

# Fast Facts: GVHD of the Stomach & Intestines

Learning more about graft-versus-host disease (GVHD) can help you make informed decisions and manage symptoms.

### This fact sheet tells you:

- What GVHD of the stomach and intestines is
- How to ease symptoms
- How it can be treated
- When to call your doctor

# What is GVHD of the stomach and intestines?

GVHD of the stomach and intestines happens when the donor's cells attack and damage these organs. When the stomach and intestines aren't working properly, you may have nausea, loss of appetite, a feeling of fullness, indigestion, gas, bloating, diarrhea, pain and weight loss.

To diagnose this type of GVHD, doctors take samples of the tissues in the stomach and intestines. They'll look at the samples under a microscope. These procedures are called:

- EGD (Esophagogastroduodenoscopy) A doctor places a tube with a small camera through your mouth and into your stomach and small intestine.
- Colonoscopy or sigmoidoscopy A doctor places a flexible tube through your bottom (rectum) and into your large intestine (colon).

# How can I decrease symptoms?

 Be careful about what you eat. Some foods are more likely to cause symptoms. This may include spicy, oily, or fatty foods and foods that have milk in them.

- Keep a list of what you eat and your symptoms. Avoid foods that seem to cause symptoms.
  Take anti-nausea medicines before you eat.
- Talk to you doctor about anti-diarrhea medicines.
- See a dietitian if you're losing weight. They can give you advice to ease symptoms and help you eat healthy foods.

#### What treatments are available?

- Medicines, like topical steroids that you swallow, can ease symptoms. These coat your stomach and intestines without affecting the rest of your body (for example, beclomethasone in corn oil and budesonide pills).
- Most people with this type of GVHD will also need medicines that treat the entire body. This may include prednisone.
- Your doctor might give you medicines to ease nausea (for example, Zofran or Compazine) and diarrhea (for example, Imodium® or Lomotil).
- If your pancreas isn't working, your doctor may give you enzymes. Enzymes are substances that help you digest food, particularly fats and oils. If you don't have enough enzymes, you may have gas, bloating, pain, oily and smelly stools and weight loss. One example of this treatment is a pill called Creon®.

The information in this fact sheet was developed jointly by NMDP and the Chronic Graft Versus Host Disease Consortium.



 If you lose weight because of GVHD of the stomach or intestines, you may need food through an intravenous line (IV) or feeding tube. You may heal more slowly and have a higher risk of infection if you aren't able to eat enough.

#### What else should I know?

- Symptoms of GVHD of the stomach and intestines may get better with treatment. But it can take a long time. Some people need treatment for years or for the rest of their lives.
- If your pancreas isn't working, you will likely need treatment with enzymes for a long time.
- There are other things that can cause symptoms that seem like GVHD. For example, nausea and diarrhea may be caused by pain medicines, antibiotics, or other treatments. Infections can cause diarrhea and stomach pain. Hormone changes from taking steroids for a long time can cause nausea, diarrhea and stomach pain.

# When should I call my doctor?

- Your stomach or intestines hurt
- You notice changes in your appetite, stool or weight

## Resources for you

- For information and help coping with GVHD, contact a Patient Navigator at 1 (888) 999-6743.
- For help finding and joining GVHD clinical trials, contact a Clinical Trials Navigator at 1 (888) 814-8610.



# At every step, we're here to help

NMDP<sup>SM</sup> has a team dedicated to providing information and support to you before, during, and after transplant. You can contact our Patient Support Center to ask questions you may have about transplant, request professional or peer support, or receive free patient education materials.

Call: 1 (888) 999-6743 | Email: patientinfo@nmdp.org | Web: nmdp.org/one-on-one



Every individual's medical situation: transplant experience, and recovery is unique. You should always consult with your own transplant team or family doctor regarding your situation. This information is not intended to replace, and should not replace, a doctor's medical judgment or advice.