# Enzyme substitution in exocrine pancreatic insufficiency; Self administration against a fixed dose regimen.

Published: 15-09-2011 Last updated: 30-04-2024

To assess the difference in efficacy of pancreatic enzymes in a self-dosage regimen after extensive patient-education in comparison to the standard treatment for patients with EPI.

**Ethical review** Approved WMO **Status** Recruiting

**Health condition type** Exocrine pancreas conditions

Study type Interventional

## **Summary**

#### ID

NL-OMON35552

#### Source

ToetsingOnline

#### **Brief title**

**SAPES** 

#### **Condition**

- Exocrine pancreas conditions
- Lipid metabolism disorders

#### Synonym

enzyme suppletion, Exocrine pancreatic insufficiency

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Erasmus MC, Universitair Medisch Centrum Rotterdam

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Source(s) of monetary or material Support: Ministerie van OC&W,Axcan Pharma

#### Intervention

**Keyword:** chronic pancreatitis, comparative clinical trial, enzyme substitution, exocrine pancreatic insufficiency

#### **Outcome measures**

#### **Primary outcome**

The primary endpoint is the faecal fat absorption.

#### Secondary outcome

Secondary objectives are:

- 1. Change in enzyme dose after intervention
- 2. Improvement of complaints (e.g. steatorrhoea, abdominal cramps, abdominal pain).
- 5. Change in dietary habits
- 6. Patient satisfaction
- 7. Quality of life
- 3. Evaluation of the nutritional status

# **Study description**

#### **Background summary**

Treatment of EPI consists of pancreatic enzyme replacement according to the fat intake. Prescribing a sufficient dose of pancreatic enzymes is mandatory for the treatment to be effective. In addition, consultation of a specialized dietician is pivotal to educate patients about the proper use of pancreatic enzymes. However, based on a recent prospective survey in the Netherlands amongst CP patients, it seems that enzymes are underused and a dietician is seldom consulted. Half of the patients use <= 6 capsules of 25.000 FIP-E units of lipase a day and a quarter use <= 3 capsules of 25.000 FIP-E units of lipase a day. With the median enzyme dose, 69% of patients reported to have

steatorrhoea related complaints and 42% of patients had difficulties maintaining weight. In order to improve efficacy, physicians should increase the dosage of pancreatic enzymes. More patients should be referred to a dietician. However, the quality of dietary advice should be improved by better training of (specialized) dieticians.

#### Study objective

To assess the difference in efficacy of pancreatic enzymes in a self-dosage regimen after extensive patient-education in comparison to the standard treatment for patients with EPI.

#### Study design

This is a prospective, open, comparative study with a linear design with two sequential phases (observeratory, then patient-monitored).

#### Intervention

Drawing blood Feces fat balance Start treament with pancreatic enzymes together with extensive patient education

#### Study burden and risks

Because the maximum amount of 16 capsules of pancreatic enzymes a day according to the standard guidelines and the Farmacotherapeutisch Kompas will not be exceeded in this trial, no serious events are foreseen in the medication prescribed during this trial. The anticipated benefit of the study is that patients after completion are properly dosed and well treated for their exocrine insufficiency.

## **Contacts**

#### **Public**

Erasmus MC, Universitair Medisch Centrum Rotterdam

Erasmus Medisch Centrum, 's Gravendijkwal 230 3000 CA Rotterdam NL

## Scientific

Erasmus MC, Universitair Medisch Centrum Rotterdam

Erasmus Medisch Centrum, 's Gravendijkwal 230 3000 CA Rotterdam NL

## **Trial sites**

#### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

#### Inclusion criteria

Patients considered for this trial:

- are older than 18 years.
- suffer from EPI caused by CP.
- Fecal Elastase < 0.200 mg/g
- are using <= 6 capsules of 25.000 FIP-E units of lipase per day.
- fecal fat-absorption < 85% without using enzymes.

#### **Exclusion criteria**

The following are considered as exclusion criteria:

- Subjects who are unwilling or unable to understand and participate in the study and sign the informed consent.
- Any known gastro-intestinal disease or major gastrointestinal or pancreatic surgery that could potentially affect the intestinal absorption or metabolism of fat
- Gastroparesis of any aetiology
- Hypersensitivity to pork protein
- Acute pancreatitis
- Limited life-expectancy of <= 6 months
- Malignancy of the pancreas
- Pregnancy/lactation

# Study design

## **Design**

Study type: Interventional

Intervention model: Other

Allocation: Randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Treatment

### Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 24-10-2011

Enrollment: 20

Type: Actual

## Medical products/devices used

Product type: Medicine

Brand name: Panzytrat

Generic name: pancreatine

Registration: Yes - NL intended use

## **Ethics review**

Approved WMO

Date: 15-09-2011

Application type: First submission

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 19-09-2011

Application type: First submission

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

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# **Study registrations**

# Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register ID

EudraCT EUCTR2010-020303-69-NL

CCMO NL29316.078.10