

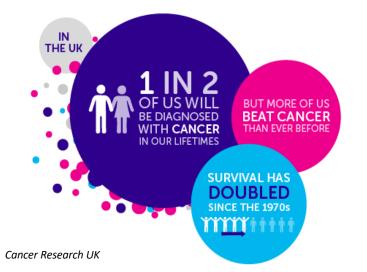
Building effective exercise programmes in the prehabilitation and rehabilitation of cancer patients: lessons learned and opportunities for sports and leisure centres

Dr Anna Myers, Senior Research Fellow

Sheffield Hallam University

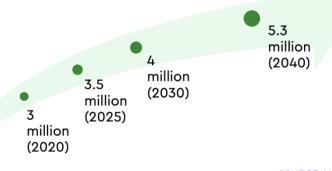
Advanced Wellbeing Research Centre

16th April 2024



The number of people living with cancer.

We estimate that there are currently **3 million people living** with cancer in the UK, rising to 3.5 million by 2025, 4 million by 2030, and 5.3 million by 2040 ⁱ.



In Spain, cancer remains the leading cause of death in men and the second in women, accounting for 27% and 19% of all deaths.





EDITORIALS

Prehabilitation: preparing patients for surgery

Major surgery is like running a marathon-and both require training

Venetia Wynter-Blyth consultant nurse, Krishna Moorthy consultant surgeon

If you signed up to a marathon, how might you prepare to give yourself the best possible chance of success? Physical Trainer

Dietician



Psychologist

But what is cancer prehabilitation?

prehabilitation

(noun) \prē-ə-'bi-lə-tā-shən\

"prehabilitation is 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 function level, identify impairments, and provide interventions that promote physical and psychological health to reduce the incidence and/or severity of future impairments."



Principles and guidance for prehabilitation within the management and support of people with cancer

In partnership with

NIHR Cancer and Nutrition Collaboration

Shettield

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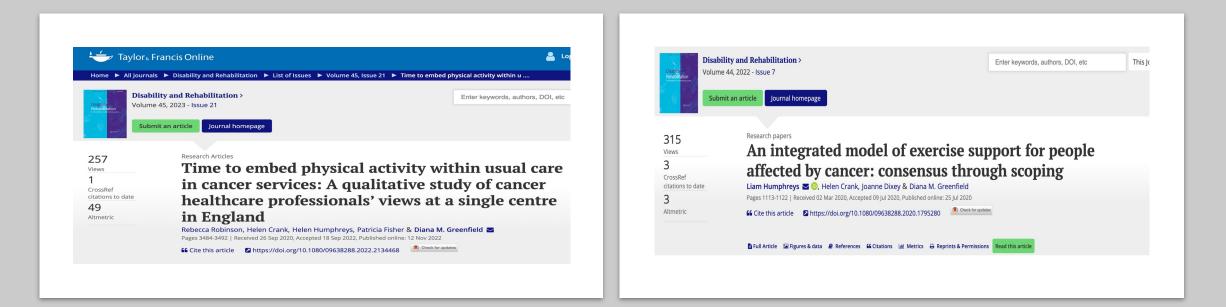
Silver JK, Baima J, Mayer RS. Impairment-driven cancer rehabilitation: an essential component of quality care and survivorship. CA Cancer J Clin. 2013;63:295–317



Cancer prehabilitation has been shown to...

- Improve pre-treatment physical function
- Reduce post-operative complications
- Reduce length of stay
- Reduced treatment related side-effects
- Optimise treatment options
- Enhance treatment effects
- Improve survival
- Reduce recurrence









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Activity Research
Centre



PREhabilitation scoping Project (PREP) - Final report

February 2020

Report prepared by Liam Humphreys $^{1,\ 2},\ Dr$ Anna Myers $^{1,\ 2},\ Gabbi \ Frith^1$ and Professor Robert Copeland 2

1 Sport & Physical Activity Research Centre, Sheffield Hallam University 2 Advanced Wellbeing Research Centre





SECTION 1 - ABOUT YOU For full details on how we use your information please visit

https://yorkshirecancerresearch.org.uk/privacy/

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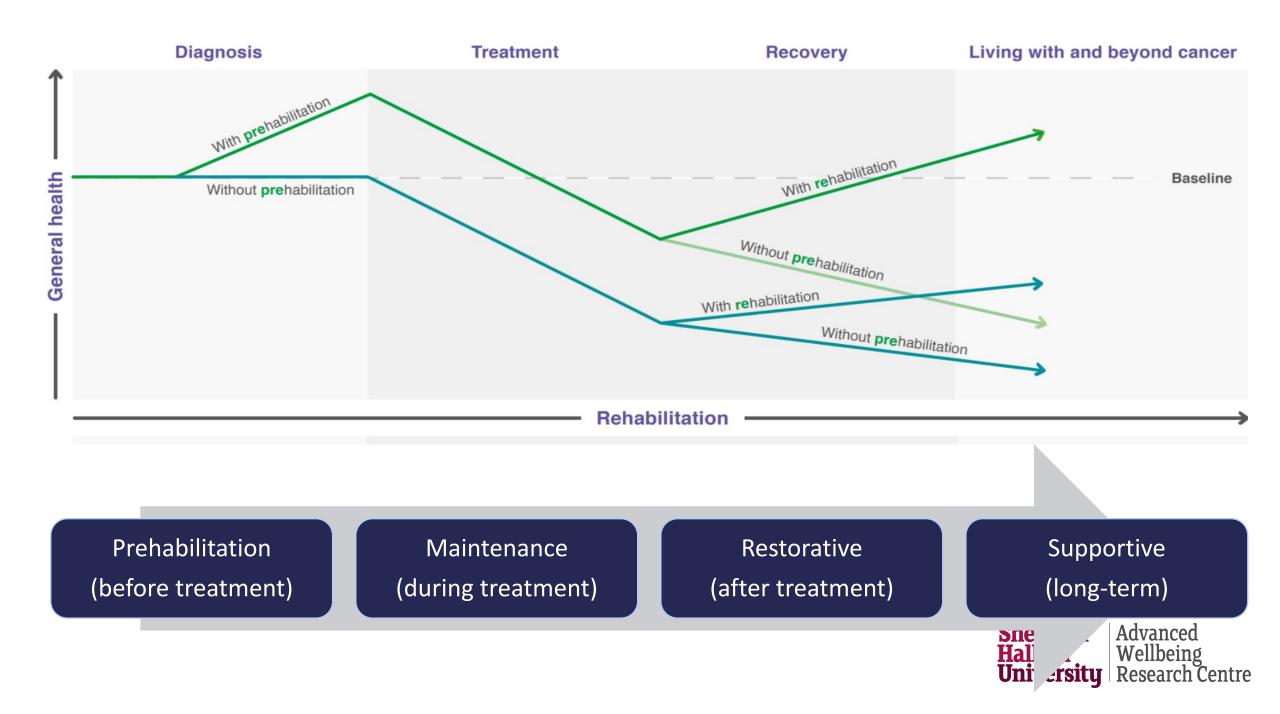




Active Together: Cancer (p)rehabilitation service

A multi-modal prehabilitation and rehabilitation service to support people with a cancer diagnosis to prepare for and recover from treatment.

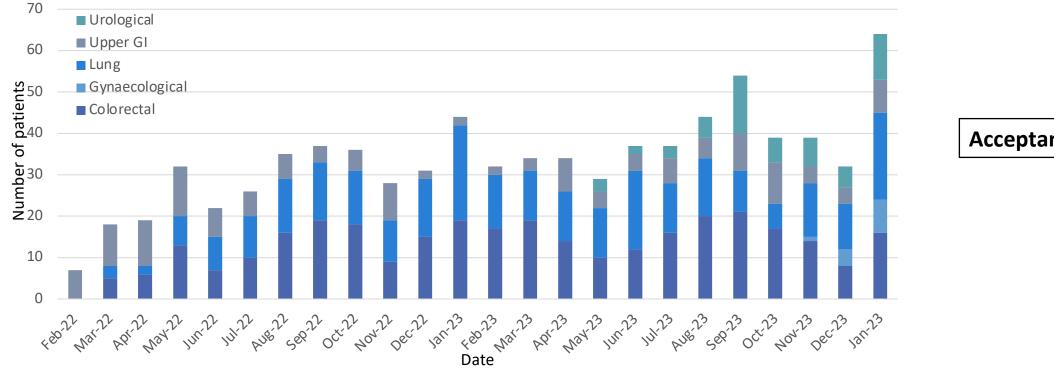
Delivered in partnership with the Advanced Wellbeing Research Centre, Sheffield Teaching Hospitals and funded by Yorkshire Cancer Research.



Video: Active Together



Active Together Referrals to date: 814

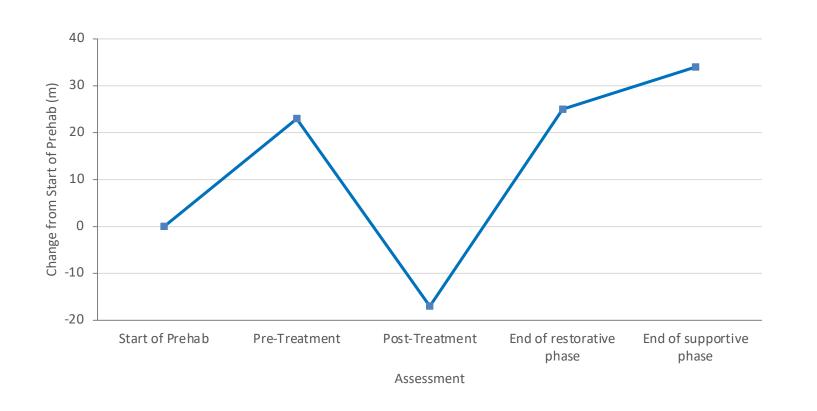


Acceptance rate: 82%



Impact on physical function: Six-minute walk test



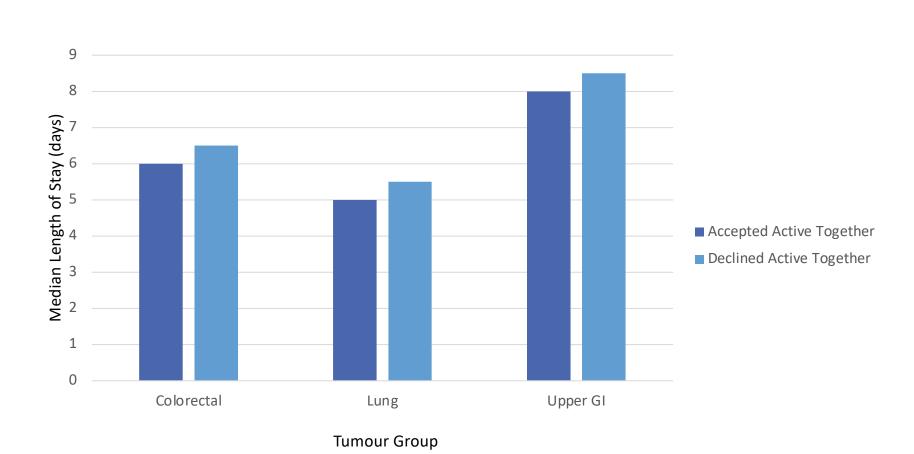


Change in 6 MWT distance

- Pre-treatment + 23 m
- Post-treatment 17 m
- End of restorative + 25 m
- End of supportive + 34 m



Impact on health system: Hospital length of stay





Other outcomes

- 30 and 60-second sit-tostand
- Hand grip strength
- QoL
- Anxiety and depression
- Nutritional status
- Length of stay
- Readmissions
- One-year survival







Communication

Establishing Innovative Complex Services: Learning from the Active Together Cancer Prehabilitation and Rehabilitation Service

Carol Keen ^{1,*}, Gail Phillips ², Michael Thelwell ², Liam Humphreys ², Laura Evans ¹ and Rob Copeland ²

Key learnings:

- Engage key stakeholders as early as possible (design and planning phase)
- Be flexible to new ways of working
- Further workforce development is required
- Support staff wellbeing



Benefits and opportunities for the leisure sector

Increased footfall in community venues. People attending leisure centre who otherwise would not.		Increased number of trained/specialist staff and upskilling of existing workforce.	Integration of leisure facilities into the health and care system.	
Providing support to a broader range of clinical populations.	Facilitates normalisation for patients who traditionally avoid gyms because they do not see themselves in those contexts.	Increases perceptions of safety of PA for people with cancer, afforded by specialists working in the same location.	Foster long-term behaviour change and therefore long-term membership.	





The Active Together Team





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