

Cancer Care Nova Scotia is a program of the Department of Health. Its mandate is to evaluate, coordinate and strengthen the cancer system in Nova Scotia.

Cancer Care Nova Scotia works with and supports professionals and stakeholders in the health care system to bring about patient-centred change. Its ultimate goal is to reduce the burden of cancer on individuals, families, communities and the health care system.

In Practice is an insert for *Cancer Care Nova Scotia's* bimonthly newsletter. It is written specifically for primary care practitioners with information that we hope will make a difference in your cancer practice.

Please contact Anne Murray, Education Coordinator, Cancer Care Nova Scotia, by phone at 902-473-3781 or by email at anne.murray@ccns.nshealth.ca with comments or suggestions for future topics.

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Important Correction

Regretably, In Practice, Volume 1, Number 3, distributed in November 2001 contained misleading information about the use of atropine in managing diarrhea that may follow chemotherapy with irinotecan (CPT-11, Camptosar®) for colorectal cancer. Correct information follows.

An acute cholinergic syndrome (including all or some of: cramping, sweating, flushing, lacrimation and diarrhea) may occur in patients during the intravenous infusion of irinotecan or within a few hours of drug administration. These symptoms can be quickly reversed with atropine (usually given as atropine 0.4-1.0 mg IV or SC). Instructions for the use of atropine are provided on preprinted order sheets.

On the other hand, delayed diarrhea is a **serious, potentially life threatening complication** of the administration of irinotecan and is usually controlled with loperamide (Imodium®). It is recommended that loperamide

(Imodium®) be started at the first signs of diarrhea in a patient who has been treated with irinotecan and taken every 2 hours until diarrhea is absent for 12 consecutive hours. **Please note that this is a larger daily dose than called for in the package insert but it is both necessary and safe.**

If diarrhea persists beyond 48 hours despite maximum loperamide therapy or if there are any other symptoms or signs of febrile neutropenia or dehydration, the medical oncologist should be contacted and hospitalization considered. *Atropine is not adjunctive therapy for diarrhea in this context and may be harmful in a dehydrated patient.*

As always, if you have questions or concerns about patients on chemotherapy of any kind, please feel free to contact the medical oncologist in Halifax or Sydney for assistance.