

Improving Access to Optimal Nutritional Care

09.00 – 11.00 | Tuesday 22nd September 2020 | Zoom Webinar

Key Notes

Variation in Access to Optimal Nutritional Care

Anna Jewell, Director of Support, Research & Influencing, Pancreatic Cancer UK

- If everyone received optimal treatment, we could improve survival for everyone now
- UK ranks 29th out of 33 countries for 5-year survival
- There is variation in survival across the UK – which includes variation between specialist centres and secondary centres, young and old patients, as well as operable and inoperable patients
- 87% of pancreatic cancer patients report one or more supportive care needs, with digestive problems being the most common supportive care need (68%)
- 33% of patients surveyed who were prescribed PERT felt they had received insufficient information about PERT. 20% had not been offered a dietician appointment
- The level of unmet supportive care need is greater in inoperable patients than operable.
- Despite benefits of PERT only 54.5% of pancreatic cancer patients prescribed PERT
- Pancreatic Cancer UK is carrying out research to explore the existing barriers to prescribing PERT and identify potential solutions

Interview: Personal Experience of Pancreatic Cancer and Nutritional Care

Martin McAteer and **Sarah Bell**, Head of Services, Pancreatic Cancer UK

- Martin (Macca) was diagnosed with stage four pancreatic cancer in August 2019.
- Macca experienced weight loss of over three stone in the four months before his treatment commenced. As a black belt martial artist he was muscled and 14 stone 4 ounces prior to being diagnosed with pancreatic cancer. Within four months he had dropped to 11 stone.
- During this time Macca was surviving on water and soup. He couldn't eat, and in fact didn't want to eat as he had no appetite. Every time he ate it was very painful.
- Pancreatic enzyme replacement therapy (PERT) wasn't initially offered by the healthcare professionals involved in Macca's care. On the advice of Pancreatic Cancer UK's specialist nurse he approached his medical team.
- Early on in his care his specialist nurse knew little about PERT. She commented that "You only need to go down that road if you start to experience explosive poos".
- Macca mentioned PERT to his oncologist who said he could have it if he wanted it. Therefore while he didn't face resistance to getting access to PERT, healthcare professionals were not proactive in offering it to him. Macca felt he needed to be assertive to access it.
- When asked about the difference pancreatic enzyme replacement therapy makes, Macca said quite simply that it meant he was able to eat. Being able to eat – while not necessarily wanting to eat, but being able to tolerate it – enabled him to put weight on in order to fight the cancer. He sees himself as the example showing that "it works".

The Latest in Nutritional Care

Oonagh Griffin, Pancreatic Cancer Specialist Dietitian, St Vincent's Hospital Dublin

- Study looked at impact of sarcopenia (loss of muscle mass and function) on post-operative morbidity and mortality, and at what happens to body composition during neoadjuvant chemotherapy for pancreatic cancer
- Found 50% patients had low muscle at diagnosis. Muscle loss during chemotherapy experienced by 70% patients
- The study investigated the feasibility of a multi-modal intervention for pancreatic cancer patients undergoing neo-adjuvant chemotherapy, to identify whether the regime would be manageable for patients
- The intervention took the form of a 12-week dietitian-led intervention with 20 patients with borderline resectable or locally advanced pancreatic cancer
- Patients were offered: Fish oil, Exercise, Enzyme and Dietary Counselling
- Participation rates were high, and all opted to continue with the intervention after the pilot had ended. 14/18 patients achieved weight maintenance by week 8, and 11 of 18 returned to their pre-morbid weight by week 12.
- The conclusion is that a multi-modal nutrition and exercise intervention is acceptable to this patient group.
- A key recommendation is that specialist dietetic assessment should be offered as a routine component of care for every patient living with pancreatic cancer, ideally at the point of diagnosis.

The Impact of a Dietitian Supplementary Prescriber in the Outpatient Oncology Setting

Andrea Davis, Specialist Oncology Dietitian, Royal Free Hospital

- Dietitians can become a supplementary prescriber in order to prescribe relevant medications to oncology patients in the outpatient setting to give quicker access to medication, improve patient experience and reduce costs
- The course lasts six months and costs vary between providers.
- Support of the MDT is needed, as around five hours per week is needed shadowing other prescribers. Andrea's team were very supportive.
- After Andrea took the course the median time spent by the dietitian to get the patient their prescription in clinic was reduced from 15 minutes to 5 minutes.
- 88% of patients reported they were able to start their medication sooner when prescribed by the dietitian and 100% of patients reported improved clinic experience.
- This resulted in a cost saving of £1428 over one year.

Improving Access to PERT: Empowering the Patient Through Technology

Mr Keith Roberts, Consultant Liver Transplant and HPB Surgeon, University Hospitals Birmingham NHS Trust

- Despite clear benefits of PERT there is widespread evidence of under treatment in the UK and across the world. E.g. 2018 RICOCHET study has found 54.5% of pancreatic cancer patients are prescribed it.
- Prescription varies greatly by setting and stage. A major issue is the geographic barrier between specialist and non-specialist sites.
- A novel solution might be the use of mobile health applications to take the message direct to the patient. These have helped in other health arenas e.g. with weight management and smoking cessation, and are popular among patients.
- A pancreatic cancer app could potentially push messages out to patients and improve uptake of PERT. The app could provide education regarding symptoms of PEI and benefits of PERT and could point patients towards their local GP or team to prescribe it.

- This app doesn't yet exist, so the next step would be to identify how to successfully implement this.

Improving Access to Specialist Dietitians: The Manchester Experience

Neil Bibby, Macmillan Senior Specialist HPB Dietitian, Manchester Royal Infirmary

- There is much evidence showing that malnutrition is prevalent in pancreatic cancer patients, which has a negative impact on survival.
- In April 2016 a "Prehabilitation and Enhanced Recovery" project was started with surgical HPB patients in Manchester with the support of Macmillan funding for a dietitian. Prior to this HPB patients would only have been seen as inpatients if referred.
- Long term permanent funding was secured for the project in August 2019
- Neil's tips for securing funding for such projects include involving key MDT members and Cancer Pathway Boards, presenting work widely and applying for awards – this can only add to your business case.
- A key issue is the barrier is the provision of nutritional care in non-specialist centres, as many patients will not get to specialist centres.
- Recommendations include dietitians at specialist centres offering regular training to local dietetic teams, and offering to be contactable by email for support. Specialist dietitians could offer virtual consultations to agree pathways where there is no dietetic cover.