

GUIDELINES FOR THE MANAGEMENT OF CHEMOTHERAPY INDUCED DIARRHEA

Chemotherapy induced diarrhea (CID) is a common cause of morbidity and occasionally mortality in cancer patients. The recent FDA approval of Camptosar (irinotecan, CPT 11) used in combination with 5 Fluorouracil and Leukovorin in metastatic colon cancer has raised our awareness of this problem. Grade 3 and 4 diarrhea (see Table 1) occurs in up to 25% of patients treated with this combination and has led to an NCI “oncologic alert” after 3 large trials reported an excess of deaths from diarrhea and volume depletion in patients treated with these drugs. The following is a guideline for evaluating and managing chemotherapy induced diarrhea (CID).

EVALUATE CONDITION OF THE PATIENT

- * All patients with Grade 2 or greater diarrhea must be seen.
- * History of onset, frequency, duration and characteristics of diarrhea-consider causes other than chemotherapy
- * Assess for fever, abdominal pain and orthostasis
- * Evaluate medication profile (identify any diarrheagenic agents).
- * Evaluate dietary profile (identify diarrhea enhancing food).

GENERAL MANAGEMENT

- * Stop all lactose containing products, alcohol
- * Stop laxatives, bulk fiber, stool softeners
- * Drink 8 to 10 large glasses of clear liquids per day (water, Gatorade, pedialyte) – patient high risk if nausea or vomiting or inability to take in adequate fluid.
- * Eat frequent small meals (bananas, rice, applesauce, toast, pasta).
- * Stop high osmolar food supplements such as ensure plus and jevity plus.

TREATMENT

GRADE 1

- * Can be managed over the phone with loperamide (Imodium)
- * Initial dose 4 mg. followed by 2 mg every 4 hours until diarrhea free for >12 hours
- * Kaopectate (adsorbent) and Pepto Bismol (anti-secretory) also helpful.

GRADE 2

- * must be seen and evaluated
- * Treat with loperamide – initial dose 4 mg followed by 2 mg every 2 hours until diarrhea free for >12 hours
- * Must be contacted q24 hours until significant improvement
- * If worsens, re-evaluate and consider admission.

GRADE 3 AND 4

- * Admit to hospital and stop opioids
- * Aggressive rehydration
- * Stool work-up for C. Difficile, other pathogens
- * Administer octreotide (100-150µ SQ tid)
- * Empiric broad spectrum antibiotics (levaquin and flagyl).

Table 1.

National Cancer Institute Common Toxicity Criteria for Grading Severe Diarrhea

	Grade 1	Grade 2	Grade 3	Grade 4
Patients without a colostomy	Increase of <4 stools per day over pretreatment	Increase of 4 to 6 stools per day or nocturnal stools	Increase of ≥ 7 stools per day or incontinence or need for parenteral support for dehydration	Physiologic consequences requiring intensive care; hemodynamic collapse
Patients with a colostomy	Mild increase in loose, watery colostomy output compared with pretreatment	Moderate increase in loose, watery colostomy output compared with pretreatment, but not interfering with normal activity	Severe increase in loose, watery colostomy output compared with pretreatment and interfering with daily activity	Physiologic consequences requiring intensive care; hemodynamic collapse