



Organization:

Society of Interventional Oncology
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NCCN Guidelines Panel: Palliative Care

The Society of Interventional Oncology (SIO) is a non-profit association that supports and promotes the field of interventional oncology (IO) through professional development, access advocacy and research, and physician community building. SIO's mission is to advance interventional oncology by developing evidence supporting IO treatments, educating IO practitioners, and improving patient access to IO procedures. SIO provides support for the worldwide community of IO practitioners with a mission to advance minimally invasive oncologic therapies that harmonize with medical oncology, surgical oncology, radiation oncology, and palliative medicine.

On behalf of SIO, we respectfully request that the NCCN Palliative Care panel consider including an interventional radiologist (IR) on the panel. IR procedures are included in the current guidelines, such as palliative gastrostomy and other “invasive procedures”. However, there are a plethora of other interventions offered uniquely by IRs to palliate cancer-related pain and complications, including ablation, vertebral augmentation and cementoplasty, fluid drainage, and pain control procedures, among many others. A large and increasing proportion of a typical IR’s clinical work is focused on palliation of chronic diseases.

We encourage the NCCN guideline panel to consider the following change in the current guideline:

Specific Change: PAL – 15: Inclusion of Interventional consultation for pain likely to be relieved with image-guided procedures.

Rationale: For the specific portion of PAL-15 regarding nausea and vomiting that is opioid-induced; We advocate for inclusion of opioid-reducing percutaneous image-guided procedures to maintain alignment across the NCCN Palliative Care and NCCN Adult Cancer Pain Guidelines version 1.2023 section PAIN-M, line 3.

Image-guided interventions such as nerve blocks (e.g., celiac plexus) are already supported by level 1 evidence, and safely improve quality of life while enabling ongoing medical, surgical, radiation, and palliative care plans without interruption.

References:

1. Arcidiacono PG, Calori G, Carrara S, et al. Celiac plexus block for pancreatic cancer pain in adults. Cochrane Database Syst Rev 2011:CD007519. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/21412903>
2. Zhang CL, Zhang TJ, Guo YN, et al. Effect of neurolytic celiac plexus block guided by computerized tomography on pancreatic cancer pain. Dig Dis Sci 2008;53:856-860. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/17676392>

Specific Change 2: MS-20: Include percutaneous transesophageal gastrostomy tube (PTEG) as consideration to palliate nausea and vomiting in the setting of challenging anatomy or intraabdominal metastasis.

Rationale: A venting percutaneous transesophageal gastrostomy tube (placed in the side of the neck by interventional radiologists) may be offered as an alternative when a conventional gastrostomy tube is not feasible due to challenging anatomy, or extensive intraabdominal metastasis/omental implants. Numerous series in the literature have shown PTEG is a safe and effective palliative technique, with significantly higher patient derived outcomes than nasogastric tubing.

References:

1. Aramaki, Arai, Y., Takeuchi, Y., Sone, M., Sato, R., Bekku, E., & Moriguchi, M. (2020). A randomized, controlled trial of the efficacy of percutaneous transesophageal gastro-tubing (PTEG) as palliative care for patients with malignant bowel obstruction: the JIVROSG0805 trial. *Supportive Care in Cancer*, 28(6), 2563–2569. Available at: <https://doi.org/10.1007/s00520-019-05066-8>
2. Zhu, Platoff, R., Ghobrial, G., Saddemi, J., Evangelisti, T., Bucher, E., Saracco, B., Adams, A., Kripalani, S., Atabek, U., Spitz, F. R., & Hong, Y. K. (2022). What to do When Decompressive Gastrostomies and Jejunostomies are not Options? A Scoping Review of Transesophageal Gastrostomy Tubes for Advanced Malignancies. *Annals of Surgical Oncology*, 29(1), 262–271. Available at: <https://doi.org/10.1245/s10434-021-10667-x>
3. Selby, Nolen, A., Sittambalam, C., Johansen, K., & Pugash, R. (2019). Percutaneous Transesophageal Gastrostomy (PTEG): A Safe and Well-Tolerated Procedure for Palliation of End-Stage Malignant Bowel Obstruction. *Journal of Pain and Symptom Management*, 58(2), 306–310. Available at: <https://doi.org/10.1016/j.jpainsymman.2019.04.031>
4. Toh Yoon, & Nishihara, K. (2017). Percutaneous transesophageal gastro-tubing (PTEG) as an alternative long-term tube feeding procedure when gastrostomy is not feasible. *Therapeutic Advances in Gastroenterology*, 10(12), 911–917. Available at: <https://doi.org/10.1177/1756283X17730810>

Thank you for considering our comments.

Sincerely,

SIO NCCN Committee

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