#### SURVEY OF THE TREATMENT OF CHRONIC PANCREATITIS.

### **Clinical Vignette 1**

A 54 year old male presents to your office complaining of abdominal pain for the last 821

months. The pain is continues, but frequently exacerbates. He has a weight loss of 5 kg (12 lbs). He is not taking any medication. He reports alcohol use of 4-5 glasses of beer and smokes 25 cigarettes a day since the age of 17. An upper endoscopy and transabdominal ultrasound show no abnormalities. You consider the diagnosis of chronic pancreatitis.
Question 1:
Which laboratory test is an important part of your diagnostics?
You can select multiple answers.
□ Amylase
$\Box$ IgG4
☐ Fecal elastase
☐ Fecal fat collection
□ None of these items
□ Other,
Question 2:
Which test is the first you do at suspicion of chronic pancreatitis?
You can select only one answer.
☐ Transabdominal ultrasound
$\Box$ CT
$\square$ ERCP
□ MRI/MRCP
☐ Endoscopic ultrasound

# **Question 3:**

When do you diagnose 'chronic pancreatitis?' For each option, choose if you consider this as sufficient for diagnose.	ıgnosi	ng chronic p	ancre	eatitis?
Chronic 'typical" abdominal pain without alternative diagnosis		Yes		No
Chronic abdominal pain and elevated amylase		Yes		No
Thronic abdominal pain and calcifications on an			No	
Chronic abdominal pain and complaints of steatorrhea	ronic abdominal pain and complaints of steatorrhea		No	
Steatorrhea, improving with pancreatic enzyme		No		
Decreased fecal elastase		Yes		No
Relapsing pseudocysts		Yes		No
Dilation of the main pancreatic duct (>4 mm)		Yes		No
Other,  Question 4:				
What are your criteria for the diagnosis of alcoholic pancreatiti	s?			
a standard glass of alcohol: 12 g ethanol in each drink (15 cl w	ine, 3	3 cl beer and	d 4 ci	l spirits
You can select only one answer.				
<ul> <li>□ Consumption of ≥2 standard drinks in a day for men and during &gt; 6 months</li> <li>□ Consumption of ≥3 standard drinks in a day for men and during &gt; 6 months</li> <li>□ Consumption of ≥4 standard drinks in a day for men and during &gt; 6 months</li> </ul>	d ≥2 i	n a day for v	vome	en
during > 6 months		•		

 $\ \square$  Consumption of  $\ge 5$  standard drinks in a day for men and  $\ge 4$  in a day for women

during > 6 months

### **Clinical Vignette 2**

A 42-year old woman is recently diagnosed with idiopathic chronic pancreatitis. She experiences daily abdominal pain for the last 8 months. She has a weight loss of 3 kg. She uses acetaminophen and diclofenac, but keeps invalidating pain. She reports no alcohol use. She does not smoke. She has a family history of cardiovascular diseases.

She does not smoke. She has a family history of cardiovascular diseases.			
Question	1:		
With which	ch medical treatment you start to relieve the pain?		
You can s	elect multiple answers.		
□ Ar	ncreatic enzyme supplementation nalgesics otonpump inhibitors one of these items		
Question	2:		
Which and	algesics do you prescribe?		
You can s	elect multiple answers.		
	cetaminophen SAIDs amadol		
	prenorphine		
	kycodone		
	egabaline		
	orphine		
$\Box$ Ot	her;		

Question 3:
When you prescribe analgesics, how do you prescribe them?
You can select only one answer.
<ul><li>□ On demand</li><li>□ On a regularly scheduled basis</li></ul>
Patient now has steatorrhea (16 g fat/24 h)
Question 4:
When you prescribe pancreatic enzyme supplementation, what is your initial dose?  You can select only one answer.
<ul> <li>□ 10.000 FIP-E lipase with the main meal and 5.000 FIP-E lipase with snacks</li> <li>□ 25.000 FIP-E lipase with the main meal and 10.000 FIP-E lipase with snacks</li> <li>□ 50.000 FIP-E lipase with the main meal and 25.000 FIP-E lipase with snacks</li> <li>□ I never prescribe pancreatic enzyme suppletion.</li> </ul>
A CT of the abdomen is performed, which shows calcifications in the pancreas. The main pancreatic duct is not dilated (2 mm). The patient still experiences a lot of pain despite the use of narcotics.
Question 5:
Which treatment do you consider?
You can select only one answer.
<ul> <li>□ Continue narcotics in a higher dose</li> <li>□ Thoracoscopic splanchnicectomy</li> <li>□ Enteral feeding (jejunal tube)</li> <li>□ Endoscopic therapy</li> <li>□ Surgical treatment</li> </ul>

A year later a second CT is performed. This shows a dilation of the pancreatic duct of 6 mm with intraductal stones.				
Question 6:				
When do consider additional treatment?				
ou can select only one answer.				
<ul> <li>□ When she is in pain despite maximum dose of narcotics</li> <li>□ No pain with maximum dose of narcotics.</li> </ul>				
Question 7:				
Which additional treatment do you consider at this moment?				
ou can select only one answer.				
☐ Endoscopic treatment; lithotripsy and stenting of the pancreatic duct in case of stenosis				
☐ Thoracoscopic splanchnicectomy				
☐ Surgical treatment: pancreaticojejunostomy (Partington-Rochelle)				
☐ I do not consider additional treatment at this moment				

## **Clinical Vignette 3**

A 35-year-old male is known with hereditary pancreatitis causes by a mutation in the PK	RSS1
gene. His sister and father also have hereditary pancreatitis.	

Question 1:	
Do you perform	m screening for pancreatic cancer in patients with hereditary pancreatitis?
You can select	only one answer.
<ul> <li>☐ Yes; er</li> <li>☐ Yes; C</li> <li>☐ Yes; M</li> </ul>	ET-scan
How frequent	do you perform screening?
You can select	only one answer.
	Once a year Once every two years Once every five years
	Other:

He's become father recently. He and his wife ask you to perform genetic testing on their 6-month-old son.

Question 2:
Do you consider genetic testing on this 6-month-old boy?  You can select only one answer.
<ul> <li>Yes, it is important to detect a genetic mutation to recognize possible complications of chronic pancreatitis.</li> <li>Yes, only to report the parents</li> <li>No, it is not possible to give genetic counseling to this 6-month-old boy, so screening is not appropriate.</li> <li>Possibly, first I refer the parents to the department of clinical genetics.</li> </ul>
Question 3:
What advice regarding lifestyle would you give to a patient with hereditary pancreatitis?
☐ Cessation of alcohol intake
☐ Cessation of smoking
☐ A restriction in fat intake