Prehabilitation for people with cancer

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Prehabilitation principles and practice
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Streamlining Multi-Disciplinary Team Meetings

DRAFT - Guidance for Cancer Alliances

Diagnosing cancer earlier and faster through:
- Early access
- Whole pathway referrals
- Rapid Diagnostic and Assessment Centres
- Secondary care networks
Cancer waiting times

A. 14 days targets 1 & 2
B. 31 days targets 3, 4, 5 & 6

D. 28 days new target to be introduced in April 2020

C. 62 days targets 7 & 8
Quotes from National Healthcare System Leaders

Professor Stephen Powis  
National Medical Director, NHS England

“Perioperative medicine programme are introducing approaches such as prehabilitation before surgery in which every patient who is clinically appropriate is engaged in a programme of care to optimise their condition before surgery.”

Simon Stevens  

“Cancer treatments now work better than ever, but they can really take a toll on your body. So there’s increasing evidence that it’s really worth trying to get a bit fitter ahead of chemo or major surgery. In effect you are ‘priming’ your own recovery before your treatment even begins - boosting strength and wellbeing, often meaning you can also come home from hospital sooner. That’s also why the NHS Long Term Plan is built on the idea that modern medicine is increasingly a partnership between patients and health professionals, helping people to take more control of their own health.”
News Headlines - 26th December 2019

- ‘NHS to offer cancer patients 'prehab' fitness plan 'to boost recovery’

- ‘Cancer patients to be given option of fitness programmes to boost survival rates’

- ‘Newly diagnosed cancer patients to be signed up for NHS fitness bootcamps, under radical plans to boost survival’
Benefits of prehabilitation to patients and care givers

• Personal empowerment
• Physical and psychological resilience
• Long-term health

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“It makes you feel more in control of your treatment”.

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The purpose of prehabilitation in cancer

- empowers people with cancer to enhance their own physical and mental health and well-being and thereby supports them to live life as fully as they can.

- benefits can be seen in as little as 2 weeks.

- is part of a continuum to rehabilitation.

- enables people with cancer to prepare for treatment through promoting healthy behaviours and through individualised needs-based prescribing of exercise, nutrition and psychological interventions.
Impact of poor physical and mental health on outcomes
Prehabilitation for people with cancer can:

- reduce length of stay
- enhance recovery following treatment
- reduce post treatment complications
- provide a teachable moment to enable smoking and alcohol cessation
- improve cardiorespiratory fitness
- improve nutritional status
- improve aspects of neuro-cognitive function
- enhance quality of life
Prehabilitation principles and action plan

- Overall principles
- Prehabilitation in the cancer care pathway
- Service development
- Workforce
- Quality assurance and improvement
- Clinical leadership
- Developing the evidence base
Prehabilitation principles
Prehabilitation in the cancer care pathway

• Personalised prehabilitation care plan (PPCP)

• Overseen by cancer MDTs

• Interventions should start as early as possible
Integrating prehabilitation into cancer pathways

**Diagnosis**
- Prehabilitation begins at any point from diagnosis (and in some cases before a confirmed diagnosis), aiming to optimise a patient’s health.

**Pre-treatment assessment**
- Screening for prehabilitation, assessment, care plan including a personalised prehabilitation care plan (PPCP)
- Where a patient’s needs are identified, a prehabilitation programme would be prescribed.

**Surgery**
Recovery then follow up

- Prescribed prehabilitation then rehabilitation programme.

Preceded or followed by....

Systemic anti cancer therapy

- Screening, assessment, care plan including a personalised prehabilitation care plan (PPCP)

Treatment preparation

- Where need identified above prescribed prehabilitation programme
• Prescribed prehabilitation programme continues

• Outcome assessment

• Continue prehabilitation programme principles
Improving Cancer Care Before Treatment Even Starts

**Preventative**
Prehabilitation includes screening, assessment and, where appropriate, the development of a Personalised Prehabilitation Care Plan (PPCP) as part of an overall care plan.

This includes exercise, nutrition and psychological support interventions based on need, with continual monitoring and evaluation. The patient may go through this stage several times in preparation for different treatments.

**Restorative**
Prehabilitation can significantly improve the patient’s ability to cope with effects of treatment of all kinds, including surgery, chemotherapy, radiotherapy, immunotherapy and treatment for palliative care.

People with treatable but not curable cancer may also benefit. It can help reduce the amount of time spent in hospital and lead to better quality of life.

Following treatment, the focus is restorative. Ideally, the patient will have an outcome assessment and will continue smoothly into rehabilitation and beyond.

By giving all patients, including people with treatable but not curable cancer a head-start, we can optimise their recovery from the effects of treatment.

**Supportive and/or Palliative**
At this stage, we continue to reinforce the core principles of the programme, with health and wellbeing activities and cancer care reviews.

The patient can enjoy lifelong benefits from behaviours learned earlier. If there is further treatment, the patient goes through the cycle again.
Screening for prehabilitation
Assessment

CONDUCTING A CLINICAL INTERVIEW

What you tell me will not leave this room.
Prehabilitation interventions

Monitoring of interventions should be proportionate to need. Universal interventions should be self-monitored and recorded via the HNA or equivalent process. Targeted and specialist interventions should be monitored for adherence and effectiveness using appropriate validated measures.
<table>
<thead>
<tr>
<th>Nutrition interventions</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Targeted**            | Dietetic Counselling  
Assess readiness to change  
Reasons and goals for nutritional recommendations  
Motivate the patient  
Therapeutic dietary advice |
| **Specialist**          | Artificial Nutrition Support  
Enteral or parenteral nutrition |
<table>
<thead>
<tr>
<th>Exercise interventions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted</td>
<td>Referral/support for appropriate reconditioning and/or prehabilitation exercise programmes including Healthy Conversations. Group exercise or one-to-one support in local community gym setting run by cancer exercise specialists such as Move More106 – aiming to increase frequency, intensity and duration of exercise incrementally to get as near as possible to 150 minutes of moderate intensity. Interval training, supervised and structured exercise.</td>
</tr>
<tr>
<td>Specialist</td>
<td>Fully supervised exercise intervention (aerobic/endurance/strength) for those very inactive/sedentary/co-morbidities, contemplative/low self-efficacy or treatment related indication (e.g. major surgery).</td>
</tr>
<tr>
<td>Psychological Support and Behaviour Change interventions</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Targeted</strong></td>
<td>Psychological techniques such as problem solving. Counselling and specific psychological interventions such as anxiety management and solution-focused therapy, delivered according to an explicit theoretical framework.</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>Specialist psychological and psychiatric interventions such as psychotherapy, including cognitive behavioural therapy (CBT).</td>
</tr>
</tbody>
</table>
Service development

• The principal focus should be on optimising the efficiency and timeliness of current pathways from the moment of consideration of treatment onwards, without unnecessarily delaying scheduled treatment.
Workforce

- Anaesthetists
- Exercise physiologists
- Lead cancer nurses & CNSs
- GPs
- Oncologists
- AHPS
- Physicians
- Public health teams
- Psychologists
- Support workers
Quality assurance and improvement

• Implementation and effectiveness audited

• Standardised screening, assessment, adherence, efficacy and outcome measures
Clinical leadership
Developing the evidence base

- We have yet to build up the evidence regarding the combined interventions of nutrition and physical activity.
- In colorectal cancer the benefits were greater for nutritional interventions only compared to multi-modal interventions (Gillis 2018)
- Unanswered questions as to how best to manage prehabilitation in people who are overweight.
Impact and momentum

Service development and commissioning

- Development of an implementation framework in collaboration with the Academic Health Science Networks
- Scoping prehabilitation services nationwide
- Development of commissioning guidance
- Royal College of Radiologists national campaign – preparing for radiotherapy

Workforce

- Physical activity and exercise workforce – significant catalyst
- Transparency for the public
- Accreditation and regulation
- Engagement with the Professional Standards Authority

Quality assurance, quality improvement and Research

- NCRI Programme grant
- Prehabilitation research priorities going forward
- Health economics (take account of short- (e.g. tolerance of treatment) and long- (e.g. healthy behaviours resulting in improved long-term health) term outcomes.)
What to consider when implementing prehabilitation at a local level

• What is currently available locally to support health and wellbeing?
• What is currently being delivered for rehabilitation?
• What do your local cancer pathways look like?
• How do they vary by speciality, tumour and treatment?
• How might these pathways need to change to support prehabilitation and optimise patients for treatment?

For example: Information and support services
Social prescribing
Local health and wellbeing services
What is the current capacity to deliver prehabilitation and rehabilitation in current services?

How effective are the current services?

Is there a service which looks to improve patients’ health and wellbeing in advance of treatment whether surgery and/or chemotherapy and/or radiotherapy and/or immunotherapy?

A multidisciplinary team is required: who do you have? what are their skills, knowledge and expertise?

How could they support prehabilitation?

Does service transformation need to be considered and take place to enable incorporation of prehabilitation into the local cancer pathways?
Managing multiple prehabilitation interventions

• How should multiple prehabilitation interventions be managed, supported and co-ordinated?

• Prehabilitation should be delivered through a multidisciplinary approach with all members of the MDT understanding their role and their colleagues’ roles in supporting people living with cancer.
Components required for set up and sustaining a quality prehabilitation service

• Senior sponsorship within the provider organisation and local leadership for the service transformation in collaboration with commissioners and alliances and cancer networks.

• Steering group to support and advise on the set up and monitoring of prehabilitation services.

• Engage people with cancer from the outset

• Quantitative and qualitative outcomes should be collected from the outset i.e. baseline data before any change and then outcomes collected following changes. These should include quality of life metrics, changes in complications, length of stay data, range of clinical outcome data, health economic data, patient satisfaction and feedback.

• Establish and agree changes to the pathway and staffing required to support delivery of the service and cost.

• Establish which patients and tumour types to be targeted initially and later on.

• Ensure there is a clear project plan with achievable milestones.
Thank you for listening

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