

Expert Session: Pancreatic and Bile Duct Cancer
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Resources:

Pancreatic (adenocarcinoma and neuroendocrine)-

- The Pancreatic Cancer Action Network
 - o www.pancan.org

Pancreatic (neuroendocrine)-

- Caring For Carcinoid Foundation
 - o www.caringforcarcinoid.org
- NCI Pancreatic Neuroendocrine Tumors (Islet Cell Tumors) Treatment (PDQ®)
 - o www.cancer.gov/cancertopics/pdq/treatment/isletcell/HealthProfessional

Bile duct cancer:

- The Cholangiocarcinoma Foundation
 - o www.cholangiocarcinoma.org
- NCI Extrahepatic Bile Duct Cancer Treatment (PDQ®)
 - o www.cancer.gov/cancertopics/pdq/treatment/bileduct/HealthProfessional

Topics:

Perioperative nutrition
Long-term nutrition after surgery
Common integrative supplements
Gastric outlet obstruction
Diabetes

Perioperative Nutrition

Preop- Impact Advanced Recovery

- Impact AR used preoperatively reduced infectious and total complications, and led to reduced LOS.
- Reference:
 - o Burden S, et al. Cochrane Review 2012- Pre-operative Nutrition Support in Patients Undergoing Gastrointestinal Surgery.

Postop- Nutrition Support

- ESPEN- give EN
- ASPEN- give EN over PN; give only if unlikely to meet needs for 7-10 days.
- Systematic review post Whipple only: No support of EN or PN over standard oral diet
- References:
 - o Weimann et al. Clin Nutr 2006.
 - o August JPEN 2009
 - o Gerritsen et al. British J of Surg. 2013

Long-term nutrition after surgery

- Best symptom management by avoid high-fat foods (limit to 75 g fat/day)
- Inadequate enzyme use may lead to deficiency
 - o B12
 - o Iron
 - o Fat soluble vitamins (A, D, E, & K)
 - o Higher risk for osteoporosis

Common supplement questions

- Curcumin-
 - o Promising in use with pancreatic cancer- anti-tumor activity
 - o Poor oral bioavailability therefore large number of capsules
 - o Caution with biliary blockage and gallstones
- Fish oil-
 - o Early studies showed promise with high doses of EPA but other studies show no benefit.
- Gonzalez regimen
 - o Diet, supplement, and enema regimen offered by private MD
 - o NCI funded study concluded survival and quality of life were better in patients treated with gemcitabine-based chemotherapy than for patients treated with the Gonzalez regimen

Gastric outlet or duodenal obstruction

- 15-20% of patients (often late onset)
- Characterized by vomiting retained food
- Treat with surgical bypass or endoscopically placed duodenal stent. If not possible then g-tube for decompression of the stomach and j-tube for feeding.
- Diet for stent
 - o First establish tolerance of liquids before transitioning to a soft, low fiber diet as tolerated a few days later
 - o Instruct patients to chew all foods well and to drink plenty of liquids with meals to ensure a liquid food bolus\
- References:
 - o Adler DG, Baron TH. Endoscopic palliation of malignant gastric outlet obstruction using self-expanding metal stents: experience in 36 patients. *Am J Gastroenterol.* 2002;97(1):72-78.
 - o Brooksbank MA, Game PA, Ashby MA. Palliative venting gastrostomy in malignant intestinal obstruction. *Palliat Med.* 2002;16(6):520-526.
 - o Ly J, O'Grady G, Mittal A, Plank L, Windsor JA. A systematic review of methods to palliate malignant gastric outlet obstruction. *Surg Endosc.* 2009;24(2):290-297.
 - o Teriaky A, Gregor J, Chande N. Percutaneous endoscopic gastrostomy tube placement for end-stage palliation of malignant gastrointestinal obstructions. *Saudi J Gastroenterology: official journal of the Saudi Gastroenterology Association.* 2012;18(2):95-98.

Diabetes

- Management depends on side-effects and stage of disease
 - o On treatment/recovering from surgery: aggressive medication/insulin and liberal CHO diet
 - o Advanced disease: liberalize diet
 - o NED, treatment completed: carbohydrate counting
- References:
 - o Sarnar M. Treatment of pancreatic exocrine deficiency. *World journal of surgery.* 2003;27(11):1192-1195.
 - o Poulson J. The management of diabetes in patients with advanced cancer. *J Pain Symptom Manage.* Jun 1997;13(6):339-346.