

Dietetic Support for Patients with Pancreatic Cancer: A Service Evaluation of UK Non-Surgical Centre.

A Retrospective Audit and Service Evaluation of a UK District General Hospital (Non-Surgical Site).

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BACKGROUND

Malnutrition is highly prevalent in pancreatic cancer (PC), yet dietetic support is often limited to surgical centers, despite only ~10% of patients with (PC) having surgery.

AIM: Review the current PC dietetic provision in a non-surgical, English district general hospital.

PRIMARY OBJECTIVE: Analyse factors impacting dietitian review.

SECONDARY OBJECTIVE: Establish associations between dietetic input and oncology treatments, pancreatic enzyme replacement therapy (PERT), oral nutritional supplement (ONS) prescriptions, HbA1c, micronutrient blood screening and survival.

METHODS

Patients were identified from weekly multi-disciplinary team meeting records, and all patients with exocrine PC between 01/01/23 and 31/12/23 were included.

Categorical data was collated, and statistical analysis using chi-squared and Cramer's V tests was conducted using SPSS.

DEMOGRAPHICS

109 patients were included, aged 40 to 96 years. 39 had a radiological diagnosis alone. 26, 15, 18 and 49 patients had operable, potentially operable, inoperable and metastatic disease respectively.

55% of patients ($n=60$) were deemed fit for any form of treatment, with 30% of those ($n=18$) declining treatment.

15 had surgery with curative intent, 5 had radiotherapy, and 40 underwent some form of chemotherapy.

RESULTS

Primary Objective:

- ❖ 45 (41.3%) were reviewed by a dietitian (outpatient $n=20$, inpatient $n=17$, both $n=8$).
- ❖ Waiting time between referral and outpatient review ranged from 1 to 17 weeks.
- ❖ Patients with metastatic disease were the least likely to have a dietitian review, with a significant association found between the stage of disease and dietitian review ($p=0.001$).

Secondary Objectives:

PERT

- ❖ 58% ($n=63$) had a PERT prescription; most commonly started as an inpatient ($n=28$),
- ❖ There was a significant, moderate association between PERT prescriptions and dietitian review ($p<0.001$, $\phi_c = 0.392$). 95% who had an outpatient dietitian review had PERT prescribed.

Dietitian Impact:

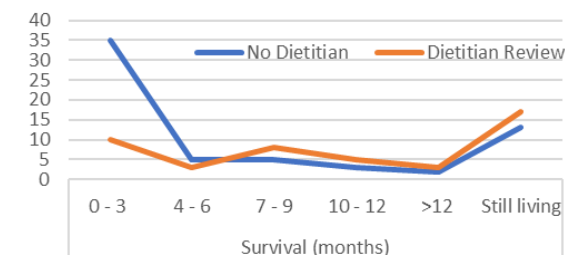
- ❖ Patients reviewed by a dietitian were most likely to have ONS prescribed ($p<0.001$, $\phi_c = 0.344$).
- ❖ No patients had a full nutritional blood profile taken following diagnosis.
- ❖ 34 patients (31%) had a Vitamin D blood result reported, ranging $< 8\text{nmol/L}$ to 93nmol/L . 64.7% ($n = 22$) had inadequate levels with 12 patients considered to be deficient ($< 25\text{nmol/L}$).
- ❖ Half of patients ($n = 56$) had a HbA1c reported, ranging 22 - 105mmol/mol . 52% exceeded the target of $<42\text{mmol/mol}$.
- ❖ No significance between dietitian reviews and whether patients had a vitamin D or HbA1c report was found.

Survival:

- ❖ 78 patients were deceased. Survival ranged from <1 - 41 months, and 31 patients were still living.
- ❖ Survival was significantly associated with dietitian reviews ($p=0.012$), chemotherapy, surgery and PERT prescriptions ($p<0.001$).

Variable		Frequency		Significance (2-sided)
		Dietitian Review	No Dietitian Review	
Location at Diagnosis	Inpatient	24	31	0.847
	Outpatient	22	32	
Stage at Diagnosis	Operable	16	10	0.001
	Potentially Operable	9	6	
	Inoperable	10	8	
	Metastatic	10	39	
	Unclear	1	0	
Fitness for Treatment	Fit	32	28	0.006
	Not Fit	13	34	
Curative Surgery	Surgery	10	5	0.050
	No Surgery	36	57	
Chemotherapy	Chemo	24	15	0.001
	No Chemo	21	47	

Association Between Dietitian Review and Survival



Less than half of PC patients saw a dietitian when treated in a non-surgical hospital.

Patients who did see a dietitian were more likely to have PERT and ONS prescribed.

Survival was significantly associated with dietitian review.

Dietetic support for patients with pancreatic cancer outside of surgical centres is lacking, despite the positive impact dietitians make. Further funding and research in non-surgical centres is required.