

ASPERT

Bulletin | APRIL 2026



AOTEAROA AUSTRALIA PANCREATIC ENZYME REPLACEMENT THERAPY RESEARCH GROUP

FROM THE PRINCIPAL INVESTIGATOR

AMANDA LANDERS



Tēna koutou katoa,

What a busy and exciting start to 2026 it has been for ASPERT! This edition of our bulletin is packed with updates:

Our flagship EPI/PEI-SS study – testing a simple, low-cost tool to help identify Pancreatic Exocrine Insufficiency – has well and truly hit its stride. We are actively recruiting in Aotearoa New Zealand and I am delighted to share that we have now launched in Australia, with our first participants recruited at the Jreissati Pancreatic Centre at Epworth. Flinders Medical Centre is set to join us in the coming months.

IN THIS ISSUE

EPI/PEI-SS Study Update - Recruiting in NZ and AU!

PERT Access, Prescribing, and Supply – A Tale of Two Countries

Publication Updates

NEW - ASPERT Research At A Glance

Team Spotlight

This issue also features a deep dive into Creon prescribing and access across our two countries – a topic close to our hearts and one we hope will spark useful conversations, particularly for our Australian colleagues.

We are also excited to introduce a brand new recurring feature: ASPERT Research at a Glance, which gives a snapshot of our current projects and their status. We hope this helps our growing network of collaborators stay connected to the full breadth of what we are working on.

Finally, we celebrate two new publications from our team, and shine a well-deserved spotlight on Yuexian (Selena) Schultz – a valued ASPERT member who will lead the EP/PEI-SS study at Flinders. We are so fortunate to have her on board.

As always, thank you for reading, sharing, and championing our work. It means more than we can say.

Ngā mihi nui,
Amanda



NEW ZEALAND'S FIRST UNIVERSITY



EPI/PEI-SS STUDY - RECRUITING IN NZ AND NOW OPEN IN AU!

ALLISON LOVE AND FIONA ROBERTSON

It has been an exciting few months for this ASPERT study, which is testing a simple, low-cost scoring method to more quickly identify Pancreatic Exocrine Insufficiency (PEI). Since our last update, the study has grown significantly, and we are thrilled to share the latest news.

To date, we have had 55 EOI forms submitted. These break down as follows:

- 18 full completions
- 13 participants currently in progress
- 24 withdrawals (Ineligible 52%; Changed mind 20%; Unable to contact 28%)

We continue to be deeply moved by the willingness of so many people to contribute their time to this research, many of them very soon after receiving a pancreatic cancer diagnosis – and we are truly grateful.

Our patient-facing website is now live at the URL thepancreasproject.com, where anyone can find information about the study, eligibility criteria, and how to get involved. We also recently placed an advertisement in the Q1 issue of Keeping On magazine (see left).

Special thanks also to the PCANZ group for helping spread the word by sharing our study information on their social media channels!

In Ōtautahi Christchurch, our team recently assembled and mailed approximately 200 physical resource packs. Recipients included NZ clinicians, oncology clinics, hospices, and Māori health service providers. Digital resource packs followed!



We are also thrilled to announce that the study has now launched in Australia! While the New Zealand study is open nationally, the Australian launch begins at a select site: the Jreissati Pancreatic Centre at Epworth, where recruitment commenced in February 2026 and is now underway. To date, three Australian participants have been recruited, with plans to approach more in the coming weeks. Further sites are in the pipeline, with Flinders Medical Centre expected to commence recruitment in mid-2026. These combined efforts will be crucial for us to achieve our goal of recruiting 135 participants within the two-year period.

To everyone reading this bulletin who continues to share our work – thank you. Your ongoing support means the world to our team.

For general study enquiries, please contact Study Coordinator Fiona Robertson at: ASPERT_toolstudy@otago.ac.nz



PERT ACCESS, PRESCRIBING, AND SUPPLY — A TALE OF TWO COUNTRIES

ALLISON LOVE

For patients with Pancreatic Exocrine Insufficiency, Pancreatic Enzyme Replacement Therapy (PERT) — is not optional. Without it, digestion and quality of life are severely impacted. Getting PERT (most commonly prescribed as Creon) into patients' hands quickly, and at the right dose, matters enormously. In Aotearoa New Zealand and Australia, the rules around who can prescribe pancreatic enzymes — and how — differ in important ways.

The New Zealand Picture

New Zealand dietitians hold a significant and hard-won prescribing advantage. In 2012, following a successful application to become designated prescribers, New Zealand dietitians gained the ability to prescribe pancreatic enzymes — making them one of the few dietetic workforces in the world with this right. This prescribing scope has continued to expand since then, formalised under the Medicines (Designated Prescriber – Dietitians) Regulations 2015.

In practice, this means that a qualified NZ dietitian can write a fully funded prescription for Creon on the public health system, without the patient needing to return to a doctor first.



The current NZ dietitian prescribing list includes Creon Micro, Creon 10000, and Creon 25000, as well as a range of laxatives.

That last point matters more than it might seem. When patients begin Creon and start properly digesting food again after a period of malabsorption, constipation can follow quickly. The ability for a NZ dietitian to prescribe both Creon and a laxative in the same appointment is a real practical advantage for patients. Dietitians NZ continues to work to upskill members in enzyme therapy and the diagnosis of malabsorption — though this remains a somewhat specialist area and getting that knowledge to a broad dietetic workforce is an ongoing challenge.

One limitation for NZ dietitians: they cannot currently order a publicly funded Faecal Elastase-1 (FE-1) test, which requires a doctor's signature or comes at a cost of around \$200 to the patient. This can slow the pathway to diagnosis. It is worth noting, however, that best practice guidelines do not recommend waiting for FE-1 results before starting PERT — a trial of treatment is often appropriate for patients with even vague or suggestive symptoms, given how safe and well-tolerated Creon is.

The Australian Picture

The situation across the Tasman is more constrained. Australian dietitians do not currently have independent prescribing rights for PERT equivalent to those held by their NZ counterparts.

Australian dietitians are currently able to recommend modifications to Creon doses after an initial prescription has been written by a doctor, but cannot initiate a (publicly-funded) prescription for Creon themselves.

So, an Australian dietitian can recommend that a patient increases the number of Creon capsules taken with meals (based on a changing dietary intake, or other reasons), but if a patient requires a different capsule dose (e.g. a 35,000 instead of a 10,000), the prescribing doctor needs to be involved, necessitating an appointment and a new prescription. It is technically possible for an Australian dietitian to write a Creon prescription privately, but this would not be subsidised through the PBS (Pharmaceuticals Benefit Scheme) – making it effectively cost-prohibitive and therefore rarely (if ever) done in practice. A typical month's supply of Creon would cost an Australian patient \$76 through the PBS... versus \$405 without it!

Additionally, Australian dietitians are currently a self-regulating profession. In order for the federal government to recognise Australian dietitians as designated PERT prescribers, AU dietitians would need AHPRA regulation (Australian Healthcare Professionals Regulation Authority).

This would be similar in principle to the regulatory mechanism that Dietitians NZ plays in the New Zealand system.

All Australian states and territories would need to agree to dietitian prescribing before the federal government would fund Creon via the PBS.

Advocates, including those within the ASPERT network, are pushing for these hurdles to be cleared, so that AU dietitians can be federally recognised as PERT prescribers.

It is also worth noting a practical difference in available formulations: while all Creon dose strengths are available in Australia, New Zealand's max dose strength of Creon is the 25,000IU option. The 35,000 strength capsule – available in Australia – is not currently funded or available in NZ, which is a discrepancy our NZ clinical colleagues would like to see addressed.

The Global Supply Shortage

Regardless of where patients live, access to Creon has been complicated by a persistent global supply shortage. Viatris, the distributor of Creon, has confirmed that a shortage of pancreatic enzymes sourced from pigs has strained the manufacturing process.

Viatris and its third-party manufacturing partner Abbott have announced that a new manufacturing facility is being constructed at the same complex as the existing manufacturing site, in Neustadt am Rübenge, Germany. Abbott indicates the facility will be complete and producing by the end of 2026.

In the meantime, patients are strongly advised to maintain a personal reserve of Creon at home where possible, and to be aware that stock can vary between pharmacies.

In summary: the contrast between Aotearoa New Zealand and Australia on dietitian prescribing of PERT is a striking one – and not in Australia's favour. Closing that gap would mean faster, more streamlined access to a medication that can genuinely transform a patient's quality of life.

PUBLICATION UPDATES!

ALLISON LOVE

Good nutrition is a vital but often overlooked part of cancer treatment... putting good nutritional care into everyday clinical practice remains a real challenge.

Two new publications from our team take a close look at what the existing research tells us about how to improve nutritional care.

1:

[Identifying Behaviour Change Techniques in Cancer Nutrition Interventions and Their Implementation Contexts: A Systematic Review](#)

The first paper (link above), published in the journal *Nutrients*, examines what kinds of behaviour change strategies are currently being used in cancer nutrition programmes. These "behaviour change techniques" are the specific tools – such as goal-setting, education, or feedback – that help patients and healthcare professionals make lasting changes.

The review screened thousands of studies and found that behaviour change techniques are, unsurprisingly, frequently associated with positive outcomes for patients, healthcare services, and the programmes themselves – but that their use in cancer nutrition care tends to be **inconsistent** and **not always clearly described**.

The authors argue that being **more deliberate and transparent about which techniques are used, and how**, could make it much easier to identify what actually works, and to consistently integrate nutrition into routine cancer care.

2:

[Implementation Strategies for Integrating Nutritional Interventions Into Cancer Care: A Systematic Literature Review](#)

The second paper (link above), published in *Clinical Nutrition*, takes a complementary angle – looking at the practical strategies that healthcare teams have used to actually get nutrition programmes up and running in cancer care settings.

The review found:

Most frequently reported barriers:

- lack of knowledge/awareness of nutritional guidelines among clinicians
- limited resources

Most widely used strategies to overcome lack of knowledge/awareness:

- providing staff with audit and feedback on their practice
- running educational meetings

Importantly, the use of such strategies was associated with improved outcomes not just at the programme level, but also for services and patients – with four out of five studies measuring patient satisfaction reporting improvements.



ASPERT RESEARCH AT A GLANCE

You asked, we answered!

This is a new, recurring feature keeping collaborators and supporters up to date on our active research projects.

1. EPI/PEI-SS Study (thepancreasproject.com)

A study testing a new symptom-based scoring tool to help clinicians cheaply and quickly identify Pancreatic Exocrine Insufficiency (PEI)

STAGE: RECRUITMENT

The study is open in Aotearoa New Zealand and has recently launched at its first Australian site.

2. Implementation RCT

A major upcoming clinical trial that will test whether structured, evidence-based implementation strategies can reliably improve patient access to PERT and nutritional care within cancer services across NZ and AU

STAGE: PLANNING

This is the group's most significant upcoming study. Planning is well underway, a new research assistant based in Auckland has been appointed to manage study operations, and the research team is being assembled.

3. National Survey Study

A survey study in which people with pancreatic cancer across NZ and AU reported directly on their experiences with PERT – including if they had heard of it, accessed it, and found it helpful.

STAGE: DATA ANALYSIS / WRITE-UP

Data collection is complete. A medical graduate is expected to assist with manuscript writing from around June, with further input from the wider team to follow.

4. Upper GI Audit

An audit examining how PERT is prescribed and managed for patients with upper gastrointestinal cancers – including oesophageal and gastric cancers – a group at significant risk of PEI that can sometimes be overlooked.

STAGE: MANUSCRIPT PREPARATION

Four sites have contributed data: Waikato, Hospice Southland, Nurse Maude, and South Canterbury – totalling approximately 250 patients, including around 50 with oesophageal cancer and 40 with gastric cancer. A team member is currently leading manuscript preparation, with data analysis the immediate next step.

5. NET Scoping Review

A scoping review of the published evidence on PEI and PERT in patients with Neuroendocrine Tumours (NETs) – a cancer group that frequently develops PEI but whose specific needs are not yet well-documented.

STAGE: SEARCHES UNDERWAY

Work on this review has recently recommenced, with approximately 173 abstracts identified. Two reviewers will be needed for the screening phase, which is the team's next step.

6. Rapid Review

A partnership with the University of Technology Sydney's IMPACCT Rapid Review Program aiming to review Creon access and delivery

DISCONTINUED

It proved too difficult to get enough sites participating to obtain the data required (minimum 50 patients needed).

TEAM SPOTLIGHT

YUEXIAN (SELENA) SCHULTZ

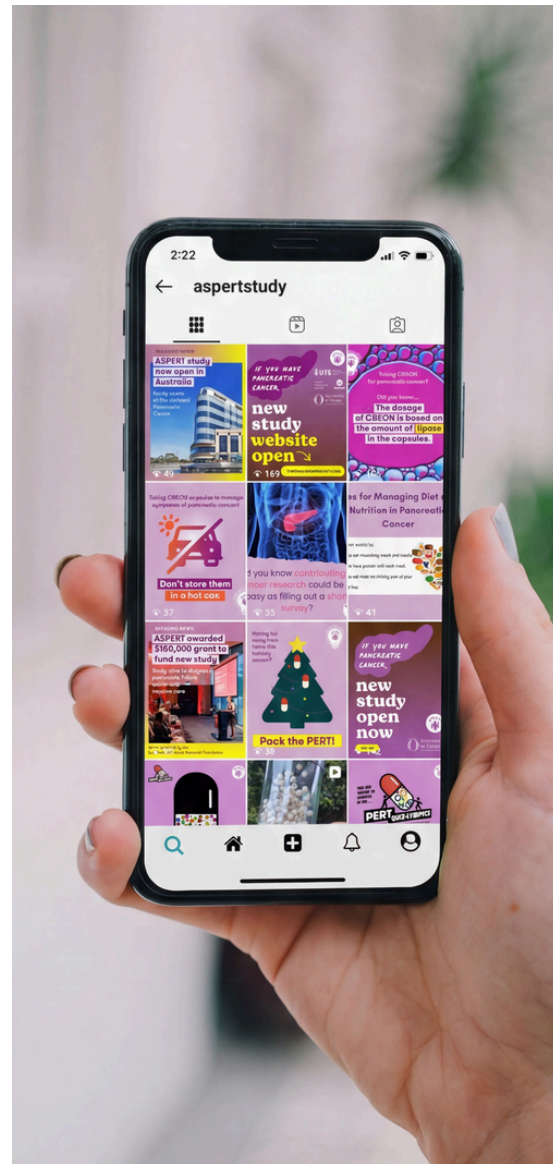


Selena is a Senior Surgical Dietitian at Flinders Medical Centre in South Australia, with 20 years of clinical experience across tertiary and quaternary teaching hospitals. She has held senior dietitian roles in Upper Gastrointestinal and Hepatobiliary Surgical Units at Royal Adelaide Hospital and Royal North Shore Hospital.

Since 2023, Selena has contributed to the teaching team for the Master of Surgery program at the University of Sydney, supporting the education of future surgical professionals.

She has a strong clinical and research interest in the nutritional consequences following pancreatic resection and the management of pancreatic exocrine insufficiency. During her time at Royal North Shore Hospital, she co-founded the Dietitian-Led Pancreatic Nutrition Clinic—the first service of its kind in the Asia-Pacific region—and has presented its outcomes at conferences and in peer-reviewed publication.

Selena has been a member of the ASPERT Research Group since 2021 and will serve as Principal Investigator for the EPI/PEI-SS study at Flinders Medical Centre.



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