The place for targeted agents in treating cancer, including breast cancer, continues to evolve. Ensuring the safe use of targeted therapies is a critical aspect of treatment plans. Everolimus, an oral mammalian target of rapamycin (mTOR) inhibitor, has shown efficacy in combination with tamoxifen (Bachelorot et al., 2012) or exemestane (Baselga et al., 2012) in postmenopausal women with advanced breast cancer resistant to endocrine therapy. Everolimus has been approved by the U.S. Food and Drug Administration (FDA) for the treatment of postmenopausal women with advanced hormone receptor–positive (HR+), human epidermal growth factor receptor 2–negative (HER2–) breast cancer in combination with exemestane after ineffective treatment with letrozole or anastrozole (Novartis Pharmaceuticals Corporation, 2015). Healthcare professionals, patients, and caregivers should be aware of safety concerns associated with mTOR inhibitors. Vigilance, preventive measures, and management of potential everolimus-associated adverse events (AEs) are essential elements of care. Oncology nurses play a vital role in meeting this important need.

Stomatitis is among the most frequently observed dose-limiting toxicities associated with mTOR inhibitors, often requiring treatment interruption or dose reduction.