

**NUTRI-17****BENEFITS OF PROPHYLACTIC PERCUTANEOUS GASTROSTOMY IN PATIENTS WITH HEAD AND NECK CANCER RECEIVING CONCURRENT CHEMORADIOTHERAPY: A MULTICENTER ANALYSIS**

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**Introduction**

Patients with head and neck cancer (HNC) have a high incidence of malnutrition and cachexia due to the tumor burden interfering with adequate oral intake. Concurrent chemoradiation (CCRT) can result in oral mucositis, nausea, vomiting, and dysphagia. Adequate nutrition improves the response to therapy, increases immunity, reduces adverse effects and improves survival. Many studies have suggested the benefits of nutritional support from percutaneous endoscopic gastrostomy (PEG) in HNC patients. Although PEG is normally considered a safe procedure it has 0%–2.2% mortality rate and 17%–40% risk of other procedure-related complications, such as infection, abdominal pain and bleeding. We evaluate the benefits of PEG tube placement in patients with locally advanced HNC receiving CCRT.

**Methods**

A retrospective multicenter study was conducted, patients were divided in two groups: PEG group and Non-PEG group. Baseline characteristics, weight changes, treatment tolerance and tube dependence were analyzed and compared between the two groups.

**Results**

Of the 90 patients analyzed, the majority were male (84.4%), the median age was 59 years-old [30; 79]. 58.9% ( $n=53$ ) had stage IVa-IVb disease. PEG group had 44 patients and Non-PEG group 46. There was no significant difference in the median baseline body mass index (BMI) between the groups (22 kg/m<sup>2</sup> in PEG group vs 24 kg/m<sup>2</sup> in Non-PEG group). At the end of CCRT, no significant difference in BMI was found between the 2 groups (PEG group 20 kg/m<sup>2</sup>; Non-PEG group, 21 kg/m<sup>2</sup>). Nonetheless, in the subgroup with baseline BMI < 18.5 kg/m<sup>2</sup> more patients in the PEG group were able to complete the 3 planned cycles of chemotherapy than in Non-PEG group (90% vs. 66.7%).

**Conclusions**

We found a potentially protective effect of PEG in a subgroup of patients. Therefore, PEG tube insertion should be considered for patients with HNC receiving CCRT, but particularly for underweight patients.

**NUTRI-18****CLINICAL OUTCOMES IN ONCOLOGIC PATIENTS RECEIVING PARENTERAL NUTRITION DURING CHEMOTHERAPY: A SYSTEMATIC REVIEW AND META-ANALYSIS. IVANS PROTOCOL**

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**Introduction**

There is strong evidence about the prognostic effect of nutritional status on clinical outcomes of advanced cancer patients. Nevertheless, in patients undergoing chemotherapy, guidelines recommendations about nutritional support have a low level of evidence and the role of parental nutrition (PN) only has been poorly investigated.

The aim of the study is to systematically review published literature and to perform a meta-analysis on nutritional status outcomes in patients receiving PN during chemotherapy for locally advanced/metastatic stage disease and for any primary cancer.

**Methods**

**SYSTEMATIC LITERATURE REVIEW:** The primary endpoint was the correlation between nutritional outcomes and PN in current available literature. Secondary endpoint was the percentage of patients lost during treatments.

A search on public libraries was performed by using key words. All clinical trials published in English in last 10 years were analyzed. Reference lists of the reviews considered relevant were also scanned.

**META-ANALYSIS:** Seven studies accounting for 735 patients in total were included.

STATA 17 software was used. A random effect model was used and the effect size was reported as standardized difference, starting from means and standard deviations. Results were plotted as Forest plots, overall and by rate of attrition. The risk of bias was assessed.

**Results**

All studies showed an increase of albumin serum level, of BMI at 90 days, of weight at 60 days, statistically not significant. All studies showed a statistically significant increase in QoL global score.

**Conclusions**

This is the very first systematic literature review and meta-analysis about clinical outcomes in patients receiving PN during chemotherapy. Results confirmed the lack of published well-conducted trials.

Therefore, we designed IVANS protocol, ongoing in our institution, in order to avoid the major biases observed in published trials. The aim is to explore the role of PN in still-eating patients at risk of malnutrition, receiving chemotherapy for metastatic gastric cancer.

**NUTRI-19****EXPERIENCES ABOUT DIET AND WEIGHT CHANGES OF CACHEXIA FOR OLDER PATIENTS WITH ADVANCED CANCER**

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