Background and importance
Chemotherapy induced nausea and vomiting (CINV) remains an important adverse effect as it affects the quality of life of patients, implying chemotherapy dose reductions and compromises adherence.

Aim and objectives
To evaluate the effectiveness of antiemetic therapy in the control of CINV, comparing groups of patients with adequate and inadequate patterns, according to clinical practice guidelines.

Material and methods
This was a longitudinal retrospective study for population characterisation and non-intervention. Patients receiving intravenous chemotherapeutic treatment from April to July 2018 were included. Independent variables: demographics (age and sex), and adequacy of the guidelines. Dependent variables: chemotherapy induced nausea (CIN), quantified by adding the scores obtained through a self-administered questionnaire based on the CTCAE scale, for the three phases (anticipated + acute + delayed); and chemotherapy induced vomiting (CIV), similarly quantified.

Data are expressed as mean (SD) for continuous variables and absolute and relative frequency for categorical variables. Multivariable logistic regression models were used to study the association of adequacy and effectiveness. Statistical analysis was performed with the R software (V.3.4.3).

Results
A total of 797 chemotherapy cycles were administered to 148 patients during the study period. Of these, 133 patients aged 62.26 (11.13) years, 70 (52.63%) women, were included. They were divided into three groups, according to the adequacy of the guidelines: sufficient (75), excessive (38) and insufficient (20).

The excess deviations (OR=0.311 (0.038, 1.535), p=0.197) or insufficient adequacy (OR=0.388 (0.057, 1.878), p=0.278) were not predictors of nausea. In contrast, insufficient adequacy was a predictor of vomiting (OR=17.907 (2.078, 290.042), p=0.015), while the excess deviation was not (OR=1.799 (0.064, 37.415), p=0.688).

Conclusion and relevance
For all CINV anticipated, acute and delayed phases considered together, an insufficient antiemetic pattern was associated with worse control of vomiting, but not nausea. In future studies, separate assessment of the influence of the adequacy of the antiemetic pattern on each of the CINV phases deserves further investigation.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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