



# PREHABILITATION FOR AGED COLORECTAL CANCER PATIENTS: IS THERE A CLINICAL BENEFIT?

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## Background and aims

Despite prehabilitation has become a fundamental part in ERAS program, solid evidence of clinical benefit is still lacking. The current study aims to investigate the impact of prehabilitation on post-operative course in terms of morbidity and length of stay.

## Methods

Since 01/2020 a prehabilitation scheme was introduced for colorectal cancer patients older than 65 years. 30 Prehab patients were matched with 30 non-Prehab patients with similar baseline variables, with a propensity score matching analysis and compared. Multimodal prehab program relies on 3 components: physiotherapy; dietetics; psychological support. Nutritional counselling starts since oncological diagnosis. Key points are preoperative blood management, whey protein supplements and immunonutrition 5 days before surgery in malnourished patients. Patient sessions were realized in presence or in telemedicine modality. Primary endpoint: overall complications rate and type. Secondary endpoint: length of hospital stay.

## Results

Prehab group patients followed the program, 17 in presence, 13 in telemedicine. Median Prehab period: 3 weeks. Prehab compliance: 93%. In Prehab group, complications occurred in 23% of patients versus 53% in no Prehab one. In this study, Prehab program reduced complication rate of 65% (OR 0.35 with  $p=0.083$ ), resulting as possible protective factor. The major impact was on cardio-pulmonary complications. Median hospital stay of prehab patients is 4 days, in comparison with 8 days of no prehab ones (IC [-7, -1]).

## Conclusions

The present study highlights the clinical benefit of prehab program on aged oncological patients in terms of reduced post-operative complications and hospital stay.

