

Prehabilitation and rehabilitation in action

Case study template

	Description
Summary of patients social history and relevant past and current medical history	36-year-old women with triple negative breast cancer. Referred to the breast dietitian for a 'preparing for treatment' appointment as she was about to start neoadjuvant chemotherapy. Normally fit and well and a Mum of 3 young children.
Type of prehabilitation, rehabilitation screening undertaken and by whom (which roles)	<p>Malnutrition universal screening tool (MUST) score calculated by dietitian as 3 at presentation due to a BMI of 18 and 5-10% weight loss due to sometimes skipping meals when she was busy.</p> <p>Normal physical activity level assessed by dietitian using the general practice physical activity questionnaire (GPPAQ) and classified as moderately active at presentation.</p> <p>Mood screen not deemed as required by dietitian however this would have been done if it was required.</p>
Type of prehabilitation/rehabilitation assessment(s) undertaken and by whom (which roles)	Nutritional intake assessed by dietitian via dietary recall.
Interventions delivered	
Universal	<p>Exercise: general advice on staying active during treatment given by dietitian and patient sign posted to the Macmillan information on physical activity during treatment.</p> <p>Nutrition: n/a</p> <p>Psychosocial support: general advice on psychosocial support available if required and reassurance given about appropriate feelings of anxiety at initial diagnosis.</p>

	<p>Other: Non-smoker so no smoking cessation advice needed. Alcohol recommendations of 5 units a week or less for breast cancer patients discussed.</p>
<p>Specialist</p>	<p>Exercise: N/A</p> <p>Nutrition: BMI of 18 at diagnosis prior to starting neoadjuvant chemotherapy therefore rather than providing universal advice regarding diet and breast cancer and possible side effects from treatment that may affect eating I gave specialist nutrition support advice regarding gain.</p> <p>Psychosocial support: N/A</p> <p>Other: N/A</p>
<p>Monitoring and evaluation</p>	<p>In view of the patients low BMI at diagnosis initial follow up was organised for 1 month to ensure her weight had stabilised. At her 1 month follow up her weight had stabilised and started to increase slightly, and she was experiencing minimal side effects from her chemotherapy.</p> <p>Further follow up arranged for 2 months' time when she will be halfway through her chemotherapy so that we can start to discuss ways she can reduce the risk of reoccurrence or further cancer once acute treatment has finished (e.g. World Cancer Research Fund recommendations ¹)</p>
<p>Outcome measures used</p>	<p>MUST and GPPAQ repeated on all patients in this pathway at their 3 month follow up.</p>

¹ [About our Cancer Prevention Recommendations | WCRF International](#)