



GUT CANCER FOUNDATION

RESEARCH & AWARENESS

OESOPHAGUS | STOMACH | LIVER | GALLBLADDER | PANCREAS | BOWEL

DIET AND NUTRITION IN PANCREATIC CANCER



Diet and nutrition in pancreatic cancer

Helen Brown

Dietitian

Dr Amanda Landers

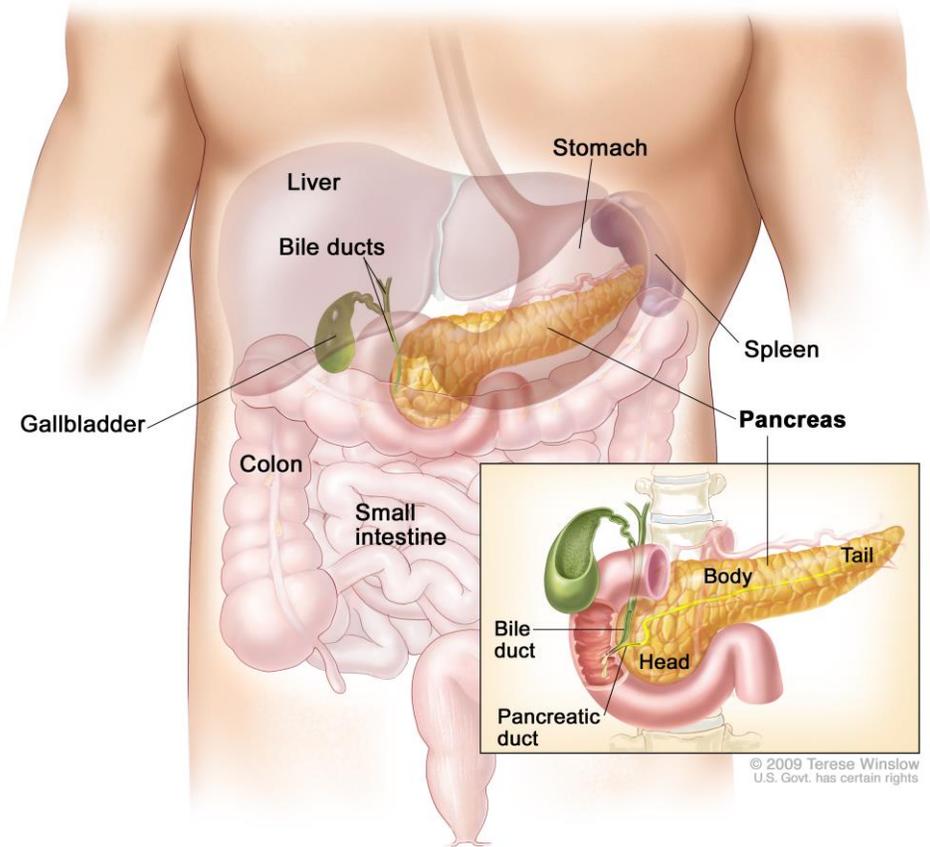
Palliative Care Physician



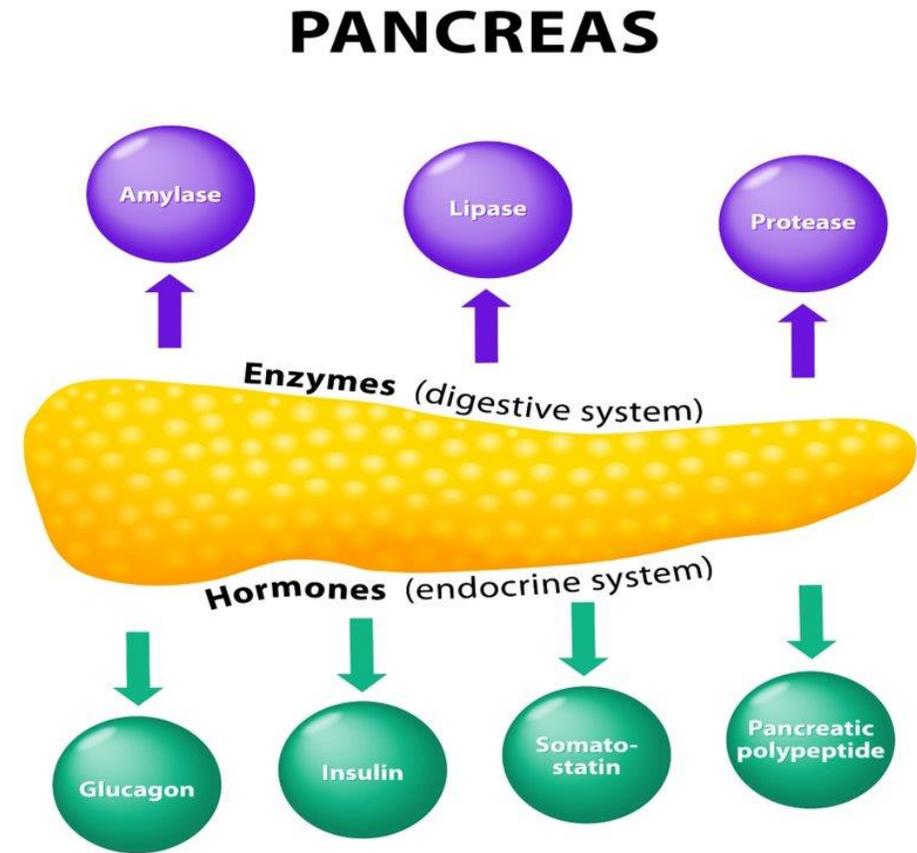
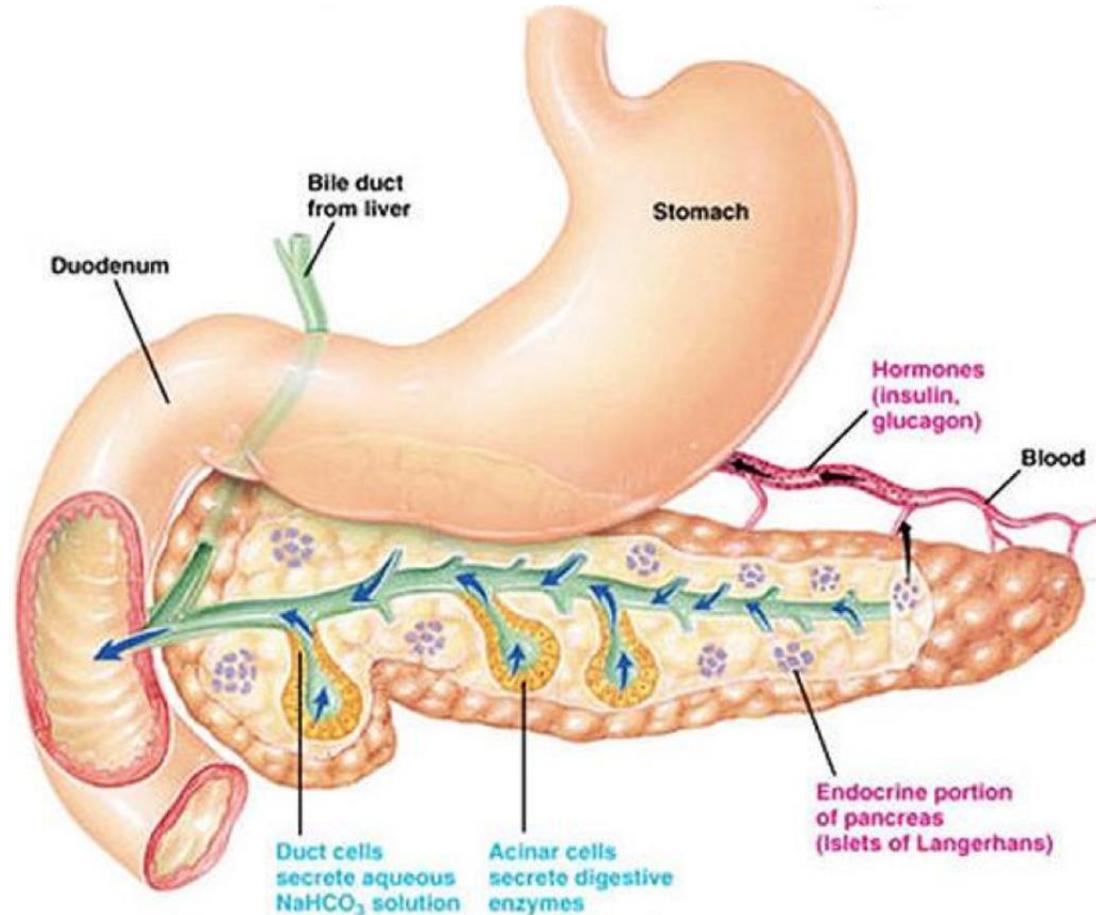
Aotearoa Australia Pancreatic Enzyme Replacement Therapy Research Team



Where is the pancreas (repe taiaki huka)?



How does the pancreas work?





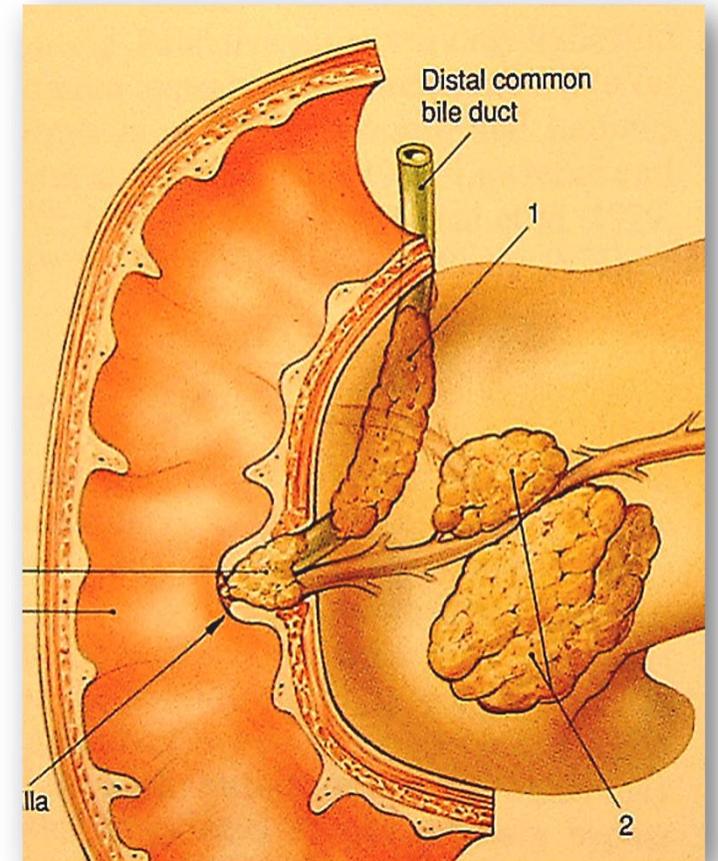
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PANCREATIC CANCER

'Pancreatic' Cancer

- Distal Common bile duct
- Pancreas
 - Ductal
 - Other
 - pNETs
- Ampullary
- Duodenal

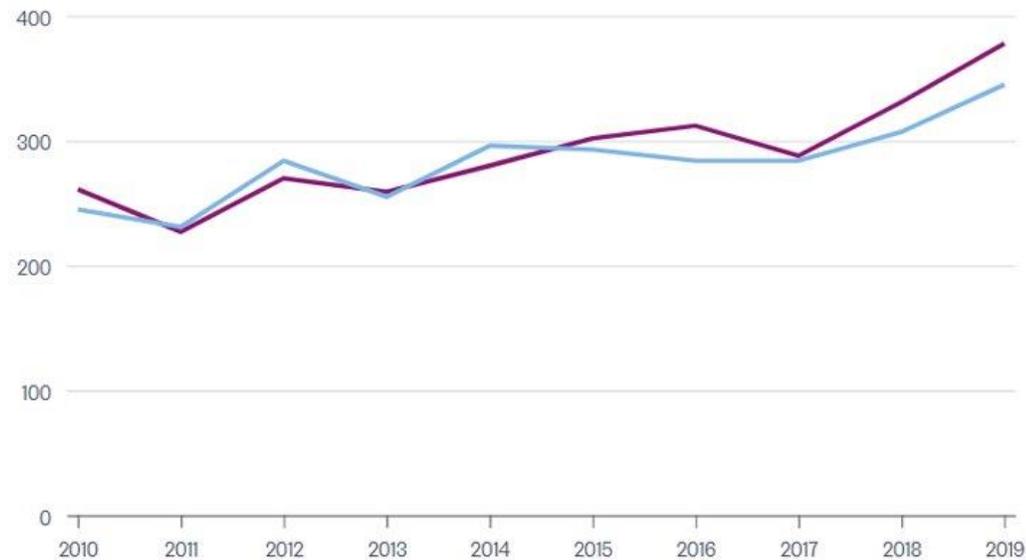


Aotearoa New Zealand Statistics

New cases of malignant neoplasms of the pancreas registered in New Zealand

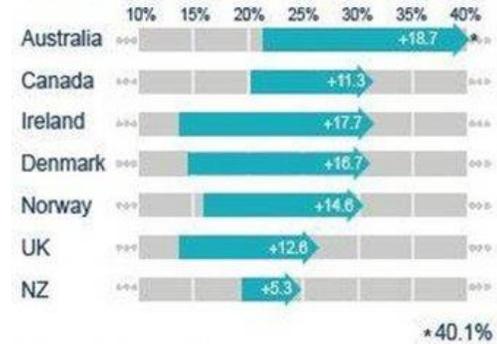
By sex, 2010–2019

Provider: Ministry of Health



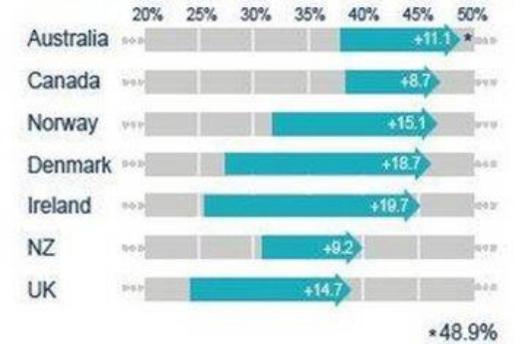
Pancreatic cancer

1-year net survival changes, 1995-1999 to 2010-2014



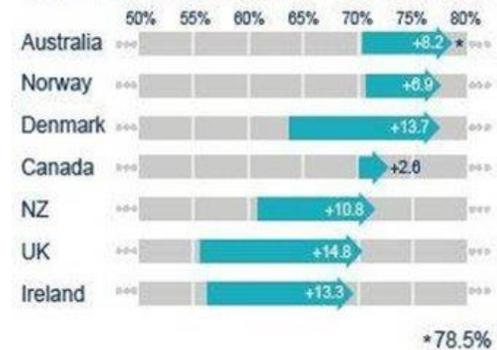
Lung cancer

1-year net survival changes, 1995-1999 to 2010-2014



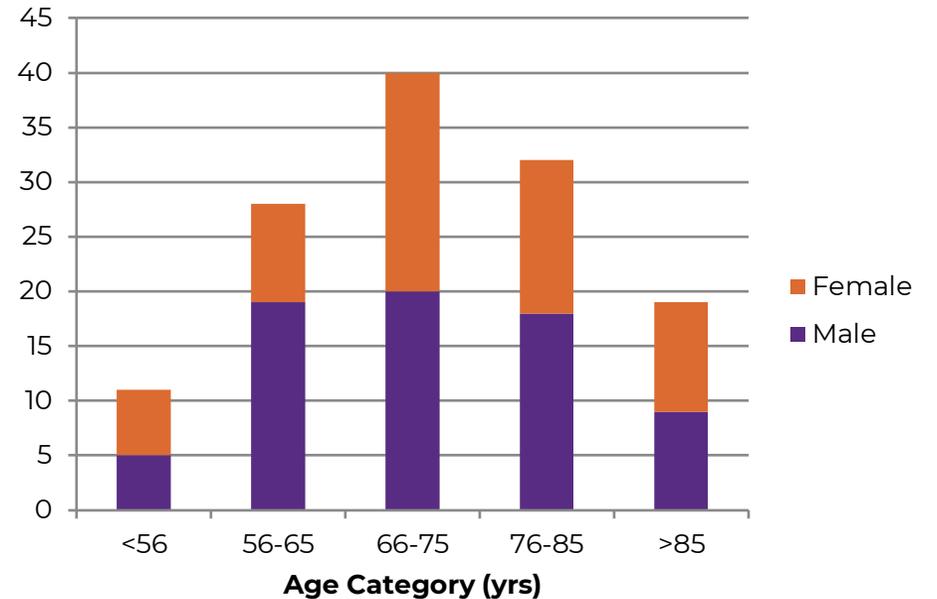
Ovarian cancer

1-year net survival changes, 1995-1999 to 2010-2014



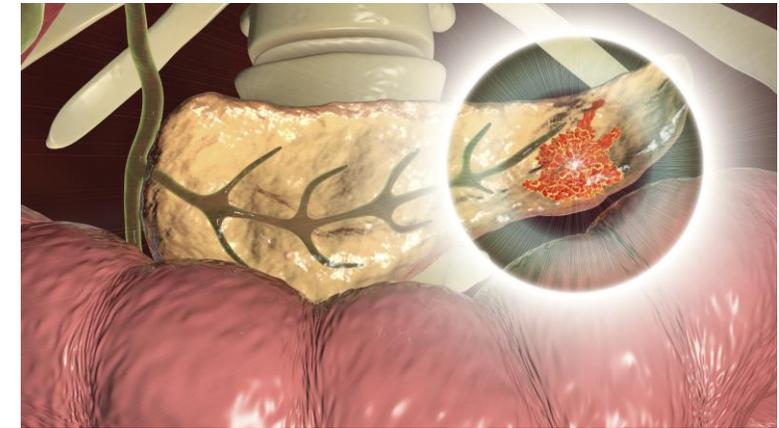
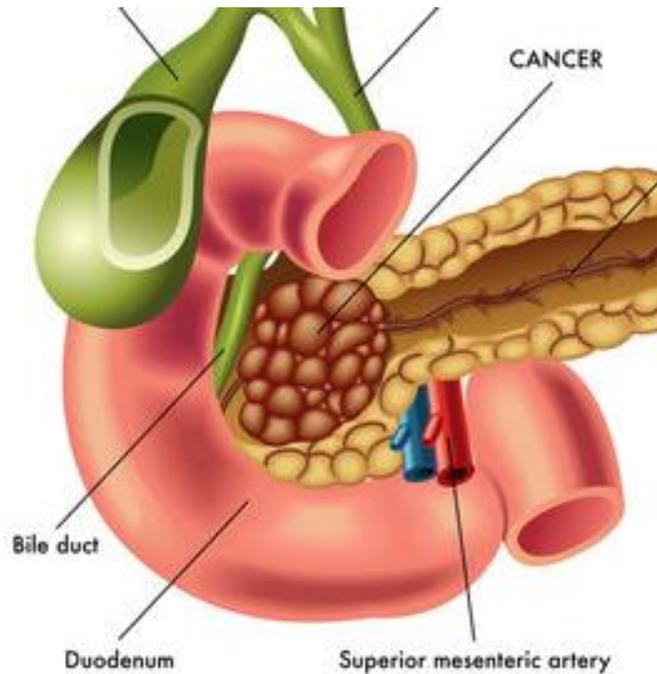
Pancreatic Cancer in Aotearoa New Zealand

- poorest survival rate of all major cancers in Aotearoa New Zealand
- 5th most common cause of death in cancer-related death
- Peak incidence is around the 70's



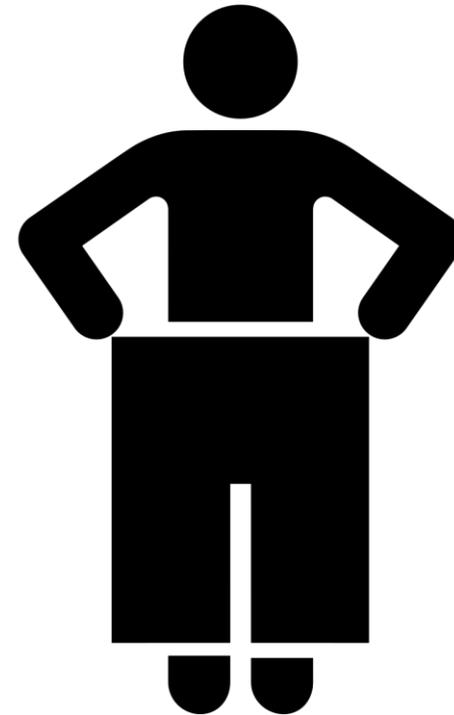
FROM DIAGNOSIS....

Tumours in different parts of the pancreas (repe taiaki huka)



Pancreatic cancer and malabsorption

Pancreatic cancer is unique compared to other cancers as weight loss and malabsorption are present in 80 – 90% of patients at time of diagnosis.



What is malabsorption?



Malabsorption?

Malabsorption from the pancreas not working properly largely accounts for weight loss in:

- Post Whipple's procedure patients
- Blockage or narrowing of the pancreatic or biliary duct preventing enzymes from reaching the gut
- Pancreatic tumours

Common result  **Steatorrhoea (fatty motions) and weight loss**

Symptoms of malabsorption



Created by Gan Khoon Lay
from Noun Project



Created by Gan Khoon Lay
from Noun Project



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Weight loss → **Negative impact on physical and psychological health**

What can we do for malabsorption in people with pancreatic cancer?



Pancreatic enzymes

- Most common – Creon 25,000 units, Creon 10,000 units (although 35,000 and 40,000 units also available)
- Pig pancreas- based
- Dose is determined by amount of fat in a meal.
- Sulphur drug allergy.



Guidelines for taking Pancreatic Enzymes

- Enzymes should be taken with every meal and snack.
- Some foods do not require Creon – fresh or tinned fruit, jelly, fizzy drinks and cordials

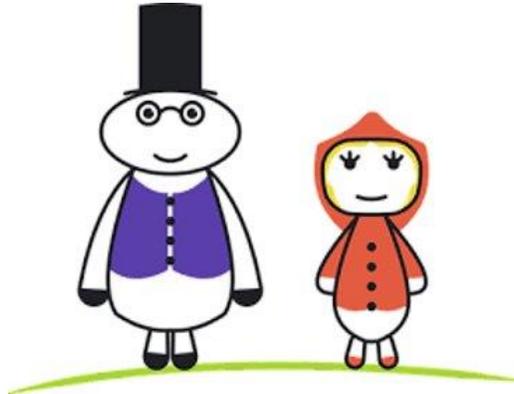


Pancreatic Enzymes

- Large meals – split dose Creon
- Do not crush or chew Creon capsules
- Creon capsules can be opened if patients struggle with taking tablets / capsules.
- Blister packs
- Laxative regimes

What is the most number of capsules I can take in a day?

85kg man
max. dose =
34 Creon
25,000/day



65kg woman
max. dose =
26 Creon
25,000/day

A few things to remember when taking Pancreatic Enzymes

- Pancreatic enzymes may have reduced effectiveness if taken at the same time as Calcium or magnesium containing antacids e.g. Mylanta etc

- Effect of omeprazole





NUTRITION IN PANCREATIC CANCER

Managing Diet and Nutrition in Pancreatic Cancer

- Do not restrict fat
- Try to eat nourishing meals and snacks
- Try to have protein with each meal
- Try to eat most nourishing part of your meal first



Managing Diet and Nutrition in Pancreatic Cancer

- Make the most of your best time of the day for eating
- Use ready-made meals to your advantage
- Manipulate your Creon dose dependent on fat content of the meal



Managing Diet and Nutrition in Pancreatic Cancer

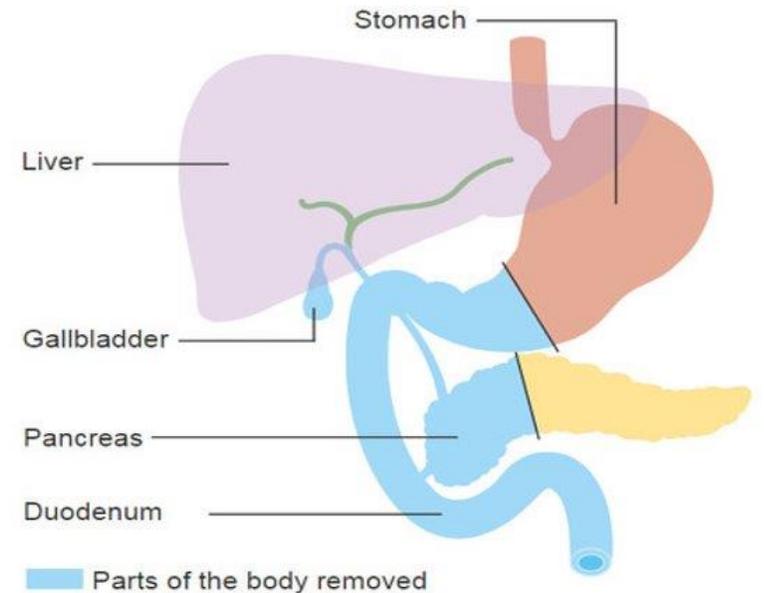
- Use distraction – music, TV, company
- Ask about using nutritional supplement drinks
- Make sure you are getting a variety of foods in your diet – this may mean reducing the focus on a previous diet



Managing Diet after a Whipples procedure

What is a Whipple's procedure?

Removal of the head of the pancreas, duodenum, gallbladder, lower bile duct and sometimes portion of the stomach.



Managing Diet after a Whipples procedure

Specific Dietary advice

- Eat small frequent meals
- Save drinks 30 minutes before or after meals so as not to fill up too quickly



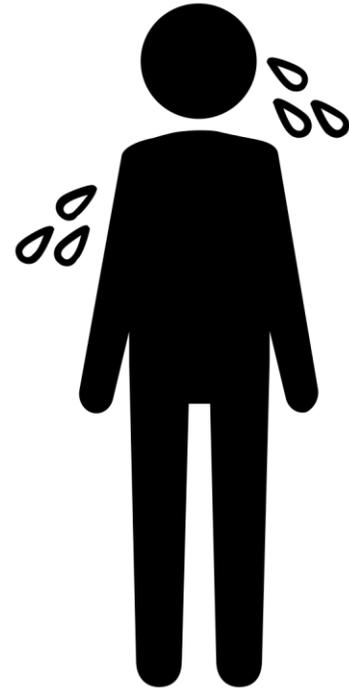
Managing Diet after a Whipples procedure

- Monitor your weight and see a dietitian if losing weight
- May need to avoid high fat foods initially as you may not tolerate them well – adjust Creon dose as these increase in the diet



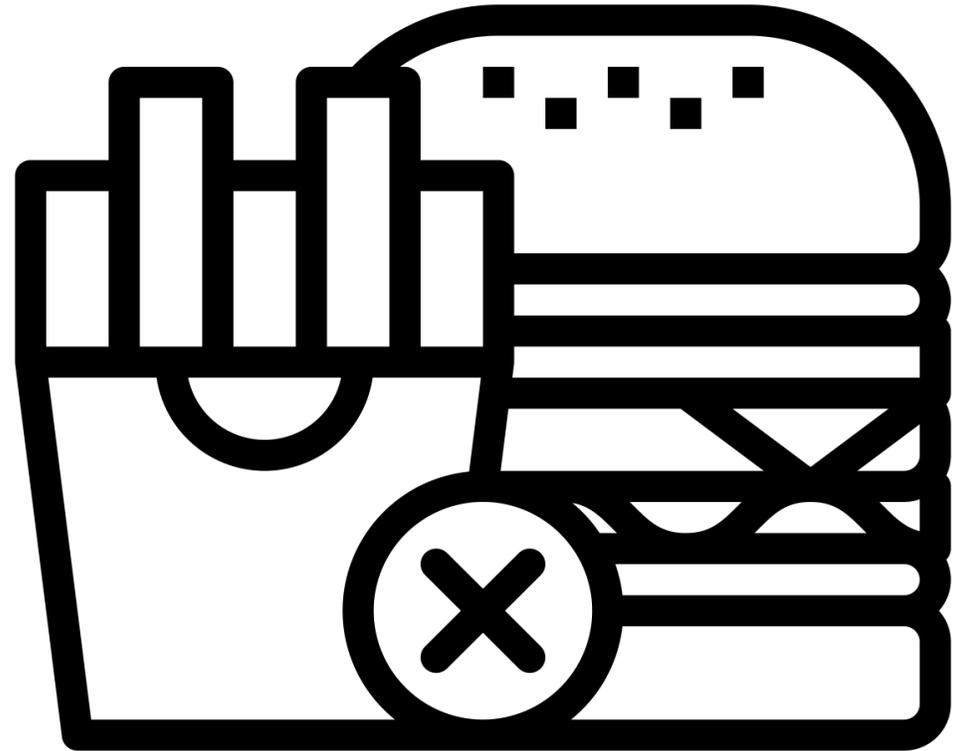
Dumping Syndrome

Fullness, flushing, sweating and diarrhoea 15-30 minutes after eating- this results in food through intestine too quickly.



Dumping Syndrome

- Avoid large meals
- Avoid high sugar foods and fluids
- Avoid drinking with meals.
- Try opening capsules and mixing with pureed fruit or veg.



During Chemotherapy

- During chemo it is important to maintain weight and eat well (chemo is often dose to weight related)
- After 2-3 cycles of chemo you will get a feel for what your symptoms are and can plan your eating around this



During Chemotherapy

- Taste alteration – talk to your dietitian about strategies for managing this.



- Fatigue is common; use ready-made meals and snacks to conserve your energy



During Chemotherapy

- If you are nauseated it may be worth holding off on taking your supplement drinks until the nausea is treated,

otherwise, you may struggle to take the drinks again



During Chemotherapy

Loss of appetite – eat little and often

- Eat most nourishing part of the meal first.
- Try to drink fluids between meals, so you leave room for food



During Chemotherapy



- Make fluids count e.g. have fluids that contain some calories
- Make the eating environment relaxed, positive and enjoyable and use distraction to your advantage.



KEY POINTS FOR OPTIMAL NUTRITION

See a Dietitian!

Cancer affects people differently – if you are losing weight, don't know what kai to eat, or have ongoing troubling symptoms of malabsorption asked to be referred to a dietitian.

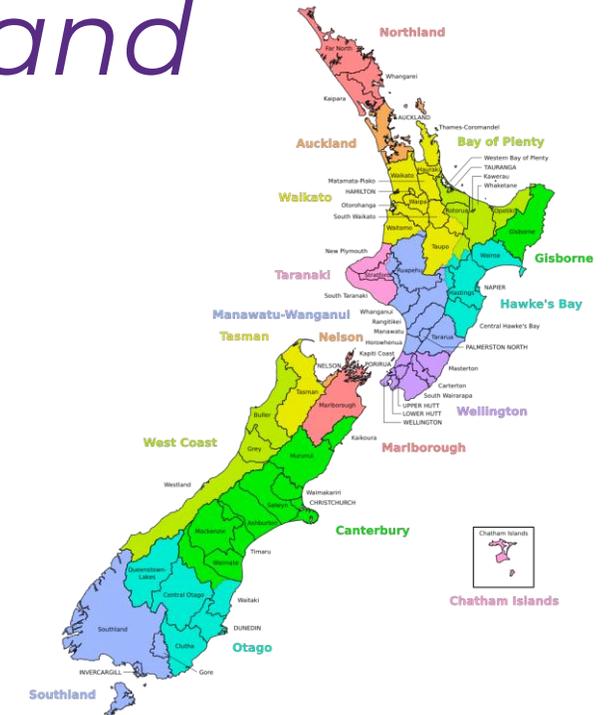


See a Dietitian!

If possible, request a dietitian referral from your doctor or nurse practitioner

See a Dietitian!

Most large hospitals and oncology centres in Aotearoa New Zealand will have dietitians available



See a Dietitian!

If you have problems finding a dietitian, head to the Dietitians New Zealand website -you may have to travel for this service

<https://dietitians.org.nz/>

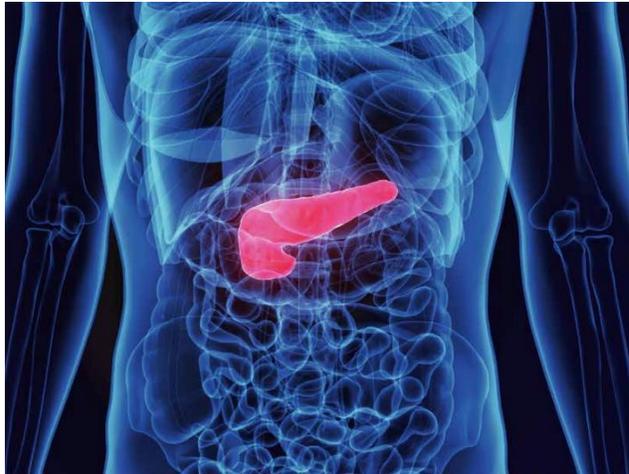
ASPERT

If your health practitioner is unsure about malabsorption and PERT go to

<https://www.uts.edu.au>

Search ASPERT!

to find the Aotearoa patient information sheet, print it out and take it along



Pancreatic Enzyme Replacement Therapy (PERT)

Patient information

What does the pancreas do?
Your **pancreas** is a gland in the abdomen which produces insulin and pancreatic juices. These juices contain digestive enzymes which help you digest kai.
Pancreatic enzymes help break down fats, proteins and carbohydrates in your kai.

Why are pancreatic enzymes important?
Enzymes are needed to break down the food we eat so our body can absorb the nutrients.
Your **pancreas** can't produce enough enzymes to digest your food if you have had some of your pancreas removed, have pancreatic duct obstruction or have pancreatic cancer.

ASPERT

Aotearoa Australia Pancreatic Enzyme Replacement Therapy research group

We aspire to be experts in pancreatic enzyme replacement!

Our mission is to ensure all New Zealanders and Australians with pancreatic cancer are assessed for, and offered PERT, alongside a dietitian review



@aspertstudy

Aotearoa New Zealand Supports

ASPERT: <https://www.uts.edu.au/research-and-teaching/our-research/impacct/cancer-symptom-trials/cstprojects/aotearoa-australia-pancreatic-enzyme-replacement-therapy-aspert>

PCANZ: <https://www.pcanz.org/>

Gut Cancer Foundation: <https://www.gutcancer.org.nz/>

Thank you & Questions

