



Positive Quality Intervention: Oncolytic Induced Diarrhea

Description: This PQI will discuss management strategies for oncolytic medication induced diarrhea including combinations of fluid hydration therapies, antimotility agents such as loperamide, and dose modifications.

Background: A common side effect with many oncolytic therapies is medication induced diarrhea which can result from chemotherapy or targeted therapy regimens. Medication induced diarrhea will present with increasing frequency and consistency of bowel movements and drastic changes in hydration status and electrolyte levels. Oncolytic induced diarrhea can lead to life threatening dehydration and electrolyte imbalances.

PQI Process: Identify patients who are taking an oncolytic agent with a known diarrhea side effect:

- Common oral oncolytic agents that cause diarrhea
 - Tyrosine Kinase Inhibitors (TKI)
 - Multi-kinase Inhibitors
 - Phosphatidylinositol-3-kinase (PI3K) Inhibitors
 - Capecitabine
 - Everolimus
 - Fluorouracil (5FU®)
 - Irinotecan
- Upon receiving a prescription of any agents that commonly cause diarrhea:
 - Counsel patient on importance of diarrhea management and risks of dehydration
 - Provide medication therapy and dosing instructions

Medication Therapy

- Loperamide (OTC)
 - Mild-Moderate – Take two caplets (4 mg) by mouth at the onset of diarrhea, followed by one caplet (2 mg) every 2 hours or after each loose stool
 - Persistent (12-24 hrs) - Take two caplets (4 mg) by mouth at the onset of diarrhea, followed by one caplet (2 mg) every two hours until no diarrhea for 12 hours
 - During the night, take 2 caplets (4 mg) by mouth at bedtime and continue every four hours during the night until morning
 - Stop taking loperamide only after there is no sign of diarrhea for 12 hours
 - Max 16 mg per day (up to 24 mg per day for chemotherapy induced diarrhea under medical supervision)
- Diphenoxalate/Atropine (Rx)
 - Take two tablets (5 mg) by mouth three to four times daily
 - Max 40 mg per day
 - Atropinism (dryness of the skin and mucous membranes, tachycardia, urinary retention, and hyperthermia) has been reported
 - Respiratory depression has been reported
- Octreotide (Rx)
 - Inject 100-150 mcg subcutaneously three time daily
 - Rapidly escalate to 500 mcg subcutaneously three times daily if lower doses are not

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effective

- Tincture of Opium (Rx)
 - Take 10-15 drops in water every three to four hours
- Budesonide (Rx)
 - Take 9 mg by mouth once daily (off label)
 - Counsel patient on appropriate diet
 - Schedule follow up phone call within first few days or weeks of starting therapy to assess if patient is experiencing diarrhea
 - If not controlled with loperamide change in therapy may be needed
 - If severe, may need to provide IV fluid and electrolyte replacement

Patient-Centered Activities:

- Provide [Oral Chemotherapy Education \(OCE\) Supplemental](#) Sheet
- Adhere to suggested dosing and diet strategies
 - Avoid greasy, spicy, or fried food
 - Avoid milk, caffeine, alcohol
 - Avoid high fiber vegetables
 - Eat small meals
 - Follow B-R-A-T diet
 - Bananas, rice, apple sauce, toast/tea (decaffeinated)
- Start taking loperamide at the first onset of diarrhea
 - If taking antidiarrheal and without relief for 48 hours, then contact the healthcare team
- Drink plenty of fluids: 6-8 large glasses of water, clear liquids, soup per day
- If on immunotherapy contact your clinic immediately at the first onset of diarrhea

References:

1. Micromedex Drug Database.
2. Up To Date.