Scottish Government Health Directorates Chief Scientist Office



FOCUS ON RESEARCH

TreatWELL – a feasibility study to assess the delivery of a lifestyle intervention for colorectal cancer patients undergoing potentially curative treatment

Researchers Anderson AS, Steele RJC, O'Carroll RE, Munro A, Wells M, Campbell A, Rodger J, Stead M

Aim To assess the feasibility of delivering and evaluating a lifestyle intervention (smoking, alcohol, physical activity, diet and weight management) programme (TreatWELL) for colorectal cancer (CRC) patients undergoing potentially curative treatments

Project Outline/Methodology The programme was delivered in 3 face to face sessions (plus phone calls) by lifestyle counsellors over three phases: 1: Pre-habilitation, 2: Surgical recovery 3: Post therapy recovery. Feasibility outcomes were recruitment rates, phase lenath, ease of programme implementation, time required for intervention procedures, collection of measurements, patient acceptability, factors influencing adherence and retention.

Key Results During the study period, 84 patients were diagnosed, 22 (26%) were recruited and 15 (18%) completed the study. The median time in phase 1 was 15 days, but was often shorter and only 6 participants completed end of phase 1 measures. The median time in phase 2 was 36.5 days and phase 3 was 102 days but was frequently extended by clinical problems. Median intervention delivery time by lifestyle counsellors was 5.5 hours with >70% of components reported as being successfully delivered. Acceptability of the intervention was rated highly. Although programme adherence was endorsed by many NHS staff, further support could have been provided.

Conclusions Further work is needed to optimise recruitment. Timing of measurements needs reconsideration in phase 1 and 3. Protocols for phase 2 and 3 need to be flexible to allow for variation in clinical progress. Ways for NHS staff to support the programme should be explored

What does this study add to the field? The practicalities of delivering and evaluating intervention programmes from diagnosis to treatment end in this client group need to take account of complex clinical pathways. The feedback from participants suggest a focus on physical activity (from diagnosis, through treatment and beyond) was highly acceptable and may be beneficial for both mental and physical health. Addressing problems of excess weight in patients with bowel cancer remain a challenge that requires further investigation

Implications for Practice or Policy The work highlights the importance of clinical staff in endorsing, facilitating implementation and supporting positive health behaviours in patients with colorectal cancer. The resources utilised and behavioural techniques for supporting healthy behaviours are largely absent from usual clinical care and highlight the gaps in training and practice that need to be addressed to improve care in patients diagnosed with potentially curable bowel cancer.

Where to next? The current programme is not yet suitable for a definitive RCT. Future work aims to explore how to improve:

- a) Recruitment and engagement with patients and Clinical Nurse Specialists.
- b) Delivery including adjustments for delivery time by LCs (Lifestyle Counsellors), and the challenge of a short phase 1, few contact opportunities in phase 2 and a long phase 3.
- C) Assessments (may not all be necessary).
- c) Engagement of wider clinical care team to support the programme.

Further details from: Professor Anderson, Centre for Research into Cancer Prevention and Screening, Mailbox 7, Level 7, Ninewells Hospital & Medical School, Dundee, DD1 9SY (a.s.anderson@dundee.ac.uk)