Positive Quality Intervention: Stomatitis Prophylaxis During Everolimus (Afinitor®) Therapy

**Description of PQI:** The purpose of this PQI is to identify patients initiating everolimus therapy and could benefit from stomatitis prophylaxis with a steroid mouthwash.

**Background:** Stomatitis is a significant complication associated with mTOR inhibition. In BOLERO-2 patients receiving everolimus/exemestane (EVE/EXE), all grade stomatitis was 67%; 33% Grade 2 and 8% Grade 3. The median time to Grade 2 or worse onset was 15.5 days. The incidence of new stomatitis (Grade ≥ 2) plateaued at 6 weeks. In a meta-analysis, 89% of first stomatitis events occurred within 8 weeks. Topical steroids are used to treat aphthous ulcers; anecdotal use of topical steroid prophylaxis has been reported. A trial entitled SWISH revealed prophylactic use of 0.5 mg/5 mL dexamethasone oral solution markedly decreased the incidence and severity of stomatitis in patients receiving EVE/EXE for metastatic breast cancer and should be considered a new standard of care in this setting.

**PQI process:** Upon receipt of a new prescription for everolimus:
- Identify if the patient may be a candidate for steroid rinse
- Contact the oncologist to obtain a prescription for mouthwash:
  - Dexamethasone 0.5mg/5ml solution - swish 10ml for 2 minutes and spit out QID for initial 8 weeks *Do not eat or drink for 1 hour post mouth rinse*
- Follow up within 7 days of starting everolimus/steroid mouth rinse

**Patient Centered Activities:**
- Provide Oral Chemotherapy Education (OCE) sheet
- Encourage patients to use rinse on a scheduled regimen, four times per day
- Brush teeth with soft or extra soft tooth brush
- Advise patients to immediately report any signs or symptoms of mouth sore

**Supplemental Information:**

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<thead>
<tr>
<th>Study</th>
<th>Stomatitis Grade (%)</th>
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<tbody>
<tr>
<td></td>
<td>All</td>
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<tr>
<td>BOLERO-2 (total)</td>
<td>67</td>
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<tr>
<td>SWISH (at 8 weeks)</td>
<td>19.8</td>
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**References:**

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