Supportive care

**1535P PANCREATIC MALIGNANCY AND NUTRITION: A STUDY OF CLINICAL PRACTICE.**

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**Aim:** A pancreatic malignancy creates significant nutritional challenges for patients (pts), carers and health care professionals. This study aims to assess current clinical practice, examining clinician’s ability to identify and treat the specific nutritional sequelae of a pancreatic malignancy and the consequences of neglecting this aspect of care.

**Methods:** We performed a retrospective audit of all consecutive pts with a pancreatic malignancy referred into our service in 2013. Survival, symptom and treatment details were collected.

**Results:** One-hundred and eighty-three pts were eligible: 52.4% were male; median age was 68.3 years (range 16.2-88.9); 62.8% were ECOG PS 0/1; 51.9% were metastatic. Pathology was as follows: 77.6% adenocarcinoma, 10.9% neuroendocrine and 11.5% others/unknown. Of the 183 pts, 45.9% had weight loss (WL) at referral of these, 26.1% WL was >10% however 54.8% had no specific data recorded regarding WL. 34.4% of pts had additional symptoms of pancreatic exocrine insufficiency (PEI): 71% abdominal discomfort and 28.6% diarrhoea however only 24.1% of pts were referred with treatment for PEI. Follow up (FU) data was available for 130 pts, 10.7% had documented WL >10%. Further examination indicated that only 9.3% of all pts had ‘real’ >10% WL. Cross-referencing the presumed WL with actual WL, our sensitivity to detect severe WL was just 46%. Only 43% of pts had some form of nutritional intervention whilst on FU, with pancreatic exocrine replacement treatment (PERT) being the most frequently used intervention. Median FU was 6.7 months (range 0.5-79.3). Estimated median overall survival of all pts was 9.2 months (95%CI 6.9-12.7). 79.3% of pts received anti tumour treatment, with those who received nutritional intervention being more likely to receive this (64.8% vs 50%; p 0.003). In the multivariate analysis, neuroendocrine tumours (p 0.001), non-metastatic tumours (p 0.003), ECOG PS 0/1 (p 0.03), receiving chemotherapy (p <0.001) and nutritional intervention (p 0.003) were independent factors for longer Overall Survival (OS).

**Conclusions:** Our data indicates that identifying and treating weight losing patients with a pancreatic malignancy is a significant factor influencing OS.

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