Prehabilitation – a multimodal approach

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Developed by subject-matter experts

“Preparation around the time of cancer diagnosis, before the beginning of treatment that includes lifestyle interventions that promote physical and psychosocial health to prepare for treatment and future impairments.”
What is Prehabilitation?

- Trusting the clinical staff
- Be prepared
- Diet advice
  - Blood pressure control
  - Exercise advice

- I want to be around people
- “I want to be around people”

- Be positive
  - “Will psychological support be funded?”
  - “Can people speak up if they want to make decisions?”
  - “You don’t have to make the decisions alone”
  - “Change your own decisions”

- Join a support group
  - Better communication with GPs & Hospital
  - Communicating with key indiviuals
  - Understanding the emotional aspect
  - I struggle with the emotional aspect

- Don’t swallow the whole ocean
  - Become your own expert
  - Don’t drown yourself by reading everything

- Think of how those close to you are feeling
  - Being a cancer patient is hard work!
  - Being a cancer patient is hard work!

- Talk to the people treating you
  - Get empirical support early for you and your family
  - Giving empirical support early for you and your family

- Don’t bottle it up!
  - How to find places to go for help
  - How to tell friends about your diagnosis

- What is your story?
  - What is your story?
  - An opportunity to meet & talk to people who have gone through similar things

- How can health professionals get you to a point where you’re equipped to start treatment?
  - Know what the plan is & what the steps are

- Financial work support
  - Help & support at home, if needed
  - Financial work support

- Be patient
  - All people can engage if you don’t engage with us
  - Don’t always feel right in your hospital
  - One person is the best person to sue in the hospital

- Trust family
  - You know what’s best for you, your life
  - You know what’s best for you, your life

- How can we best prepare you?
  - Take the route that feels right for you
  - The line between diagnosis is the most frightening – and you really want support

- Get to know your care
  - An opportunity to meet & talk to people who have gone through similar things

-’m really needed support while waiting for my diagnosis.”

- Geographical treatment & recovery advisors
  - How can we best prepare you?

- A new concept
  - “Is there enough info to make decisions?”
  - “Can people speak up if they want to make decisions?”

- Better communication with GPs & Hospital
  - Communicating with key individuals
  - Understanding the emotional aspect
  - I struggle with the emotional aspect
‘Prehabilitation helps you pick, edit and contribute to your cancer story – so you have your own ownership and don’t just feel you are being “done to”

Engagement Event Participant
Prehabilitation vs. standard care

Prehabilitation

- Holistic
- Greater professional involvement

Standard care

- Medical preparations
- Greater self-management

The effect of active involvement from patients should not be underestimated in improving outcomes
Prehabilitation as part of the rehabilitation pathway

Preventative  Restorative  Supportive  Palliative

Diagnosis  Treatment

Prehabilitation  Conventional ‘Rehabilitation’  Rehabilitation
Key points about prehabilitation

• Prehabilitation is for anyone with cancer
• Prehabilitation interventions can be used for those due to have surgery and/or chemotherapy and/or radiotherapy and/or immunotherapy.
• Person centred and tailored to the individual
• Aimed at optimisation
• Prehabilitation is a process in a continuum
• Interventions can make a positive impact in just 2 weeks.
Main stages of prehabilitation

1. Pre-assessment
2. Regimes
3. Follow-up post treatment

4-6 weeks
1. **Pre-assessment**

Aims of the pre-assessment:

1. **Measure baseline**
   - Measure progress
   - Motivational
   - Adds to evidence base

2. **Identify risk factors**
   - Person-centered
   - Links to HNA
   - Treatment specific
   - Safe

3. **Inform and make joint decisions**
   - What to expect (pre, peri and post)
   - Explain importance
   - Actively involved in own wellbeing and recovery
2. Prehabilitation regime

Personalised for the individual – range of models exist

Length of regime – 1 week – 2 months. Average 4-6 weeks.

Setting – Depends on facilities and staff available

Opt-in versus opt-out – Prescribe prehabilitation

Patient compliance with regimes – 95%
3. Follow-up post treatment

Aims:

1. Determine progress
   - Motivational
   - Adds to evidence base

2. Ensure follow-up
   - Continuation of care
   - Understand abilities
<table>
<thead>
<tr>
<th>Prehabilitation interventions</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
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<tbody>
<tr>
<td><strong>Physical activity</strong> – cardiovascular and muscle strengthening, increased professional involvement and organised</td>
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<td><strong>Dietary support</strong></td>
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<td><strong>Psychological wellbeing</strong></td>
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<td>Anaemia management</td>
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<td>Smoking cessation and alcohol reduction</td>
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<td>Respiratory exercise</td>
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<td>Lymphoedema management</td>
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<td>Medication and co-morbidities review</td>
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<td>Other</td>
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Possible impact of prehabilitation

- Mental health
- Fitness
- QoL
- Recovery
- Somatic symptoms
- Length of stay
- Post-treatment complications
- Cost savings
- Retirement
- Work

Pre | Peri | Post | Long term
What does a service providing prehabilitation look like?

• Combination of physical activity, dietary support and psychological support

• Allied Health Professionals, support workers, nurses, exercise physiologists, doctors, fitness instructors

• Across tumour types, within one tumour type
Examples of prehabilitation in cancer care around the UK

• Prehabilitation Optimisation Programme, lung cancer – Wales
• Sarcoma, Upper and Lower GI, HPB, Head and Neck – Aintree, Liverpool
• Colorectal, prostate – Central Manchester
• Thoracic, hepatobiliary, urology, colorectal, breast, prostate – Wesfit Southampton
• Colorectal - East of England
• Thoracic, kidney, gynaecological – Bristol
• Prostate – Belfast
• Long term conditions including cancer – Ayrshire and Arran
• Upper GI – Imperial, London
Current developments

• FACT project – Development of UK wide principles and guidance for prehabilitation in oncology

• Nutrition, Exercise and physical activity, Psychological support and behaviour change

• Patient engagement

• Health economics

• LAUNCH 2\textsuperscript{nd} July 2019 – World Prehabilitation congress, British Museum
Thank you for listening

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