—was categorized as Likely To Be Effective based on MASCC/ESMO guidelines’ suggested use.

Hypnosis in pediatric patients was evaluated as a new intervention and categorized as Effectiveness Not Established.

New evidence for use of a triple-drug regimen (NK1, 5HT3, and dexamethasone) for pediatric patients was categorized as Likely To Be Effective.

Use of benzodiazepine or lorazepam for anticipatory CINV in pediatric patients was categorized as Likely To Be Effective. This was previously categorized as Effectiveness Not Established.