Supplementary Online Content

Navari RM, Pywell CM, Le-Rademacher JG, et al. Olanzapine for the treatment of advanced cancer–related chronic nausea and/or vomiting: a randomized pilot trial. *JAMA Oncol*. Published online May 7, 2020. doi:10.1001/jamaoncol.2020.1052

eTable. On-study patient characteristics.

eAppendix. Online data regarding randomization

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable. On-study patient characteristics.

	Olanzapine (N=15)	Placebo (N=15)
Age (years)		
Mean (SD)	60.1 (11.2)	64.4 (10.0)
Median (range)	60 (39, 77)	67 (43, 79)
Gender, n (%)		
Female	8 (53.3%)	8 (53.3%)
Male	7 (46.7%)	7 (46.7%)
Race, n (%)		
Caucasian	7 (46.7%)	9 (60.0%)
Black or African American	7 (46.7%)	6 (40.0%)
Asian	1 (6.7%)	0
ECOG Performance, n (%)		
1	2 (13.3%)	4 (26.7%)
2	10 (66.7%)	8 (53.3%)
3	3 (20.0%)	3 (20.0%)
Primary Disease Site, n (%)		
Breast	2 (13.3%)	3 (20%)
Colon	4 (26.7%)	2 (13%)
Gastric	1 (6.7%)	1 (6.7%)
Gynecologic	2 (13.3%)	1 (6.7%)
Head & Neck	0	2 (13.3%)
Pancreatic	2 (13.3%)	1 (6.7%)
Prostate	1 (6.7%)	1 (6.7%)
Lung	3 (20.0%)	3 (20.0%)
Genitourinary	0	1 (6.7%)
Antiemetic use, n (%)		
None	1 (6.7%)	0
Haloperidol	0	0
Metoclopramide	5 (33.3%)	8 (53.3%)
Ondansetron	8 (53.3%)	4 (26.7%)
Prochlorperazine	1 (6.7%)	2 (13.3%)
Promethazine	0	1 (6.7%)
NRS – Nausea *		
Median	9	9
Range	(9, 10)	(8, 10)
NRS – Appetite †		
Median	1	1
Range	(1, 2)	(1, 2)
NRS – Fatigue *		
Median	6	7
Range	(2, 8)	(3, 8)

NRS – Sedation *		
Median	1	1
Range	(0, 1)	(0, 2)
NRS – Pain *		
Median	6	6
Range	(3, 7)	(5, 7)
NRS – Well-Being †		
Median	2	2
Range	(2, 8)	(2, 7)
Emesis*		
Mean (SD)	2.47 (0.99)	2.80 (0.56)
Median	2	3
Range	(1, 5)	(2, 4)
Emesis incidence in last 24 hours , n (%)		
0	0	0
1	2 (13.3%)	0
2	6 (40.0%)	4 (26.7%)
3	6 (40.0%)	10 (66.7%)
4	0	1 (6.7%)
5	1 (6.7%)	0
Suspected etiology of nausea/vomiting, n (%)		
Anorexia/Cachexia	2 (13.3%)	1 (6.7%)
Cancer	3 (20.0%)	5 (33.3%)
Cancer progression	6 (40.0%)	5 (33.3%)
Opioids	2 (13.3%)	2 (13.3%)
Ileus	1 (6.7%)	1 (6.7%)
Partial small bowel obstruction	1 (6.7%)	1 (6.7%)

*A higher number indicates worse quality of life.

†A higher number indicates better quality of life.

Abbreviation: NRS-numerical rating scale on a 0-10 scale

P-values for each item were all > 0.05.

eAppendix. Online data regarding randomization

Since this was a multisite study, study staff at UAB generated the registration schedule and the UAB Investigational Drug Service held the randomization list. Patient registration occurred after pre-treatment evaluation was complete, eligibility criteria were met, and the patient signed the informed consent. Once informed consent occurred, the Study Chair or Registration Specialist registered the patient into the study and had the patient randomized. After the treatment assignment had been ascertained, the patient's study medication code number was used to confirm the registration.

To ensure both the patient and the medical professionals who cared for the patient were blinded to the identity of the treatment assignment, The Registration Specialist followed a double-blinding procedure. The pharmacist or designated contact person at the treating site maintained records that indicated the identity of the patient and their corresponding study medication code number. Randomization plan was created on 10 May 2017 using the website www.randmozation.com. The plan consisted of 36 participants being randomized into 9 blocks.

None of the physicians, nurses, or other study staff interacting with patients had access to the randomization code.