



Integrated palliative care and nutrition for individuals with pancreatic cancer: A pilot study

KEA TURNER¹, PHD; YU CHEN LIN², PHD; EMMA HUME¹, MPH; OLIVIA SPROW¹, MPH; SAHANA RAJASEKHARA², MD

1. UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF NURSING; 2. MOFFITT CANCER CENTER DEPARTMENT OF SUPPORTIVE CARE MEDICINE

INTRODUCTION

- Individuals with pancreatic cancer often face a poor prognosis and high symptom burden.
- Symptom burden in pancreatic cancer is affected by nutrition-impact symptoms, which are underdiagnosed and undertreated.
- Delivering early and proactive nutrition care and palliative care may lead to improved quality of life for individuals with pancreatic cancer.
- There has been limited testing of care delivery models that coordinate care between palliative care specialists and dietitians.

PURPOSE

- To assess the feasibility and accessibility of a care coordination model including early palliative care and early nutrition care.

METHODS

INTERVENTION (12 WEEKS)

- Early referral to palliative care specialist and dietitian
- Ongoing malnutrition screening and symptom assessment
- Receipt of Fitbit app and smartwatch to log food intake and share with dietitian
- Ongoing palliative care and dietitian visits
- Care coordination meetings between oncology, palliative care, dietitian, and study teams

SAMPLE

- 50 individuals with metastatic pancreatic cancer initiating palliative chemotherapy

DATA COLLECTION

- Surveys collected at baseline, 1, 3, and 4 months
- Electronic health record data abstraction
- Exit interviews among sub-sample of participants and caregivers

RESULTS

Feasibility and acceptability outcomes

Outcome	Benchmark	Intervention
Recruitment		
% eligible patients who consented	≥50%	60% (50/83)
Retention		
% participants retained at end of intervention (week 12)	≥70%	76% (38/50)
% participants retained at end of study period (week 16)	≥60%	76% (38/50)
Study assessment completion		
% participants who completed baseline assessment	≥70%	97% (37/38)
% participants who completed 4/5 study assessments	≥60%	84% (32/38)
Intervention adherence		
% participants who logged food intake for at least 67/90 days	≥60%	39% (15/38)
% participants who attended at least 3/5 dietitian appointments	≥60%	68% (26/38)
% participants who attended at least 2/3 supportive care appointments	≥60%	61% (23/38)
Intervention satisfaction		
Acceptability of Intervention Measure	≥60% response rate with score >12	94%

Key themes and illustrative quotations

Implementing dietitian advice reduced nutrition-impact symptoms

"On the advice of the dietitian, we started just with several meals during the day [as opposed to fewer larger meals]... [The patient] seems to be able to tolerate that a lot better." - Caregiver

Food logging helped with managing food intake

- "[The Fitbit] actually quantified everything so I knew where we need to get more of this and less of that [types of food]. You know, the big fight is trying to keep weight on, you know, when you're going through cancer. So that helped us to identify where we need to add on and so on and so forth." – Caregiver

Palliative care quickly resolved nutrition-impact symptoms

- "I needed some help managing the anorexia and some of the nausea that came along with treatments. And their ability to respond quickly was so helpful." – Patient

CONCLUSION

- Delivering early nutrition care and palliative care for individuals with pancreatic cancer was feasible and acceptable
- A future randomized controlled trial is needed to establish the effectiveness of the program for improving quality of life, and reducing malnutrition

CONTACT

- Contact kea.turner@unc.edu if you are interested in learning more about this study.