

The ProGas study

Key findings and recommendations

The ProGas study looked into optimum timing and method of gastrostomy for people with motor neurone disease (MND). The published paper provides the evidence to show that early nutritional management is critical for MND survival. The research was part-funded by the MND Association.

Key findings

1. The three main methods of gastrostomy in patients with MND (PEG, RIG and PIG) were as safe as each other in relation to procedure risk. The results showed that the odds for 30-day mortality were higher for patients who had lost >10% of their diagnosis weight, compared with those who had lost 10% or less.
2. Overall survival following gastrostomy was independent of the gastrostomy method. It was driven by age at the onset of MND and the percentage of weight loss from diagnosis to the time-point of gastrostomy.
3. Peri-procedural complications were similar for the three methods apart from the higher rate of distress, related to procedure tolerance, experienced by patients that underwent PEG. This can be explained by the nature of the PEG procedure.
4. Patients that underwent RIG experienced a higher rate of gastrostomy tube-related complications (such as tube leakage 22%, displacement 31% and replacement 30%), as RIG tubes are usually relatively narrow in diameter, have a balloon-retention system and are not as securely fixed as those inserted under PEG and PIG.
5. Gastrostomy feeding only prevented further weight loss in approximately one half of the patient participants. In those patients who gained weight, these gains were small and of doubtful clinical benefit. Continuing weight loss at three months following gastrostomy was associated with poor survival. The greater the percentage of weight loss at the time of gastrostomy from diagnosis, the less likely it was for patients to recover this loss after gastrostomy (and this was more evident in the subgroup of patients who had lost >10% of their diagnosis weight).

Key recommendations

1. PEG is the optimum method of gastrostomy when respiratory function is largely unimpaired, and PIG when respiratory function is significantly compromised, as both methods offer easier post-insertion tube management than RIG.
2. Patients might benefit from early gastrostomy, before substantial weight loss that might not be reversible. From a safety and efficacy perspective, the current guidelines of 10% weight loss might not be ideal. It would perhaps be better to recommend gastrostomy at a threshold similar to the one for cachexia, i.e. at roughly 5% weight loss from diagnosis.

Full reference: The Progas Study Group. **Gastrostomy in patients with amyotrophic lateral sclerosis (ProGas): a prospective cohort study.** *Lancet Neurology*. 2015; 14(7):702-9.

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