

Key takeaway messages

1. Understand the pancreas and its function

- The pancreas has both digestive (exocrine) and hormonal (endocrine) roles.
- Where PEI occurs, patients should be prescribed PERT, which replaces those enzymes so that food can be digested again
- Damage can also lead to type 3c diabetes, which is under-recognised and should be considered and monitored in all pancreatic cancer patients.

2. Look at factors beyond weight when assessing nutrition

- Nutritional assessment should include functional ability and physical changes, not just BMI.
- MDT management of nutrition impact symptoms is important

3. Early and aggressive nutrition support is required

- Up to 70–80% of people with pancreatic cancer experience malnutrition which can lead to negative clinical outcomes, so early identification and support are essential.
- Consider alternative causes of GI symptoms if treatments and PEI have been explored
- Exocrine and endocrine impairment, gastrointestinal obstruction, and systemic inflammation all impact a person's ability to meet nutritional needs.

4. Providing structured, proactive patient support

- Consider cancer location and all symptoms when discussing with patients
- Aim to deliver information in short, simple sessions
- When symptoms aren't improving, be proactive and use tools like the escalation table