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Inclusion in Cancer Prehabilitation: Qualitative Research to Explore Access, Acceptance, and Adherence to Cancer Prehabilitation

Background

Prehabilitation for patients awaiting cancer treatment comprises support for exercise, nutrition, and emotional well-being. Prehabilitation is associated with faster recovery and improved outcomes. However, practical action to improve inclusion in prehabilitation is needed to reduce inequities in cancer care and outcomes. This study explored prehabilitation practices within cancer services to understand how, when, and why people engage with prehabilitation (or not).

Methods

An exploratory case study of services delivering prehabilitation for adults with upper gastrointestinal, colorectal, lung, prostate, or breast cancer within the National Health Service in Wales, UK. Qualitative data were collected from observations of prehabilitation consultations and semi-structured interviews at six sites, using a sampling frame for a socioeconomically diverse patient sample, and focus groups with cancer care workers at seven sites. Index of Multiple Deprivation (IMD) quintiles were assigned based on postcode. Thematic framework analysis was conducted using an adapted version of the World Health Organisation adherence framework.

Results

We observed prehabilitation consultations with 120 patients (20 per site), 45 (37.5%) from some of the most socioeconomically deprived communities in Wales (IMD quintiles 1 or 2). Interviews were conducted with 40 cancer care workers (168 brief interviews) and 36 patients; Seven focus groups were conducted with 44 cancer care workers. Patterns of modifiable factors for inclusive access to, acceptance of, and adherence to cancer prehabilitation were identified within six themes: personal capacity for prehabilitation; closer alignment of patient, family, and health professional expectations; interpersonal connection and support; potholes and forks in the prehabilitation pathway; diversity of prehabilitation delivery; and person-centred prehabilitation.

Conclusion

For access, acceptance, and adherence to prehabilitation to be inclusive, people with cancer need to understand how prehabilitation can be done to help them through their treatment and recovery. To achieve this, prehabilitation communication and services should be person-centred, flexible, and include interpersonal support.

Keywords

Inclusion, Prehabilitation, Cancer Care, Health Equity

Conflict of Interest & Ethical Approval

yes

Abstract submitters declaration

yes

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