

Patients with Pancreatic Cancer are at High Risk for Malnutrition and May Require Nutritional Support¹

Malnutrition in Hospitalized Patients Results in Poorer Outcomes and Higher Treatment Costs



Almost 50% of all patients are malnourished at the time of hospital admission²



4 to 6 days longer hospital length of stay^{3,4}



54% higher likelihood of hospital 30-day readmissions⁵



Up to 300% increase in hospital costs⁴

Clinical Value of RELiZORB^{6,7}

- The only FDA-cleared digestive enzyme product to hydrolyze fats in enteral nutrition
- Clinical evidence in enterally fed patients
- Designed for continuous feeding
- Allows use of low-cost enteral formulas

RELiZORB[®] 
(IMMOBILIZED LIPASE) CARTRIDGE



RELiZORB is a first-of-its-kind digestive enzyme cartridge designed to mimic the function of pancreatic lipase. RELiZORB is indicated for use in pediatric patients (ages 5 years and above) and adult patients to hydrolyze fats in enteral formula.

Characterized by a deficiency in pancreatic enzymes—(including lipase, the enzyme responsible for fat digestion)—exocrine pancreatic insufficiency (EPI) can lead to significant malnutrition and fat malabsorption⁸

Conditions commonly associated with fat malabsorption⁹:

- Acute or chronic pancreatitis
- Pancreatic cancer and other cancers
- Pancreatectomy
- Cystic fibrosis
- Short bowel syndrome

More than 50% of critically ill patients without pre-existing pancreatic diseases have EPI^{8,10} - including those with:

- Abdominal surgery
- Chronic liver disease
- Trauma/critical care
- Crohn's disease
- Celiac disease

Fat malabsorption is associated with poor outcomes that can impact digestive symptoms, nutritional status, physical functioning, treatment burden, body image, and pain¹¹⁻¹³

Consider RELiZORB in Your Patients Who Require Ongoing Nutrition Support



Meet Susan*

A 61-year-old female with pancreatic adenocarcinoma who is on post-operative day 7 after surgical excision of mass, exploratory laparotomy, Whipple procedure, and jejunal tube placement.

*Fictional patient based on actual patient experience. The information presented is for illustrative purposes only, and not intended, nor implied, to be a substitute for professional medical advice. Individual patient profiles may vary.

Clinical Presentation

- Mild abdominal pain and distention
- Nausea and vomiting
- Unintentional weight loss over last 3 months
- Physical exam:
 - Absent bowel sounds
 - Mildly diaphoretic
 - Afebrile
- Lab findings: hypokalemia and hyponatremia

Relevant History

- Type 2 diabetes
- ERCP with sphincterotomy and stenting
- Recent neoadjuvant chemotherapy and radiotherapy for pancreatic adenocarcinoma
- Narcotic use for pain

Diagnosis

- Prolonged post-operative ileus

Post-Operative Treatment

- **Day 7:** Total parenteral nutrition was initiated due to the patient's inability to tolerate enteral nutrition (EN)
- **Days 20-21:** EN with Peptamen® 1.5 was initiated, and oral pancrelipase was added after the patient reported diarrhea
- **Day 26:** The patient was discharged on pancrelipase for ongoing diarrhea with EN
- **Day 40:** The patient was readmitted with failure to thrive, diabetic ketoacidosis, hypothermia, and acidosis; Impact Peptide® 1.5 and RELiZORB were initiated
- **Day 41:** Goal feeds were achieved
- Diarrhea resolved 1 week later and outpatient tandem use of RELiZORB was continued

RELiZORB is for use with enteral feeding only; do not connect to intravenous or other medical tubing. Medications should not be administered through RELiZORB. Please see Instructions For Use for full safety information at www.relizorb.com.

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