Percutaneous Endoscopic Gastrostomy Tube Is a Negative Prognostic Factor for Recurrent/Metastatic Head and Neck Cancer

Marco Siano, Nadine Jarisch, Markus Joerger & Vittoria Espeli

BACKGROUND/AIM
Recurrent/metastatic head and neck squamous cell cancer (r/mHNSCC) patients often need a percutaneous endoscopic gastrostomy feeding tube (PEG). Among known prognostic factors, PEG could be prognostic as well.

PATIENTS AND METHODS
We retrospectively analyzed r/mHNSCC patients referred for systemic treatment. Kaplan-Meier and multivariate Cox regression models were applied to assess prognostic impact of PEG.

RESULTS
One hundred and ten patients were identified, 42 had a PEG at treatment start. Median survival from start of 1st-line systemic treatment was 8 months (95% CI=6.5-12.0 months), 4.5 months (95% CI=2.5-7.0 months) for patients with PEG and 11.5 months (95% CI=7.5-14.5 months) without PEG (adjusted HR=1.98, p=0.011). Similarly, survival from first recurrence of distant metastases was lower in patients with PEG as compared to patients without (7.5 vs. 15.5 months, adjusted HR=2.60, p<0.001).

CONCLUSION
Presence of PEG feeding tube has an unfavourable prognostic impact on survival in patients with r/mHNSCC. While any causality remains speculative, potential complications should be appreciated before PEG implantation.