5th ERAS UK Conference 2015

Chairs: M Scott, R Barlow, N Francis

Speaker: Mike Grocott

Ken Fearon: Mike that was a very fascinating and encouraging lecture, I 'm really delighted to hear it. Being a surgical oncologist, I'm of this pathway that you have alluded to, where patients come in, they have their primary tumour removed, they have adjuvant chemotherapy. They then have their liver metastases removed, they then have their lung metastases removed and then go on for more chemotherapy. So their patient journey, in cancer terms, is going on for 3-5 years now, and clearly we see this progressive fall in physical condition of the patient that you're alluding to. And I think it's extremely important, it's the cutting edge of ERAS for oncology, is that every time that we have one of the episodes, that we make every effort to rehabilitate them and prehabilitate them and so on. One thing that I was interested in, that I picked up on, was this chicken and egg thing – was the exercise improving the tumour response rate or was it vice versa. I think it is important to understand that there is anabolic potential that your muscles might get bigger and your exercise might improve.

Mike Grocott: I completely agree – it's very early data and doesn't prove causation, but we looked at it. The mechanism you suggest is certainly possible, we looked at it as we were concerned that if you exercise people and reduce the harm to their muscles, would also reduce the harm to the tumour, therefore the tumours grew more. So when we got the exact opposite effect, that result was encouraging. There is data from animal models, where active mice do better in terms of tumour regression than non-active mice.

Just reflecting back on your learning comments, a lot of these interventions, we have struggled with outside the concept of surgery. So all of us know that it's quite difficult to get out running in the morning and it's quite difficult to stop having that extra drink in the evening. We're all kind of happy with that as we continue to drift through life, reasonably healthy. We have a really special opportunity once patients, particularly if they have cancer, but if their facing surgery or facing chemotherapy they are much more focused on their mortality. They are much more focused on their health and therefore the likelihood of adherence is much higher. I'm a natural optimist, but I think that may be true.

Olle Ljungqvist: Just a quick comment, this is the best opportunity to have people stop smoking full time; it's much better than any other time.

Mike Grocott: I agree

Nader Francis: Just a very quick comment Mike, we all know that Prehabilitation quite useful, but with the cancer target time and the operating waiting times, how could you see the logistics of that happening effectively, within the time limit in the UK healthcare system?

Mike Grocott: Well, so one of the things is that chemotherapy and chemoradiotherapy gives us an opportunity, which is that they push back the operation date. We looked at doing research like this about 12 years ago and couldn't do it because of the very short time between diagnosis and the date of the operation. I think the second thing is that if, as this field progresses and we start to see real treatment effects from exercise to reduce complications, then I think that delaying an extra week or two weeks – there becomes a very strong case for – we're seeing 6 weeks as certainly long enough

to get a good response from an exercise training programme and we're seeing pretty good responses at four weeks. So I think that, whilst it is a challenge, I don't think it is something that should stop us pursuing the direction of travel.

Nader Francis: So we need more data, then some NICE guidelines that delaying surgery for 6 weeks for a prehab course is better for patients – but we need more data. Thank you very much.