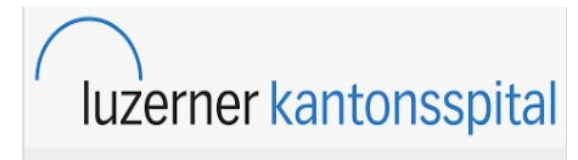
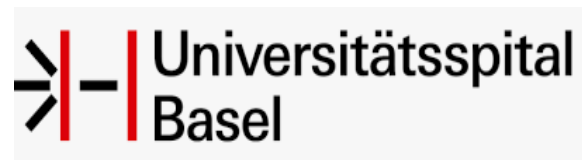




«Cancer Move Continuum Schweiz (CMCS): Strukturierte Bewegungstherapie als Bestandteil der onkologischen Versorgung».

Anastasios Manettas PT, PhD – Fachverantwortlicher PEU – Wissenschaftliche Leitung Projekt CMCS

Nicola Greco PT, M.Sc. Abteilungsleiter Therapie Innere Medizin Physiotherapie Ergotherapie USZ (PEU) – Projektleiter CMCS



SPECIAL ARTICLE

ESMO Clinical Practice Guideline Express Update on the adoption of physical exercise in patients with localised colon cancer

G. Pentheroudakis¹, G. Argilés², D. Arnold³, E. Smyth⁴ & M. Ducreux^{5,6}, on behalf of the ESMO Guidelines Committee*

¹Scientific and Medical Division, European Society for Medical Oncology, Lugano, Switzerland; ²Division of Solid Tumor Oncology, Memorial Sloan Kettering Cancer Center, New York, USA; ³Asklepios Tumorzentrum Hamburg, AK Altona, Hamburg, Germany; ⁴NIHR Biomedical Research Centre, Churchill Hospital, Oxford, UK; ⁵Université Paris-Saclay, INSERM U1279, Villejuif; ⁶Department of Cancer Medicine, Gustave Roussy, Villejuif, France



Available online 27 January 2026



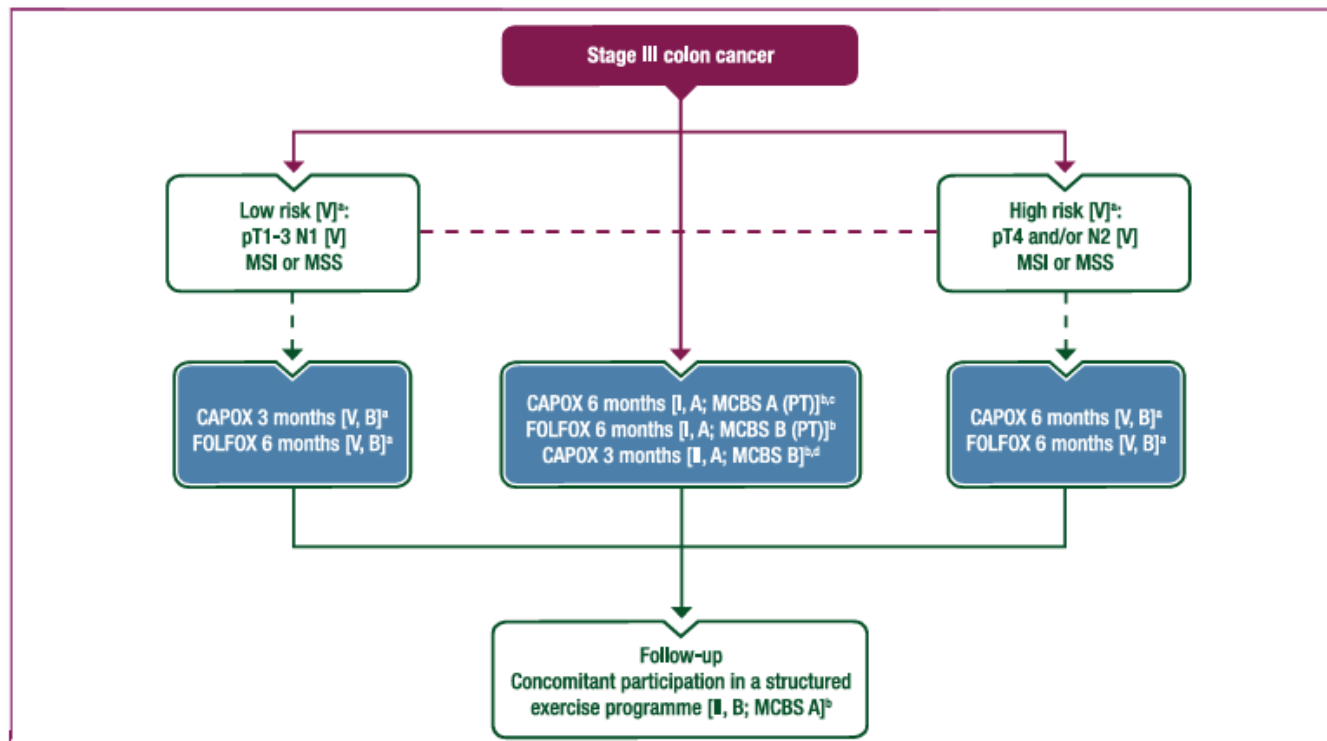


Figure 2. Adjuvant treatment of stage III colon cancer.

Purple: algorithm title; blue: systemic anticancer therapy or their combination; white: other aspects of management and non-treatment aspects; dashed lines: optional branches, colour used as described in the categories above.

5-FU, 5-fluorouracil; CAPOX, capecitabine–oxaliplatin; ChT, chemotherapy; CPG, Clinical Practice Guideline; EMA, European Medicines Agency; FDA, Food and Drug Administration; FOLFOX, leucovorin–5-fluorouracil–oxaliplatin; LV, leucovorin; MCBS, Magnitude of Clinical Benefit Scale; MSI, microsatellite instability; MSS, microsatellite stability; PT, persistent toxicity.

¹Stage III risk subgroups are based on a *post hoc* analysis from the IDEA collaboration and should be applied with caution. Levels of evidence and grades of recommendation for ChT regimens are lower for low-risk and high-risk subgroups compared with the overall population due to the exploratory nature of the analyses. A full explanation is included in the original CPG.¹

²ESMO-MCBS v2.0¹⁰ was used to calculate scores for new therapies/indications approved by the EMA or FDA, if relevant. The scores have been calculated and validated by the ESMO-MCBS Working Group and reviewed by the authors (<https://www.esmo.org/guidelines/esmo-mcbs/esmo-mcbs-evaluation-forms>).

³MCBS A (PT) versus 5-FU–LV; NO16986 trial.

⁴MCBS B versus CAPOX 6 months; IDEA trial.



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ORIGINAL ARTICLE



Structured Exercise after Adjuvant Chemotherapy for Colon Cancer

Authors: Kerry S. Courneya, Ph.D., Janette L. Vardy, M.D., Ph.D., Christopher J. O’Callaghan, D.V.M., Ph.D., Sharlene Gill, M.D., Christine M. Friedenreich, Ph.D., Rebecca K.S. Wong, M.B., Ch.B., Haryana M. Dhillon, Ph.D., **+20**, for the CHALLENGE Investigators* [Author Info & Affiliations](#)

Published June 1, 2025 | N Engl J Med 2025;393:13-25 | DOI: 10.1056/NEJMoa2502760 | [VOL. 393 NO. 1](#)



Review


> J Clin Oncol. 2022 Aug 1;40(22):2491-2507. doi: 10.1200/JCO.22.00687.

Epub 2022 May 16.

Exercise, Diet, and Weight Management During Cancer Treatment: ASCO Guideline

Jennifer A Ligibel ¹, Kari Bohlke ², Anne M May ³, Steven K Clinton ⁴, Wendy Demark-Wahnefried ⁵, Susan C Gilchrist ⁶, Melinda L Irwin ⁷, Michele Late ⁸, Sami Mansfield ⁹, Timothy F Marshall ¹⁰, Jeffrey A Meyerhardt ¹, Cynthia A Thomson ¹¹, William A Wood ¹², Catherine M Alfano ¹³

Affiliations + expand

PMID: 35576506 DOI: [10.1200/JCO.22.00687](https://doi.org/10.1200/JCO.22.00687) 

Question 1: Does exercise during cancer treatment safely improve outcomes related to QoL, treatment toxicity, or cancer control?

Recommendation 1.1.

Oncology providers should recommend aerobic and resistance exercise during active treatment with curative intent to mitigate side effects of cancer treatment (Type: evidence based, benefits outweigh harms; Evidence quality: moderate to low; Strength of recommendation: strong).

Note: Exercise interventions during active treatment reduce fatigue; preserve cardiorespiratory fitness, physical functioning, and strength; and in some populations, improve QoL and reduce anxiety and depression. In addition, exercise interventions during treatment have low risk of adverse events. Evidence was not sufficient to recommend for or against exercise during treatment to improve cancer control outcomes (recurrence or survival) or treatment completion rates.

Recommendation 1.2.

Oncology providers may recommend preoperative exercise for patients undergoing surgery for lung cancer to reduce length of hospital stay and postoperative complications (Type: evidence based, benefits outweigh harms; Evidence quality: low; Strength of recommendation: weak).

► [Med Sci Sports Exerc.](#) Author manuscript; available in PMC: 2021 Nov 9.

Published in final edited form as: [Med Sci Sports Exerc.](#) 2019 Nov;51(11):2375–2390. doi:

[10.1249/MSS.0000000000002116](https://doi.org/10.1249/MSS.0000000000002116) [↗](#)

Exercise Guidelines for Cancer Survivors: Consensus statement from International Multidisciplinary Roundtable

[Kristin L Campbell](#)¹, [Kerri Winters-Stone](#)², [Joachim Wiskemann](#)³, [Anne M May](#)⁴, [Anna L Schwartz](#)⁵, [Kerry S Courneya](#)⁶, [David Zucker](#)⁷, [Charles Matthews](#)⁸, [Jennifer Ligibel](#)⁹, [Lynn Gerber](#)^{10,11}, [Stephen Morris](#)¹², [Alpa Patel](#)¹³, [Trisha Hue](#)¹⁴, [Frank Perna](#)¹⁵, [Kathryn H Schmitz](#)¹⁶

Fatigue	Aerobic	65% HRmax 45% VO ₂ max RPE 12	30	3	12	Supervised and unsupervised appear similarly effective	No dose response by intensity; possible > benefits with ↑ duration & length of program
	Resistance	60% 1RM RPE 12	2 sets 12–15 reps	2	12	Supervised and unsupervised appear similarly effective	None observed
	Aerobic + Resistance	65% HRmax 45% VO ₂ max RPE 12	30	3	12	Supervised and unsupervised appear similarly effective	None observed
		60% 1RM RPE 12	2 sets 12–15 reps	2	12		
Health-related Quality of Life	Aerobic	60–80% HRmax RPE 11–13	30	2–3	12	Supervised more effective	None observed
	Resistance	60–75% 1 RM RPE 13–15	2–3 sets 8–15 reps	2–3	12	Supervised or combination of supervised & home-based	None observed
	Aerobic + Resistance	60–80% HRmax RPE 11–13	20–30	2–3	12	Supervised more effective	None observed
		60–80% 1RM RPE 12–14	2 sets 8–15 reps	2–3	12		



USZ Universitäts
Spital Zürich

Comprehensive Cancer Center Zürich

Sport und Bewegung bei Krebs

Trainingsprogramm für Patientinnen und Patienten
mit Tumorerkrankungen

CCCZ – Ein gemeinsames onkologisches Exzellenzzentrum

USZ Universitäts
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 Universität
Zürich

Balgrist
Universitätsklinik

 UNIVERSITÄTS-
KINDERSPITAL
ZÜRICH



September 2022



Anhang: Förderbereich III – proaktive Ausschreibung zu einem spezifischen Thema

Nachsorge von Krebspatientinnen und -patienten

Arbeitsgruppe BAG/GFCH – Prävention in der Gesundheitsversorgung (PGV)



Eine gemeinsame Ausschreibung von



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Eidgenössisches Departement des Innern EDI
Bundesamt für Gesundheit BAG



Gesundheitsförderung Schweiz
Promotion Santé Suisse
Promozione Salute Svizzera



Unser Ziel ist es, Krebspatientinnen....

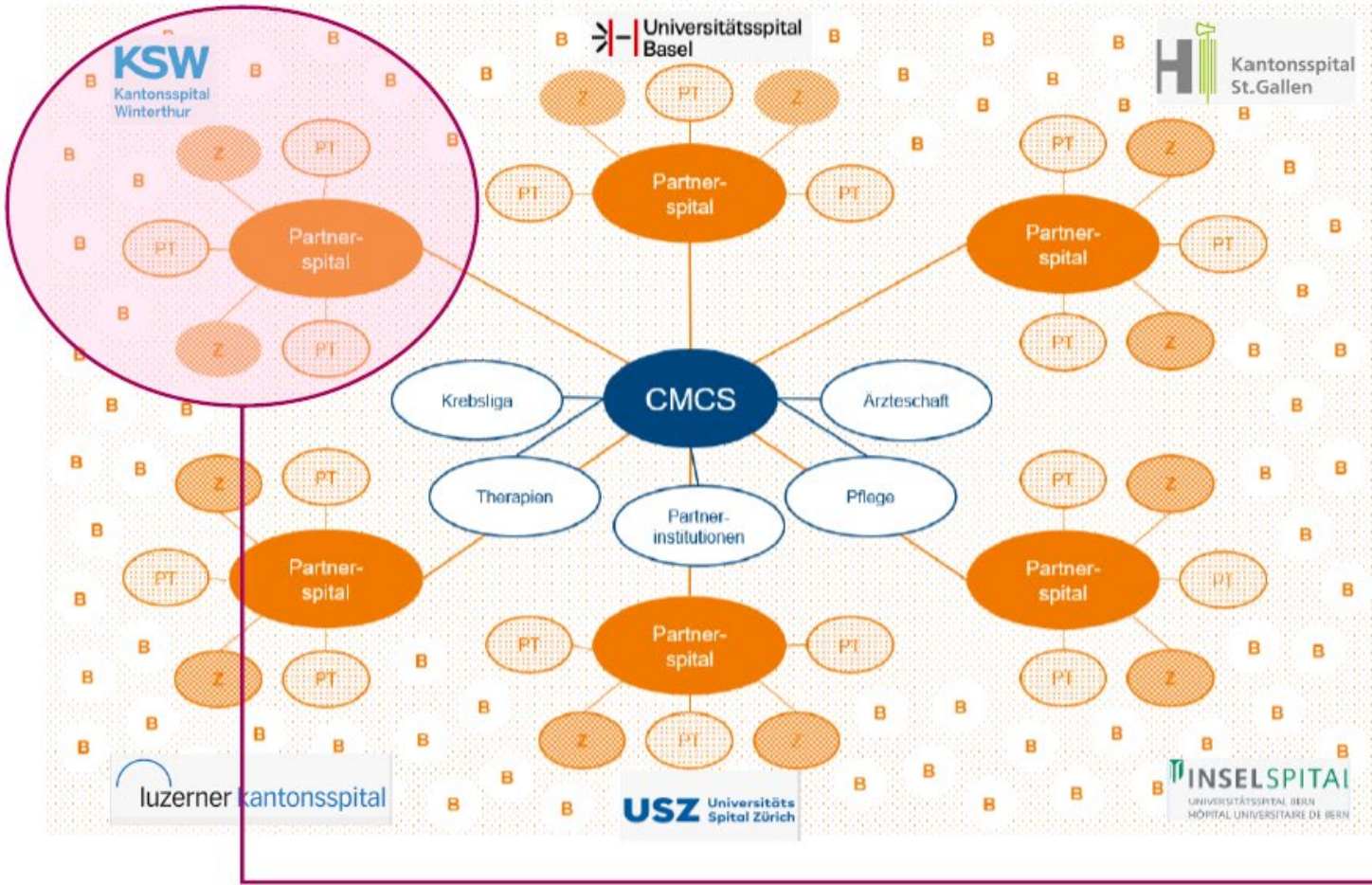
... ein **wohnortnahes**,

... **qualitätsgeprüftes (evidenzbasiert)**,

... **zertifiziertes Bewegungsangebot** ...

durch Vermittlung an geeignete Therapieinstitutionen innerhalb unseres **Netzwerks** – darunter Regionalspitäler, Reha-Zentren, Praxen und weitere Gesundheitseinrichtungen zu ermöglichen.

CMCS Netzwerk Aufbau

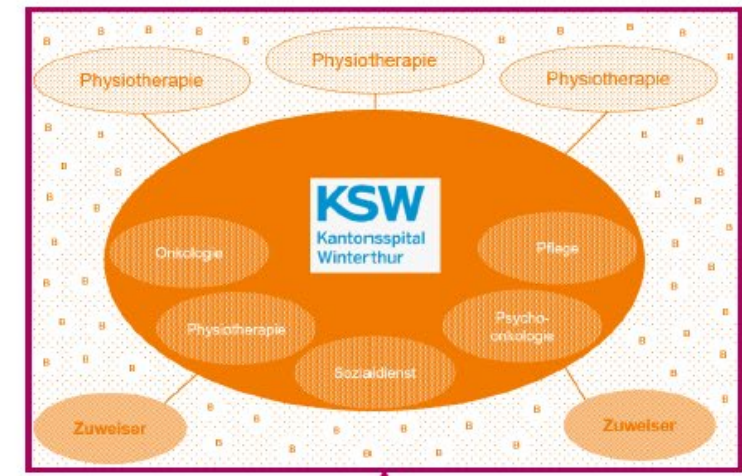


Projekt/Konzeption CMCS

- Krebsliga
- Therapien
- Partnerinstitutionen
- Pflege
- Ärzteschaft

Regionales Netzwerk

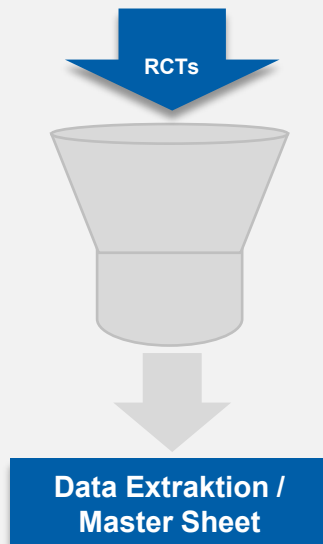
- Partnerspital
- B: Betroffene
- PT: Physiotherapien
- Z: Zuweisende (behandelnde Ärzt*innen)



Entwicklung des CMCS therapeutischen Konzeptes

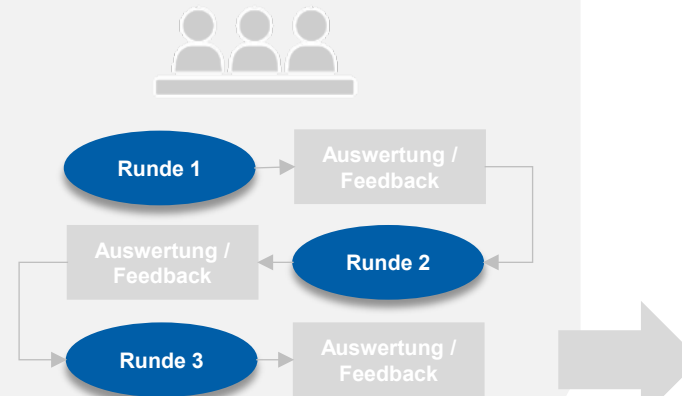
1. Systematic Review

- ✓ 354 RCTs
- ✓ Intervention „Exercise“ vs. „kein Exercise“ vs. „übliche Versorgung“
- ✓ Master Sheet ca. 4'700 Outcomes



2. Delphi-Studie

- ✓ 3 Runden
- ✓ 30 Panelisten
 - Onkologen
 - Bewegungswissenschaftler
 - PhysiotherapeutInnen (Onkoreha)
 - Autoren von Studien



3. Output der Studie

- ✓ Das Therapeutische Konzept
 - ✓ CMCS-Verordnung
 - ✓ Präskriptionsliste
 - ✓ Treatment Status Liste
 - ✓ Trainingspräskriptionen
 - ✓ Outcome Set
 - ✓ Sicherheitskonzept

CMCS Clinical Decision Support System (CDSS)

Cdss

CMCS Weiterbildung (E-Learning + Shadowing)

[Link zur Weiterbildung](#)

K1 Kunde 1

Cancer Move Continuum Schweiz

START COURSE

0% COMPLETE

- ☰ Kapitel 1: Einführung
- ☰ Kapitel 2: Therapieindikationen
- ☰ Kapitel 3 Relevante medizinische Behandlungen
- ☰ Kapitel 4: Treatment Status und Staging
- ☰ Kapitel 5 : CMCS Sicherheitskonzept
- ☰ Kapitel 6: Anamnese und Screening
- ☰ Kapitel 7: Messinstrumentarium
- ☰ Kapitel 8: SMART Zielsetzung
- ☰ Kapitel 9: Therapiepräskription
- ☰ Kapitel 10: Fitness Testing
- ☰ Kapitel 11: Übungskatalog

Das E-Learning Cancer Move Continuum Schweiz (CMCS) **befähigt** Physiotherapeutinnen das CMCS therapeutische Konzept systematisch zu verstehen und in die eigene Praxis zu übertragen. Sie entwickeln dabei Wissen, klinischen Urteilsvermögen und praktische Handlungskompetenz, um komplexe Situationen im onkologischen Versorgungskontext selbstständig, reflektiert und patientenzentriert zu bewältigen.

CMCS Mehrwert

CMCS schliesst Versorgungslücken, steigert Lebensqualität und schafft nachhaltigen Systemnutzen.

Für Patient*innen:

- Verbesserte Lebensqualität und reduzierte Nebenwirkungen
- Kontinuierliche, wohnortnahe Betreuung
- Individuelle Trainingspläne & Therapiepfade

Systemischer Mehrwert:

- Standardisierte Prozesse & klar definierte Abläufe
- Qualitätssicherung & Outcome-Monitoring

Strategische Relevanz:

- Schliesst Versorgungslücken in der onkologischen Nachsorge
- Fördert evidenzbasierte, nachhaltige Versorgungsmodelle

Vielen Dank für eure Aufmerksamkeit.

