Fast Facts

A231601CD - IMPROVING SURGICAL CARE AND OUTCOMES IN OLDER CANCER PATIENTS THROUGH IMPLEMENTATION OF AN EFFICIENT PRE-SURGICAL TOOLKIT (OPTI-SURG)

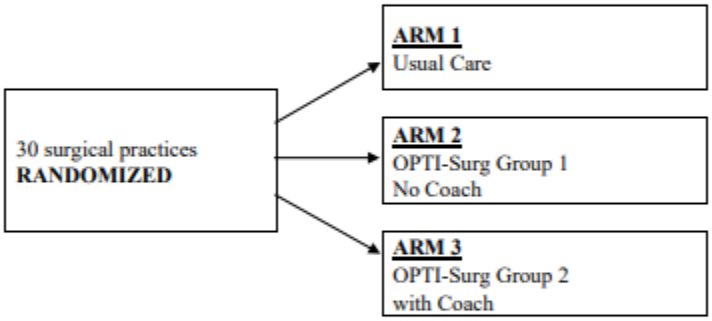
IMPROVING SURGICAL CARE AND OUTCOMES IN OLDER CANCER PATIENTS THROUGH IMPLEMENTATION OF AN EFFICIENT PRE-SURGICAL TOOLKIT (OPTI-SURG)

Patient Eligibility Criteria: (See Section 3.1)

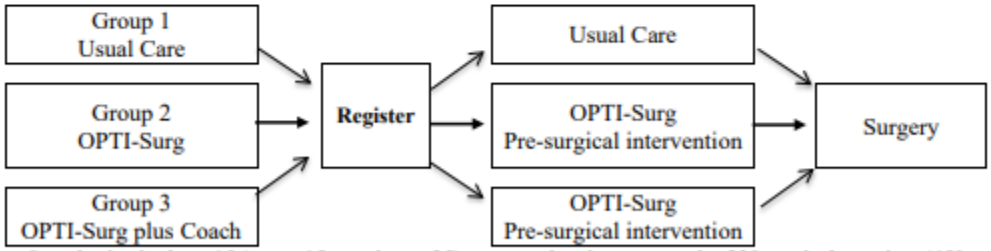
- Patients must have known or suspected cancer diagnosis and have one of the following cancer-directed operations planned: Gastrectomy; Colectomy; Proctectomy; Esophagectomy; Pancreatectomy; Hepatectomy; Total cystectomy; Partial or Total Nephrectomy; Lung resection (wedge resection, segmentectomy, lobectomy, or pneumonectomy)
- Age ≥ 70 years
- Patients with known metastatic disease with a plan for curative intent resection are eligible.
- Patients with double primaries undergoing planned curative operation for both are eligible.
- Patients undergoing emergent surgery are not eligible.
- Patients under active treatment for second primary are not eligible.
- Patients with known metastatic disease who are undergoing palliative resection are not eligible.
- Patients with psychiatric illness or other mental impairment that would preclude their ability to give informed consent or to participate in the prehabilitation program are not eligible.
- Patients must be able to speak and complete questionnaires in English.

Required Initial Lab Values
None

Institutional Randomization:



Patient Schema:



Sample size is about 15 (target 15, maximum 25) consented patients per each of 30 surgical practices (450 consented patients).

Consented patients will complete the CHAMPS and EQ-5D questionnaires at baseline and 8 weeks post-surgery.

NOTE: Practice-level data will be collected for all eligible patients (including those not registered to the trial) until the site has completed accrual, study procedures and data collection of consenting patients.

Surgical complications will be assessed for all eligible patients at 8 and 12 weeks after surgery.

See Sections 7.1 and 4.3.1 for institutional participation requirements.

Eligibility Criteria

1. Eligible patients must have known or suspected cancer diagnosis and have one of the following cancer-directed operations planned:
   - Gastrectomy
   - Colectomy
   - Proctectomy
   - Esophagectomy
   - Pancreatectomy
   - Hepatectomy
   - Total cystectomy
   - Partial or Total Nephrectomy
   - Lung resection (wedge resection, segmentectomy, lobectomy, or pneumonectomy
2. Age ≥ 70 years
3. Patients with known metastatic disease with a plan for curative intent resection are eligible (e.g., curative liver resection for metastatic colorectal cancer).
4. Patients with double primaries undergoing planned curative operation for both are eligible (e.g., synchronous colon cancers undergoing colectomy to treat both).
5. Patients undergoing emergent surgery are not eligible.
6. Patients under active treatment such as chemotherapy, targeted therapy, immunotherapy, radiation treatment, etc. for second primary, are not eligible. However, patients not currently receiving treatment are eligible, including patients who have been previously treated for another cancer. Patients are not considered to have a "currently active" malignancy if they have completed therapy and are free of disease for ≥2 years.
7. Patients with known metastatic disease who are undergoing palliative resection are not eligible.
8. Patients with psychiatric illness or other mental impairment that would preclude their ability to give informed consent or to participate in the prehabilitation program are not eligible.
9. Patients must be able to speak and complete questionnaires in English.