

# Prophylaxis, Monitoring & Management of Dato-DXd associated Adverse Events

## Dato-DXd Starter Checklist

### Patient Counselling Checklist



#### LUNG CARE COUNSELLING

- Counsel patient to **report immediately** if they have new or worsening shortness of breath, chest pain, cough, or fever



#### ORAL CARE COUNSELLING

- Ensure patients have been **prescribed dexamethasone mouthwash** (0.1 mg/mL) or equivalent
- Counsel patient to **swish and gargle** dexamethasone mouthwash (0.1 mg/mL) **for 1-2 minutes, 4 times daily**, then spit out; avoid eating or drinking for 30 minutes after use
- Ensure patients have a **soft toothbrush**, bland fluoride-containing toothpaste, floss, and tongue scraper
- Counsel patients to **brush teeth after meals**, and floss and tongue scrape daily



#### EYE CARE COUNSELLING

- Ensure patients can obtain **preservative-free artificial tears**
- Counsel patients to use artificial tears **4 times daily**
- Counsel patients to **avoid contact lenses** and practice good skin hygiene around the eyes
- Provide eye care professional contact
- Counsel patients to **report tearing eyes and blurring vision** immediately

Counsel patients to use eye drops and mouthwash simultaneously each day to improve patient adherence

### Dato-DXd Infusion Checklist

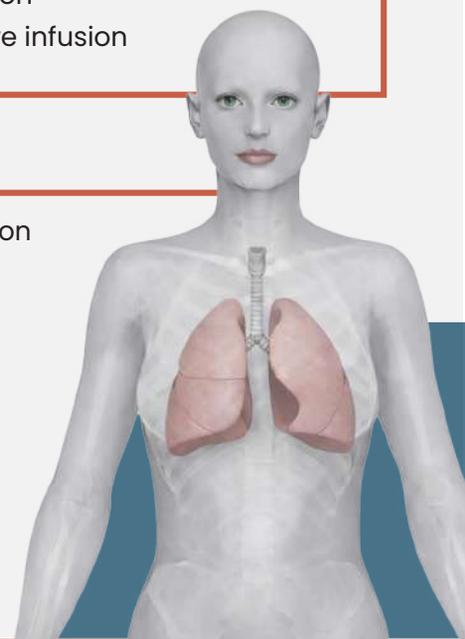


- Ice water, ice chips, or popsicle to hold in mouth** during infusion for stomatitis prevention
- Antiemetic premedication** 30 minutes before infusion for N/V prevention
- Antihistamines and acetaminophen premedication** 30 minutes before infusion for IRR prevention

### Exam Checklist



- Ask patient if they are experiencing any tearing eyes and/or blurring vision **to assess for ocular toxicities**
- Ask patient if they are experiencing any oral sensitivity, inflammation, and/or tenderness and provide an oral exam **to assess stomatitis**
- Ask patient if they are experiencing shortness of breath, chest pain, cough, or fever, measure baseline oxygen saturation, and review contrast-enhanced or high-resolution chest CT scan every 6 weeks or according to institutional guidelines **to assess for ILD**
- Assess for GI toxicities** (N/V and diarrhea)
- Assess all lab workup for abnormalities** of clinical significance (eg, neutropenia, anemia, etc.)
- If any of the above toxicities are present, address based on grade**



CT, computed tomography; Dato-DXd, datopotamab deruxitecan; GI, gastrointestinal; ILD, interstitial lung disease IRR, infusion-related reactions; N/V, nausea and vomiting

References: Lisberg A, et al. Oncologist 2025; 30:oyaf225. doi: 10.1093/oncolo/oyaf225; Meric-Bernstam F, et al. Oncologist 2025; 30:oyaf031. doi: 10.1093/oncolo/oyaf031

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