Chemotherapy is one of the most common causes of iatrogenic nausea and vomiting in patients with cancer. Highly emetogenic agents, such as cisplatin, induce nausea and vomiting in 90% or more of patients (Craig & Powell, 1987; Love, Leventhal, Easterling, & Nerenz, 1989; Nightengale & Mauch, 1998; Rakel, 1999). Prior to the 1990s, standard therapy for chemotherapy-induced nausea and vomiting mainly consisted of dopaminergic-blocking agents (e.g., metoclopramide, phenothiazines) combined with dexamethasone and lorazepam (Johnson, Moroney, & Gay, 1997; San Angel, 1993). However, the dopaminergic agents often caused distressing side effects, including extrapyramidal symptoms, dystonia, diarrhea, and sedation. The introduction of the 5-HT₃ receptor antagonists in the early 1990s increased effective emetic control in chemotherapy recipients.