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Identifying Baseline Characteristics for Consideration of Prophylactic Feeding Tube Placement in Persons Undergoing Chemoradiotherapy for Head and Neck Cancer: A Retrospective Chart Review

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**Introduction**
- LVHN does not have an established list of criteria to determine which Head and Neck Cancer (HNC) Patients undergoing Chemoradiotherapy (CRT) receive a Prophylactic Feeding Tube (PFT).
- NCCN guidelines recommend against placement of PFT in patients who have low Performance Status score (ECOG) unless they have severe pretreatment weight loss or severe dysphagia.

**Objectives**
- Identify common characteristics found in patients who had PFT placed.
- Evaluate weight loss, hospital admissions, and Feeding Tube (FT) use to determine if PFT improved patient outcomes.
- Ultimately create guideline for physicians to help decide which patients will benefit most from PFT.

**Methods**
- Identify patients diagnosed with HNC between 2016 and 2019.
- Screen patient charts by inclusion criteria: stage III or IV HNC, chemotherapy and radiation treatment (CRT), treated at LVHN Cedar Crest or Muhlenberg sites, over 18 years of age.
- Collect patient information through EPIC and enter into REDcap.
- Perform statistical analysis to compare PFT with reactive feeding tube (RFT) and no FT.

**Results**
- Sample size n= 84
- Of the 84 patients, 56 (66.7%) received a PFT and 28 (33.3%) did not.
- The majority of patients who received a PFT underwent cisplatin weekly as chemotherapy regimen.
- Most patients who received PFT had an initial ECOG score of 0 or 1, pretreatment dysphagia, and insignificant On-Treat Visit (OTV) weight loss.
- Patients who received PFT had lower weight loss percentage during and after treatment compared to patients with a RFT and no FT.

**Conclusions**
- 91% of patients with PFTs used them.
- Regardless of disease location, ECOG, BMI, nodal involvement, and tumor status, placement of PFT appears preferred in order to reduce need for subsequent RFT placement.
- ECOG score does not determine need for PFT.
- Even patients with initially low ECOG scores of 0-1 benefited from PFT and reduced overall weight loss.
- Weekly cisplatin may have a lower anticipated degree of toxicity, however does not seem to increase likelihood of not benefiting from PFT.
- Patients with PFT had less weight loss likely indicating better overall nutrition status.

**Future Directions**
- Perform complete statistical analysis to find statistically significant results.
- Evaluate if patients with both PFTs and RFTs were relying upon them fully or using them as supplementation.
- Compare the treatment “failure” of a RFT with the treatment “failure” of receiving a PFT and not using it.
- Track outpatient hydration appointments of patients with no FT.
- Use data to develop a concrete guide to help physicians determine which patients will benefit most from PFT.

**References**