



Exploring the Nutritional Management of People with Pancreatic Cancer: A Survey Investigating the Practice, Experiences and Educational Priorities of Dietitians in the UK and Ireland.



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Introduction

Pancreatic cancer (PC) has a poor prognosis and is strongly associated with malnutrition, including pancreatic exocrine insufficiency, cachexia, diabetes, and treatment-related gastrointestinal symptoms, all of which negatively affect treatment tolerance, quality of life, and survival^{1,2,3}. Dietitians play an important role in nutritional management, particularly through identification and treatment of PEI using pancreatic enzyme replacement therapy (PERT). However, inconsistent referral and prescribing practices⁴ highlight the need for improved education and standardisation of dietetic care.

Methodology

The study aimed to explore practices, experiences and training priorities of dietitians regarding the nutritional management of pancreatic cancer.

A 21 question online survey was developed for UK and Irish dietitians who treat patients with PC, with ethical approval granted by UCD School of Public Health, Physiotherapy and Sports Science. Survey questions explored screening practices, nutritional problems, access to dietitians, training and educational priorities. The survey was advertised through the INDI, Pancreatic Cancer UK, Pancreatic Society of Great Britain and Ireland, LinkedIn and X. Responses were collected from the 1st to the 24th of October 2025. Responses were analysed using descriptive statistics.

Results

Twenty-four dietitians completed the survey, over half were from Ireland (n=13, 54.2%), 12% (n=3) were from Northern Ireland, and 33% (n=8) were from England. Half were oncology dietitians, 29.2% (n=7) were hepatopancreaticobiliary (HPB) dietitians, while 20.8% (n=5) reported a range of other specialties. Most respondents (n=21, 87.5%) reported that patients with PC were screened for malnutrition. The Malnutrition Universal Screening Tool was most commonly used screening tool (n=13, 61.9%), 76% of respondents indicated that nursing staff completed malnutrition screening.

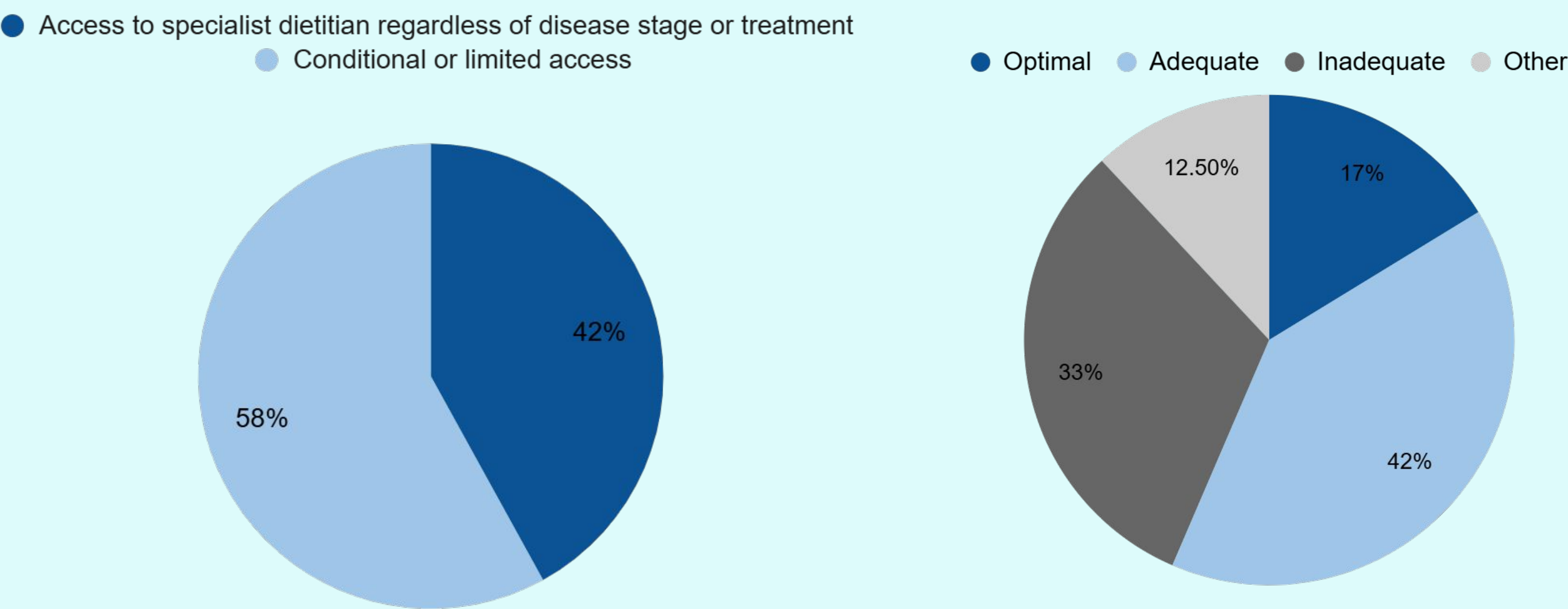


Figure 1: Percentage of dietitians reporting that patients with PC have access to specialist dietitians.

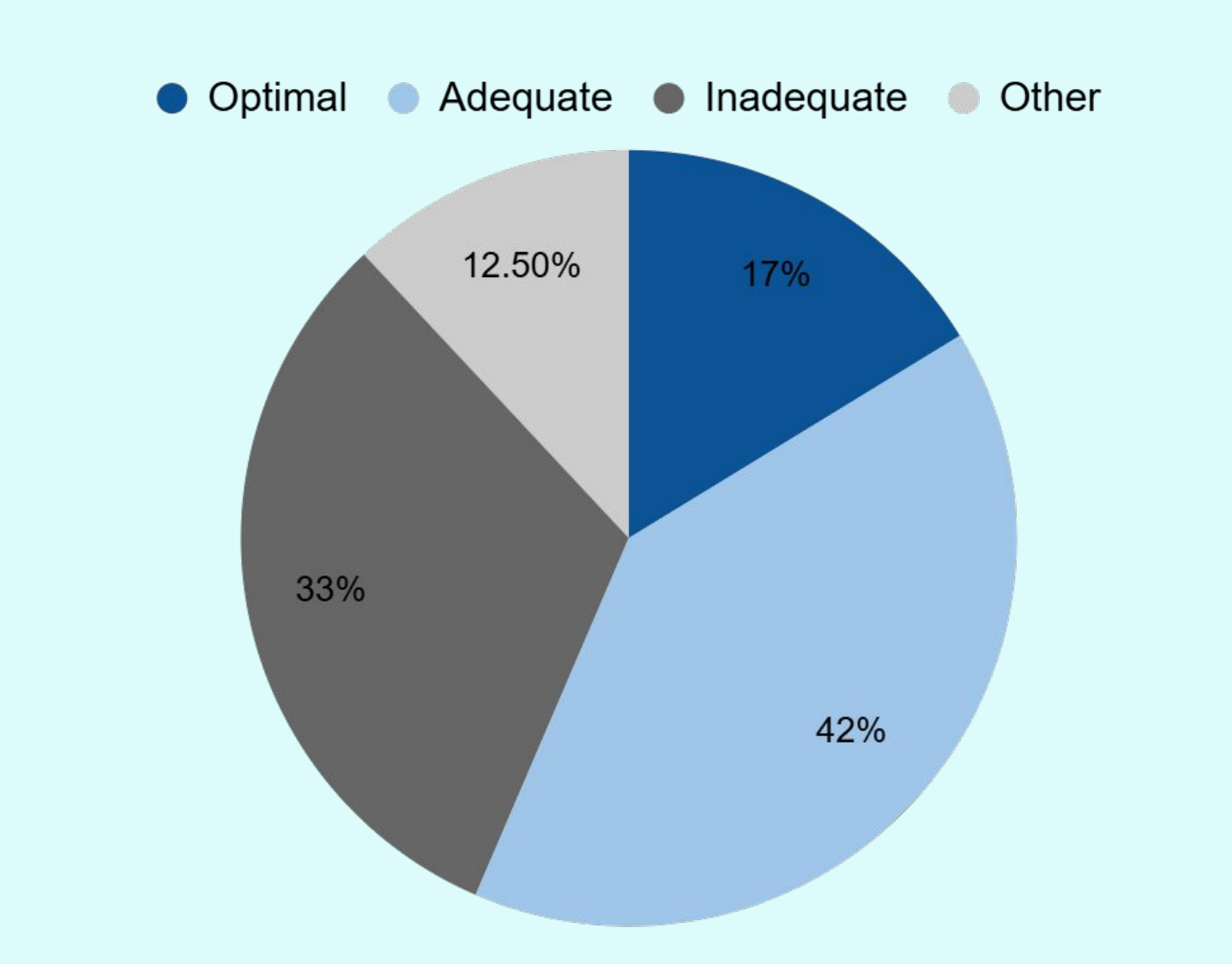


Figure 2: Respondents describing standard of dietetic care for patients with PC.

Less than half (41.7%) reported access to a specialist dietitian across all stages of pancreatic cancer care (Figure 1). Most respondents (54.2%) estimated waiting times of one to two weeks for dietetic review, while 33.3% reported waits under one week. Only 16.7% considered current dietetic services optimal, 41.7% considered it adequate, while one-third considered it inadequate (Figure 2).

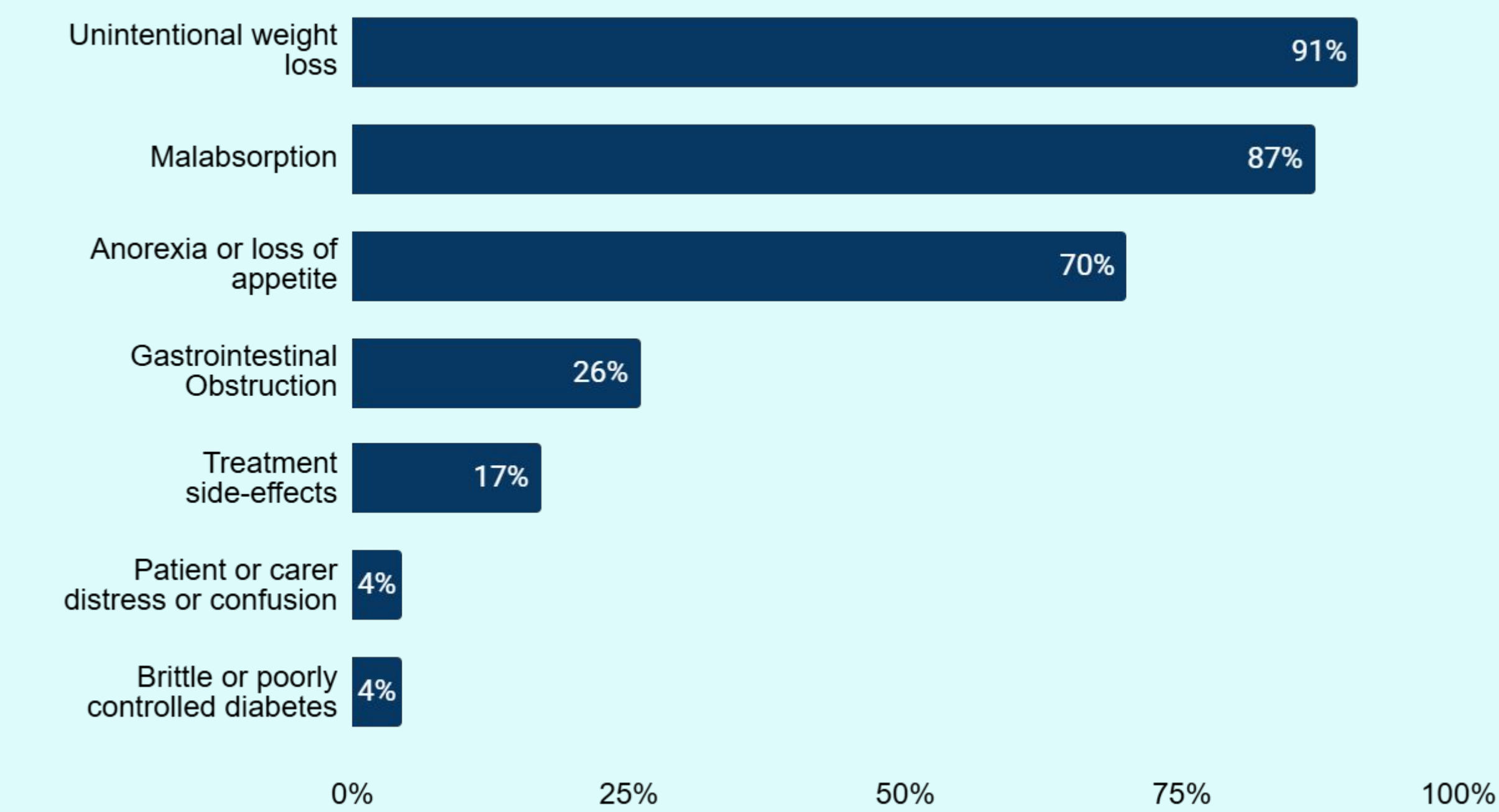


Figure 3: Most common nutritional problems experienced by patients with PC (n=23).

Less than half (46%) of respondents had received post-registration training in PC. Unintentional weight loss was the most common nutritional problem reported, followed by malabsorption and anorexia/loss of appetite (Figure 3). Respondents were most confident managing pancreatic enzyme insufficiency, with 95.9% reporting confidence or high confidence (Figure 4). PEI and PERT were identified as the top educational priority (Figure 5).

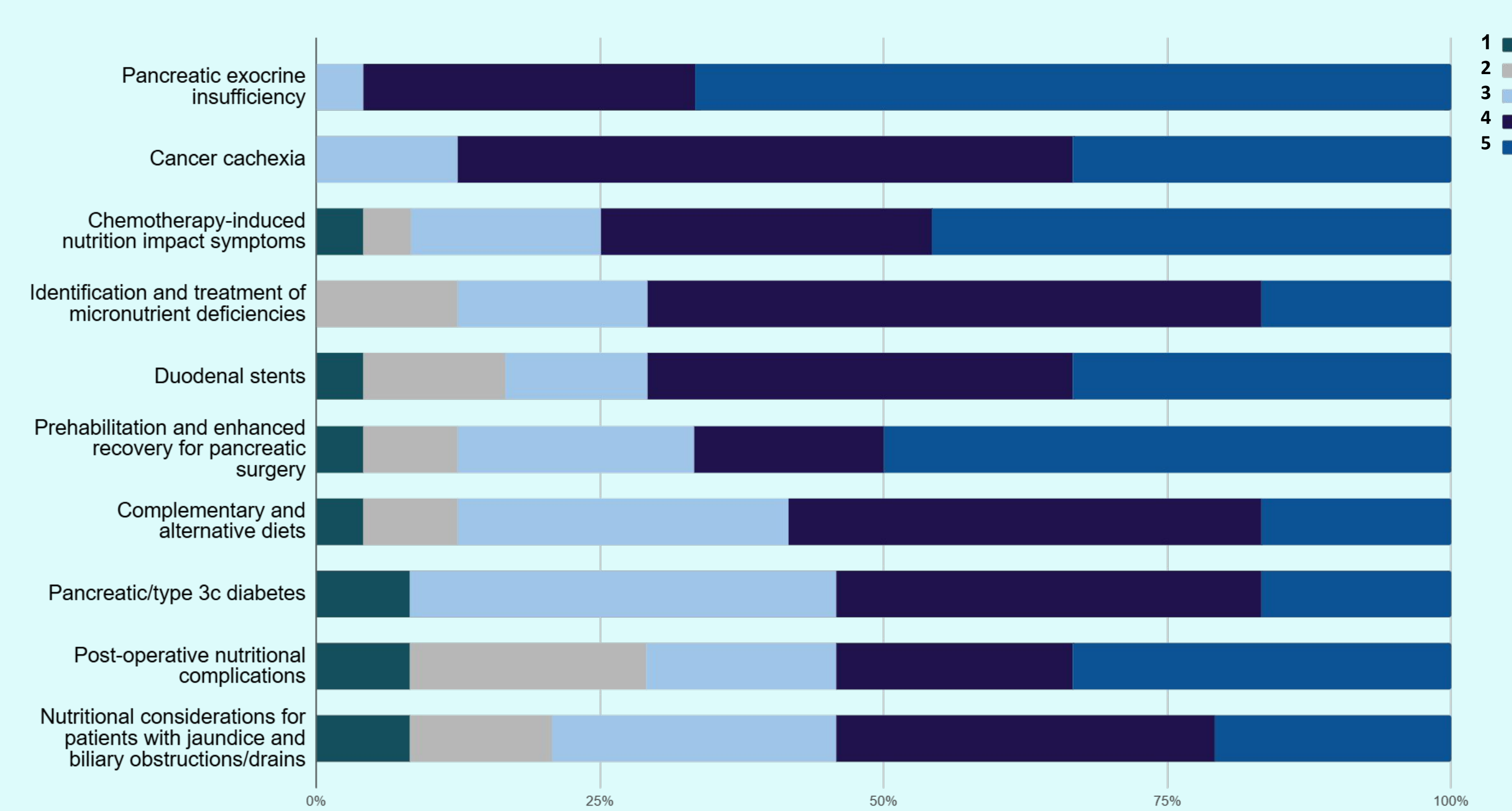


Figure 4: Respondents reported confidence providing dietetic support for nutritional problems associated with pancreatic cancer. 1=not at all confident, 5= extremely confident.

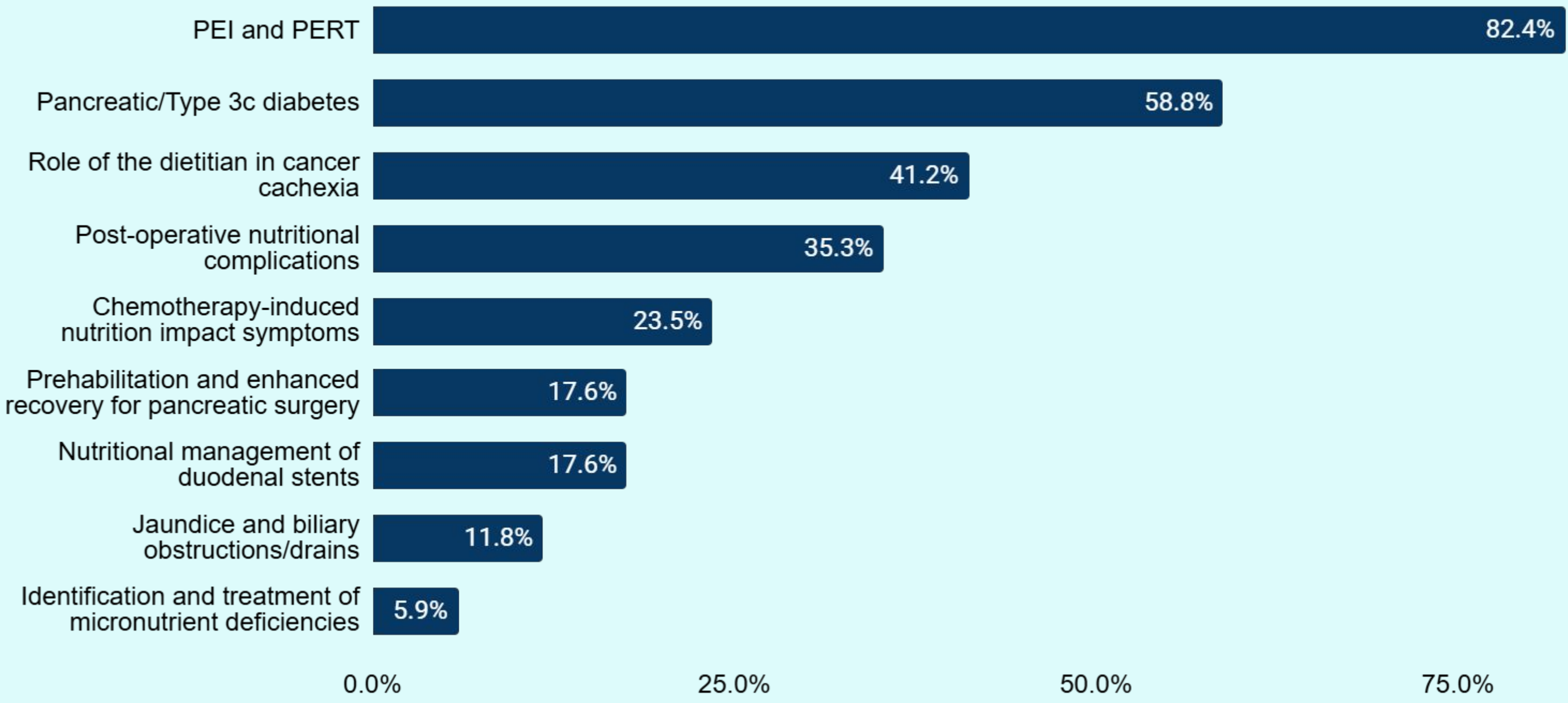


Figure 5: Percentage of Respondents Ranking Each Topic Among Their Top Three Educational Priorities.

Conclusions

Screening practices aligned with national malnutrition screening guidance, with all tools used validated for pancreatic cancer populations. However, inconsistent access to specialist dietitians suggests potential missed opportunities for early intervention, despite evidence of improved outcomes with early dietetic input⁵. PEI and PERT were the top educational priority, despite >90% of respondents reporting high confidence. Evidence of widespread undertreatment⁴ may suggest a discrepancy between perceived confidence and actual clinical competence. Post-registration training did not appear to have an impact on reported confidence. Future research should evaluate long-term outcomes of training and explore structured, long-term educational approaches.

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