Pancreatic cancer and the use of enzymes: A review of the literature

Lorraine Watson
Clinical Specialist Dietitian
University Hospital of North Staffordshire

Aims

 Determine evidence behind the use of pancreatic enzyme replacement therapy (PERT) in pancreatic cancer patients.

 Investigate evidence behind dosage recommendations of PERT in pancreatic cancer.

Literature search

- Guidelines- NICE guidelines, National Library of Guidelines, Clinical Knowledge Summaries, International Guidelines.
- Evidence based reviews- Cochrane Library, DARE, DUETs.
- Databases- Medline, CINHAL, EMBASE, PubMed.

Guidelines

Guidelines for the management of patients with pancreatic cancer periampullary and ampullary carcinomas (GUT 2005)

- Pancreatic enzyme supplements should be used to maintain weight and increase quality of life'.
- Evidence is graded at A: at least 1 randomised control trial (RCT).

- Double blind randomised placebo control trial.
- 21 subjects with unresectable cancer of the pancreatic head with biliary stent insitu.
- Subjects were given placebo or PERT therapy.
- All patients received dietary counselling.

PERT therapy details

- Panzytrat 25000 'enteric coated pancreatin microsphere preparation'.
- 25000 PhEur units of lipase.
- 2 capsules given with main meals.
- 1 capsule given with snacks.
- Followed up for 8 weeks.

PERT subjects

Placebo subjects

↑ 1.2 % body weight

↓ 3.7 % body weight

↑ 12 % fat absorption

√ 8 % fat absorption

Total energy intake of 8.42 MJ/day

Total energy intake of 6.66 MJ/day

- Only RCT available.
- Very small sample size.
- No power calculation undertaken.

Perez et al 1983

- 12 subjects with pancreatic cancer
- 4 meals per day, 8 pancreatin tablets with each meal.
- 6 subjects with moderate to severe fat malabsorption 'improved with pancreatin'.
- Subjects with mild fat malabsorption 'had no improvement'.
- Many problems with study including very small sample size.

Review articles

- No systematic reviews found in Cochrane library specific to pancreatic cancer and PERT.
- Reviews found frequently described authors own practice and lacked supporting references.
- Several review authors quote references which are not specific to pancreatic cancer. (e.g. Ferrone et al 2007)

Review articles

Author	Dose of PERT advocated (units of lipase per meal)
Smith 2008	20000 - 50000
Damerla et al 2008	50000*
Nakakura & Warren 2007	25000 - 40000 [‡]
Keller & Layer 2005	25000 - 40000 [‡]
Bruno et al 1995	20000 - 70000*

^{*}Authors do not quote supporting references

[‡]Supporting references are not specific to pancreatic cancer

PERT and pancreatic cancer surgery

 Several authors support the use of PERT post pancreatic cancer surgery due to the level of exocrine insufficiency found in their studies (Tran et al 2008; Matsumoto & Travserso 2006; Ohtsuka et al 2001; Sato et al 1998).

 No studies found advocating specific doses of PERT.

Summary of evidence

- National guidelines and RCT support the use of PERT in pancreatic cancer.
- Lack of studies, specific to pancreatic cancer, investigating specific dosage.
- Some review articles available describing current practice of authors working in this field.

Discussion points

- Should all pancreatic cancer patients receive PERT?
- Level of exocrine insufficiency in pancreatic cancer patients?
- Quality of life?
- Further research?

Exocrine insufficiency in Pancreatic Cancer

Author	% subjects exocrine insufficient
Matsumoto & Traverso 2006	68 %
Kato et al 1993	92 % (pre-op)
	80 % (post-op)
Ihse et al 1977	87 %

Any questions



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