

Diarrhoea Risk

This document summarises the basis for the guidance on treatment induced diarrhoea management provided for medical oncology regimens in the ACT-NOW Systemic Anti-Cancer Therapy Regimen Library (SRL).

Diarrhoea risk value options for the SRL:

- [Anti-diarrhoeals are usually prescribed with this treatment](#)
- [Consider prescribing anti-diarrhoeals for this treatment](#)
- [Variable](#)

Guidance

Anti-diarrhoeals are usually prescribed with this treatment

Loperamide

The inclusion of loperamide in a regimen is intended for patients to self-medicate uncomplicated grade 1 or 2 diarrhoea.

- Loperamide is included in all regimens containing a fluoropyrimidine, irinotecan or docetaxel.
- For other systemic anti-cancer therapy (SACT), it is included if the risk of diarrhoea necessitates the patient to have a pre-emptive supply of anti-diarrhoeals for self-medication. The relevant NZ Datasheet (or if no NZ Datasheet, relevant product information), eviQ and/or other relevant reference sources are used to define risk.
- The default loperamide prescription is included within the SRL regimen definition as: **loperamide 2 mg orally Take TWO capsules (=4 mg) at onset of loose bowel motions and a further ONE capsule (=2 mg) for every loose bowel motion (maximum of EIGHT capsules in 24 hours), or use as directed by oncologist or haematologist.**
- If the NZ Datasheet includes different dosing for loperamide, this is included in the regimen and referenced.

Atropine sulfate

- Atropine sulfate is included (along with loperamide when required, as above) for irinotecan- or sacituzumab govitecan-containing regimens for use if required, for acute diarrhoea or cholinergic symptoms (as per the table below)

For protocols with irinotecan or sacituzumab govitecan			
Medication	Dose	Route	Details
atropine sulfate	600 microgram	Intravenous over 2 minutes	Instructions: Only if required for acute diarrhoea or cholinergic symptoms. <ul style="list-style-type: none"> • Alternatively, dose may be administered subcutaneously. • 600 microgram = 0.6 mg. • Some centres may wish to give a reduced dose of 300 microgram (= 0.3 mg) in line with institutional policy. • Dose may be repeated up to a maximum dose of 1200 microgram (= 1.2 mg).

Consider prescribing anti-diarrhoeals with this treatment

- To guide that anti-diarrhoeals may be recommended based on clinical factors of a particular patient, or for regimens
 - when diarrhoea may occur in some patients, but a prescription for loperamide is not pre-emptively provided, or
 - when diarrhoea or constipation may occur, and patients may need either anti-diarrhoeals or laxatives depending on symptoms.
- No default medications are included within the regimen definition.
- Explanatory notes may be included under the Supportive Care Factors section of the regimen if required, e.g. Constipation/Diarrhoea risk: [SACT medication] may cause constipation or diarrhoea. Monitor gastrointestinal symptoms.

Variable

- Used in complex regimens which have different requirements for different cycles.
- Explanatory notes are included under the Supportive Care Factors section of the regimen.
- The recommended pre-emptive anti-diarrhoeal prescription (loperamide and/or atropine sulfate) is included within the regimen definition as per “Anti-diarrhoeals are usually prescribed” above in those cycles where that is appropriate.

Each cancer type working group chair has the final decision as to the requirement of anti-diarrhoeals within an SRL regimen.

References

1. PDQ Supportive and Palliative Care Editorial Board. Gastrointestinal Complications (PDQ®): Health Professional Version. 2023 Aug 24. In: PDQ Cancer Information Summaries [Internet]. Bethesda (MD): National Cancer Institute (US); 2002-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK65768/>
2. Bossi P, Antonuzzo A, Cherny NI, et al; ESMO Guidelines Committee. Diarrhoea in adult cancer patients: ESMO Clinical Practice Guidelines. Ann Oncol. 2018 Oct 1;29(Suppl 4):iv126-iv142. PMID: [29931177](https://pubmed.ncbi.nlm.nih.gov/29931177/).

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