

‘Apple Clinic 4U’ Prehabilitation Program Current Insights

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Introduction Prehabilitation is a process comprised of single or multimodal interventions targeting nutrition, exercise and mental wellbeing to prepare and enhance patients’ ability to cope with treatment¹. Recent studies suggest multimodal prehabilitation is associated with decreased complications and improvement in functional capacity post-operatively^{2,3}. Apple Clinic 4U supports cancer patients preparing for treatment by providing multi-modal targeted prehabilitation⁴. Specialists prehabilitation coaches work alongside the larger multidisciplinary team to deliver an individualised program that incorporates exercise, psychological support, and improved nutritional habits⁴. Since its inception demographics and health data, including physical, mental, and nutritional measures, have been collected pre- and post-prehabilitation for patients undergoing surgery for cancer. Initial findings were reported in December 2023. The scope now includes patients undergoing medical oncology management, with their outcomes compared to a surgical cohort that has grown with additional patients.

Methods The data was collected during patients' initial clinic visit before treatment and at a subsequent assessment, typically aligned with the start of treatment or approximately one week prior to surgery. The data was collected over a period of seventeen months from July 2023 to November 2024. The data for the surgical and medical cohorts were analysed separately using paired and descriptive statistical analysis methods in Excel and R.

Results There was a total of 63 surgical and 22 medical patients, with 97% of surgical and 86% of medical patients completing prehabilitation. Medical patients attended on average, more than twice as many sessions as surgical patients, with 9.68 sessions compared to 4.28. Metrics measured included health self-score, grip strength, timed up and go, 6-minute walk test, frailty score, and sit-to-stand. There was a statistically significant improvement for both medical and surgical patients in metrics measured, except grip strength in the medical cohort.

Conclusion This study demonstrates the positive impact of multimodal prehabilitation on various measured outcomes in patients undergoing both surgery and medical management for cancer. While the outcomes are promising, we acknowledge the small sample size may limit the generalisability.

References

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Funding We would like to thank the White Lily Fund, Murgitroyd Foundation, and Beatson Cancer Charity for supporting the clinic.