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## Evaluating the Feasibility of Online Education for Cancer Care Workers to Facilitate Inclusive Prehabilitation (I-Prehab)

### Background

Cancer prehabilitation (prehab) includes exercise, nutritional optimisation, and support for emotional well-being, before cancer treatment. Despite demonstrated benefits for recovery, access to and engagement with cancer prehab remain inequitable, particularly among people from minority ethnic backgrounds and socio-economically disadvantaged communities. To address this, we co-produced an online Inclusive Prehabilitation education package ('I-Prehab') to support cancer care workers, including physiotherapists, exercise physiologists, and exercise instructors. This study explored the feasibility of delivering and evaluating I-Prehab.

### Methods

This was a single-arm mixed-methods feasibility study. I-Prehab was launched through in-person, online, and hybrid roadshows at four National Health Service sites (Wales=3, England=1), with additional promotion via Cancer Alliances and Nursing and Allied Health Professional Cancer Leads. Primary feasibility outcomes were recruitment to and completion of all six I-Prehab modules, including understanding and engaging the person with cancer, harnessing support of others, and making resources and services inclusive. Pre- and post-education questionnaires assessed perceived knowledge of inclusive prehabilitation practices using bespoke items rated on a six-point Likert scale (strongly agree to strongly disagree), and confidence in healthcare communication using the validated Self-Efficacy-12 (SE-12) measure (score range 12–120).

### Results

I-Prehab roadshows were accessed by 126 cancer care workers, of whom 50 commenced I-Prehab education (40%). A further 51 commenced I-Prehab via alternative routes. Overall, 95 were recruited for I-Prehab evaluation; 78/95 (83%) completed all I-Prehab modules and provided valid pre- and post-education questionnaires. Self-reported knowledge increased for 67/77 (87%) participants, and in all six areas assessed; Median total score, before=27 (IQR 24-31), after=36 (IQR 31-36) ( $p<0.05$ ). Median SE-12 scores increased from 91 (IQR 83-95) to 106 (IQR 5-113) ( $p<0.05$ ). Both outcomes had medium-large effect size (Cohen's  $d=0.78$  and  $0.74$ , respectively).

### Conclusion

Delivering and evaluating I-Prehab education was feasible and may equip cancer care workers with knowledge and skills to deliver equitable, person-centred prehabilitation.

### Keywords

Inclusion, Prehabilitation, Cancer Care, Health Equity

### Conflict of Interest & Ethical Approval

yes

### Abstract submitters declaration

yes

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