Diarrhea and Cancer Treatment

Diarrhea means having bowel movements more often than normal, with soft, loose, or watery stool. It is a common side effect of chemotherapy, immunotherapy, radiation, and other treatments. Severe diarrhea can cause dehydration, which can be dangerous, so tell your team. Drinking fluids, changing your diet, and medicines your doctor recommends can help.

This page explains diarrhea during cancer treatment: when to report it, what causes it, and how it is treated.

Report these signs

When you have severe diarrhea, your body does not absorb enough water and nutrients. This can lead to serious problems such as dehydration, meaning not having enough water in the body. Dehydration can be life-threatening, so tell your doctor or nurse if you have diarrhea.

Signs and symptoms include soft, loose, or watery stools and going more often than normal. They also include an urgent, hard-to-control need to go, belly pain or cramps, and excess gas. Some people also have blood or mucus in the stool, feel dizzy, have a fever, or lose weight. Report blood, dizziness, fever, or weight loss right away.

Your doctor will find the cause and recommend ways to feel better. This may include medicines and foods that help decrease or stop diarrhea.

What diarrhea is

Diarrhea means having bowel movements (stools) more often than normal. The stool may also be soft, loose, or watery. It is a common side effect of many cancer treatments, such as chemotherapy, immunotherapy, and radiation therapy.

What causes it

Frequent diarrhea can be a sign of some cancers or a side effect of treatment. Causes in people with cancer include:

- **Certain types of cancer**, especially cancers that form in the abdomen or digestive tract.
- **Chemotherapy**, which can destroy healthy cells that line the digestive tract along with cancer cells.

- **Immunotherapy**, especially immune checkpoint inhibitors, which can inflame the colon (called colitis) and lead to diarrhea.
- **Radiation therapy** aimed at the abdomen, pelvis, or rectum, which can damage healthy digestive tissue.
- **Surgery** to the esophagus, stomach, gallbladder, or bowel.
- **Targeted therapy**, a common cause of diarrhea for many of these drugs.
- **Bone marrow or stem cell transplant**, from the medicines and radiation used, or from graft-versus-host disease.

Other causes include stress and anxiety, some medicines such as antibiotics, certain supplements and herbal products, infections, and conditions like irritable bowel syndrome.

The cause changes the treatment

The most common trigger is the treatment itself, but different treatments cause it in different ways.

Fluoropyrimidines and irinotecan. Regimens containing 5-FU, capecitabine, or irinotecan cause diarrhea in as many as 50 to 80 percent of people, according to the National Cancer Institute's "Gastrointestinal Complications (PDQ)." This is direct damage to the gut lining.

Immune checkpoint inhibitors. Here the immune system is attacking the bowel lining, and it can escalate to colitis. Rates depend on the drug class. According to the same NCI source, any-grade diarrhea occurs in:

- 16 to 37 percent of people on a single PD-1 or PD-L1 drug
- 32 to 49 percent on a single anti-CTLA-4 drug
- 17 to 44 percent on a dual checkpoint regimen

Surgery on the gut. Removing part of the bowel can permanently change how fast food moves through and how the body handles bile.

Infection. Clostridioides difficile (C. difficile), a type of bacteria, is a common cause of pseudomembranous colitis, a severe swelling of the colon, especially after antibiotics. This one matters because it needs its own tests and treatment.

Other causes are easy to miss:

- Tube feeding
- Laxatives that were not adjusted
- Magnesium supplements
- Stool leaking around a blockage

That last one looks like diarrhea and is actually constipation.

How severity is graded

Your doctor will talk with you to figure out the severity, or grade, of your diarrhea. Grade is based on how many bowel movements you have compared with your normal number.

- **Grades 1 and 2**, up to six extra bowel movements a day, can usually be managed at home.
- **Grades 3 and 4**, seven or more extra bowel movements a day, can be life-threatening and may need treatment in a hospital.

Diarrhea in cancer care is graded on a formal scale called the CTCAE, version 5. The grade matters because it helps decide whether treatment continues, is delayed, or is stopped, and whether you get admitted.

The scale counts stools above your own baseline, not stools in total. This matters if you normally go twice a day or once every two days.

So it helps to keep a count, not a rough guess. Write down the time of each stool and whether it was loose or watery. A count of "about 8 today, up from my usual 1" gets a very different response than "quite a lot."

How it is diagnosed

Finding the cause is important, so you can get relief before it interferes with treatment or causes dehydration. Your doctor may ask how many bowel movements you have had, what they were like, and what you have been eating and drinking. They will do a physical exam and may use stool tests, blood tests, a urine test, or a digital rectal exam.

Ways to treat and control it

Treatment depends on the cause and grade. Your doctor may suggest diet changes and prescribe medicines. You may receive fluids through a vein (IV) to replace what you lost. If chemotherapy is causing severe diarrhea, your doctor may lower your dose or pause it until you feel better.

Everyday tips:

- **Drink lots of fluids.** Clear liquids such as water or broth replace fluids and minerals. Room-temperature liquids are easiest on the stomach. Ask your team how much to drink.
- **Eat small meals.** Frequent small meals or snacks may be easier than three large ones.
- **Choose low-fiber foods**, such as white bread, pasta, and canned fruit.
- **Bland foods for a while.** Many people do better for a while with bland, easy-to-digest, lower-fiber foods. Bananas, white rice, applesauce, toast, plain crackers, eggs, and skinless chicken are common choices.
- **Eat foods high in sodium and potassium**, such as boiled potatoes, soup, bananas, applesauce, and crackers.

- **Avoid foods that can make it worse**, including alcohol, dairy, spicy foods, caffeine, dried beans, fatty foods, fruit juices, and sugar-free gum or candy.
- **Keep your bottom clean and dry.** Warm water and baby wipes help. A warm, shallow sitz bath can soothe irritation.
- **Keep a record of your bowel movements** to share with your team.

Medicines

For severe diarrhea during treatment, your doctor may prescribe loperamide (Imodium) or a combination of diphenoxylate and atropine (Lomotil). They may also suggest probiotics or fiber supplements. **Check with your doctor before taking these or any other medicines and supplements.**

Loperamide, at the doses actually used

Loperamide (Imodium) is an opioid-type medicine that acts on the gut without much effect on the brain. Two dosing patterns appear in cancer guidance, and they are not the same.

General cancer-related diarrhea. Over-the-counter loperamide pack directions for adults typically start with 4 mg, then 2 mg after each unformed stool. The daily maximum differs between over-the-counter packs and prescription labels, so ask your team or pharmacist for your own number, and do not take more than the pack says without their direction. Your own team's instructions are the ones that count, because teams lower this amount for some people.

Irinotecan late diarrhea. The irinotecan prescribing information (FDA label) uses a higher regimen, for clinicians to direct: 4 mg at the first loose stool, then 2 mg every 2 hours until you have gone 12 hours with none, and 4 mg every 4 hours overnight. That goes past the usual daily maximum on purpose, and the label warns not to run it beyond 48 consecutive hours because of the risk of paralytic ileus, a stalled bowel.

This is background only. The higher schedule may not apply to you. Ask your care team which one they want you to follow, and get it in writing.

One limit: loperamide is often not enough for grade 3 or 4 diarrhea. If you are past 7 extra stools a day, more loperamide is unlikely to be the answer. Call your care team.

Where common remedies do not hold up

Bulk-forming agents such as psyllium are widely used, but there is little evidence they help here, and the large volume needed often causes bloating.

Adsorbents such as kaolin, clay, and activated charcoal have been widely used without data to support them. Worse, they can block the absorption of the anti-diarrheal drugs that do work.

Bismuth subsalicylate (Pepto-Bismol) is not an option if you cannot take aspirin, and large doses can cause salicylate toxicity.

Octreotide, a hormone-blocking injection, and corticosteroids have specific roles chosen by your team. They are not self-care items.

Two situations that need a different response

If your diarrhea began during or shortly after an immune checkpoint inhibitor, say so on the phone and call your team before taking anti-diarrheal medicine. These drugs can inflame the colon (colitis), which needs your team's assessment.

If you have had antibiotics recently, ask whether a stool test for C. difficile should be sent before anything is prescribed to slow the gut.

Getting support

Diarrhea can be hard to deal with, both physically and emotionally. Ask your health care team for support. If you are caring for someone with diarrhea, you can help by encouraging fluids, keeping helpful foods on hand, tracking bowel movements, and asking the team when to call.

When to get help sooner

- **Call 911 or go to an emergency department if** bleeding from the rectum will not stop, or belly pain comes on suddenly and hard and does not let up. The American Cancer Society treats both as emergencies. Do not drive yourself.
- **Call 911 or go to an emergency department for** black tarry stool, or a lot of blood in the stool (MedlinePlus (medlineplus.gov/ency/article/003133.htm)). Do not drive yourself.
- **Call 911 or go to an emergency department if** you have gone a day or more without being able to eat, or without passing urine. Do not drive yourself.
- **Call your care team right away if** you are having seven or more bowel movements above your usual daily number. NCI puts that at grade 3 or 4, which can be life-threatening and may need hospital treatment.
- **Call your care team right away if** stool turns bloody or slimy with mucus, or you feel dizzy or light-headed when you stand. NCI says to report blood, dizziness, fever or weight loss right away.
- **Call your care team right away if** you are passing little or no urine, or feeling dizzy, lightheaded or faint.
- **Call your treatment team at once, whatever the hour, if** loose stools come with a temperature of 100.4°F (38°C) or higher while you are having treatment. Fever during chemotherapy is an emergency, because white cells may be too low to hold an infection back, and the antibiotics cannot wait for the clinic to open (CDC (cdc.gov/cancer-preventing-infections/patients/fever.html)). If no one answers quickly, go to an emergency department and tell them you are on chemotherapy. On immunotherapy an inflamed colon can also be behind it, and that needs looking at fast too.

- **Call your care team right away if** you cannot keep enough fluid down, including because vomiting or nausea stops you keeping fluids down.
- **Call your care team right away if** you have belly pain that is severe, constant, or with a swollen rigid abdomen.
- **Call your care team right away if** diarrhea is not under control within 24 hours, even with up to six extra bowel movements a day. The American Cancer Society lists diarrhea for more than 24 hours as a reason to call.
- **Call your care team right away if** you have diarrhea for the first time during treatment, if your team asked you to report it.

If you cannot reach your team, or the problem is severe, call 911 or your local emergency number.

Source for the emergency signs: American Cancer Society — Diarrhea (cancer.org/cancer/managing-cancer/side-effects/stool-or-urine-changes/diarrhea.html).

Source for the chemotherapy fever threshold: CDC — Fever and Cancer Treatment (cdc.gov/cancer-preventing-infections/patients/fever.html).

Sources

- National Cancer Institute — Diarrhea and Cancer Treatment (cancer.gov/about-cancer/treatment/side-effects/diarrhea)
- National Cancer Institute — Gastrointestinal Complications (PDQ), Health Professional Version (cancer.gov/about-cancer/treatment/side-effects/constipation/GI-complications-hp-pdq)
- DailyMed — irinotecan label (dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e518dfc6-7e93-4fee-a66c-51e1ab71c056)
- National Cancer Institute — Eating Hints (cancer.gov/publications/patient-education/eating-hints)
- MedlinePlus — Bloody or tarry stools (medlineplus.gov/ency/article/003133.htm)
- American Cancer Society — Diarrhea (cancer.org/cancer/managing-cancer/side-effects/stool-or-urine-changes/diarrhea.html)
- CDC — Fever and Cancer Treatment (cdc.gov/cancer-preventing-infections/patients/fever.html)

Source: National Cancer Institute (cancer.gov/about-cancer/treatment/side-effects/diarrhea)

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