Consensus-based nutritional recommendations for patients with head-and-neck cancer

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Patients with head-and-neck cancer constitute one of the diagnostic groups that most commonly experience deterioration of nutrition status. Malnutrition in patients with head-and-neck cancer is well known to potentially result in impaired wound healing, reduced immunocompetence, and decreased tolerance to treatment—and thus undesired treatment breaks and unplanned hospital admissions.

The article by Orphanidou et al. in this issue of Current Oncology provides recommendations with regard to prophylactic tube feeding for patients with head-and-neck cancer undergoing combined chemotherapy and radiotherapy. A Canadian national multidisciplinary group conducted a systematic review of the literature and developed consensus-based recommendations to guide clinical care. Key recommendations include use of an interdisciplinary approach to identify patients at nutritional risk; provision of proactive nutrition interventions, including consideration of prophylactic tube feeding for malnourished patients or those at significant nutritional risk; and regular monitoring of patients, with provision of appropriate follow-up.

These recommendations are timely and can be used to help guide the nutritional management of patients with head-and-neck cancer. A recent Web-based survey by Moor and colleagues of 117 health care professionals in the United Kingdom found that there was no consensus concerning the decision to place prophylactic tubes before the commencement of chemoradiation in head-and-neck cancer patients, and that the decision is complex and the practice, inconsistent. Thus the provision of national consensus-based guidelines is an important step forward.

As noted by the authors, the evidence regarding prophylactic tube feeding is weak given the lack of randomized controlled trials (RCTs) in this area; most studies assign patients to intervention or control groups for clinical reasons rather than randomly. The authors state that more RCTs comparing reactive with proactive tube feeding are needed; however, it is unclear if such trials will be able to be undertaken because of ethical concerns with regard to the withholding of tube feeding from those requiring nutrition support before anticancer treatment. Also, patient preference may make it difficult to obtain patient consent and to enroll patients into such a study, as demonstrated by the early closure of a randomized trial comparing percutaneous endoscopic gastrostomy with nasogastric feeding, which came about as a result of the reluctance of the patients to be randomised.

The issue of prophylactic tube feeding is not without some controversy, given that some clinicians express concerns about feeding-tube dependence and the need to preserve swallowing function. Gastrostomy complications vary according to the tube type, the insertion method, and the skill and expertise of those undertaking the procedure; the procedure mortality rate is itself low at less than 1%.

The article by Orphanidou and colleagues also discusses practice guidelines from other countries regarding prophylactic tube feeding in patients with head-and-neck cancer. Since the completion of their review, another comprehensive guideline, “Evidence based practice guidelines for the nutritional management of adult patients with head and neck cancer,” has been developed in a wiki format. With several oncology groups acknowledging the importance of guidelines to help in decision-making, perhaps there will be a move toward international guidelines in the future. The paper from Orphanidou et al. provides a foundation from which future research should be planned and recommendations for practice can be made, helping practitioners to move toward more consistent and evidence-based practice to improve nutrition care and outcomes for patients with head-and-neck cancer.

CONFLICT OF INTEREST DISCLOSURES

The author has no financial conflicts of interest to declare.
REFERENCES


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