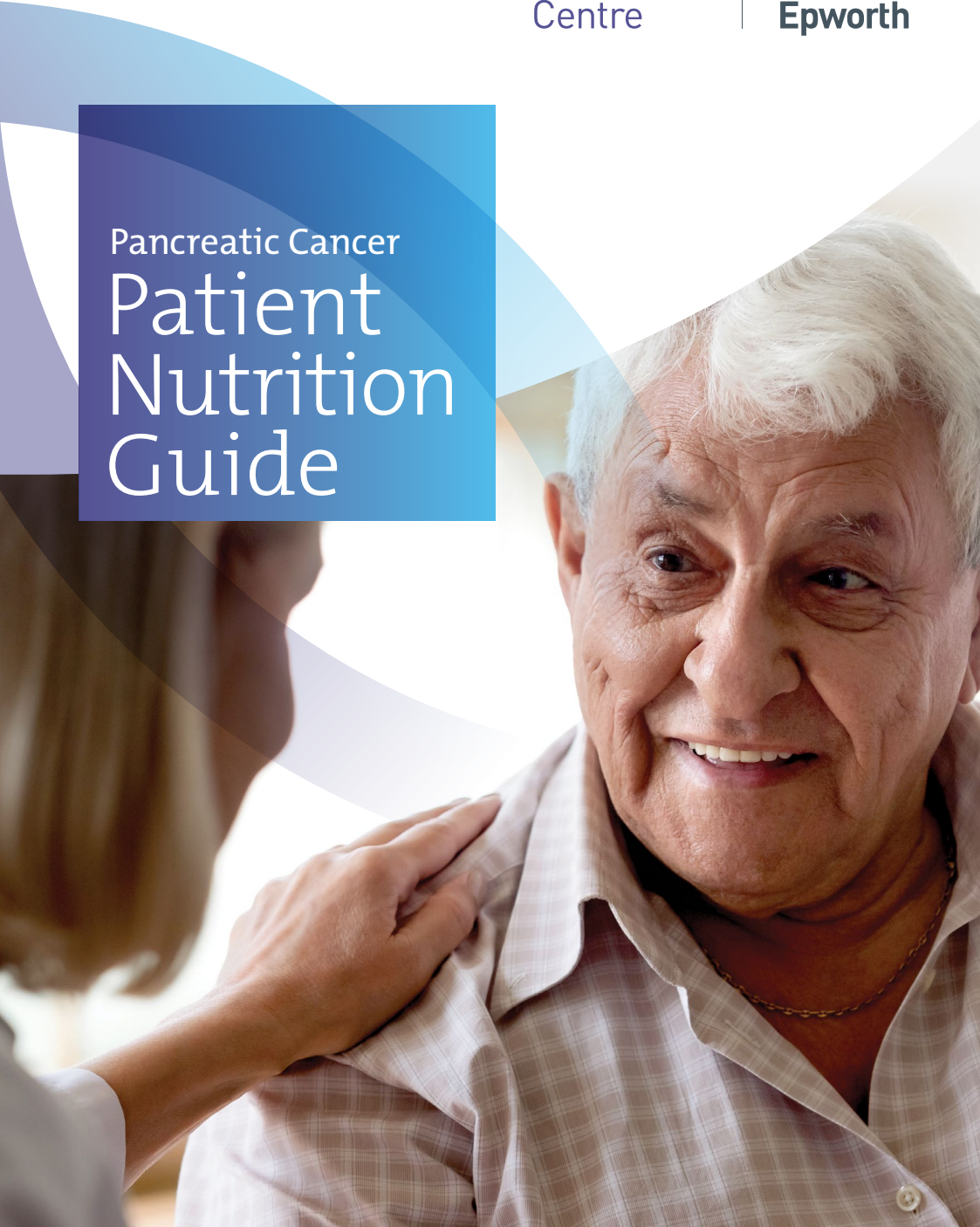


Pancreatic Cancer
Patient
Nutrition
Guide



Contents

Managing your nutrition	4
How can a dietitian help me?	4
How does pancreatic cancer affect your diet and nutrition?	6
How does the pancreas work?	7
Your nutrition after surgery	8
Nutrition and chemotherapy	9
Diabetes and your nutrition	10
Managing your diabetes	11
Using nutrition to manage your symptoms and side effects	12
Nausea and vomiting	12
Changes in bowel habits	12
Loss of appetite	14
Changes in your taste and smell	15
Mouth ulcers	17
Dry mouth	17
Low immunity	17
Dumping syndrome	18
Using Pancreatic Enzyme Replacement Therapy (PERT) to help with malabsorption	19
How can I improve my nutritional intake?	20
Where does the fuel come from in food?	20
Try using the 'adding principle'	21
Quick and easy meal ideas for high energy, high protein eating	22
Nourishing snack ideas	23
Can nutritional supplements help with my dietary issues?	23
How to use supplement drinks and powders	24
Common supplements	24
Tips to increase or maintain your weight	25
References	26
Bibliography	26

Contact us

Jreissati Pancreatic Centre at Epworth

Phone 03 9426 8880

Email EHJreissatiCentre@epworth.org.au

www.epworth.org.au/jreissaticentre

Managing your nutrition

Being diagnosed with pancreatic cancer is an emotional time for you and your family. It presents many challenges, and it will impact many aspects of your life. Your treatment can cause some of your biggest challenges. For example, it can cause your symptoms to worsen, leaving you feeling tired and unwell. Poor nutrition can also lead to you being unable to tolerate cancer treatments and affect your ability to participate in clinical trials.

By managing your nutrition, you can help relieve your physical symptoms. Managing your nutrition can also improve your emotional well-being.



It's important to remember that your diagnosis is unique to you. You may not suffer from any symptoms or side effects. But if you do, there are ways that you can manage your well-being during your treatment. This will help to make sure you feel as well as you can and assist your recovery.

How can a dietitian help me?

Pancreatic cancer can cause diet and nutrition-related problems. This happens because cancer and its treatment can affect how your body breaks down and absorbs nutrients from the food you eat. Additionally, side effects of the disease can cause loss of appetite, resulting in you eating less food. This can lead to weight loss and not getting enough nutrition out of the food you eat.

Dietitians have the knowledge and experience to help you get the most out of the food you eat. It's recommended that you consult with a dietitian, as dietitians can help you to:

- > manage dietary issues resulting from symptoms of cancer or its treatment
- > create an individualised diet plan and provide nutritional counselling and education
- > manage your diabetes
- > help you to gain or maintain your weight
- > improve your quality of life
- > assist in answering questions related to nutrition and cancer misinformation.

How does pancreatic cancer affect your diet and nutrition?

Pancreatic cancer causes changes in how your pancreas works. These changes occur because the disease affects the body's ability to digest and absorb nutrients from the food you eat. Treatments and surgery can also cause further changes to how your pancreas works. Especially treatments that fully or partially remove your pancreas.

As a result of these changes, patients may experience the following symptoms:

- > nausea and vomiting
- > changes in bowel habits
- > loss of appetite
- > changes in your taste and smell
- > mouth ulcers
- > dry mouth
- > low immunity
- > dumping syndrome.

Patients experiencing symptoms will often suffer from weight loss. According to a recent study, almost 85% of people with pancreatic cancer suffer from weight loss at the time of their diagnosis. Weight loss is a serious problem as it can impact the effectiveness of your treatment and draw out your recovery. By managing your symptoms, you have a greater likelihood of maintaining your weight, which will help your recovery.

The best way to maintain your weight is to make sure you get the most nutrition out of your diet as possible. Some ways to do that include:

- > eating smaller meals more often during the day
- > eating a variety of foods to get a range of different nutrients
- > choosing foods that are high in protein as they can help your body repair and recover
- > try to stay physically active if possible as this will help boost your appetite.

Please be aware that side effects can affect people differently. It's important to know there are many ways to manage side effects to improve how you are feeling.

How does the pancreas work?

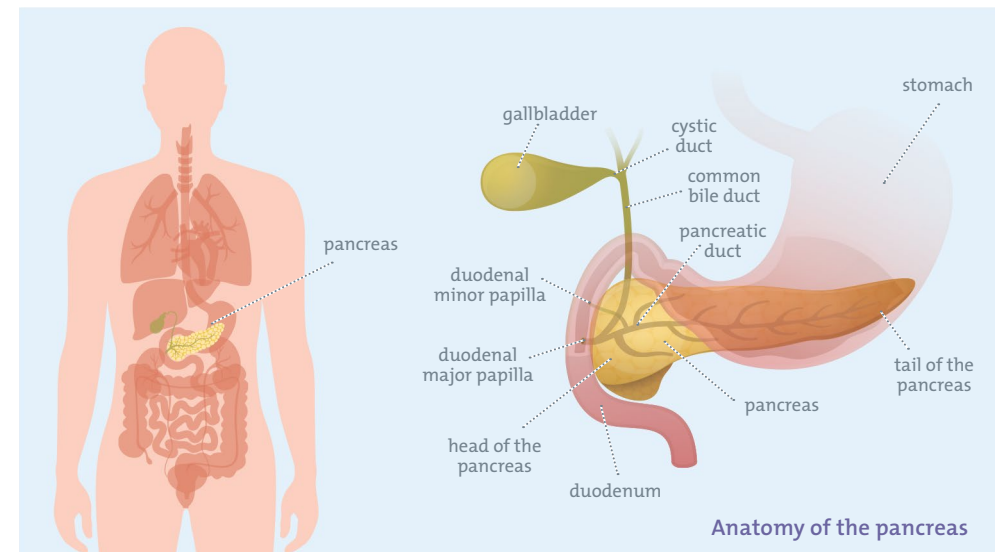
The pancreas is a large, tongue-shaped gland. It is a part of your digestive system, along with your stomach, liver, gall bladder and intestines (often called the small and large bowel).

The pancreas has three different sections:

- > the head – the wide end of the pancreas on the right side of your body
- > the body – the middle section of the pancreas
- > the tail – the thin end of the pancreas on the left side of your body.

The pancreas has two main functions within your body:

- > it produces substances (called enzymes) that help us break down (digest) the food that we eat
- > it produces hormones (chemicals that send messages to other parts of the body) to control our blood sugar levels (using a hormone called insulin).



Nutrition and surgery

Surgery for pancreatic cancer often involves removing all or part of your pancreas, and in some cases, removing other body parts around it. As a result, your diet may need to change for your pancreas to function properly. If you've had your pancreas removed, you may need pancreatic enzyme replacement therapy (PERT). You can learn more about PERT on page 19.

Immediately after surgery, you may not be able to eat or drink for a few days. You will need to slowly build up to eating normal amounts of food again. Until then, choosing easier to digest foods is your best option as your digestive system will be sensitive. As a result, you may need to limit the following:

- > foods high in fat as they take longer to digest and can make you feel sick
- > foods high in fibre as these foods are more difficult for your body to break down
- > fizzy drinks
- > spicy foods.

You should start to transition back to a normal diet after 7-10 days. It's important to remember that every patient will have unique dietary needs based on the type and extent of their surgery. You should seek advice on your dietary needs from a dietitian or doctor. They will be able to offer you specialist advice and provide you with an individualised diet plan once you can start eating and drinking again.

Nutrition and chemotherapy

Nutrition plays a significant role during your chemotherapy treatment. Eating well before, during and after treatment provides patients with the best chance of tackling the disease. Unfortunately, the treatment can sometimes cause side effects that affect how much you eat. These can include mouth ulcers that make chewing difficult, and nausea and loss of appetite that make you not want to eat. It's important to speak to your doctor or dietitian if side effects prevent you from getting the nutrition your body needs.

During chemotherapy, you must eat foods with plenty of protein and calories (energy). This will help provide you with the strength and energy needed for your body to heal and fight the disease. Chemotherapy is not a time for patients to be counting calories or dieting. Studies show that 80% of pancreatic cancer patients develop cachexia (extreme weight loss and muscle wasting). Cachexia has proven to impact quality of life and patient outcomes.

After chemotherapy, some side effects may start to appear. You may find eating lighter and blander foods easier for the first few days. Make sure you keep your fluids up, and if you are experiencing nausea, speak to your care team about anti-nausea medication.



Diabetes and your nutrition

One of the main roles of the pancreas is to produce hormones, in particular, insulin. When you eat, insulin is released into your bloodstream. This helps control the amount of sugar in your blood (also called blood sugar/glucose levels). When pancreatic cancer or its treatment changes the way your pancreas functions, it can affect the amount of insulin that your pancreas produces. Without enough insulin, your body can't control your blood sugar levels the way it should. This is a condition that is more commonly known as diabetes. If left untreated, diabetes can cause serious long and short term health complications.



Diabetes is common in pancreatic cancer patients. If you've had a total pancreatectomy, you will receive a type 1 diabetes diagnosis. This means your body is no longer able to make insulin. As a result, you will need lifelong insulin injections to control your blood sugar levels.

If cancer or its treatment has changed the way your pancreas functions, you will likely receive a type 2 diabetes diagnosis. You may be able to manage your type 2 diabetes through diet alone, or you may also need medication or insulin injections.

Members of your treatment team at the Jreissati Pancreatic Centre at Epworth will be able to help you with the right course of action based on your diagnosis.

Managing your diabetes

When your blood sugar levels are higher than usual, you are likely to feel:

- > tired
- > very thirsty
- > nauseous.

These symptoms will begin to settle once your blood sugar levels return to a normal level. Your specialist team at the centre will include an endocrinologist. An endocrinologist (a diabetes specialist) will help you to control your blood sugar levels.

A dietitian may become part of your care plan as diet plays an essential role in controlling your blood sugar levels. It's important to see a dietitian that specialises in providing nutritional advice to patients with cancer. The dietary advice given to a patient with both pancreatic cancer and diabetes will often be different to the advice given to someone who has diabetes alone. It's important to ensure you get the right nutritional advice so that you can better manage your diabetes and pancreatic cancer.

When modifying your diet to manage your blood sugar levels, it's essential to make sure you're still eating enough to meet your needs. Some tips on how to achieve this include:

- > eating small, regular meals as smaller portions help limit the rise in your blood sugar levels
- > eating foods high in protein such as meat, fish, chicken, eggs and dairy – these foods help build up your strength, improve your immune function and have little impact on your blood sugar levels
- > limit the volume of high sugar foods and drinks that you consume, such as desserts and soft drinks (you should discuss this with your dietitian as you may need high sugar foods and drinks if you are struggling to eat).

Using nutrition to manage your symptoms and side effects

Nausea and vomiting

Nausea and vomiting can be a side effect of chemotherapy and a symptom of pancreatic cancer. Dietary strategies can play a significant role in managing your nausea and vomiting when combined with medications prescribed by your doctor. Some nutritional tips to ease nausea and vomiting include:

- > eating smaller meals throughout the day – aim for 5-6 small meals, as larger meals can make nausea worse
- > avoiding foods with a strong smell
- > eating plain, bland foods such as cheese sandwiches, scrambled eggs and plain grilled fish
- > drinking cold* fluids such as fruit juices and sports drinks (which can be diluted if the flavour is too strong)
- > trying salty foods, such as cheese and biscuits, and toast with vegemite or peanut butter
- > eating cold rather than hot foods as the smell of food cooking can cause nausea and vomiting.

*Some types of chemotherapy prevent you from having cold drinks after treatment. Consult with your medical team for advice.

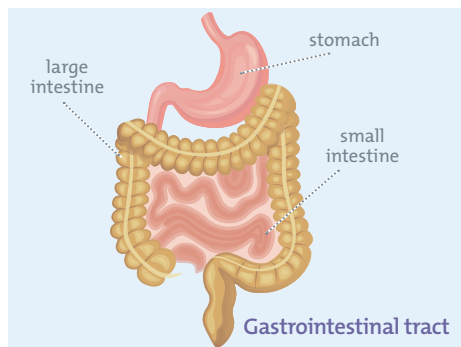
Certain flavours are easier to tolerate if you are feeling sick. Ginger, lemon and peppermint are prime examples, which are usually flavours of tea drinks. Dry ginger ale and lemonade can also help with nausea but drink them flat as the bubbles can make you feel worse.

Changes in bowel habits

Pancreatic cancer and its treatments can often cause your bowel habits to change. This means that you may need to go more or less often. It's not unusual for these habits to continue to change throughout your journey.

Constipation

Constipation is a condition in which your stool remains in the colon (large bowel near the end of your digestive tract) too long, causing it to harden. This makes it difficult to pass when you go to the toilet. This condition can occur as a result of chemotherapy and medications used to treat pancreatic cancer.



If you experience constipation during treatment, you can try the following tips:

- > speak to your doctor about medications that can help move your bowels
- > drink plenty of fluids – fluid helps to soften your stools, making them easier to pass
- > add more fibre to your diet, such as vegetables, grains, nuts and legumes
- > exercise daily – this will get your stomach muscles working, which can help to move your bowels
- > try a warm drink before bedtime – this can help to encourage bowel movements.

Diarrhoea

Diarrhoea is when you have four or more loose bowel actions in a 24-hour time frame. This can occur as a result of chemotherapy, radiation treatment, surgery and/or when you are not digesting food or absorbing nutrients properly. The main concern with diarrhoea is dehydration. If you are experiencing diarrhoea, it is important to drink plenty of fluids.

Tips for managing your diarrhoea include:

- > speak to your doctor about medications that can help
- > drink at least 1 extra cup of fluid for every loose bowel action – make it caffeine-free as caffeine causes your body to lose water
- > avoid or limit fatty, fried and greasy foods
- > eat smaller meals more often
- > try lower fibre foods as they can be easier to tolerate – try white bread instead of multigrain, soft/well-cooked vegetables over salads and fresh fruit that you peel.

Steatorrhoea (fat malabsorption)

Having too much fat in your stool is a condition known as steatorrhoea (pronounced stee-at-uh-ree-uh). This condition occurs when your digestive system is unable to break down your food after eating. When this happens, undigested food (mainly fat) ends up in your bowel movement. Steatorrhoea is a symptom of malabsorption.

Common symptoms of steatorrhea include:

- > pale or yellow coloured stool
- > oily, floating stool
- > foul-smelling stool
- > loose stool
- > stool that is hard to flush
- > weight loss despite eating well
- > bloating and tummy pain, especially after eating
- > indigestion or heartburn
- > fatigue.

Loss of appetite

It's not uncommon for patients with pancreatic cancer to lose interest in food or not feel hungry. You may also find yourself feeling full after eating a small amount of food (early satiety). These symptoms can result in patients not eating enough food, which can lead to weight loss. This makes it important to focus on boosting your food intake when you're experiencing these symptoms.

If you have lost your appetite, you could try:

- > eating smaller meals – aim for 5-6 small meals per day rather than 3 larger ones
- > avoid skipping meals or going longer than 2-3 hours without having something to eat or drink
- > eating snacks – these snacks can be small, or they can be liquid (milk drink)
- > eating foods that are high in energy and/or protein – these foods will maximise your nutritional intake (*refer to the table on page 22 for foods high in energy and protein*)
- > not drinking with your meals, as fluids can fill you and leave less room for food
- > talking to your doctor to determine if your lack of hunger is a symptom of something more serious or if there is a medication that can help.

Changes in your taste and smell

Changes in taste and smell are common when undergoing chemotherapy. For example, you may find you like the taste of foods you may not have liked before starting your treatment. It is typical for your taste and smell to continue to change throughout your treatment, so you should:

- > continue trying different foods and flavours – even foods you didn't like before you started your treatment
- > keep your mouth clean by using a mouthwash and brushing your teeth regularly.

If your food tastes too sweet, you can try:

- > eating your food cool as lower temperatures help to reduce sweetness
- > adding salt or vinegar to tone down the sweetness
- > adding pureed fruit or a squeeze of lemon juice
- > snacking on savoury and salty foods such as cheese, nuts and dry biscuits with peanut butter.

If your food tastes too salty, you can try:

- > adding a pinch of sugar
- > adding herbs and spices
- > avoiding pre-prepared sauces
- > adding milk, coconut milk or cream to soups and casseroles to sweeten the flavour.

If your food tastes too bland, you can try:

- > adding stronger flavours such as mustards, pickles, herbs and spices
- > adding extra salt and pepper
- > adding salty foods to meals such as parmesan cheese and chopped bacon
- > adding bitter foods to meals such as natural yoghurt and lemon sorbet
- > marinating your meats, fish, chicken and tofu
- > eating fresh fruits or sucking on hard lollies if you have a bitter or metallic taste in your mouth
- > using plastic cutlery is helpful if you have a bitter or metallic taste in your mouth.

Taste, taste, taste! Is it too...? Then, play with a pinch or drop of...

Too spicy

Too bitter

Too sour

Flat

Too bland

Too salty

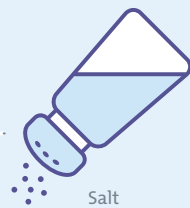
Too sweet



Olive oil



Maple syrup



Salt



Lemon

Mouth ulcers

Mouth ulcers are sores inside your mouth and are a common side effect of chemotherapy. You are more prone to mouth ulcers when your immune system is not working to its full capacity. You may find you need to change the texture of the food you eat to make sure you don't irritate your ulcers. Other ways to prevent irritation of ulcers are to:

- > use a straw to direct fluids around the sore areas of your mouth
- > sip on fluids to wet your mouth as a dry mouth can make ulcers feel worse
- > avoid food or drinks which are salty, spicy, acidic, tart or sour, as these are likely to aggravate your ulcers
- > be careful when eating harder type foods such as chips or toast as these foods can upset your ulcers
- > avoid alcohol
- > speak to your doctor, nurse or pharmacist to see if there are medications that can help.

Dry mouth

A dry mouth can be a common side effect of chemotherapy, long stays in a hospital or taking new medications. To help relieve a dry mouth, you can:

- > sip on fluids throughout the day to keep your mouth wet
- > use a mouthwash to keep your mouth clean – good oral hygiene can help ease dry mouth
- > speak to your doctor, nurse or pharmacist about using a spray or gel designed to help manage a dry mouth.

Low immunity

Having low immunity means that your immune system is not as strong as it should be. This leaves you more prone to bugs and infections that can make you sick. This is a common issue for patients undergoing chemotherapy.

When you have low immunity, you are also more vulnerable to picking up bugs from the food you eat. You can reduce your risk of getting sick by practising good food hygiene. Some tips include:

- > wash your hands with soap and water before touching food
- > use separate chopping boards and utensils when handling raw and cooked foods
- > wash your fruits and vegetables
- > keep raw and cooked foods separate
- > don't use foods that are past their best before and use-by dates
- > keep hot food above 60 degrees and cold food below 5 degrees
- > reheat food to 60 degrees plus and never reheat more than once
- > avoid raw eggs, unpasteurised dairy products, soft cheeses, undercooked meats and fermented beverages.

You should speak to your doctor if you have concerns about your immunity level.

Dumping syndrome

Dumping syndrome occurs when food moves from the stomach to the small intestine too quickly. Dumping syndrome is often the result of surgery that removes all or part of the stomach. This is a common condition in pancreatic cancer patients. Symptoms can develop anywhere from 10 minutes to 3 hours after eating.

Symptoms may include:

- > dizziness
- > cramping
- > diarrhoea.

You can manage dumping syndrome by making changes to your diet. These changes can include:

- > eating 5-6 smaller meals throughout the day
- > avoid drinking before and after meals as drinking with a meal can flush food through your system too quickly
- > limit or avoid foods and drinks containing too much sugar, such as soft drink or fruit juice.

Using Pancreatic Enzyme Replacement Therapy (PERT) to help with malabsorption

Pancreatic cancer and its treatment can cause changes to your pancreas. This can result in your body not producing enough of a substance called pancreatic enzymes. Without these enzymes, food passes through your digestive system without being broken down or digested, leading to malabsorption. The lack of enzymes is a condition known as pancreatic enzyme insufficiency (PEI).

To help your body digest and absorb food, your doctor or dietitian may recommend PERT. PERT is a treatment that can help to manage symptoms that are associated with pancreatic cancer. It comes in the form of a capsule, and your doctor will advise you on how long you need to take these, along with how many to take.

Depending on your current symptoms, you may not be able to swallow the capsule whole. If that is the case, you can break open the capsule and sprinkle the contents onto an acidic food, such as pureed fruit or apple sauce.

How do I know if they are working?

You will know if the PERT is working if your symptoms start to ease. If your symptoms do not improve, talk to your doctor and dietitian as you may need to change the dose or change how you are taking the capsules.

Tips while taking PERT include:

- > take capsules with all your main meals (regardless of the foods you choose to eat) and snacks containing protein and fat (refer to the table on page 22 for fat and protein food sources)
- > take your capsules with your first mouthful of food (as they need to travel with food to your gut)
- > consider spacing out your dose if you're having a longer meal (more than 30 minutes) or if you're a slow eater
- > if you forget to take your capsules at the start of a meal and remember halfway through the meal, still take them
- > if you remember to take them after you've had your meal, don't worry about taking them until your next meal
- > you don't need to take any capsules when you consume fruit, jelly, soft drink, a glass of juice, water, black tea or black coffee as they don't contain protein or fat
- > store the medication out of direct sunlight and away from ovens as heat can damage the capsules.

How can I improve my nutritional intake?

Maximising your nutritional intake after a pancreatic cancer diagnosis will allow you to cope better with treatments and improve how you are feeling.

To improve your nutritional intake, it's important to understand what food and drink will best fuel your body. This is why seeking specialist and individualised nutrition advice from a dietitian is essential.

Where does the fuel come from in food?

The food we eat is made up of both macro and micronutrients. It's the macronutrients that give you the fuel you need. There are 3 different types of macronutrients:

- > carbohydrates (often called sugars)
- > fats
- > proteins.

Each macronutrient has an essential role within our body. Macronutrients ensure that our body functions properly and provides it with energy. After receiving your cancer diagnosis, you will need more energy (fuel) to fight the disease. This can be further increased depending on the type of treatment you are having or the symptoms you are experiencing. The extra demand on your body means the focus of your diet will shift to eating as many high energy and high protein foods as possible.

Carbohydrates

- > bread
- > rice
- > pasta
- > grains – quinoa, buckwheat
- > starchy vegetables – potato, corn, pumpkin
- > fruit
- > beans, lentils and legumes
- > dairy – milk, yoghurt

Proteins

- > meat
- > fish
- > chicken
- > eggs
- > dairy – milk, yoghurt, cheese
- > nuts and seeds
- > beans, lentils and legumes
- > tofu
- > nutritional supplement powders e.g. Sustagen®
- > nutritional supplement drinks e.g. Fortisip®

Fats

- > oils – olive, canola
- > nuts and seeds
- > avocado
- > butter or margarine
- > oily fish – tuna, salmon, sardines

Try using the 'adding principle'

The 'adding principle' means to add more energy to the foods you are already eating. This can be as simple as swapping out water when making your porridge and using full cream milk instead. You could also try adding:

- > cream or fortified milk* to soups, porridge, drinks, scrambled egg or omelettes
- > honey or sugar to drinks, desserts, breakfast cereals or smoothies (if you're diabetic, please consult with your doctor)
- > cheese to sandwiches, pasta, casseroles, potato dishes and egg dishes
- > olive oil or avocado to salads, cooked vegetables or sandwiches.

* Fortified milk recipe:

- > mix 2 cups of skim milk powder into 2 litres of milk.
- > store in the refrigerator and use in the above recipes or in place of milk.
- > to make a smaller quantity combine 1/4 cup skim milk powder and 1 cup of milk.

Quick and easy meal ideas for high energy, high protein eating

baked beans or spaghetti on toast
followed by a glass of milk and a banana

hot chicken with bread and butter or mayonnaise
finished with canned fruit and ice cream or custard

scrambled eggs or omelette with cheese, ham and tomato
followed with fruit and yoghurt

toasted cheese and tuna sandwich with hearty canned soup,
followed by a dairy tub dessert

sausage roll or meat pie
followed by custard, tinned peaches and some chopped nuts

slice of quiche
finished with chocolate-coated ice cream

fish and chips with aioli or tartare sauce and salad
followed by gelato or frozen yoghurt

sandwich with fillings such as cheese, mashed boiled egg and mayonnaise, turkey, avocado, dips, pesto or peanut butter and honey

add dried fruit, nuts, fresh fruit and yoghurt to cereals and make porridge with milk (not water), with added cream and brown sugar or honey.

Nourishing snack ideas

- > fruit bread, finger buns, cake, muffins, scones, pikelets or crumpets
- > yoghurt, custard, ice cream or dairy desserts
- > cheese on toast, savoury scroll or mini pizzas
- > cheese, biscuits, dips or frittata
- > hard boiled eggs
- > fruit smoothie, milkshake, thick-shake or commercially available milk drinks
- > a hearty soup with added cream, or spaghetti, or baked beans topped with grated cheese
- > dried fruit and nuts or muesli bars
- > nutritional supplement drinks such as Sustagen®.

Can nutritional supplements help with my dietary issues?

People with pancreatic cancer often struggle to maintain or put on weight. As a result, your doctor or dietitian may suggest using nutritional supplements (also commonly referred to as protein drinks). It is important to remember these are different to vitamin and mineral supplements. If you have any questions, please talk to your dietitian.

Nutritional supplements are available at the supermarket, pharmacy or online. They can be sweet, savoury, or have no taste at all. They come in either powder or ready to drink forms.

How to use supplement drinks and powders

- > mix supplement powders with milk or sprinkle over cereal or dairy desserts (yoghurt, ice cream)
- > neutral-flavoured supplement powders can be added to soups, mashed veggies, runny scrambled eggs, casseroles, gravy or sauces
- > mix supplement powders with fruit, yoghurt and ice cream and blend to make a smoothie
- > if you don't like the taste of supplement drinks, try mixing with ice* or diluting with water or soda water
- > try pouring into ice moulds to create a frozen treat.

Common supplements

- > fruity – e.g. Resource® Fruit Beverage, Fortijuce®
- > neutral powders – e.g. AdVital®, Sustagen® Neutral, Beneprotein®
- > milky – e.g. Sustagen® Active (previously called hospital formula), Ensure®, Sustagen® Diabetic, Fortisip®, Fortisip® Compact Protein, Resource® Plus, Resource® 2.0.

It's important to note that nutritional supplements are only meant to supplement your diet. You should not take them in place of food unless necessary (or directed). Your doctor or dietitian can provide you with information on when and how to take them.

* Some types of chemotherapy prevent you from having cold drinks after treatment. Consult with your medical team for advice.

Tips to increase or maintain your weight

- > if you're skipping or struggling to finish meals, try to eat 6 smaller meals throughout the day
- > drink fluids that provide you with energy such as milk, juice, nutritional supplements, soft drink or cordial rather than water, tea or coffee (these provide little nutrition and can fill you up)
- > take your medication with drinks containing energy (such as fruit juice, milk) instead of water
- > have pre-made meals and snacks ready for the times when you aren't up to cooking
- > if you can't eat, try to have a nourishing dessert or drink
- > have your meals delivered by restaurants or meal delivery services when you're not up to cooking
- > monitor your weight to ensure that you're not continuing to lose weight
- > when you're feeling hungry, try to eat larger portions or have second serves
- > alcohol half an hour before a meal can help to stimulate your appetite – discuss this with your doctor first
- > eat cold foods when you're feeling nauseous such as a salad with cold meat or boiled egg, yoghurt, sandwiches, fruit and yoghurt, biscuits or raw vegetables and dips
- > as you start to recover and your activity level increases, you may need to increase the amount of food you eat to not lose weight.

References

1. Hendifar AE, Petzel MQB, Zimmers TA, Denlinger, CS, Matrisian LM, Picozzi VJ and Rahib L (2019) 'Pancreas Cancer-Associated Weight Loss', *The Oncologist*, 24:691-701.
2. Mueller TC, Burmeister MA, Bachmann J and Martignoni M (2014) 'Cachexia and pancreatic cancer: Are there treatment options?', *World Journal of Gastroenterology*, 20(28):9361-9373, doi: 10.3748/wjg.v20.i28.9361
3. Gartner S, Kruger J, Aghdassi AA, Steveling A, Simon P, Lerch MM and Mayerle J (2016) 'Nutrition in Pancreatic Cancer: A Review', *Gastrointest Tumours*, 2(4):195-202, doi: 10.1159/000442873

Pancreatic Cancer Patient Nutrition Guide

First published June 2021

© Epworth HealthCare 2021

This guide was created in consultation with Ryan Surace, Senior Dietitian, Epworth Richmond

Note to reader:

All care has been taken to ensure the accuracy of the information within this booklet at the time of its publication. Please remember that information pertaining to cancer is constantly being updated by healthcare professionals and the research community. This guide is intended as a brief introduction to pancreatic cancer. This handbook is not intended as a replacement for medical or professional advice. You must always consult with your healthcare professionals about any medical symptoms, questions or concerns that you may have. The Epworth Medical Foundation and the Jreissati Pancreatic Centre at Epworth exclude themselves from all liability for any injury, loss or damage incurred by the use of or reliance on the information provided in this booklet.

Bibliography

NPS MedicineWise (n.d.) Creon Capsules, NPS MedicineWise, accessed 15 April 2020.

Dietitians Australia (n.d.) Dietitians Australia – The Leading Voice of Nutrition, Dietitians Australia, accessed 15 December 2020.

Pancreatic Cancer Action Network (n.d.) Pancreatic Cancer Action Network – Research, Patient Support, Resources, Pancreatic Cancer Action Network, accessed 15 December 2020.

The Pancare Foundation (n.d.) Pancare Foundation, The Pancare Foundation, accessed 15 December 2021.



Epworth
Medical
Foundation



epworth.org.au/giving

Contact us

Jeissati Pancreatic Centre at Epworth

Phone 03 9426 8880

Email EJJeissatiCentre@epworth.org.au

www.epworth.org.au/jeissaticentre

This centre is 100% funded by the generosity of donors to the Epworth Medical Foundation who share our vision for early diagnosis and cutting-edge treatment for patients with pancreatic cancer.

