

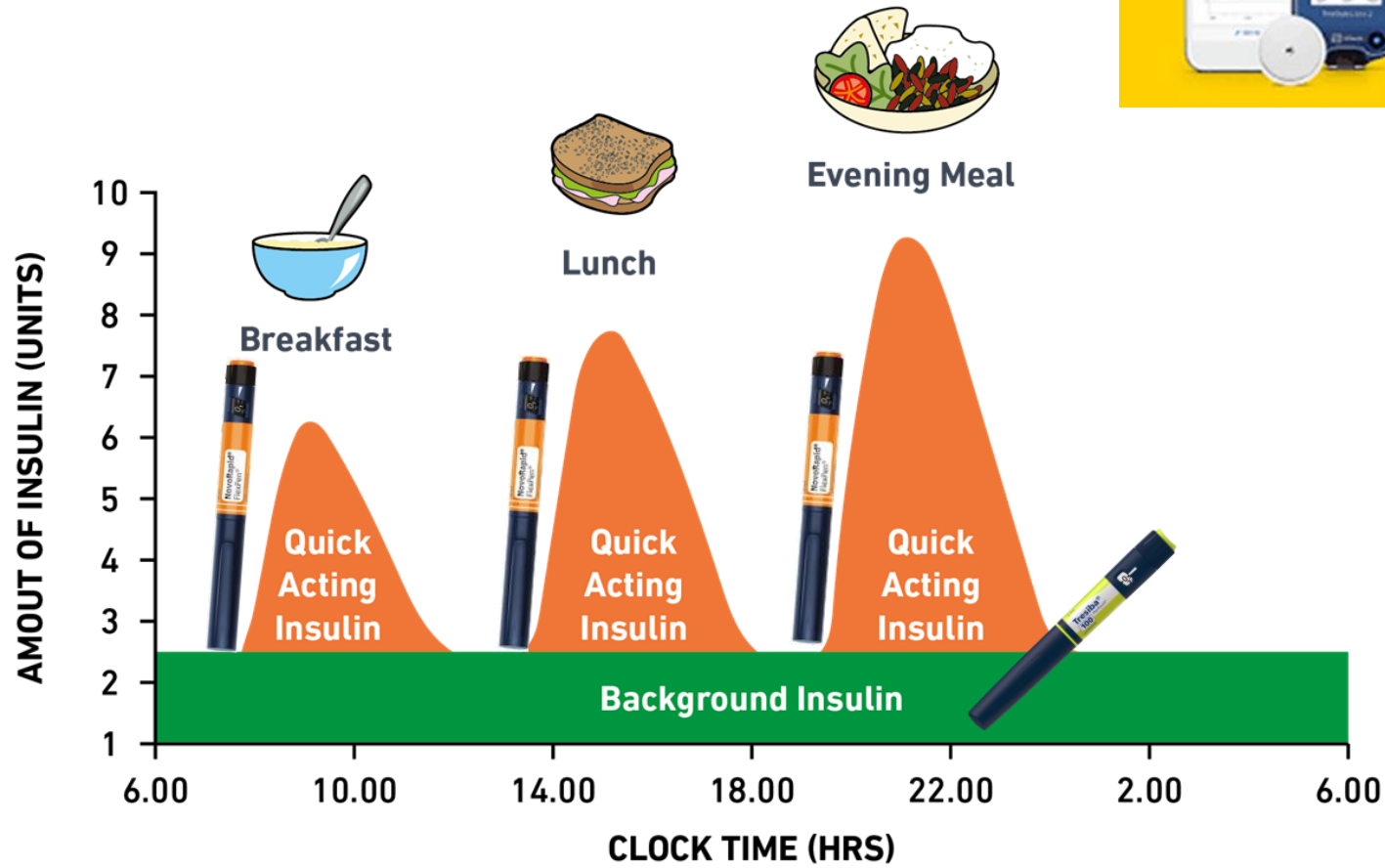
Case studies

7

Case Study 1

- 75 year old lady
- 2009 - Whipples for cholangiocarcinoma
- May 2010 - 6 cycles of chemotherapy
- August 2020 - Total pancreatectomy for pancreatic ductal adenocarcinoma
- October 2020 - Folfirinox chemotherapy
- Started on insulin post operatively - Humulin I, 12 units AM, 8 units PM
- Started on Creon post operatively
- District Nurses initially
- Referred to diabetes team

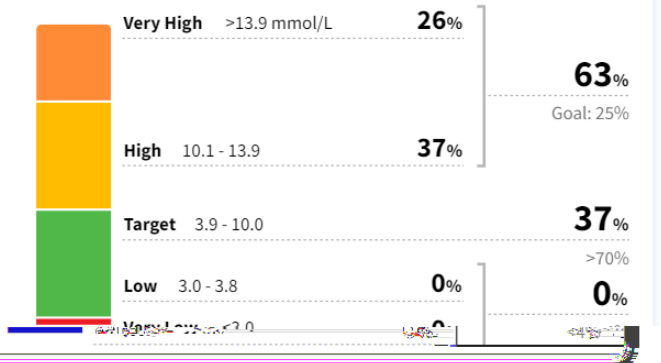
Pancreatic Cancer UK



Glucose Pattern Insights

Selected Dates: 9 Jan - 22 Jan 2024 (14 Days)

Time in Ranges



Generated: 22/01/2024

Time Sensor Active: 90%

Glucose Statistics

Average Glucose

11.5 mmol/L Goal: ≤8.6 mmol/L

Glucose Management Indicator (GMI)

Approximate A1C level based on average CGM glucose level.

8.3% Goal: ≤7.0% | **67** mmol/mol Goal: ≤53 mmol/mol

Case Study 2

- 52 year old lady
- White, BMI 34. Non-smoker. Nil alcohol.
- Diagnosed with idiopathic pancreatitis ~2.5 years ago
- Developed diabetes around the same time – likely T3c
- On Metformin 1g BD and HbA1c 58 mmol/mol (7.4%)
- PERT - Nutrizym

Main Concerns

- Pain, nausea & vomiting limiting dietary intake (under pain clinic)
- Not currently monitoring glucose levels
- Severe arthritis in hands – Prednisolone increased to 15mg OD

Plan:

- Regular glucose monitoring
- Trial off Metformin to see if improves nausea/bloating
- Referred to dietitian

Follow up

Before Breakfast	Before Lunch	Before Tea	Before Bed
3.8-9.1 mmols	5.4-10.5 mmols	8.9-12.5 mmols	11.9-13.5 mmols

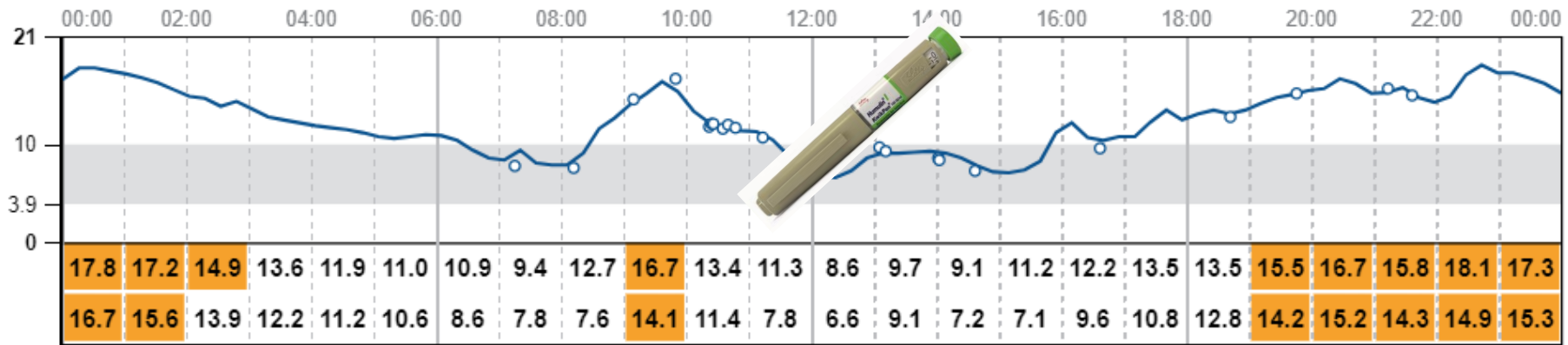
- Stopped Metformin 6 days ago – nausea some improvement
- Prednisolone to remain at 15mg for next 4 weeks and then reduce by 2.5mg per week to aim for 10mg maintenance dose
- Started on Humulin I, 8 units OD taken at lunchtime
- Started on FreeStyle Libre 2 due to dexterity issues with capillary glucose monitoring
- Dietitian recommended pro-kinetics

WED 17 Jan

Glucose mmol/L

Max

Min

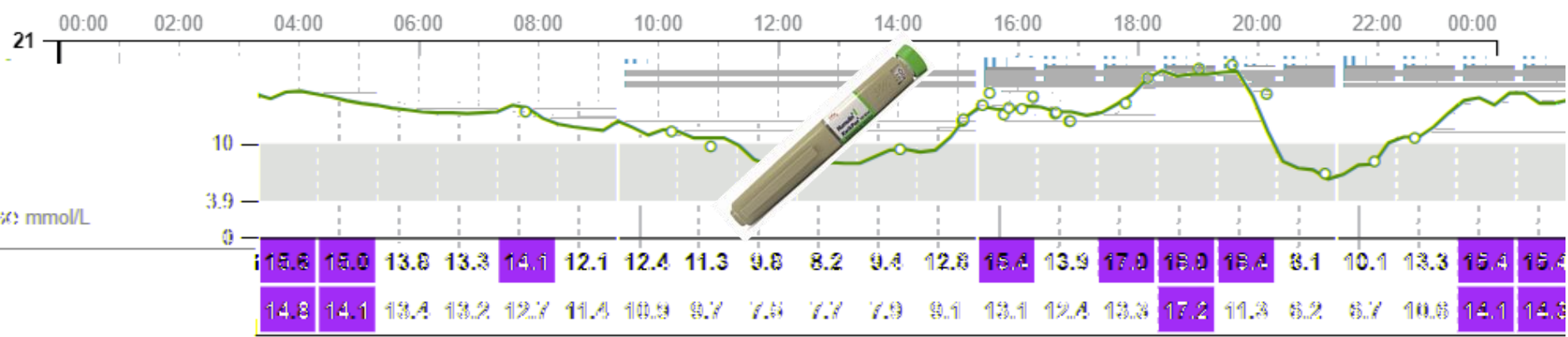


THU 18 Jan

Glucose mmol/L

Max

Min

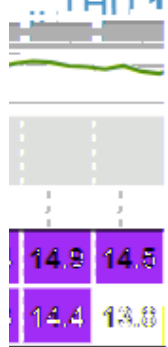
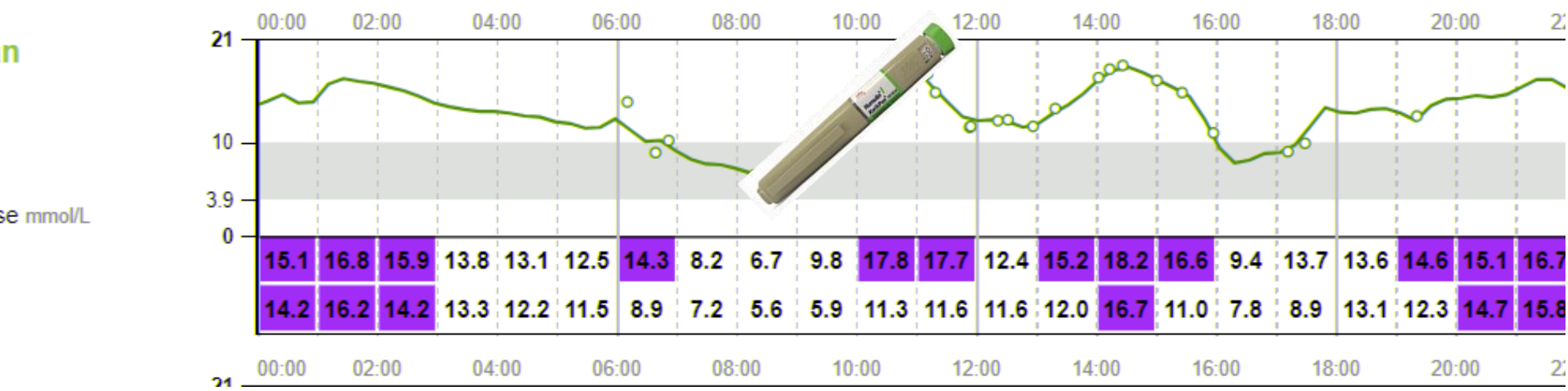


FRI 19 Jan

Glucose mmol/L

Max

Min



2:00 00:00

Conclusions and takeaway
messages



- T3cDM relates to diseases of the exocrine pancreas
- Poor awareness and misclassification
- Many research gaps regarding diagnosis and management
- Early recognition allows optimal treatment and f/up
- Many challenges and barriers to optimal treatment
- Close monitoring essential for good glycaemic control, prevent malabsorption and optimising nutritional status
- Increasing knowledge of HCPs helps a lot