PERT prescribing- A snapshot of current practice

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Plan

- PERT importance
- Ricochet
- Are we prescribing PERT
- Barriers to prescribing PERT
- Plans for the future

PERT prescribing: Is it important?

NICE National Institute for Health and Care Excellence

1.6 Nutritional management

1.6.1 Offer enteric-coated pancreatin for people with unresectable pancreatic cancer.

1.6.2 Consider enteric-coated pancreatin before and after pancreatic cancer resection.

1.6.3 Do not use fish oils as a nutritional intervention to manage weight loss in people with unresectable pancreatic cancer.

1.6.4 For people who have had pancreatoduodenectomy and who have a functioning gut, offer early enteral nutrition (including oral and tube feeding) rather than parenteral nutrition.

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NICE National Institute for Health and Care Excellence

1.4 Psychological support

1.4.1 Throughout the person's pancreatic cancer care pathway, specifically assess the psychological impact of:

- fatigue
- pain
- gastrointestinal symptoms (including changes to appetite)
- nutrition
- anxiety
- depression.

1.4.2 Provide people and their family members or carers (as appropriate) with information and support to help them manage the psychological impact of pancreatic cancer on their lives and daily activities. This should be:

- available on an ongoing basis
- relevant to the stage of the person's condition
- tailored to the person's needs.

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Population based cohort study

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Enzyme replacement improves survival among patients with pancreatic cancer: Results of a population based study

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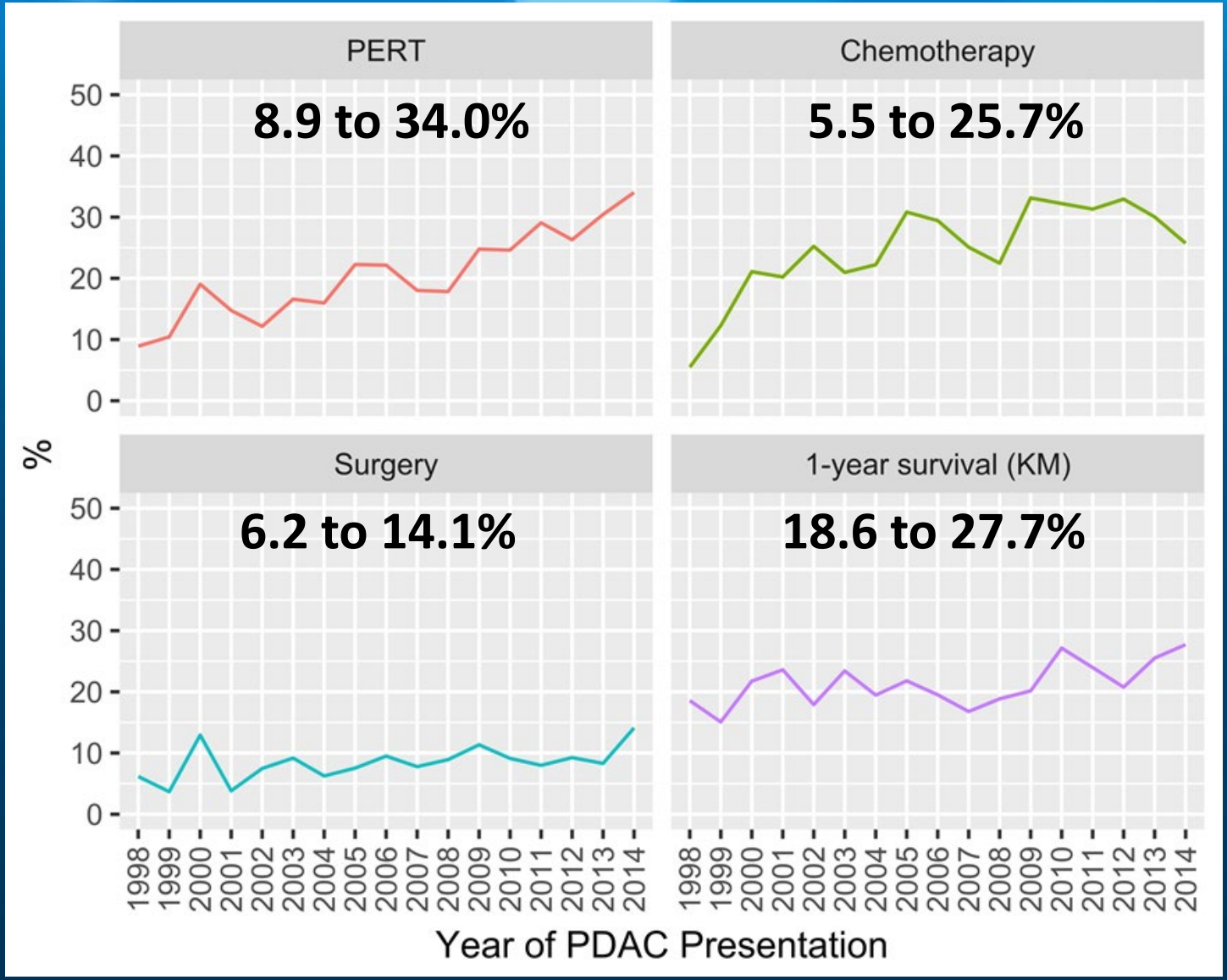
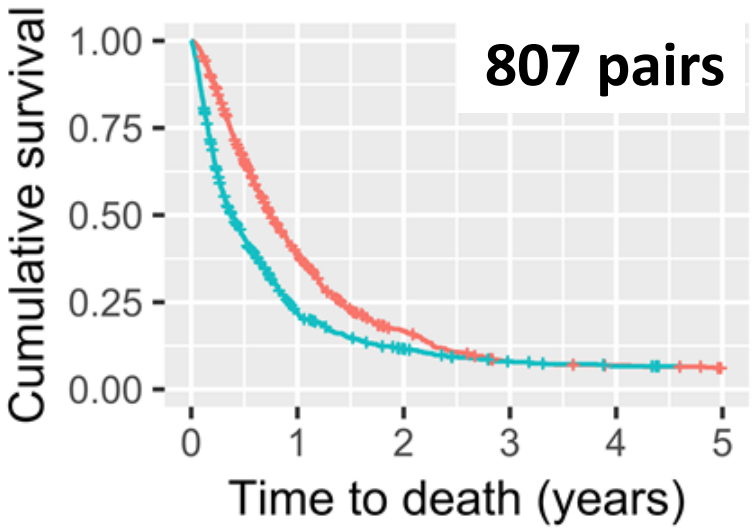
- CPRD database (~7,000,000 patients with prescribing information from 404 GP practices) to find patients with PERT
- Data linked to HES and ONS to find PDAC (excluded history of CP, CF, prior PERT use)
- Jan 1998-Sep 2015
- PERT use 987/4554 (21.7%)
- **807 matched pairs with total fu of 1643 years**
- Survival from diagnosis to death/last follow up

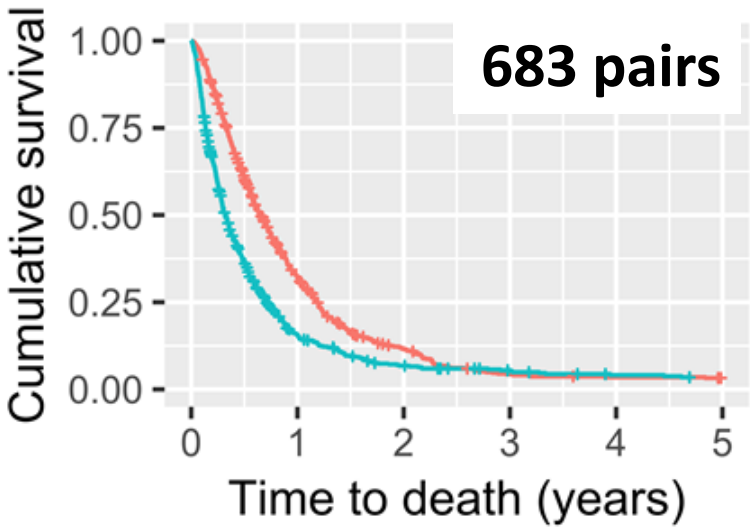
Trends over time



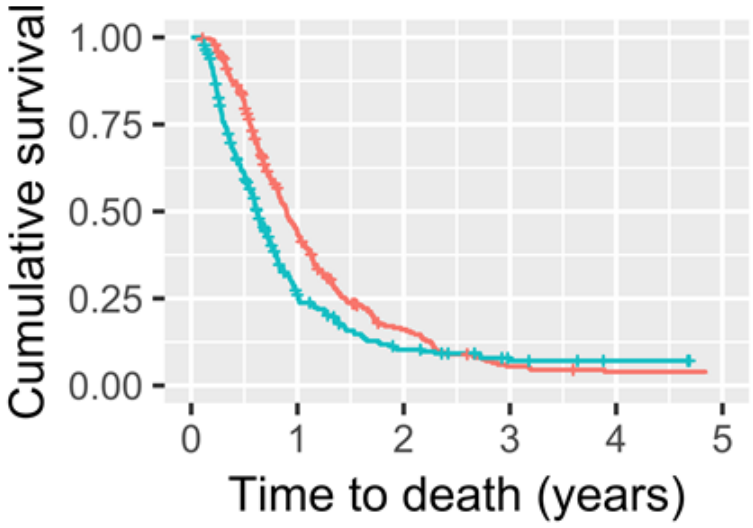
Whole cohort: 274 vs 140 d



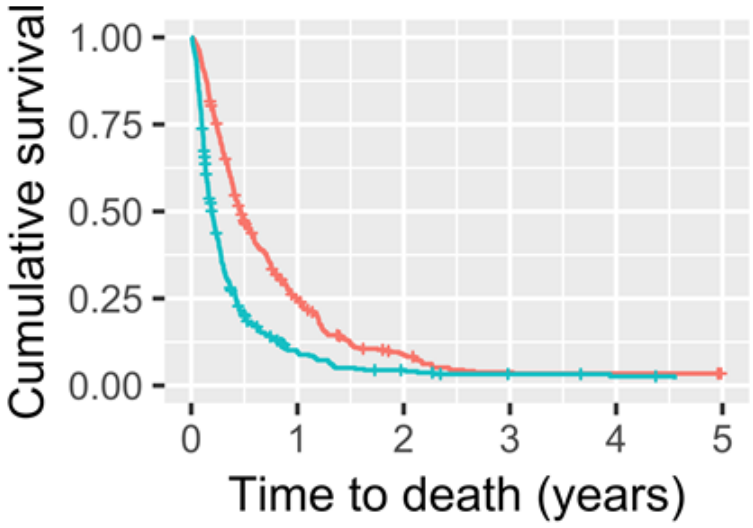
Exc surgery: 238 vs 119 d



Exc surg but with chemo':
328 vs 226 d **275 pairs**



Exc surg but no chemo':
171 vs 71 d **408 pairs**

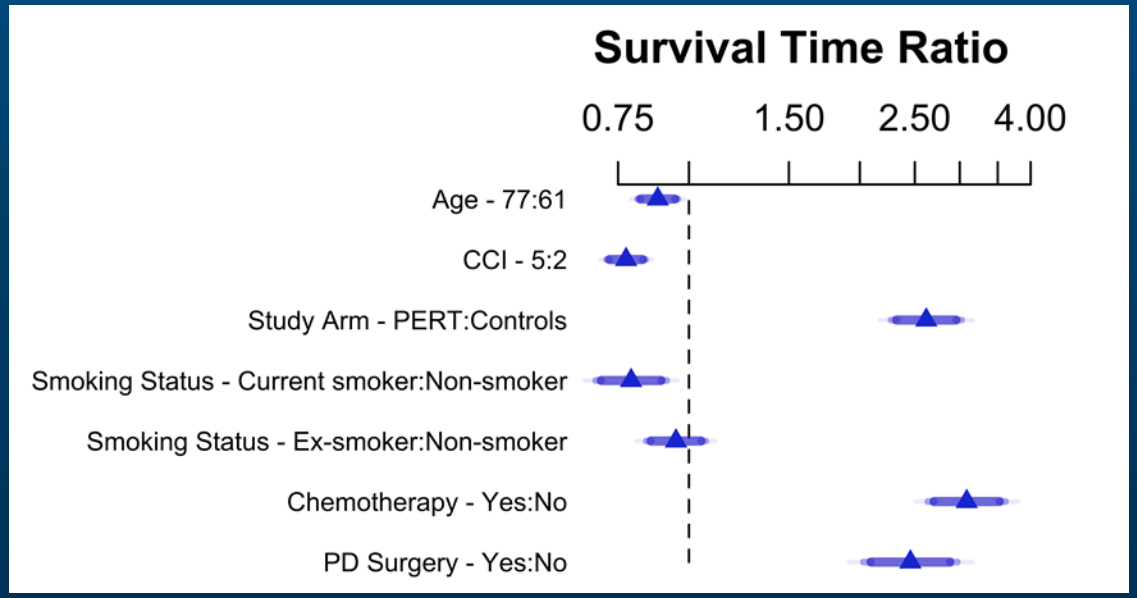


PERT
Controls

Adjusted analysis of variables affecting survival

Variables with non-significant effects on survival were excluded (socioeconomic status, ethnicity, gender, year of diagnosis, total pancreatectomy and distal pancreatectomy) leaving 7 analysed variables:

STR was 262% greater in PERT treated cases (95%CI 2.27-3.02)



Receipt of Curative resection Or palliative Care for Hepatopancreaticobiliary Tumours

A trainee-led multi-centre national collaborative study

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WM Research Collaborative · Pancreatic Cancer UK · BCTU Birmingham Clinical Trials Unit · Midland Gastroenterological Society · bsg British Society of Gastroenterology · AUGIS Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland · GBIHPBA Great Britain & Ireland Hepato Pancreato Biliary Association

Acknowledgments

Pancreatic Cancer UK

PANCREATIC CANCER UK

MIDLAND GASTROENTEROLOGY SOCIETY

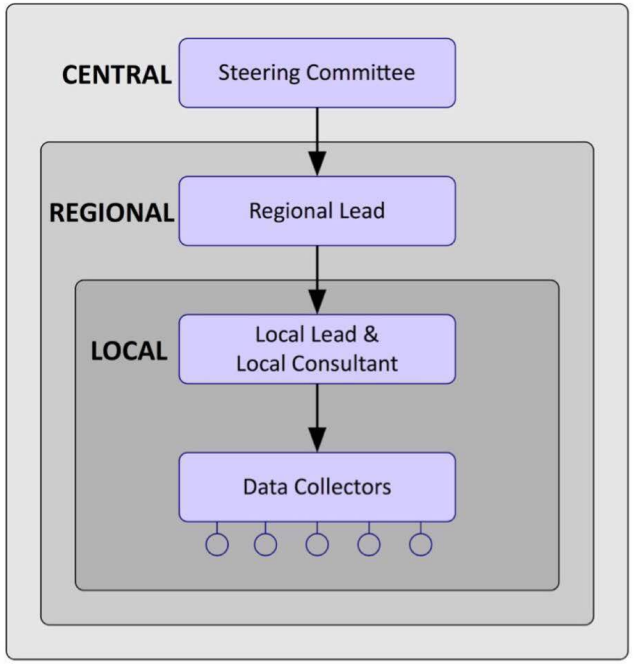
NIHR CRN WEST MIDLANDS

COLLABORATORS

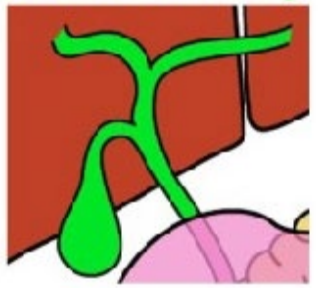
Delivery

A trainee-led project

- WMRC is a collaborative of surgical trainees
  - Set up in 2007
- Run national and international RCTs and cohort studies
- Trainees at each level of study delivery and design
- CholeS - 8909 cholecystectomies at 167 hospitals (produced 6 papers)
- RIFT - 11,300 patients, 230 hospitals, UK, Ireland, Italy, Portugal, Spain



CholeS Study



RIFT

Right Iliac Fossa Treatment Audit

Study Design

- Cross-sectional
- Prospective
- Observational cohort study

Pancreatic cancer/malignant biliary obstruction

Resectable / Unresectable

90 day patient identification period

90 day follow-up period

Primary Objective

To describe investigative/management pathways and 90-day outcomes for resectable and un-resectable pancreatic cancer/malignant biliary obstruction

Objectives

Primary objective

To describe the management pathways and 90-day outcomes for patients who are investigated for resectable and un-resectable HPB malignancies

Resectable Patients

Do pathway factors affect resectability?

The rates of completion of surgery with curative intent

Investigations and interventions completed within pathway prior to resection

Unresectable Patients

Factors influencing success of biliary drainage

Peri-procedural care
Lesion position

Factors that influence receipt of chemotherapy

Demographics
Tumour staging

Outcomes of those who are not decompressed

Readmissions
Palliative care

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Snapshot of current practice

95 centres

2550 Patients

2238

- Excluding benign/surveillance patients

1660

- Pancreatic cancer dx on histology or radiology or had a pancreatic resection for cancer and survived for 14 days or more

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Across all centres and all patients

Approximately 50% of patients prescribed PERT and less prescribed PERT and PPI

Across all centres and all patients

Other data points include whether patients have been seen by a CNS, whether they have been referred to a dietician and whether nutritional supplements have been prescribed.
All of these are low.

PERT: Tertiary vs Secondary care

More patients are prescribed PERT if they are managed in tertiary care than in secondary care

Tertiary centres: Resectable vs unresectable

More curative patients are prescribed PERT
than palliative patients

Tertiary vs Secondary

The number of patients seen by a CNS, referred to a dietican and given nutritional supplements do not significantly differ between tertiary and secondary care

Tertiary centres: Resectable vs Unresectable

More patients are seen by CNS's, referred to dieticians and prescribed nutritional supplements if they are being managed with a curative plan than with a palliative plan.

Summary

- PERT prescription rates low but improving
- Large variation between tertiary and secondary centres
- Inequality in management between curative and palliative patients
- Improvement possible in both secondary and tertiary care for CNS and dietician involvement and nutritional supplementation

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Plans for the future

- ImprovePanc group
  - Multidisciplinary
  - Aim to develop projects to improve the care of patients and carers affected by pancreatic cancer
  - Multiple work streams

Discussion

- Is this comparable to your experience?
- Who manages these patients in your centre?
- Who prescribes PERT in your Institution?
- What pathways are there for PERT to be prescribed?
- Are there any methods of recommendation for PERT prescription from tertiary to secondary care centres?