

TERTIARY PREVENTION: REHABILITATION AND QUALITY OF LIFE FOR CRC PATIENTS

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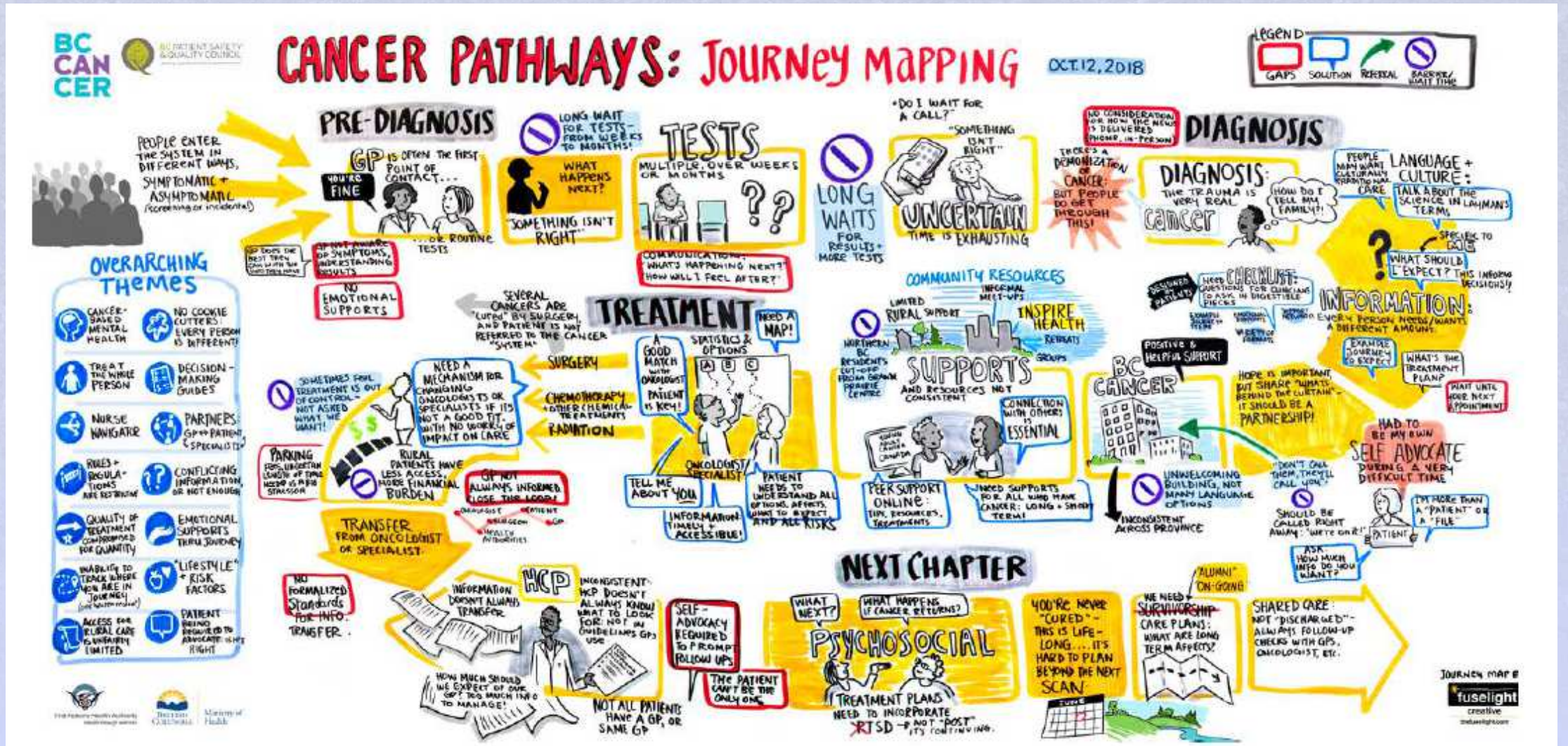
ECCAM - EUROPEAN
COLORECTAL CANCER
AWARENESS MONTH
MARCH

**STEP UP FOR
COLORECTAL CANCER**



**DIGESTIVE CANCERS
EUROPE**

The cancer journey



What can I (patient) do?

Two teachable moments about lifestyle change:

- The time of diagnosis
- The end of treatment



OBJECTIVES

- BE CURED
 - If not, living longer, late relapses
- NOT HAVING PERSISTENT TOXICITIES/SYMPTOMS
- HAVING A GOOD QoL
- AVOID OTHER CAUSES OF DEATH
 - Cardiovascular disease

WHAT CAN I DO?

YOU SHOULD EXERCISE

IN A SYSTEMATIC WAY

MULTIMODAL EXERCISE

(DO NOT FORGET THE BENEFITS OF YOGA)



WHY

- Because CRC survivors who exercise live longer
- Because CRC survivors who exercise live better
- The CALGB/SWOG 80702 trial showed that patients who exercised (after the diagnosis) at least **1,5 h/week** gained 21,4 absolute percentage point in 3-year DFS (versus those who did not exercise)¹
 - Please, remember that oxaliplatin is being administered because 3 year-DFS achieved a Δ 5,3%

¹Brown et al. J Clin Oncol 2022; 41:243

Our programmes in CRC

- Before surgery (Prehabilitation for rectal cancer)
- During chemotherapy



Educating patients and professionals



• MULTIDISCIPLINARY SESSION

- Patient
- CRC surgeon
- Nurse enterostomist
- Physiotherapist
- Exercise professional
- Medical oncologist

What have we learned?

- Time is necessary
 - Education needs time
- Coherence is necessary
 - I wouldn't be convinced to quit smoking if my physician smokes
- Patients value the consistency among different team members recommendations
 - And nurses are a key element
- The exercise expert is linked to the multidisciplinary team
 - He/she can act as a referent for the cancer patient

The importance of the first step



**ARE YOU READY
TO STEP UP
FOR COLORECTAL
CANCER?**

**AN ONLINE EVENT TO LAUNCH
#ECCAM2023**

**23 FEBRUARY 2023
10H00 - 11H30 CET**

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