

Prehabilitation & personalised cancer care

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Overview

1. Defining prehabilitation
2. The essential components
3. Patient experience



Defining prehabilitation



Introduction

- Growing evidence supports preparing cancer patients for and optimising their health before and during treatment



(Silver and Baima, 2013; Sandini et al., 2018)

Defining Prehabilitation

A process on the cancer continuum of care that occurs between the time of cancer diagnosis and the beginning of acute treatment and includes physical and psychological assessments that establish a baseline functional level, identify impairments, and provide interventions that promote physical and psychological health to reduce the incidence and/or severity of future impairments

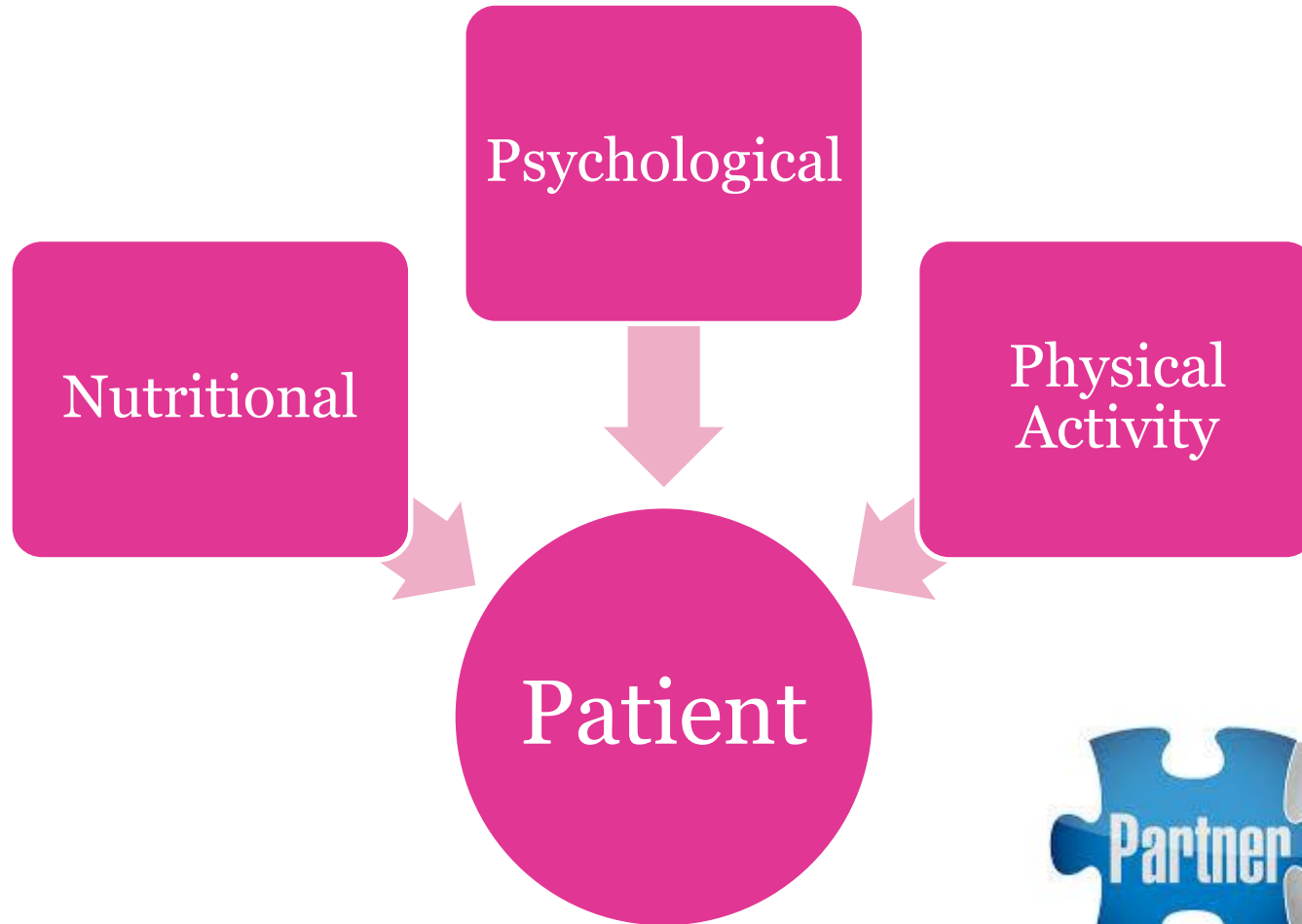


Essential components

2



Ideal Model



“To start with we didn’t really know why we were coming... but it turned out to be very useful, having this advice”



Prehabilitation foundation

Behaviour change

- Patient activation
- Motivational interviewing

Supporting self-management

- Giving control to patients
- Reducing stress and anxiety



“The yoga, I have to say that was fantastic... Above all she absolutely explained why you do stuff”



Exercise component

Hospital

- Supervised exercise programs have superior outcomes
- Complex patients, with co-morbidities
- Those with poorest baseline benefit most
- Some patient's function declines

Patient

- Home-based programs preferred
- Parking and transportation are barriers
- Compliance 25-50%
- High drop out rate
- Comparators are useful



“I was weighed and checked regularly so I felt there was a concern and that I wasn’t alone in my changed attitude to food”

“Even though they were the dietitian you could speak about anything”



Nutrition component

Hospital

- Malnutrition screening
- Nutrition support
- Protein & vitamin D
- Minimise nutrition impact symptoms
- Weight management?

Patient

- Tailored advice
- A safe space for questions
- ‘Cancer diets’
- Choice regarding supplements
- Minimise hospital visits

Patient experience

3



Moving from

“It would be irresponsible to send someone to Mt. Everest base camp without training them first, but it is common practice in oncology to physically challenge patients in a similar manner without training them for the difficulty to come. Instead, we nurse patients through the treatment challenge, cheer them when they are finished, then send them off to physical therapy to address injuries.

“This is not a success story, this is poor survivorship planning.”

Patient blog



To....

“The atmosphere, it doesn’t feel like a hospital, I felt more as if I was going somewhere where I would get help”

