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Patient safety and adverse event management with Everolimus in routine clinical practice

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Objective: A survey was conducted to understand the use of Everolimus and management of adverse events (AEs) in clinical practice.

Materials & Methods: A questionnaire was developed to undertake a survey among oncologists across India in 2016 and response was analyzed.

Results: According to response from 13 oncologists most AEs ($\geq 25\%$) observed with Everolimus in clinical practice included stomatitis (83%), mucositis (58.3%), fatigue (50%), hypoglycemia (25%), pneumonitis (25%) and rash (25%). About 77% doctors opined that, onset of AEs with Everolimus tend to occur in 1st month of therapy while 23% opined to AEs occurring from 2nd month of therapy. All doctors agree that adding prophylactic steroid mouthwash during treatment with Everolimus prevents stomatitis. 41.7% doctors recommended oral rinse with 0.9% saline and/or sodium bicarbonate/dexamethasone mouth wash, 75% prefer local analgesic mouthwash, 50% treat with antiseptic mouthwashes, 41.7% with simple mouthwashes (saline) and salt gargles and 41.7% with sucralfate. Stomatitis was difficult to manage by 33.3% as it reduces the quality of life (QoL) and 50% considered it easy to manage as effective treatment and supportive care is available. In clinical practice, oncologist prescribed mTOR inhibitors in different indications like pancreatic neuroendocrine tumor (pNET) (75%), metastatic renal cell carcinoma (mRCC) (75%), metastatic breast cancer (66.7%) (mBC) and renal cell carcinoma (RCC) (25%).

Conclusion: Neuroendocrine tumors of pancreatic origin, metastatic renal cell carcinoma and metastatic breast cancer are the most preferred clinical uses of Everolimus, although the therapy is associated with manageable side effects like stomatitis and mucositis.

Biography

Ashish Bajaj has completed his MD in Pharmacology and presently is a Medical Advisor in Oncology at Biocon Limited.

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