

Supplementary Table 4. Summary of evidence for type of gastrostomy tube (patients without upper aerodigestive tract cancers)

Study	Publication year	Country	Study period	Study design	Major indications for PEG	No. of participants	Pull method	Push method	Success rate		Complication rates	
									Pull method	Push method	Pull method	Push method
Ohno et al. ⁶⁰	2015	Japan		Observational		113	22	91				
Retes et al. ⁶¹	2017	Brazil	2008.12–2013.10	Observational	Head and neck cancer	309	172	137	N/A	N/A	Early: 13 (7.6%) Late: 42 (24.4%)	Early: 5 (3.6%) Late: 40 (29.2%)
Van Dyck et al. ⁶⁴	2011	Belgium	2006–2008	Observational	Head and neck cancer or esophageal malignancies	57	33	24	33 (100%)	20 (83%)	Early: 4 (12%) Mortality: 0 (0%)	Early: 11 (48%) Mortality: 2 (8%)
Tucker et al. ⁶³	2003	USA	1999–2001	Observational	Head and neck cancer	79	50	29	N/A	N/A	15 (30%)	0 (0%)
Köhler et al. ⁵⁸	2015	Austria	2009–2012	Observational		231	131	100			Overall complication rate: 28 (21.4%)	Overall complication rate: 33 (33%)
Campoli et al. ⁵⁷	2012	Brazil		Meta-analysis		2,336	From 6 comparative and 10 observational studies		N/A	N/A	Dislocation of the tube: 5 (3.8%) Occlusion of the PEG: 1 (0.8%)	Dislocation of the tube: 12 (12%) Occlusion of the PEG: 10 (10%)
Lee et al. ⁵⁶	2014	Korea	2009.1–2012.6	Observational	Neurologic disease (58.7%), malignancy (21.7%), other indications (19.6%)	141	77	58	Overall success rate: 96.5%	2/58 (3.4%)	29/71 (40.8%)	25/54 (46.3%)
Sartori et al. ⁶²	1996	Italy		Observational		80	39	41	100%	100%	1/39 (2.6%)	1/41 (2.4%)
Maetani et al. ⁵⁹	2003	Japan	1999.9–2002.5	Observational	Patients with dysphagia	58	29	29	100%	100%	Peristomal infection: 9 (31.0%)	Peristomal infection: 0
Pih et al. ²⁸	2018	Korea	2005–2015	Observational		411	139	262	N/A	N/A	30-day mortality: 8 (5.8%)	30-day mortality: 12 (4.6%)

Values are presented as number (%), unless otherwise indicated.

N/A, not applicable; PEG, percutaneous endoscopic gastrostomy; OR, odds ratio; CI, confidence interval.