

# Gastrostomy versus nasogastric tube feeding for chemoradiation patients with head and neck cancer: the TUBE pilot RCT

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**Disclaimer:** This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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## Plain English summary

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## Plain English summary

**H**ead and neck cancer is frequently treated with a combination of drug and radiation therapies (chemoradiotherapy). Almost all patients need help with nutrition during and after chemoradiotherapy. This help may be given in one of two ways: (1) the person carries on taking food by mouth for as long as possible and then a tube is inserted through the nose into the stomach (nasogastric tube) to supplement intake by mouth as needed; or (2) a tube is placed directly into the stomach through the abdomen (gastrostomy) before chemoradiotherapy. Our study explored the feasibility of a randomised controlled trial to compare these two options.

Our study recruited 23% of people who were eligible. However, most people (88%) stayed in the study and provided the data that would be needed in a full study. Interviews revealed several important issues. Some people were not happy that the treatment they received was based on a random allocation, some already had a strong preference for one type of tube and there were concerns about the study interrupting the treatment. Health professionals did not always communicate equipoise (the idea that it is not currently known which treatment is best for patients) consistently. Centres in which health-care professionals worked as a team to demonstrate equipoise recruited a higher proportion of patients. Preliminary economic work showed that gastrostomy placement is costlier than as-needed nasogastric tube insertion.

In summary, our study has taught us more about encouraging people to be part of a study of tube-feeding options for people being treated for head and neck cancer.



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