Pancreatic Cancer UK

Diabetes and pancreatic cancer

Wednesday 24th January 2024 | 09.00 – 11.45 | Zoom Webinar

Q&A (answered via chat)

Question	Answer
Is there a meaning why is called Type 3c diabetes?	There are several types of type 3 diabetes, c is the third category, the letter doesn't mean anything more than the third category. Some more info here - American Diabetes Association: Diagnosis and classification of diabetes. Diab Care 2011;34(suppl 1): S62-S69
Do you know why it has a "c" in the name? Why not just type 3?	There are several types of type 3 diabetes, c is the third category so 3c
if due to progressive pancreatitis should there be c peptide monitoring?	live answered
It is bad to know that there remains no coding for type 3c diabetes within primary care that is something that needs to change. But do you think when coding is involved it should state 'type 3c- then the cause of it e.g. pancreatic cancer'?	I think it is necessary to put the cause - especially if it involves the complete removal of the pancreas. But any further information on the system is useful to ensure good safe care.
Can the tyoe 3c diabetes come before any damage to the pancreas? Like, develop from type 1 or 2?	No type 3c is always due to pancreatic damage and has concurrent exocrine and endocrine insufficiency
Why is HbA1c testing not accurate in pregnancy?	Apparently it can underestimate maternal glycaemia. Capillary glucose levels or CGM data is used for regular assesment.
I've never heard of HOMA - IR. Is this a common blood test? Is it expensive?	We dont use it as far as im aware of. This i think was an amercian article
A HPB consultant stated in the DPC conference that to differentiate T3c DM vs T2DM with PEI, an anatomic/physiologic insult to the pancreas should have occured prior to the diagnosis of T2DM. What's your thought about it?	So yes i guess pancreatitis, trauma, surgery and tue type 3c will also have PEI. Maybe a debate to be had between HPB consultant and Diabetes Consultant!!
Would late onset of diabetes with weight loss of age < 60 to have an urgent scan as well? Patients have repeatedly reported their challenges to get GP appointments. Have set guideline of >60 for a scan could possibly impose a delay in diagnose?	This is a great question Winnie, and something that PCUK hears a lot about. We are working to improve the pathway for patients and try to raise awareness for earlier detection. The guidance of weight loss and over 60yrs is still in place, and yes this needs challenging and patients encouraged to keep going back for further assessment and review. Our Optimal Care Pathway work can be seen here https://www.pancreaticcancer.org.uk/health-professionals/optimal-care-pathway-hub/ and then there is also the Early Detection work which is exciting https://www.pancreaticcancer.org.uk/early-detection/ - Breath Test

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Can you diagnose Type 3 c after one episode of pancreatitis or does it have to be diagnosed after a repeated episode or chronic?	It could be type 3c after one episode of AP yes, depends on the severity of pancreatic damage
My mother in law passed due to Pancreatic Cancer, but she did not develop any symptoms until late stage of the cancer, and she did not develop any diabetes either. How could you know or diagnose a disease on pancreas?	This is a huge problem which we see in late diagnosis of pancreatic cancer - late diagnosis with initally non-specific symtpoms which are often mixed up with other non-cancerous causes (IBS, diverticular disease, musculoskeletal problems, etc). PCUK is currently helping fund research into early diagnosis work and their is a clinical trial which is going to be run at GP level looking at a breath test for early diagnosis - https://www.pancreaticcancer.org.uk/early-detection/ At the moment, short of a CT or MRI scan (+/- a CA19-9 (non-diagnostic) blood test) - there is no easy test for pancreas cancer. Here is our information on how pancreas cancer is diagnosied - https://www.pancreaticcancer.org.uk/information/how-is-pancreatic-cancer-diagnosed/ I hope helpful and helps answer your question. My condolences with the loss of your mother in law
If pancreatic cancer is in family, is there regular testing you would recommend for others in family with health issues	Hi Karen - the risk of hereditary pancreatic cancer increases when 2 or more relatives are diagnosed. There isnt a screening test for pancreatic cancer, but normal bloods, Ultrasound of abdomen if needed for continued symptoms.
Working in the community it is difficult to get c-peptide tests taken, would you suggest urine of blood	one of our consultants is very pro urine cpeptide. Needs to be in a boric acid container so need to check of your lab can process this. Glucose also needs to be above 5 at time of sample. Scotland do routine C peptidde testing 3 years after diagnosis in all people with type 1 diabetes!
In your area do you provide FSL2 for people with pancreatic cancer and 3c. I agree that the burden is huge with chemo/ steroids and very difficult to manage. Thanks for	yes we can used CGM in our area for type 3c if on insulin- if not under secondary care diabetes team I ask GP if happy to prescribe. I'm lucky they've not said no yet!!
in addition to coding, an accredited type 3c diabetes education programme to refer patients to would be good	I agree, this would be fantastic. I would be happy to work with people who would like to make this a reality. yes so often they are referred to type 2 education by their GP surgery
what is the name of the FB site? please	Pancreatic cancer patients UK- Living and Beyond
It seems Type3C diabietes is not same in all trust. Can there be a universal plan in treating patients?	That would be great. We need more research to base guidelines on. It is not there at the moment

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Any universal treatment plan for Type3c diabetes?	No not at the moment, there is a lot of variation in the people with 3c and their needs. Hopefully the rest of the webinar will explain more
How real is the potential risk of metformin induced pancreatitis	I've never heard of metformin induced pancreatitis. GLP-1 RA and DPP4-inhitors have had some association in the past trials. Can't say ive seen it in clinicla practice personally.
why should vit B12 be monitored in long-term metformin treatment? I was not aware of that	Metformin prevents absorption of B12 from ileum in the small intestine. Clinically this is important as patients can develop peripheral neuropathy/ memory loss/ depression, the symptoms of which could potentially take several months to recover. Recent uk gov guidnce on monitoring: https://www.gov.uk/drug-safety-update/metformin-and-reduced-vitamin-b12-levels-new-advice-for-monitoring-patients-at-risk#:~:text=metformin%20can%20commonly%20reduce%20vitamin,factors%20for%20vitamin%20B12%20deficiency
Why are SGLT2i's not an appropriate treatment? I have a 3c that is intollerant to metformin, but hugely insulin resistant. Wondering where to go next, thanks	There is no real evidence. If someone is insulin deficient they do have a risk of DKA - similar in type 1 diabetes where SGLT2i are not licenced. SGLT2i is only licenced for type 2 diabetes.
Would this mean the continuous glucose monitoring become a primary monitoring method supported by finger pricking? Although it is currently costly on prescribing the moitors and accessories, the managment of patients and likelihood of easing on service capacity would be reflected in the long term.	For type 1 diabetes it should be offered as standard of care. If following the NICE guidance, people with T3c on insulin should also be offered but this maybe be variable across the country. Of course not everyone will want it but the majoity will. Anyone using CGM will need a small supply of testing strips as back up (approx 50 every 3 months)
is hyperglyamia secondary to somatostain analogues due to type 3 or is this due to anothe cause?	Mostly beta cell damage and insulin deficiency
who decides on Creon doses, endocrinologists?	Usually dietitians in uk. Varies though can be nurses or Drs
If a T2DM patient with uncontrollable blood sugars is started on ozempic and develops pancreatitis which is held currently. Is it safe to restart ozempic in the future? Or what would be the management ahead ?	As a nurse, I personally wouldn't, but I would seek advice from your Diabetes Consultant for absolute clarity. I guess they have to rule out other causes for pancreatitis??
Do you need to check feceal elastase with pancreatic cancer patients before prescribing PERT	No, you do not. If you have evidence of a pancreatic lesion, or panctreatitis, and symptoms of pancreatic exocrine insifficiency, you can start PERT straight away.
Is CREON the only PERT available?	no - there is also Nutrizym 22. And Pancrex V powder

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Is faecal elastase a routine test for all patients diagnosed with pancreatic ca?	Not always. If the patient is symptomatic, then faecal elastase is not necessary in the presence of pancreatic damage of any kind.However, if in any doubt, it can be done. (the symptoms themselves rule out any doubt about diagnosis, so doing a faecal elastase only delays starting PERT).
would steroid as part of chemo regime have much effect on glucose short term?	yes, steroids can increase blood sugar levels, but it should settle once steroids are completed. However, watch out for higher levels.
should PERT be offered to all patients with pancreatic cancer or is it just if their enzyme levels are low?	For head of pancreas tumours, all should have PERT rgardless. Body of pancreas - most will need but base on symptoms, as with tail of pancreas tumours. Symptoms of PEI are usually obvious, so easy to spot, and PERT can be prescribed asap.
is it a good idea for these pts to have glucagon prescribed?	I think that would be down to individual assessment. Certainly in type 1 diabetes it is only usually prescribed for people who have had severe hypo - requiring 3rd part intervention or loss of hypo awareness symptoms.
Due to the high risk of irratic/irregular glucose pattern, what would be a safe target range for someone with type 3c diabetes?	I think this would need to be made on an indiviudal patient basis. and will also depend on their prognosis.
also are they on lower carb ratios if carb counting?	In pancreatic cancer, type 3c, there is no carb counting.
is it dietician or Endocrine who start Creon ?	Dietitian, surgeon, gastroenterologist mainly, not forgetting the gp on occasion. In pancreatic cancer, rarely seen by an endocrinologist.
Do you think ALL patients with a history of pancreatitis or pancreatic surgery should have annual HBA1C monitoring?	HBA1C useful if high but if low doesn't rule out Diabetes. annual follow up either with random blood glucose or telephone call check ,etc my thoughts
Hi for case study 2 would you not consider giving her intermediate insulin in the morning to give better coverage of insulin during the day when she needs it and then it tails off overnight when she is not requiring it	I may change it. Decison was made before the libre data
Is type 3c the same as Brittle diabetes ?	We don't use the term 'btrittle diabetes' anymore!
I work in radiotherapy so we are starting to treat pancreatic cancers is there any advice we should be giving our patients?	You can always share the PCUK Specialist Nursing support line for further support
considering the causes of T3c. if you are T1 and develop into T3c because of some trauma can the T3c then revert back to T1 for example or will it remain as T3c once triggered.	Type 1 diabetes is auto immune so always T1. However they may develop PEI further down the line