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Contribution ID: 371

Type: 2 - Scientific Poster or Talk

## **Delivering Impact in Practice: Real-World Insights from the ‘Active Together’ Multi-Modal Cancer Prehabilitation and Rehabilitation Service**

### **Introduction**

Active Together is a clinician-led cancer prehabilitation and rehabilitation service for adults with cancer receiving curative treatment that is embedded into NHS cancer care pathways across South Yorkshire, UK. This real-world service evaluation assessed the feasibility, engagement, and impact of this multimodal service combining exercise, dietetic, and psychological support before, during and after cancer treatment.

### **Methods**

Data was collected within services across South Yorkshire (Barnsley, Rotherham, Doncaster and Sheffield) between March 2022 and March 2026 (estimated  $n=1,300$ ). Outcome measures included six-minute walk test (6MWT) distance, sit-to-stand repetitions, handgrip strength and Exercise Vital Sign (EVS) as a behavioural process measure. Linear mixed-effects models will assess longitudinal changes after missing value imputation.

### **Results**

Results from phase one (March 2022-May 2024) of the evaluation in Sheffield are presented here. The presentation will include an additional two-years of data from across South Yorkshire. Prehabilitation completion was 93%, and 62% completed the full programme (median duration 44-weeks). Prehabilitation was associated with improvements in 6MWT (27m,  $p<0.001$ ,  $d=0.99$ ) and 30-second sit-to-stand (2 repetitions,  $p<0.01$ ,  $d=0.90$ ). Following treatment, all functional measures declined significantly (6MWT  $-17m$ ,  $p<0.001$ ,  $d=0.59$ ; 60-second sit-to-stand  $-3$  reps,  $p=0.009$ ,  $d=0.71$ ; handgrip  $-2kg$ ,  $p<0.01$ ,  $d>0.99$ ), and self-reported physical activity (EVS) fell below baseline ( $-35$  min/week MVPA,  $p=0.011$ ). Following rehabilitation, 6MWT and lower-limb function subsequently recovered, with 6MWT exceeding baseline by  $+20m$  ( $p=0.01$ ,  $d=0.72$ ), whereas handgrip remained below baseline.

### **Conclusions**

This real-world evaluation demonstrated clinically meaningful improvements in cardiorespiratory fitness and lower-limb function before treatment. Post-treatment declines in cardiorespiratory fitness and lower limb function were restored following rehabilitation. However, hand grip strength was not. Although the absence of a control group limits causal inference, the findings indicate that multimodal prehabilitation and rehabilitation can be feasibly integrated into routine cancer care and may support patient optimisation for treatment, functional recovery and wellbeing throughout the treatment pathway.

### **Keywords**

Prehabilitation, exercise oncology, evaluation, implementation

### **Conflict of Interest & Ethical Approval**

yes

### **Abstract submitters declaration**

yes

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**Session Classification:** Poster Session