



ASO AUTHOR REFLECTIONS

ASO Author Reflections: Virtual Multimodal (P)rehabilitation for Cancer Surgery: Hope or Hype?

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Past

Postoperative complications and adverse outcomes remain a significant burden after gastrointestinal cancer surgery, affecting patient recovery, quality of life, and healthcare resource utilization.^{1,2} Although (p)rehabilitation (combining preoperative and postoperative rehabilitation) has attracted growing interest as an intervention to improve surgical outcomes, the current evidence base is largely derived from face-to-face delivery models. Such models present considerable challenges for equitable healthcare access, particularly across geographically dispersed populations such as in Australia. Virtual delivery of (p)rehabilitation offers a scalable, patient-centered solution that can be integrated early into the preoperative care pathway, reducing barriers related to distance and mobility.

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Present

We aimed to determine whether a virtual multimodal (p) rehabilitation program, delivered up to 6 weeks preoperatively and 3 months postoperatively, was feasible and acceptable for patients undergoing gastrointestinal cancer surgery. The multimodal hub provided participants with specialized multidisciplinary input from a physiotherapist, psychologist, dietitian, specialist nurse, social worker, and geriatrician, targeting modifiable risk factors preoperatively (including physical deconditioning and malnutrition), preparing participants for surgery through expectation setting, and minimizing physiological and psychological decline associated with neoadjuvant treatments and/or surgery. Our pilot trial³ confirmed that this virtual delivery model was both feasible and acceptable, with strong uptake (65%), retention (95%), and adherence (74%) and high overall participant satisfaction.

Future

Building on these promising findings, PRIORITY-CONNECT 2 has advanced to a full-scale phase III multicenter hybrid type 1 effectiveness-implementation randomized controlled trial. The trial will recruit 564 participants across multiple Australian sites to determine the effectiveness of the virtual multimodal hub in reducing postoperative complications after colorectal cancer surgery. Funded by the Medical Research Future Fund, PRIORITY-CONNECT 2

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represents Australia's largest (p)rehabilitation trial to date, with findings expected to inform national and international clinical practice guidelines and shape the future delivery of perioperative cancer care.

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References

1. Pak H, Maghsoudi LH, Soltanian A, Gholami F. Surgical complications in colorectal cancer patients. *Ann Med Surg.* 2020;55:13–8.
2. Wang S, et al. Postoperative complications and prognosis after radical gastrectomy for gastric cancer: a systematic review and meta-analysis of observational studies. *World J Surg Oncol.* 2019;17:52.
3. Reeves J, Koh C, Smith AB, et al. Acceptability and feasibility of a virtual multimodal (p)rehabilitation programme for gastrointestinal cancer patients: The PRIORITY-CONNECT 2 Pilot Randomised Controlled Trial. *Ann Surg Oncol.* 2026. <https://doi.org/10.1245/s10434-026-19355-0>.

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