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Using co-production and the person-based approach to design an inclusive prehabilitation intervention for colorectal cancer patients undergoing surgery

Background

Exercise prehabilitation can mitigate the risks of cancer surgery, however low recruitment and adherence are commonly described in trials. Patients with low baseline physical activity (PA) levels are likely to benefit the most from prehabilitation but have the lowest uptake. The person-based approach (PBA) is a set of methods for developing effective complex behavioural interventions and comprises three phases; planning and co-production, optimisation and implementation and evaluation. By co-producing, with patients and staff, an intervention grounded in behaviour change theory, low acceptance and adherence may be overcome. The aim of this study was to produce an inclusive, low-cost intervention to increase PA in inactive colorectal cancer (CRC) patients in the perioperative, recovery and survivorship phases.

Methods

In phase 1, literature reviews, semi-structured qualitative interviews with less active CRC patients (n=6) and expert opinion informed the creation of guiding principles and a logic model for the intervention. An expert panel, comprising health care professionals, a person with lived experience, researchers and an exercise specialist oversaw intervention development. In phase 2, the intervention was optimised through interviews with CRC patients (n=2) and focus groups with under-served adults (older and lower socioeconomic status).

Results

The intervention is underpinned by self-determination theory and the Capability, Opportunity, Motivation, Behaviour Model (COM-B). Guiding principles cover the need to provide a rationale and safety reassurance and to support flexible, independent and sustainable PA. The logic model provides mechanisms to aid motivation, self-monitoring, engagement and adherence to the intervention. The intervention is delivered by cancer support workers using a toolkit (electronic or paper-based), with activity goals based on patient preferences, abilities and circumstances.

Conclusion

My Active Plan is an inclusive PA intervention which is now ready for implementation and evaluation. An RCT to test the benefits of PA in under-served populations is planned.

Keywords

Prehabilitation, colorectal cancer, person-based approach

Conflict of Interest & Ethical Approval

yes

Abstract submitters declaration

yes

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