



# Dealing with Bowel Issues Related to Myeloma Treatment

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**Jack Aiello:**

Ally, do you find also that patients come to you, and they'll talk about either being constipated or having diarrhea and actually saying the word?

**Ally Day:**

Yes, of course. I think, as most of our audience members know, you have been either on one end or the other or both of diarrhea or constipation as some of our medications can definitely cause either one of these, especially lenalidomide (Revlimid) or any of our pain medications that the patients might be taking that could also constipate them. And diarrhea, while it might not sound like something that can be not manageable, it is. When you're having to go to the bathroom multiple times an hour, when you're afraid to leave the house for your appointment because you might have an accident, that's something we need to know about.

And there are ways we can help with that. But we can't if you don't let us know. Or if you tell us, yes, I'm having a little bit of diarrhea, but it's okay. If you are underestimating or undertelling us the severity of it, we are not going to know that.

And we need your help to help you.

**Dr. Richardson:**

I would agree. And I think the important thing to share with patients is there are real solutions that are quite profound. And if I may, if I can use one example, we came to recognize some years ago that lenalidomide is associated with a diarrhea that's a result of a bile acid malabsorption problem. And there's a very simple solution that works in about two-thirds of patients. And that's a simple bile acid binding agent called colestipol (Colestid). And we first noticed this back with the O14 study, which used lenalidomide as monotherapy. And in the absence of steroids, lenalidomide can amplify this diarrhea.

And it's manifested really because it actually has an immunological basis. And when bile hits the gut that's actually immunologically primed, the diarrhea comes. And it's typically associated with digestion of too much fatty foods.

And it's an explosive diarrhea that follows meals. And if you use colestipol literally an hour before the meal three times a day, in up to two-thirds of patients, it's almost miraculous. It just shuts it down. And so that's why I think it's an example to share with the audience of why, if you share with your nursing team in particular, obviously, with your MDs as well, these symptoms, we do have answers that are very specific. And obviously, there are very different strategies to handling bortezomib-related (Velcade) diarrhea.

But lenalidomide diarrhea, for example, is one that can be a real challenge for patients on long-term Revlimid therapy. And we've found it quite transformational actually, Jack, the use of these bile acid agents.

**Jack Aiello:**

Can you also change your diet to minimize these effects?

**Dr. Richardson:**

Great question. You can. And oddly enough, one of the first steps is to reduce the fat intake. So if you ingest less fatty food, then this bile acid-associated diarrhea is less.

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