



2018

28-30 JUNE
VIENNA, AUSTRIA

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

Barriers, facilitators and preferences to preoperative physical training

What do elderly patients with colorectal cancer and their informal caregivers and Health care providers say?

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MASCC/ISOO

ANNUAL MEETING ON SUPPORTIVE CARE IN CANCER



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SUPPORTIVE CARE IN CANCER



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<input type="checkbox"/>	No, nothing to disclose
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Rationale

- Aging population: incidence of elderly with CRC is growing
- Primary treatment is surgery
- In patients \downarrow functional activity = \uparrow risk on complications and \downarrow self care capacity
- Solution: Train preoperatively

Finlayson et al., J.Geriatr Oncol 2012, Ronning et al, J.Geriatr Oncol 2014, Fagard et al, J. Geriatr Oncol 2016,



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Prehabilitation

- Current practice at the moment in the Netherlands
 - Better in better out (THR, TKR)
- Research
 - Frail elderly do not want to join (Accrual is low)
 - Attrition and compliance differ greatly

We do not know why



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Methods

- Qualitative exploratory observational study
- Semi structured interviews of patients, informal and health care providers
- 37 Semi structured interviews
- Thematic content analysis
 - 15 patients (P) mean age 73 (SD 4,4)
 - 13 informal care givers (ICG) mean age 68 (SD 12,0)
 - 9 Health care providers (HCP) mean age 42 (SD 10.0)



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I train the whole day



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- *What if the doctor told you: you have to exercise?*
P: When he says: 'you have to exercise' than I will do it, but when he says: 'it would be good for you to exercise' I won't do it because I am exercising the whole day. I am up and about all day.
- HCP: Training is no fun, training has a negative effect first before it can become positive. So one has to take down a barrier before one can start doing physical activities. This requires an active mind set. And a lot of patients with cancer have lost a considerable amount of confidence in their body.



Group or Individual training

- P: I don't like groups... they think differently, talk too much..sell too much nonsense
- ICG: If it is possible do it in a group, at home it is more easily watered down
- HCP: We stopped exercising in groups... we went to individual, but we always ask: 'do you like to exercise with someone', and if you ask, often they answer yes... but if you ask 'do you want to exercise in an oncology group', then it is no.



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Prehabilitation is not easy

- People feel exhausted, feel paralyzed
- Merry go round: many appointments, this stimulates docility, people lose their own direction
- Advice on exercise is not given, is not heard or is not understood
- Being able to do things as usual makes people think that their physical condition is fine even when it is not
- People with experience in group training like to train in groups others don't



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Conclusion

1. Inform patients and caregivers of the benefits of exercising preoperatively in a personalized way
2. First start training individually and then in groups
3. Adjust training to fit personal preferences and needs of patients



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