

Choose **PANCREAZE** as your first-line enzyme replacement therapy

Exocrine Pancreatic Insufficiency (EPI) can be prevalent in patients with predisposing conditions and its symptoms can be similar to those of other GI conditions¹

Indication

PANCREAZE is indicated for the treatment of exocrine pancreatic insufficiency in adult and pediatric patients.

Important Safety Information

Fibrosing Colonopathy: Associated with high doses, usually over prolonged use and in pediatric patients with cystic fibrosis. Colonic stricture reported in pediatric patients less than 12 years of age with dosages exceeding 6,000 lipase units/kg/meal. Monitor during treatment for progression of preexisting disease. Do not exceed the recommended dosage, unless clinically indicated.

Please see additional PANCREAZE Important Safety Information throughout and read the PANCREAZE Medication Guide and Full Prescribing Information.

Have you considered pancreatic enzyme insufficiency in patients with predisposing conditions?

	EPI ¹	IBS ^{1,2} (Irritable Bowel Syndrome)	Crohn's Disease ³⁻⁶	Ulcerative Colitis ⁴⁻⁷	Celiac Disease ^{1,8}	IBD ^{1,2} (Inflammatory Bowel Disease)	SIBO ^{1,9} (Small Intestinal Bacterial Overgrowth)
Estimated prevalence of EPI by condition or clinical context.		4-6%	14%	22%	12-30%	19-30%	The relationship between SIBO and EPI seems to be bilateral. EPI can lead to SIBO. Conversely, SIBO can exacerbate EPI.
 Symptom shared with EPI Symptom not commonly shared with EPI 							
Diarrhea	•	•	•	•	•	•	•
Abdominal pain	•	•	•	•	•	•	•
Flatulence	•	•					•
Bloating	•	•			•	•	•
Unexplained weight loss	•		•	•	•	•	•
Steatorrhea*	•				•		•
Anemia [†]				•	•	•	•
Mucus in stool		•		•		•	
Constipation				•			
Fever				•			
Hematochezia				•			
	The symptom information presented here is intended for discussion purposes only and is not intended to be used as a substitute for a healthcare professional's medical expertise and judgment to diagnose, treat, or care for any particular patient. The American Gastroenterological Association (AGA) recommends a fecal elastase test as the most appropriate initial test to confirm a clinical diagnosis of EPI. ¹⁰ *Steatorrhea: >7 g of fecal fat per day while consuming 100g †Anemia has been reported in patients with EPI. ¹² of dietary fat per day. ¹¹						

See best practice advice from the American Gastroenterological Association on the next page

Important Safety Information

Hyperuricemia has been reported with high dosages; consider monitoring blood uric acid levels in patients with gout, renal impairment, or hyperuricemia.

Irritation of the oral mucosa may occur due to loss of protective enteric coating on the capsule contents.



Best practice advice from the American Gastroenterological Association (AGA)

According to the AGA's Clinical Practice Update Expert Review and Best Practice Advice

• EPI should be considered in patients with moderate-risk clinical conditions, such as duodenal diseases, including celiac and Crohn's disease; previous intestinal surgery; longstanding diabetes mellitus; and hypersecretory states.¹⁰

For example, the estimated prevalence of EPI in

patients with diabetes is:

Type 1 Diabetes: 26-44%¹

Type 2 Diabetes: 12-20%¹

• Clinical features of EPI include steatorrhea with or without diarrhea, weight loss, bloating, excessive flatulence, fat-soluble vitamin deficiencies, and protein-calorie malnutrition.¹⁰

"EPI is frequently underdiagnosed and, as a result, patients are often not treated appropriately. There is an urgent need to increase awareness of and treatment for this condition."

American Gastroenterological Association (AGA)

November 2023

For additional product information please visit:

HCP.PANCREAZE.com



- A trusted enzyme replacement therapy for over 10 years — available in 6 strengths including a 37,000 unit dose.
- PANCREAZE is proven to improve EPI symptoms, fat and protein absorption^{13,14}

Important Safety Information

The presence of porcine viruses that might infect humans cannot be definitely excluded.

Monitor patients with known reactions to proteins of porcine origin. If symptoms occur, initiate appropriate medical management; consider the risks and benefits of continued treatment.

Please read the accompanying PANCREAZE Medication Guide and Full Prescribing Information.

References: 1. Othman MO, Harb D, Barkin JA. Introduction and practical approach to exocrine pancreatic insufficiency for the practicing clinician. *Int J Clin Pract*. 2018;72:e13066. **2.** Crohn's and Colitis Foundation (n.d). IBS vs IBD. Retrieved from https://www.crohnscolitisfoundation.org/what-is-ibd/ibs-vs-ibd **3.** Crohn's and Colitis Foundation (n.d). Signs and Symptoms of Crohn's Disease. Retrieved from https://www.crohnscolitisfoundation.org/what-is-crohns-disease/symptoms **4.** Kaitha S, Bashir M, Ali T. Iron deficiency anemia in inflammatory bowel disease. *World J Gastrointest Pathophysiol*. 2015 August 15; 6(3): 62-72. **5.** Perler et al. Presenting symptoms in inflammatory bowel disease: descriptive analysis of a community-based inception cohort. *BMC Gastroenterology* (2019); 19:47. **6.** Fousekis FS, Theopistos VI, Katsanos KH, Christodoulou DK. Pancreatic Involvement in Inflammatory Bowel Disease: A Review. *J Clin Med Res*. 2018;10(10):743-751. **7.** Crohn's and Colitis Foundation (n.d). Signs and Symptoms of Ulcerative Colitis. Retrieved from https://www.crohnscolitisfoundation.org /what-is-ulcerative-colitis/symptoms **8.** Freeman HJ. Iron deficiency anemia in celiac disease. *World J Gastroenterol*. 2015 August 21; 21(31): 9233-9238. **9.** Zaidel O, Lin HC. Uninvited Guests: The Impact of Small Intestinal Bacterial Overgrowth on Nutritional Status. *Practical Gastroenterology*. 2003; Nutrition Issues in Gastroenterology, Series #7: 23-34. **10.** Whitcomb, DC, Buchner, AM, Forsmark ,CE. AGA Clinical Practice Update on the Epidemiology, Evaluation, and Management of Exocrine Pancreatic Insufficiency: Expert Review. *Gastroenterology* 2023;165:1292–1301. **11.** Struyvenberg MR, Martin CR, Freedman SD. Practical guide to exocrine pancreatic insufficiency – Breaking the myths. *BMC Med*. 2017; 15(1): 29. **12.** Al-Kaade S (2020, February 3). What causes anemia in exocrine pancreatic insufficiency (EPI)? Medscape. Retrieved from https://www.medscape.com/answers/2121028-18736/what-causes-anemia-in-exocrinep



