**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**

**At the beginning**

100% (N=24)

- Asthenia (n=3)
- Pneumonitis (n=1)
- Skin rash (n=1)
- Edema in lower limbs (n=1)

**At the end**

38% (N=9)

- Thrombopenia (n=1)
- Neutropenia (n=1)
- Nausea/vomiting (n=1)

**EFFICACY OF DEXAMETHASONE MOUTHWASH**

- **NO dexamethasone mouthwash** (N=12)
- **Dexamethasone mouthwash** (N=12)

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

**8% stomatitis** (grade 1, N=1)

Delayed the antineoplastic treatment in 2 patients.

The use of dexamethasone mouthwash 0.1mg/mL was associated with a decrease in the incidence of stomatitis statistically significant (chi square<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.