Esophagectomy for Esophageal Cancer May Lead to Exocrine Pancreatic Insufficiency and Increased Risk for Malnutrition[1]

An esophagectomy is a permanent anatomical alteration that can lead to exocrine pancreatic insufficiency (EPI), a condition characterized by a deficiency in pancreatic enzymes[1,2]

More than 30% of patients with esophageal cancer who undergo esophagectomy develop prolonged EPI.[1,2] These patients may experience poor nutritional status and symptoms associated with fat malabsorption:[3]

- Abdominal pain
- Bloating
- Diarrhea
- Flatulence
- Steatorrhea
- Unintended weight loss

Malnutrition is a severe and common problem in patients with esophageal cancer in the postoperative period.[1] Patients may benefit from nutritional support to prevent the consequences of fat malabsorption[2]

Clinical Value of RELiZORB[4,5]

- The only FDA-cleared digestive enzyme product to hydrolyze fats in enteral nutrition
- Hydrolyzes fat in enteral tube feeding formula prior to ingestion
- 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.

DID YOU KNOW?

Malnutrition in Hospitalized Patients Continues to Result in Poorer Outcomes and Higher Treatment Costs

Almost 50% of all patients are malnourished at the time of hospital admission[6]

4 to 6 days longer hospital length of stay[7,8]

54% higher likelihood of hospital 30-day readmissions[9]

Up to 300% increase in hospital costs[8]

Consider RELiZORB in Your Patients who Require Enteral Nutrition Support After Surgical Intervention

Meet George*

A 65-year-old male with esophageal adenocarcinoma who is readmitted on post-operative day 19, after undergoing an esophagectomy

*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

- Abdominal distention
- Left chest tube
- **Physical findings:**
  - Temperature 101.8°F
  - Blood pressure 92/64 mmHg
  - Tachypnea/tachycardia
- **Lab workup:**
  - WBC 13.5 x 10^3/µL
  - Serum lactate 2.6 mmol/L
  - Stool negative for *Clostridium difficile*
  - Fecal elastase-1 <200 µg/g

Relevant History

- Enteral nutrition with Impact® Peptide 1.5
- Recent chemotherapy and radiotherapy
- Esophageal fistula
- Recent cephalosporin antibiotic use

Diagnosis

- Respiratory failure and sepsis due to hospital-acquired pneumonia
- 5-6 profuse watery diarrhea episodes per day with tube feeds

Treatment for Malnutrition

- Upon admission, oral pancrelipase was trialed, adding it to enteral nutrition with Impact® Peptide 1.5
- On the second day of hospitalization the patient continued to experience persistent diarrhea. Oral pancrelipase was discontinued and RELiZORB was initiated
- Over the course of the next 3 weeks, goal feeds were achieved, even while the patient continued to undergo treatment for cardiac and respiratory complications from pneumonia
- The patient's overall condition improved and diarrhea resolved with 2-3 normal bowel movements per day
- After a 4 week stay in the hospital, the patient was discharged on continued tube feeding and RELiZORB

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.

ALCRESTA THERAPEUTICS

References: 1. Veeralakshmanan P, Tham JC, Wright A, et al. *Ann Med Surg (Lond).* 2020; 56:19-22. **2.** Blonk L, Wierdsma NJ, Jansma EP, et al. *Dis Esophagus.* 2021; doab003. doi: 10.1093/dote/doab003. **3.** Moore JV, Tom S, Scoggins CR, et al. *J Gastrointest Surg.* 2021. doi: 10.1007/s11605-020-04883-1 **4.** RELiZORB Instructions for Use **5.** RELiZORB Compatible Formulas & Pumps **6.** Kirkland LL, Kashiwagi DT, Brantley S, Scheurer D, Varkey P. *J Hosp Med.* 2013;8:52-58 **7.** Barker LA, Gout BS, Crowe TC. *Int J Environ Res Public Health.* 2011;8:514-527 **8.** Correia MI, Waitzberg DL. *Clin Nutr.* 2003;22:235-239 **9.** Fingar KR, Weiss AJ, Barrett ML, et al. Agency for Healthcare Research and Quality, Rockville, MD