

Gruppo San Donato





PROPOSE (PRehabilitation in Oncologic Patients undergoing SurgEry)

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Background

The current standard treatment for the majority of solid cancer includes surgery and concurrent medical therapies, both of which have been shown to significantly enhance prognosis. Nonetheless, cancer treatments impose impactful physiological stress, and have detrimental effects on acute and long-term health outcomes.

Objective

The main objective of this project is to identify specific physical, nutritional and psychological risk factors to predict severe morbidity and prolonged recovery after major cancer surgery. The findings of our study will enable the identification of specific risk categories to plan personalized prehabilitation programs and modulate oncologic treatment strategies in patients undergoing surgical resection.

Methods



Outcomes

The primary outcome will be 30-day severe postoperative morbidity, defined as grade 3a or greater according to the Dindo–Clavien classification. Complication severity will also be assessed using the Comprehensive Complication Index (CCI).Secondary outcomes will include time to functional recovery (TFR), length of hospital stay (LOS), postoperative specific surgical and medical complications, unplanned hospital readmissions and recovery.

A prospective multicenter observational trial aiming to identify patients at higher risk for severe postoperative morbidity through multiple preoperative screening tools will be carried out in 3 Italian university hospitals (IRCCS San Raffaele, Milano; Ospedale Careggi, Firenze; Policlinico San Gerardo, Monza).

Patient's assessment plan is reported in Figure 1.

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- 3) Continuous infusion versus intermittent administration of meropenem in critically ill patients
- 4) Non-invasive ventilation outside the intensive care unit
- 5) Remote ischemic preconditiong in patients undergoing non-cardiac surgery
- 6) Intravenous amino acid therapy for kidney protection in cardiac surgery
- 7) Proton pump inhibitors (PPI) as a new strategy for therapy in sepsis
- 8) Acute normovolemic hemodilution in high-risk cardiac surgery patients



