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Improving Access to Optimal Nutritional Care, 22nd Sept 2020, 9 – 11am

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Improving Access to Specialist Dietitians: The Manchester Experience

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Improving Access To Specialist Dietitians- The Manchester Experience

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Problem 1: Nutritional care in surgery

Malnutrition and Pancreatic Surgery: Prevalence and Outcomes

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Background: Pancreatic surgery is associated with severe postoperative morbidity. Identification of patients at high risk may provide a way to allocate resources objectively and focus care on those patients in greater need. The Authors evaluate the prevalence of malnutrition and its effect on the postoperative morbidity of patients undergoing pancreatic surgery for malignant tumors.

Methods: Data were collected from 143 patients who had undergone pancreatic resection for cancer. Prevalence of malnutrition was evaluated by several validated screening tools and correlated to the incidence of surgical site infection, overall morbidity, mortality, and hospital stay.

Results: Overall, 88% of patients were at medium-high risk of malnutrition. Patients at high risk of malnutrition presented a fourfold longer postoperative hospitalization period and a higher morbidity rate (53.2%) than those patients at low risk of malnutrition. Malnutrition, evaluated by MUST and NRI, was an independent predictor of overall morbidity using multivariate analysis ($P = 0.00145$, HR = 2.6581, 95% CI = 1.3589–8.5698, and $P = 0.07129$, HR = 1.9953, 95% CI = 0.9723–13.548, respectively).

Conclusion: Malnutrition is a relevant predictor of post-operative morbidity and mortality after pancreatic surgery. Patients underwent pancreatic resection for malignant tumors are usually malnourished. Preoperative malnutrition screening is mandatory in order to assess the risk and to treat the malnutrition.

J. Surg. Oncol. 2013;107:702–708. © 2012 Wiley Periodicals, Inc.

Cachexia worsens prognosis in patients with resectable pancreatic cancer.

Bachmann J¹, Heiligensetzer M, Krakowski-Roosen H, Büchler MW, Friess H, Martignoni ME.

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Body weight loss after surgery affects the continuity of adjuvant chemotherapy for pancreatic cancer

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Impact of Postoperative Weight Loss on Survival After Resection for Pancreatic Cancer

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Masaki Ohmuraya, MD, PhD²; Shinya Abe, MD¹; Shigeki Nakagawa, MD¹;
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and Hideo Baba, MD, PhD¹

Abstract

Background: The aim of this study was to assess the effects of postoperative body weight loss on long-term survival after resection for pancreatic cancer. **Methods:** A total of 93 patients with primary pancreatic cancer underwent pancreatic resection between April 2005 and December 2011. Patient characteristics, preoperative body mass index, and changes in postoperative body weight were evaluated retrospectively and correlated with long-term survival. **Results:** There was no significant association between survival and preoperative body mass index. Body weight fell by 8.4% at 2 months after surgery and by 9.0% at 4 months after surgery. Severe postoperative body weight losses, both at 2 months ($P = .033$) and 4 months ($P = .014$) after surgery, were significantly associated with poor prognosis, especially among patients with stage IA–IIA pancreatic cancer ($n = 43$) ($P = .005$ at 2 months and $P < .001$ at 4 months). Additionally, severe body weight loss tended to be associated with shorter survival among patients with stage IIB–III pancreatic cancer ($n = 50$), although the difference was not significant. Multivariate analysis revealed that postoperative body weight loss was an independent prognostic factor. **Conclusions:** The results of this study demonstrated that pancreatic cancer patients with severe postoperative body weight loss have poorer postoperative outcomes. (*JPEN J Parenter Enteral Nutr.* XXXX;xx:xx-xx)

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An explorative study of the views and experiences of food and weight loss in patients with operable pancreatic cancer perioperatively and following surgical intervention

C. Cooper • S. T. Burden • Alex Molassiotis

Introduction and Aims to Recovery

Conclusions The study has found that sufficient dietary advice, appropriate nutrition support and patient self-management are significant factors that affect how people recover from surgery for pancreatic cancer. Further work is required to understand the nature and effect of weight loss in surgical patients with pancreatic cancer and the role of food in their weight management.

- ▶ Input hugely variable depending on location
- ▶ Before April 2016 surgical HPB patients in Manchester would only have been seen as inpatients if referred
- ▶ In April 2016 a “Prehabilitation and Enhanced Recovery” project was started with the support of Macmillan funding for a 1.0WTE band 7 dietitian
- ▶ Funding was extended (50% Macmillan and 50% division of surgery), before long term permanent funding was secured in August 2019
- ▶ Service has expanded to offer greater support to those patients not for surgery if under consultants in our centre

- ▶ Seek out funding opportunities for pilot work- Seeing patients earlier in pathway could reduce the need later
- ▶ Set up an MDT steering group- Managers, surgeons, specialist nurses, AHPs, patients, anaesthetist and attend key meetings- Cancer pathway boards
- ▶ Collect data- Quantitative and qualitative- Patient interviews are powerful
- ▶ Present and share your work widely- Presented at local, national and international conferences. Project supported in Manchester Cancer Action Plan for delivering world class care 2017
- ▶ Enter awards- best project at trust Transformation event 2017 and winner Macmillan service improvement excellence award 2018

Problem 2: Nutritional care in oncology

Weight stabilisation is associated with improved survival duration and quality of life in unresectable pancreatic cancer ☆

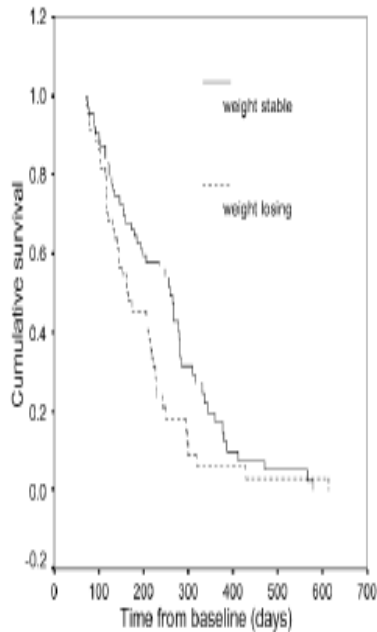


Figure 1 Comparison of survival time from baseline for weight-losing (n = 44) and weight-stable (n = 63) pancreatic cancer patients (Kaplan-Meier log rank statistic: 5.53 (df=1) P = 0.019).

Wt stabilisation is associated with better survival in unresectable pancreatic cancer
259 days vs. 164

Research Article

Prevalence of symptomatic pancreatic exocrine insufficiency in patients with pancreatic malignancy: nutritional intervention may improve survival.

Lynne McCallum^{1*Δ}, Angela Lamarca^{1*}, Juan W Valle^{1,2}

- Patients who received a nutritional intervention were **more likely to receive chemotherapy** (65.8% vs. 50%; p-value 0.03).
- Nutritional intervention was associated with **longer survival** (10.2 (95%-CI 7.5-13.3) vs. 6.9 months (95% CI 5.5-9.9).
- **40% reduction in risk of death** (HR 0.6 (95%-CI 0.4-0.9), p-value 0.015 in multivariable analysis.

Current services

- ▶ Initial benchmarking discussions at NIGPS meeting 2019- Access to dietitians worse in oncology than surgery
- ▶ Non surgical treatment at the Christie hospital in Manchester
- ▶ Currently no dietetic funding, except a research post- PanDA- Pancreatic cancer Dietary Assessment Study

What did we do?

- ▶ Awaiting funding to design optimum timed pathway for HPB patients in Manchester
- ▶ Presented on the need for greater dietetic funding to the HPB cancer pathway board November 2019
- ▶ Recommendation that all Pancreatic Cancer patients should have a dietetic assessment at diagnosis/ as soon as possible alongside other Prehabilitation interventions, with on-going support throughout the treatment pathways

Problem 3: Nutritional care in non specialist centres

Current Dietetic services

- ▶ May be seen at local hospitals by non specialist dietitians
- ▶ May be seen by Macmillan teams in the community including oncology dietitians
- ▶ May be seen by community dietitians- Non specialists
- ▶ May not be seen

What can we do?

- ▶ Dietitians at specialist centres - offer regular training to local dietetic teams
- ▶ Specialist centre email account/ clinical supervision sessions
- ▶ Standardise pathway to screen and monitor exocrine & endocrine function
- ▶ Agree pathways where areas with no dietetic cover can refer to get dietetic input- use of virtual consultations

QUESTIONS?