UK and Ireland Neuroendocrine Tumour Society

UKINETS Bitesize Guidance for the Management of Pancreatic Exocrine Insufficiency (PEI)

Patients should be screened for malnutrition using a validated nutrition risk screening tool. Patients at risk should be referred to a dietitian. Specialist dietitian or clinical nurse specialist input is recommended alongside this guidance.

Pancreatic Exocrine Insufficiency (PEI) is defined as a reduction of pancreatic exocrine activity in the intestine at a level that prevents normal digestion. Early recognition of PEI is vital as it negatively impacts patients' quality of life, nutritional status, and clinical outcomes.

Risk Factors for PEI in NET patients

- NET in pancreas, particularly in head of pancreas and/or in presence of pancreatic duct dilatation
- Pancreatic resection, particularly head of pancreas
- Treatment with somatostatin analogue therapy
- Gastric or duodenal resection

Symptoms associated with PEI

- Diarrhoea
- Urgency
- Steatorrhoea (pale, yellow, orange and/or greasy stools or oil in the pan, stools which float or are difficult to flush away)
- Wind
- Bloating
- Otherwise unexplained hypoglycaemia
- Weight loss or difficulty gaining weight not in line with nutritional intake
- Micronutrient deficiencies (particularly fat-soluble vitamins)

Testing for PEI

A faecal elastase (FE1) stool test may be used to confirm or exclude PEI, however the reliability of this in NETs is unclear. An empirical trial of PERT therefore may be more helptul. The use of PERT will not affect the accuracy of FE1 and clinicians may choose to do both.

Treatment

In the presence of PEI, patients should be treated with PERT e.g. Creon 25,000 or Nutrizym 22. This should be started at a dose of at least 44,000-50,000 units of lipase with meals and 22,000-25,000 units of lipase with snacks, supplement drinks or milky drinks. Patients may need to increase their dose if their symptoms do not resolve.

PERT should be taken at the beginning of meals and split dose at intervals throughout the meal if taking longer to eat or having multiple courses.

All PERT is porcine derived with no alternative available. Patients should be counselled on this upon commencement.

Troubleshooting if symptoms persist

- Check PERT is being taken at appropriate time (i.e. at the start of and/or during meals, *not* after meals)
- Check PERT being stored somewhere cool (<25°C)
- Check patient is taking PERT with *all* meals, snacks and milky drinks (including supplement drinks)
- Check capsules are being swallowed whole, and with a cool drink
- Consider adding a proton pump inhibitor
- Consider trialling an alternative brand of PERT

Patients with PEI are at risk of vitamin and mineral deficiencies. Consider monitoring and supplementing them.

Please consider referring to local or national guidance for more detailed management advice.

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References

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