

# When We Pause

On the Discontinuation of Enteral Feeding in Head and Neck Cancer

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# Disclosures

- I have no financial interests to disclose

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# Learning Objectives

- Advanced disease (head and neck cancer) requires advanced support (percutaneous endoscopic gastrostomy (PEG) tube feeding) that have dynamic benefits/risks/harms
- Utilize a model of communicating hopes/fears/expectations of providers with patients to address treatment options in patient approaching end-of-life
- **Address the discussion of discontinuing artificial nutrition**

# The Case

- 70-year-old patient with stage IV pancreatic cancer with metastases to her tongue and mouth
- S/p 6 months of chemo-radiation therapy (CRT), now no longer receiving tumor-related treatment in hospice
- S/p PEG placed at beginning of CRT. Complications since placement included:
  - Multiple placement revisions for obstruction/leakage
  - Refractory diarrhea
  - Recurrent infections/poor wound healing

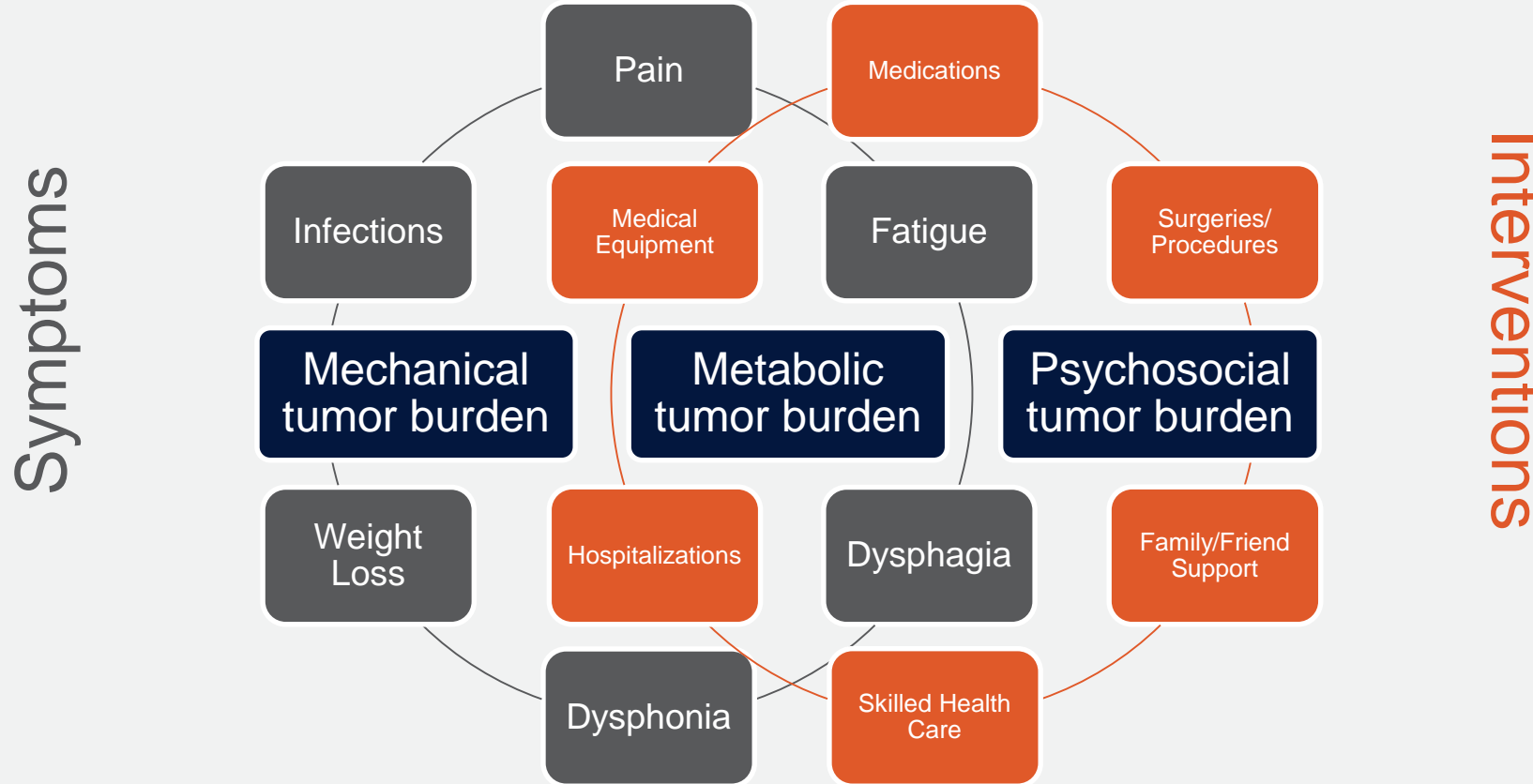
# CC: Periostomy Leakage and Abdominal Pain “Should I stop the PEG?”

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# Patient Value Assessment

- “I have made peace with dying... [but] I don’t want to die any sooner.” I enjoy my life, my home, my neighbors. I have plans for life.
- “I won’t go back to the hospital. I can’t take another placement procedure.”
- Will it hurt to starve? “I don’t want to suffer.”
- “Can’t I just go back to eating without the tube?” Despite known aspiration events in the past.
- Regarding the PEG tube “I don’t want to get rid of it if I need it down the line”

# Patient Symptom Assessment Cancer



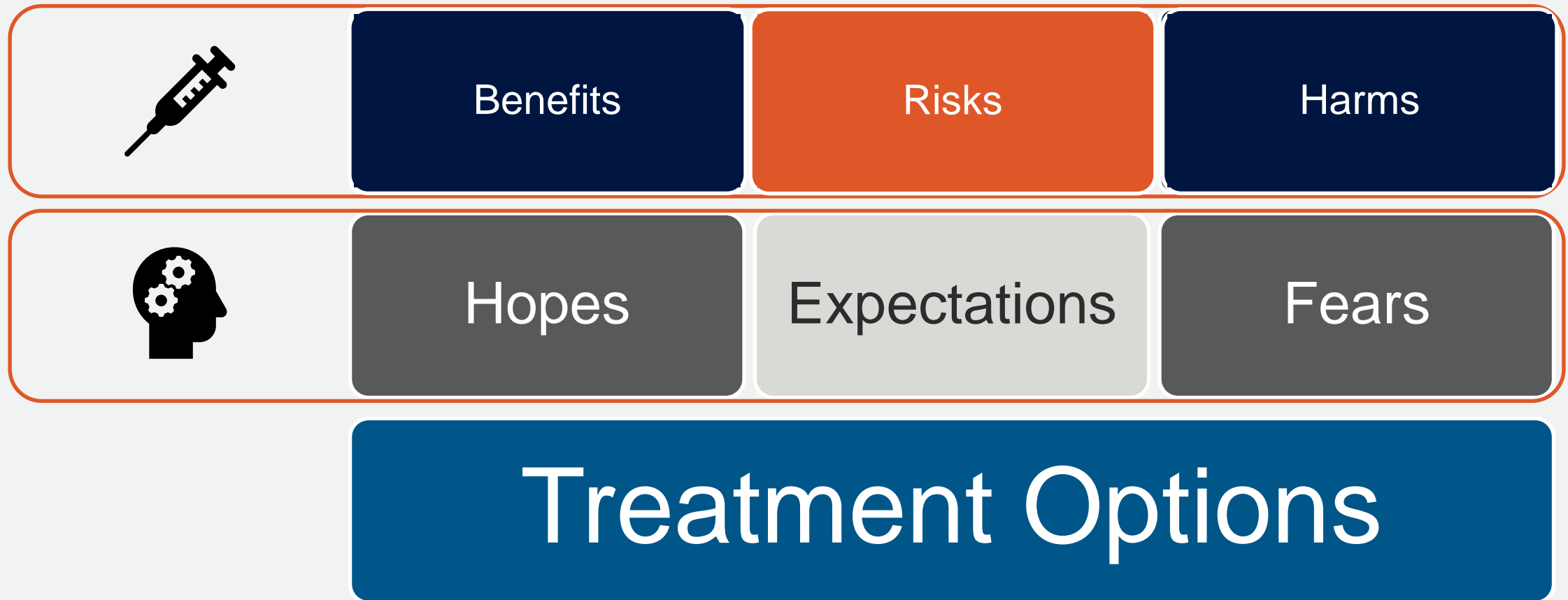
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# PEG tube-facilitated enteral nutrition in patients with H&N Cancer

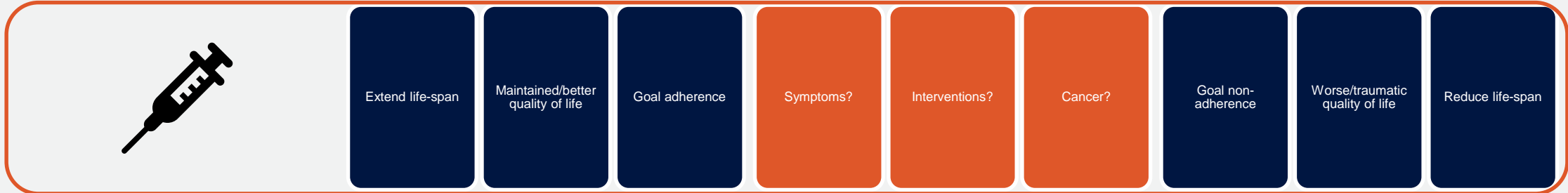
	Benefit	Risk
<b>Morbidity/Mortality</b>	Reduced morbidity/mortality in those undergoing chemotherapy/radiotherapy (CRT)	Up to 30% of patients experience complications related to PEG
<b>Symptom burden</b>	Reduced symptom burden fatigue/dry mouth/dysphagia/weight loss in first months of CRT	<i>Infectious</i> complications (up to 1/3 of cases), <i>Mechanical</i> complications (often require procedural correction), <i>Metabolic</i> complications (possibly requiring hospitalization)
<b>Psychosocial</b>	Provides sense of agency and security	Possibility of not returning to eating by mouth



# A Model for Discussing Prognosis Uncertainty



# A Model for Discussing Prognosis Uncertainty



# Treatment Options

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**\*Remind patients that you  
cannot predict the future...  
your expectations are your  
best guess**

# Returning to the Case

Intervention	Benefit	Risk	Harm
Medical management escalation w/o $\Delta$ PEG	<ul style="list-style-type: none"> <li>Alternate route for medication access maintained</li> </ul>	<ul style="list-style-type: none"> <li>Progression of worsening discomfort</li> <li>Progression of mechanical problem</li> <li>Side effects from medication escalation</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing leakage</li> <li>Ongoing partial obstruction</li> </ul>
Hospitalization and $\Delta$ PEG followed by re-eval	<ul style="list-style-type: none"> <li>Resolution of mechanical etiologies of tube-related pain</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing discomfort from other etiologies</li> <li>Procedural + hospitalization complications</li> </ul>	<ul style="list-style-type: none"> <li>Hospitalization</li> <li>Anesthesia vs psychologic trauma from undersedation</li> </ul>
D/C PEG in home, re-eval symptoms	<ul style="list-style-type: none"> <li>Harms of PEG discontinued</li> </ul>	<ul style="list-style-type: none"> <li>Decreased longevity*</li> <li>Starvation suffering**</li> </ul>	<ul style="list-style-type: none"> <li>Increased weight loss</li> <li>Increased PO intake aspiration?</li> </ul>

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# Case continues...

Patient asked for a week to weigh her treatment options, expressed appreciation of information/interaction/honesty

Patient decided to discontinue PEG at home. Removal performed with hospice benzodiazepines for anxiety symptoms

Patient ostomy site and peri-ostomy infection healing w/o complication. Patient functional status remained stable and mood improved on re-eval 1 week follow up per home hospice team and neighbors

Patient found at home deceased on floor 2 weeks post-discontinuation of PEG. Cause of death suspected acute cardio/pulmonary event.

# Conclusions

- The benefits/risks/harms of PEG tube-feeding in patients with Head and Neck Cancer are DYNAMIC and, for some patients, harms may one day outweigh benefits
- **Better expression of physician expectations in this case improved the patient's understanding and created a plan that was true to her goals in the context of her disease and better quality end-of-life**

# Discussion

- *Are we satisfied with the outcome/do we agree with the conclusions?*
- *Had the patient better understanding of the dynamic risks/benefits/harms of PEG feeding earlier in her disease how might this have affected her disease course?*
- *Should providers share an expectation early in treatment that most interventions initiated early in disease course will shift from benefit to harm at end-of-life?*
- *Does there need to be further investigation of benefits/harms of interventions like PEG (or discontinuation) at later stages of head and neck cancer?*

# To Suffer

- to submit to or be forced to endure
- to feel keenly : labor under
- to UNDERGO, to EXPERIENCE
- to put up with especially as inevitable or unavoidable
- to allow especially by reason of indifference
- to endure death, pain, or distress
- to sustain loss or damage
- to be subject to disability or handicap

“Suffer.” Merriam-Webster.com Dictionary, Merriam-Webster, <https://www.merriam-webster.com/dictionary/suffer>. Accessed 2 Apr. 2023.



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