

# ASPERT

Bulletin | September 2021



AOTEAROA AUSTRALIA PANCREATIC ENZYME REPLACEMENT THERAPY RESEARCH GROUP

## FROM THE PRINCIPAL INVESTIGATOR

AMANDA LANDERS



It continues to be a whirlwind in the PERT research space. We were able to report on grant success last time with the Canterbury Medical Research Foundation, and now the Health Research Council of New Zealand has granted us funds for a second research assistant. The team dedicated to furthering the mahi (work) is growing! Ethics for the survey study has been approved by both Australia and Aotearoa. We have engaged a graphic designer to ensure the finished product is both functional and beautiful. The study is close to opening to those with pancreatic cancer in both countries.

The team has also been busy establishing networks and relationships with key organisations and stakeholders in this area of medicine. It is so important this type of research easily translates to helping those people we serve. This is done through raising awareness and dissemination of the results down the track.

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## ASPERT LOGO

YINYIN PHYO

My inspiration for the logo came from what ASPERT is really about. There are four components to the design that illustrate the study focus and the research group.

- The focus is Pancreatic Enzyme Replacement Therapy (PERT), a medication commonly in capsule form, so I used the capsule shape as the main logo feature.
- The capsules are also indicative of people so ASPERT as a research group is represented by a group of capsules.
- The main colour of the logo is influenced by the purple ribbon, which is the symbol of pancreatic cancer.
- It was also important to recognise the indigenous people of Australia and Aotearoa New Zealand. Traditional patterns and art of the Aboriginal and Māori people have been included.

I hope that looking at the logo you will see the different aspects of ASPERT and what it represents.



## TEAM NEWS

CHARLOTTE CAHILL



Kia Ora! I am Charlotte, the newly appointed Research Assistant on the ASPERT team. I will be working on *The role of pancreatic enzyme replacement therapy in operable pancreatic cancer: a national population survey*. I will be working with the team for the next year and I am very grateful to be involved in such an important area of research.

A little bit about myself...

In 2017, I graduated from the University of Otago (UO) with a Bachelor of Science majoring in Anatomy. I am currently a fifth-year medical student at UO's Christchurch campus.

I have always had an interest in human biology, science and caring for others so pursuing medicine seemed like a natural choice. My interest in palliative care was sparked throughout working as a carer for a young girl with severe cerebral palsy and an elderly woman with Parkinson's. It was during this time that I began to appreciate principles of palliative care and developed a desire to participate in and learn more about what the speciality involves.

When I am not being a student I enjoy spending time in the outdoors, running or walking, especially in the Port Hills. I have also found a new interest with sewing and enjoy working on new pieces whenever I can.

I would like to thank the ASPERT team for giving me this opportunity and am looking forward to the year ahead.



## GRANT SUCCESS!

AMANDA LANDERS

The Health Research Council of NZ grant will focus on widely disseminating the survey study throughout both countries using social media. We will develop a media strategy that will run throughout the 6 months the study is open. Work has already begun on this. The research assistant will also be involved in planning a face-to-face (hopefully) workshop bringing together a multidisciplinary group of people to look at resources and tools for people with pancreatic cancer and their families. This will focus more on the Aotearoa context as the gaps are more obvious here. However, we will always bring the ideas and product back to our Australian colleagues for comment, and dissemination if useful.

## JOB OPPORTUNITY

We are looking for a Research Assistant to join the ASPERT team!

Reporting directly to the Principal Investigator, the Research Assistant will be part of an Australasian study. The role's focus will be on developing relationships with Māori health providers and national Māori research leaders as well as disseminating research surveys and organising workshops.

The role will be 10 hours per week and is located in at the University of Otago in Christchurch, Aotearoa New Zealand.

We'd love to hear from you if you have a science degree, a strong understanding of tikanga Māori, Te Tiriti o Waitangi and its relevance to the health of Māori and you're a whiz on social media!

Apply: [tinyurl.com/nmnwmjps](https://tinyurl.com/nmnwmjps)

## JOHN'S STORY

### JOHN CLEMENTS

My wife, Jane, was diagnosed with stage 3 pancreatic cancer in September 2013.

In Jane's case, the position of her tumour caused her pancreas to stop producing enough of the enzyme, *lipase*, for her needs. Lipase is used

to break down fat and so Jane was prescribed Creon. Creon is a Pancreatic Enzyme Replacement Therapy (PERT) medication that, in addition to lipase, contains the enzymes protease for processing proteins, and amylase for breaking down carbohydrates.

Jane's prescription called for her to take Creon with every meal at a dose to be determined by how well it helped her digestion on each given occasion.

In the early days, this all seemed to work quite well, and her digestive issues subsided to a reasonable degree. Over time she became quite adept at judging the effect of the capsules and then adjusting the next dose accordingly. However...

After a year or so, the effect of the Creon seemed to lessen and then sometime later seemed to become pretty much ineffective. With the benefit of hindsight, I now know that this was due to increasing pressure on her duodenum (the first part of the small intestine), caused by the growth of her tumor, resulting in the narrowing and ultimate closure of this organ. She had a gastric bypass done in August 2015 to allow food to go around the blockage. the bypass rendered Creon ineffective as it is designed to absorb in the duodenum and the bypass meant that she effectively didn't have one. Despite this happening, her doctors continued to prescribe Creon which, I must confess, came as something of a surprise and disappointment to me, as I would have thought they would have known this.



## THE PANCREATIC ROADMAP WITH THE FEDERATION OF ETHNIC COMMUNITIES' COUNCILS OF AUSTRALIA

### AMANDA LANDERS

In June, I was interviewed by the Federation of Ethnic Communities' Council of Australia (FECCA). FECCA is the peak, national body representing Australians from culturally and linguistically diverse backgrounds. They were commissioned by the Australian Government-sponsored National Pancreatic Cancer Roadmap project to report on how to improve outcomes for culturally and linguistically diverse populations with pancreatic cancer.

I had the opportunity to highlight the difficulties faced by these populations in almost every aspect of health and the health system, urging FECCA to truly engage with the different communities.

Representatives need to be at the table to guide high-level governance decisions. Cultural and ethnic groups already know their communities and need to be better equipped to provide the services that are already in place.

Read more:

W: [fecca.org.au](http://fecca.org.au)

W: [canceraustralia.gov.au/key-initiatives/national-pancreatic-cancer-roadmap](http://canceraustralia.gov.au/key-initiatives/national-pancreatic-cancer-roadmap)



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