Chemotherapy-induced nausea and vomiting (CINV) remains an important adverse effect, since they affect the quality of life of patients, force chemotherapy dose reductions and compromise adherence.

**Material and methods**

Longitudinal retrospective study for population characterization and non-intervention. Patients with intravenous chemotherapeutic treatment from April to July 2018 were included.

Independent variables: demographic (age and sex), and adequacy to the guidelines. Dependent variables: CIN (chemotherapy-induced nausea), quantified by adding the scores obtained through a self-administered questionnaire based on the CTCAE scale, for the three phases (anticipated + acute + delayed); and CIV (chemotherapy-induced vomiting), similarly quantified.

The data were expressed using the mean (SD) in the case of continuous variables, and absolute and relative frequency in the case of categorical variables. Multivariable logistic regression models were used to study the association of adequacy and effectiveness. Statistical analyses were performed with the R software (version 3.4.3). A p-value below 0.05 was considered statistically significant.

**Results**

797 chemotherapy cycles were administered to 148 patients during the study period. 133 patients included. 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).

**Conclusions**

All CINV anticipated, acute and delayed phases jointly considered, an insufficient antiemetic pattern is associated with worse control of vomiting, but not nausea. In future studies, separate assessment of the influence of the antiemetic pattern adequacy on each of the CINV phases deserves further investigation.