

Track 4: Modern diagnostics & therapeutic areas

Surgery

P067

A PREHABILITATION AND REHABILITATION PROGRAM FOR ELDERLY COLORECTAL CANCER PATIENTS

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Introduction: Elderly patients are at risk for adverse outcomes of colorectal cancer surgery with an excess mortality risk in the first year. We implemented a pre- and rehabilitation program for elderly patients (≥ 75 years of age) in a single centre consisting of prehabilitation, laparoscopic surgery and early rehabilitation with the intention to lower 1-year mortality.

Objectives: To study the effect of our prehabilitation and rehabilitation program on the primary endpoint of 1-year overall mortality and the secondary endpoints of readmission and surgical complications.

Methods: We compared all patients that underwent elective surgery for stage I-III colorectal cancer after implementation of the program (2014-2015) to a historic control cohort of consecutive patients (2012-2013).

Results: Eighty-six patients were included in the study cohort, seventy-five patients in the control cohort. Patient and tumour characteristics were comparable; median age was 80.6 (IQR 76.9-83.2) vs. 79.7 (IQR 77.6-82.6) years. Seventy-three patients (85%) participated in the program, 54 (74%) of whom followed a prehabilitation program and 46 (63%) of whom were discharged to a rehabilitation centre. Laparoscopic surgery was performed in 82-84% of patients. Overall 1-year mortality was 5% versus 4% ($p=0.9$). Readmission was 8% vs. 8% ($p=0.9$), surgical complications 12% versus 17% in the study and control cohort respectively ($p=0.9$).

Conclusion: We did not find an effect of our pre- and rehabilitation program on morbidity and mortality in comparison with our control cohort. However, this could be partly due to the fact our controls fared much better than expected from previous research. This suggests that dedicated multidisciplinary care is the key attributer to favorable outcomes of CRC surgery in elderly patients.

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