A NEW TRIAGE TOOL FOR PREHABILITATION IN BREAST CANCER PATIENTS UNDERGOING SURGERY: THE SOS PREHAB CODE

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Introduction

Lifestyle habits, including physical activity (PA) and adherence to Mediterranean diet (MD), have a protective role on perioperative complications, post-surgery recovery, recurrences rates and quality of life in patients with early Breast Cancer (BC). Unfortunately, these habits are not regularly investigated and patients are not given advices to prepare to surgery or anticancer treatments. Moreover, a comprehensive tool that combines the main information about patient's body weight, composition and behaviors is lacking. We propose a triage code, the "Surgical Overall Score for PREHABilitation" (SOS PREHAB), to fill this gap in oncological practice.

Methods

Between February and December 2023, 334 non-metastatic BC patients awaiting for surgery at Fondazione Policlinico Universitario A. Gemelli IRCCS were routinely assessed through questionnaires, morphometric measurements and bioelectrical impedance analysis (BIA). The SOS PREHAB score (0-9) was generated by combining comorbidities, body fat mass (FM), body cellular mass/fat free mass ratio (BCM/FFM), PA levels and adherence to MD. Based on the results, we divided patients into three risk classes: CLASS A (scores 4-5); CLASS B (6-8) and CLASS C (9).
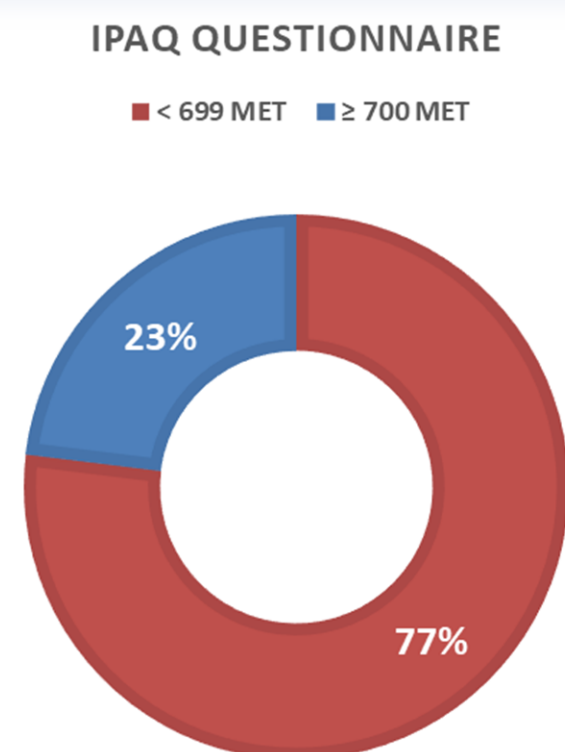
IPAQ QUESTIONNAIRE
■ < 699 MET ■ ≥ 700 MET

Figure 1. IPAQ QUESTIONNAIRE SCORE: ≥ 700 MET (Physically active); < 699 MET (physically inactive)

MEDI-LITE QUESTIONNAIRE
■ SCORE 0-9 ■ SCORE 10-18

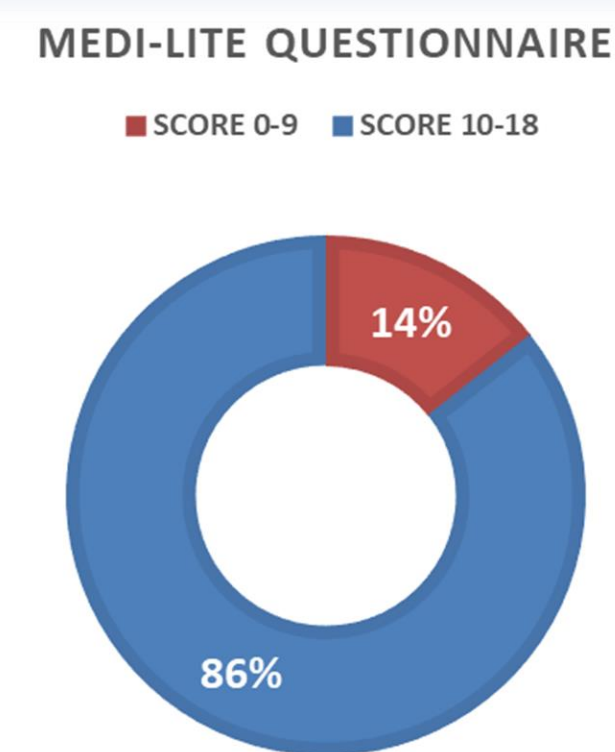**Figure 2**. MEDI-LITE QUESTIONNAIRE SCORE: 10- 18 (High adherence to Mediterranean Diet); 0-9 (low adherence to Mediterranean Diet)

SOS PREHAB SCORE
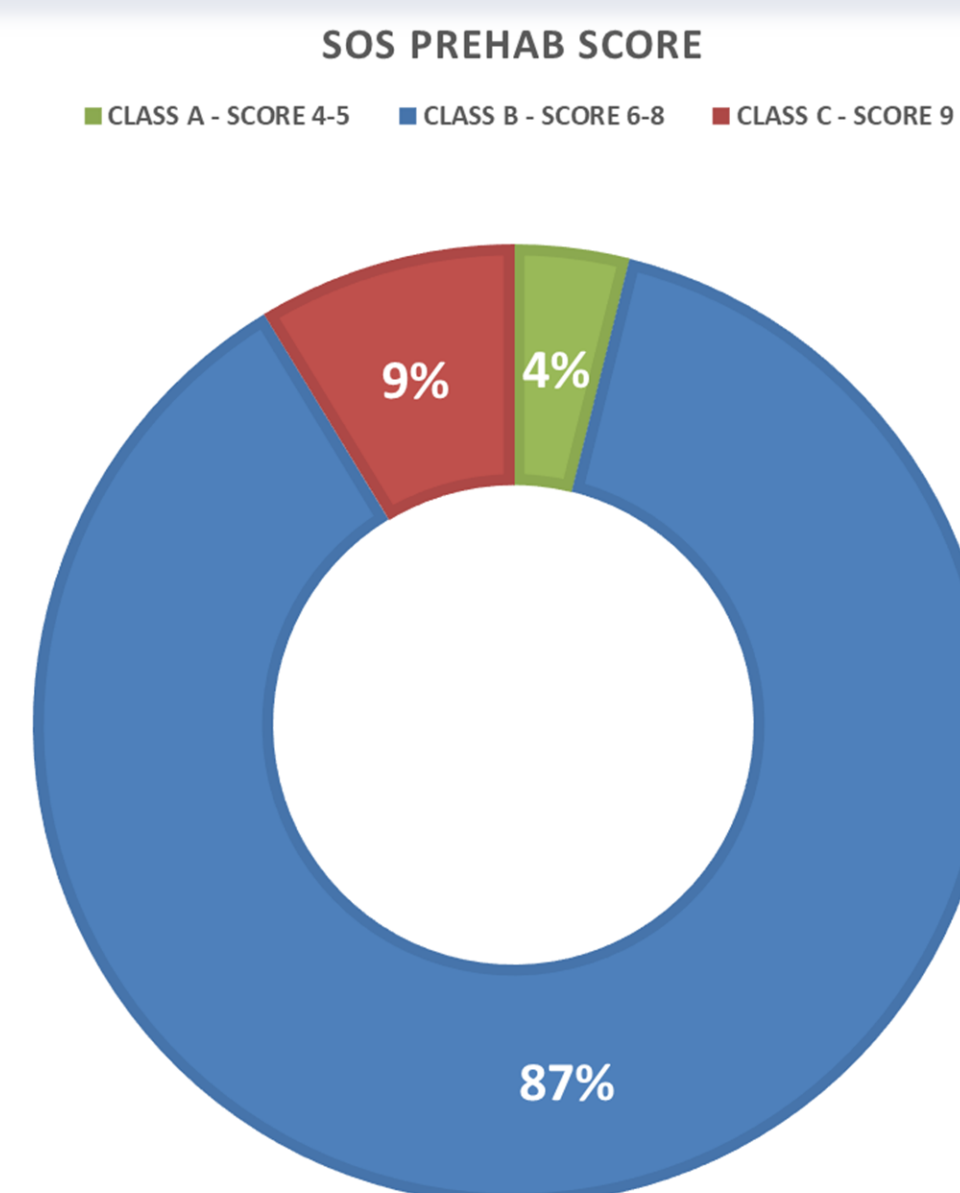■ CLASS A - SCORE 4-5 ■ CLASS B - SCORE 6-8 ■ CLASS C - SCORE 9

Figure 3. SOS PREHAB SCORE: CLASS A score 4-5 (prehabilitation program on demand); CLASS B score 6-8 (prehabilitation program suggested); CLASS C score 9 (prehabilitation program required)

Results

According to IPAQ® questionnaire, only 23% of patients resulted physically active (≥700 MET) and 14% showed low adherence to MD (0-9 Medi-lite score). As regards BIA, the median FM was over the healthy range (38,5 %), while the median BCM/FFM ratio was under the cut-off recommended (46%). According to SOS PREHAB code, 87% resulted in CLASS B (prehabilitation program suggested) and 9% in CLASS C (prehabilitation program required).

Discussion

The SOS PREHAB scores reveal that the percentage of patients not requiring prehabilitation is under 10% of the sample. Despite this score needs to be validated, it is a promising tool that combines information about patient's body weight, composition and behaviors, and could represent a valid help in the management of early BC patients.

References

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