

Reducing PEG Placements in Head and Neck Cancer Patients through a Student-Led Prophylactic Swallow Therapy Program



Jessika Perkins¹, Deirdre Larsen², Dana Gribble¹, Bennett Yu¹, Andrew Ju¹
¹ECU Health, ²ECU

BACKGROUND

Patients undergoing treatment for head and neck cancer (HNC) face a high risk of dysphagia due to tumors and treatment toxicities, often leading to the need for gastric tube (g-tube) placement.

Previous studies demonstrate that nutrition education by dietitians along with prophylactic swallowing therapy by speech pathologists reduce g-tube placement during radiation therapy (RT) and improve long-term swallowing outcomes.

However, current staffing model at ECU Health does not support provision of prophylactic services.

PROJECT AIM

To reduce reactive g-tube placement rates for HNC patients by implementing a student-led, prophylactic swallow therapy program at ECU Speech-Language and Hearing Clinic (ECU SLHC).

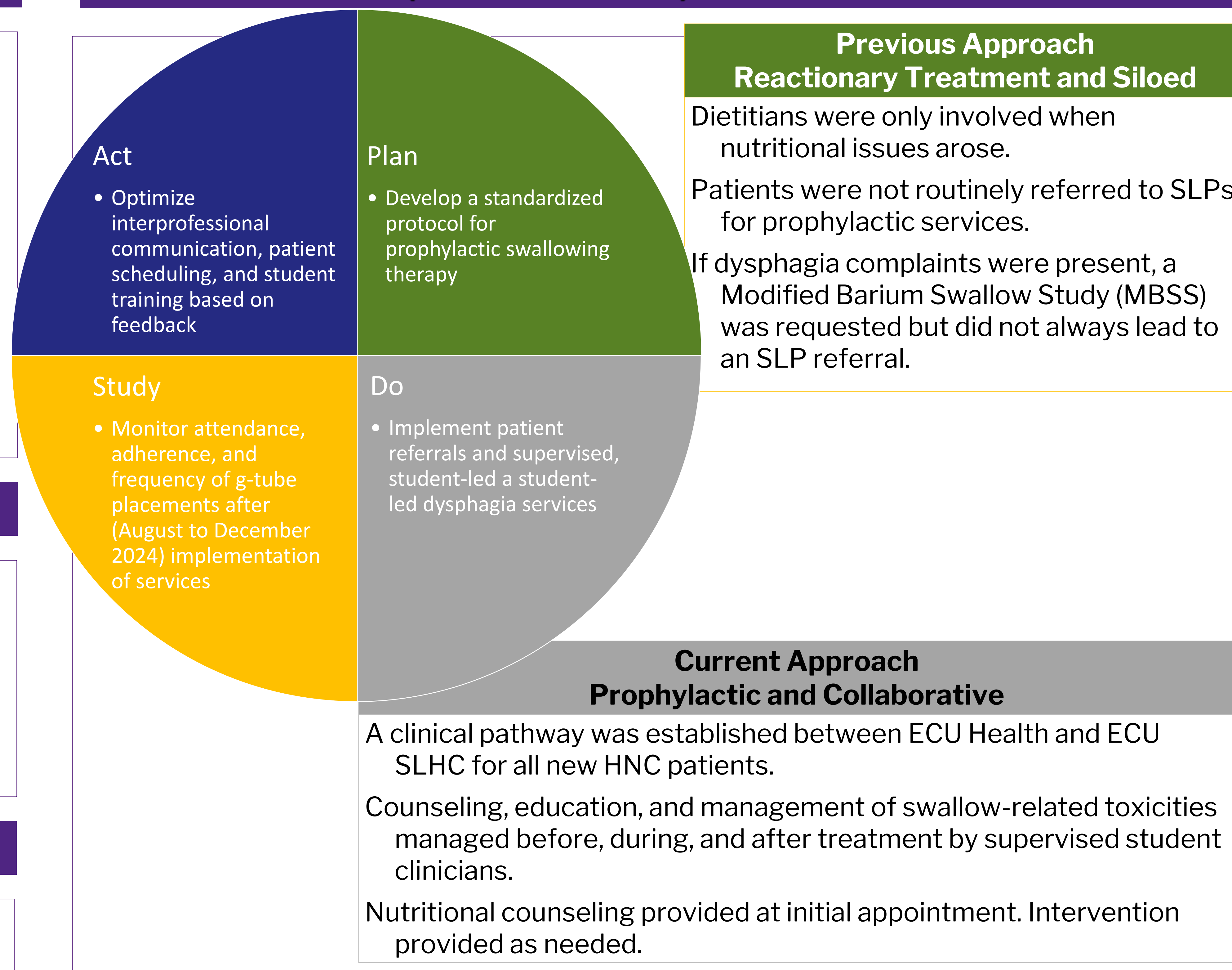
PROJECT DESIGN/STRATEGY

The Student-Led Head and Neck Cancer Clinic was launched in August 2024 as a collaborative effort between speech pathology, dietetics, and oncology. The program ensures all HNC patients planning to undergo radiation therapy (RT) are referred to ECU SLHC for prophylactic services.

Graduate speech-language pathology (SLP) students provide faculty supervised services including:

- Pre-treatment clinical swallowing exam
- Education of acute and long-term swallow, speech, and voice-related toxicities
- Management strategies, including dietary modifications that are least-restricted and most tolerated
- Prescription of swallowing exercises
- Monitoring and individualized feedback
- Regular communication with dietitian, oncologists, social workers, and nurses

CHANGES MADE (PDSA CYCLES)



RESULTS/OUTCOMES

Outcome	n
Total number of patients diagnosed between August and December 2024	28
Total patients with dysphagia symptoms declined referral to swallowing therapy	3
Clinical Outcomes	
Total number of patients referred for services	14
Total number of patients who attended for services	12
Range of number of encounters	1 - 9
Mean frequency of encounters	2
Range of attendance rate for appointments scheduled	0 - 100%
Average attendance rate	74%
Patients with prophylactic g-tubes	4
Patients with reactive g-tubes	0

LESSONS LEARNED

Successes Achieved

- A prophylactic, student-led model promotes earlier intervention, reducing g-tube placements and improving care continuity.
- Early and consistent interprofessional collaboration is vital for addressing gaps in care.
- A student-led clinic model effectively addresses barriers to care while enhancing student training.

Challenges Identified

- Low referral rate emphasizes need to integrate multiple avenues for referrals.
- Patient buy-in for initial and continued attendance requires integrated education and encouragement by the entire care team.

NEXT STEPS

1. Expand referral pathways to reach more patients.
2. Identify factors that influence clinic attendance.
3. Complete cohort comparisons to quantify impact on g-tube rates and other program outcomes.
4. Incorporate additional training for student clinicians to enhance service delivery.
5. Incorporate additional allied health services to further enhance service delivery.
 1. Physical therapy
 2. Audiology
 3. Counseling/Psychology
 4. Dentistry
 5. Smoking-cessation program

Dana Gribble
 Department of Speech-Language Pathology
 ECU Health
 Greenville, North Carolina 27858
 (252) 847-6053
 dana.gribble@ecuhealth.org