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OBJECTIVE: To describe the population treated with everolimus and evaluate the effectiveness of dexamethasone mouthwash 0,1mg/mL for prevention of stomatitis in patients with metastatic breast cancer treated with everolimus-exemestane.

MATERIALS AND METHODS:

Retrospective observational study from Jan 2012-2019

Patients with breast cancer who were treated with everolimus-exemestane

The demographics and clinical parameters were collected from the medical history:

- Age at the beginning of the treatment.
- Dose
- Duration of the treatment
- Adverse reactions
- Reason for the suspension of the therapy
- Incidence of mucositis and comparison between patients who use dexamethasone mouthwash vs those who did not initiate it.

RESULTS:

24 patients

Mean age: 61 years (39-82)

Treatment with everolimus-exemestane:
-Second line: 54% (n=13)
-Third line or later: 46% (n=11)

Average treatment duration: 5,9 months

88% patients discontinued treatment (radiological progression)

Prophylactic treatment with dexamethasone mouthwash: 50% of patients (from January 2017).

ADVERSE REACTIONS OF EVEROLIMUS

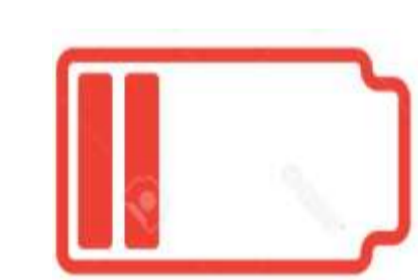
10mg/d (EVE)

At the beginning 100% (N=24)

TOXICITY

5mg/d (EVE)

At the end 38% (N=9)



Asthenia (n=3)



Pneumonitis (n=1)



Skin rash (n=1)



Edema in lower limbs (n=1)



Thrombopenia (n=1)



Neutropenia (n=1)



Nausea/vomiting (n=1)

EFFICACY OF DEXAMETHASONE MOUTHWASH

NO dexamethasone mouthwash (N=12)



67% stomatitis (grade 1, N=5; grade 2, N=3)



Delayed the antineoplastic treatment in 2 patients.

Dexamethasone mouthwash (N=12)



8% stomatitis (grade 1, N=1)

The use of dexamethasone mouthwash 0.1mg/mL was associated with a decrease in the incidence of stomatitis statistically significant ($\chi^2 < 0.05$). No adverse effects associated with oral solution were detected.

CONCLUSIONS:

Prophylactic use of dexamethasone mouthwash reduced the incidence and severity of stomatitis in patients receiving everolimus-exemestane.