

GROUP 2: Prehabilitation in Colorectal (Bowel) Cancer

Time: 20 minutes

YOUR CANCER: CONTEXT

Colorectal cancer is one of the most studied cancers in the prehabilitation literature. Surgery is the primary treatment for most colorectal cancers. Patients are often older, may be nutritionally depleted, and face significant post-operative recovery challenges including stoma formation. The evidence base for prehabilitation in this group is stronger than for most other cancers.

YOUR TASK

Prehabilitation means preparing a patient physically, nutritionally, and psychologically BEFORE their treatment begins, so they go into it in the best possible condition.

Your group has been assigned one cancer. Use your phones, laptops, or any available resource to find answers to the questions below.

Record every source you use in the source table at the end. You will be asked to share and evaluate your sources in the debrief.

OUTCOME MEASURES TO LOOK FOR

When you find evidence of prehabilitation benefits, look for these specific measures:

Length of hospital stay (LOS): did prehabilitation reduce how long patients spent in hospital after surgery?

Complication rates: did prehabilitation reduce infection, wound healing problems, or other post-operative complications?

Functional capacity: look for the six-minute walk test (6MWT) or cardiopulmonary exercise testing (CPET) as measures of fitness before and after prehab.

Nutritional status: handgrip strength and blood protein levels (albumin) are common markers.

Fatigue and psychological wellbeing: patient-reported outcome measures (PROMs) are increasingly used.

If you find a study, note the outcome measure used. Not all studies measure the same things.

Questions

Q1

What does the evidence say about exercise-based prehabilitation before colorectal cancer surgery? What types of exercise have been used and what outcomes have been measured?

Q2

Nutritional status before surgery is a strong predictor of outcomes in colorectal cancer. What nutritional interventions have been studied as part of prehabilitation, and what do they aim to achieve?

Q3

Some prehabilitation programmes for colorectal cancer use a multimodal approach combining exercise, nutrition, and psychological support. Is there evidence that this combined approach is more effective than any single component alone?

Q4

What specific outcome measures have researchers used to evaluate prehabilitation programmes in colorectal cancer? Which outcomes show the strongest evidence of benefit?

Source Record

Record every source you used below. You will discuss these in the debrief.

Source (name or URL)	Type (e.g. NHS, journal, charity)	How reliable do you think it is?

GROUP 3: Prehabilitation in Breast Cancer

Time: 20 minutes

YOUR CANCER: CONTEXT

Breast cancer treatment may involve surgery, chemotherapy, radiotherapy, or a combination. Unlike lung and colorectal cancer, the primary surgery is not usually as physiologically demanding. However, treatment-related side effects, including fatigue, reduced shoulder mobility after surgery, and the effects of chemotherapy, make prehabilitation relevant. The evidence base is growing but less established than for colorectal cancer.

YOUR TASK

Prehabilitation means preparing a patient physically, nutritionally, and psychologically BEFORE their treatment begins, so they go into it in the best possible condition.

Your group has been assigned one cancer. Use your phones, laptops, or any available resource to find answers to the questions below.

Record every source you use in the source table at the end. You will be asked to share and evaluate your sources in the debrief.

OUTCOME MEASURES TO LOOK FOR

When you find evidence of prehabilitation benefits, look for these specific measures:

Length of hospital stay: did prehab reduce how long patients spent in hospital after surgery?

Complication rates: did prehab reduce infection, wound healing problems, or other post-operative complications?

Functional capacity: look for the six-minute walk test (6MWT) or cardiopulmonary exercise testing (CPET) as measures of fitness before and after prehab.

Nutritional status: handgrip strength and blood protein levels (albumin) are common markers.

Fatigue and psychological wellbeing: patient-reported outcome measures (PROMs) are increasingly used.

If you find a study, note the outcome measure used. Not all studies measure the same things.