

PLAY AREA

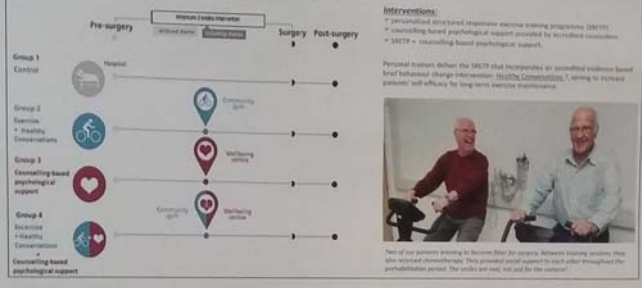
Optimising psychological support in cancer prehabilitation

Judit Varkonyi Segg^{1,2}, Chloe Grinnell¹, Michael P.W. Coates^{1,2}, Makoma A. Nwa^{1,2}, Andrew Bates¹, Samantha Leggett^{1,2}, Wendy Lawrence¹, Sandy Jack^{1,2}
¹NIHR Southampton Biomedical Research Centre, ²University of Southampton, University Hospital Southampton NHS Foundation Trust

Background: Many patients have better surgical outcomes. Prior physical fitness has been associated with increased length of hospital stay, increased morbidity and mortality in many cancer cohorts. Psychological factors including depression and low self-efficacy, to self-manage prior to surgery predict poorer recovery of health-related quality of life (HRQL) in the years following surgery. The period between cancer diagnosis and surgery, called prehabilitation, provides an opportunity for interventions to treat patients physical and psychological fitness for surgery and recovery.

Project aims: The Wessex Pre-4 Cancer Surgery (Pre4S) project investigates whether a multi-modal intervention providing both physical and psychological prehabilitation immediately after diagnosis improves patient outcomes and whether the results prehabilitation model can serve as a template for a future clinical service.

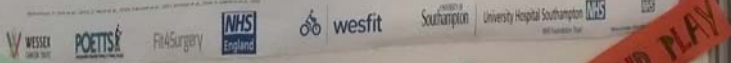
Methods: 300 patients scheduled for major cancer surgery are randomised to one of four study arms:



Process evaluation: After the first 50 patients completed their week 12 post-operative assessment we conducted semi-structured one to one interviews with eight patients and seven healthcare professionals to evaluate the initial feasibility and acceptability of the trial processes and interventions. We analysed the data using Thematic Analysis.

Results: Both patients and healthcare professionals found the interventions time-consuming and burdensome but considered SRETP useful. There were accounts of patients requesting exercise after surgery. Patients' experience of psychological support, provided by counsellors was mixed with some benefiting more than others. Healthcare professionals considered psychological support challenging to deliver in the short prehabilitation period and felt patients would benefit more from problem-focused than emotion-focused interventions.

Conclusion: SRETP is acceptable to patients and healthcare professionals. Healthy Conversations in SRETP may be beneficial for long-term exercise maintenance post cancer surgery. Traditional counselling approaches might not be feasible in prehabilitation. Other types of psychological support that address problem-focused coping may be feasible for short prehabilitation periods, might be beneficial for some patients. A clinical service should include multi-modal patient stratification including hospital professional care pathways. Findings have our evaluation informed regional collaboration to develop optimised psychological support services for patients' clinical care pathways.



TRY PLAYER WINS

COME AND PLAY

KEY FINDINGS
 1. Patients found the SRETP time-consuming and burdensome but considered it useful.
 2. Patients requested exercise after surgery.
 3. Patients' experience of psychological support was mixed.
 4. Healthcare professionals found psychological support challenging to deliver in the short prehabilitation period.
 5. Patients would benefit more from problem-focused than emotion-focused interventions.