

The Stakeholder Perspective: Need Validation and Patient Impact

The conference was opened by **Rossana Di Renzo (Cittadinanzattiva)**, who immediately grounded the project in its most important context: the community of citizens and patients. Her speech emphasised several key points:

- **Value of Co-design:** She praised the "rigorous process" and the "comparison with other European countries", distinctive elements of successful EU projects.
- **Centrality of Welfare:** The alliance with the Order of Physiotherapists is based on the need to go beyond "care pathways" to include "wellbeing pathways", emphasising not only the needs but also the "dreams" (bi-dreams) of people.
- **Quantitative and Qualitative Impact:** The participation of 100 citizens (healthy and with illnesses) was described as an outstanding achievement. Crucial was the outcome of the project: many participants continued physical activity independently, demonstrating a sustainable impact on behaviour.
- **Power of Narrative:** The testimony of "Paola", a Parkinson's patient, powerfully illustrated how group physical activity becomes the "real medicine", an intervention that complements drug therapy by improving quality of life through sociality and mutual support.

This first communicative *work package* effectively established the *rationale* of the project, validating its necessity directly from the voice of its final beneficiaries.

Scientific Rationale and Clinical Context: Integrative Oncology

The following intervention, by a representative of **Onconauti** (an association for integrative therapies in oncology), provided the solid scientific framework.

- **Paradigm shift:** It was highlighted how non-drug interventions, once considered 'alternative', are now an integral part of international guidelines. Physical activity was defined as the intervention with the highest degree of scientific evidence.
- **Needs of the Oncological Patient:** The almost 4 million *cancer survivors* in Italy have three primary needs: management of long-term side effects, functional recovery and reduction of the risk of relapse. Physical activity, placed in a context of lifestyle improvement (yoga, nutrition, psychological support), acts on all three fronts.
- **Exercise is Medicine:** The impact of physical activity is clinically measurable, even in advanced diseases such as lung cancer, where the number of daily steps has been shown to be a superior prognostic factor. This positions exercise not as an accessory, but as an enhancer of the effectiveness of medical therapies.
- **Operational Model:** Onconauti is implementing this model in oncology networks, creating personalised integrative therapy pathways. UCanAct has been defined as an extraordinary opportunity for growth and networking, in particular with the University of Bologna.

This segment consolidated the evidence base of the project, aligning it with the most advanced *supportive care* strategies in oncology and demonstrating its scalability within existing healthcare networks.

Skills and Role of the Physiotherapist: From Prevention to Chronic Care

Monica Mastrullo, a physiotherapist specialising in oncology, detailed the role professional role at the heart of the project, providing a precise analysis of the skills required.

- **Epidemiology and Chronicity:** Using data from AIOM (Italian Association of Medical Oncology), he illustrated the vast population of *survivors* (6.2% of the Italian population), emphasising the transition of oncology to a chronic pathology requiring a long-term rehabilitation approach.
- **Exercise Oncology:** Defined the role of the physiotherapist throughout the patient's journey, according to the *World Physiotherapy* model:
 1. **Prevention:** Education in active lifestyles.
 2. **Pre-rehabilitation:** Optimisation of pre-treatment function to minimise adverse effects.
 3. **Rehabilitation (during treatment):** Management of acute effects (e.g. fatigue, post-surgical lymphoedema, radiotherapy fibrosis).
 4. **Post-treatment (Survivorship):** Management of long-term outcomes and secondary prevention.
 5. **Advanced/Palliative Phase:** Symptom control, optimisation of mobility and patient and caregiver support.
- **Evidence-Based Approach:** Physiotherapy intervention is not generic but based on clinical assessment, individualised planning, monitoring and gradual progression, ensuring safety and efficacy.
- **Need for Specialised Training:** The need for certified post-graduate training in cancer physiotherapy, as is already the case internationally, was highlighted in order to guarantee the highest competence.

This intervention was crucial for the scientific committee, precisely defining the competence *framework* and clinical methodology underlying the implementation of the project.

Strategy, Policy and Future Sustainability: An Institutional Dialogue

The dialogue between **Vincenzo Mani Grasso (President of the Order of Physiotherapists Bologna-Ferrara)** and **Andrea Turolla (university lecturer, AIFI)** elevated the discussion to a strategic and policy level, addressing the crucial issue of sustainability and dissemination of results.

- **Cultural and Linguistic Challenge:** The need for a 'cultural operation' to change the narrative of cancer from an 'incurable disease' to a condition of '*co-living*' (*co-living*), a success of modern medicine, was emphasised.
- **From Pilot Project to System:** UCanAct was presented as a concrete example of 'proactive' and 'proximity' medicine. The challenge now is not to dissipate this heritage, but to transform it into a stable operational model.

- **Building Alliances:** the future of the project depends on the ability to create a solid network between the Professional Order, scientific societies, universities, patient associations and public institutions (municipality, local health authority). The Order proposes to be the 'weaver' of these alliances.
- **Academy and Innovation:** The University plays a key role in (1) producing data and evidence from the project to structure new proposals, (2) creating innovative academic paths (doctorates, specialisations), and (3) changing the research paradigm from measuring mortality to measuring the quality of life and wellbeing (*welfare*).
- **Internationalisation of Skills:** The aim is to train professionals with skills aligned to international standards, capable of responding to a geography of people's needs, not professionals' ideas.

Conclusions and Next Steps

The final conference of UCanAct conclusively demonstrated the success of the project on several levels: it responded to a need validated by patients, it was based on solid scientific evidence, it was implemented with rigorous professional competence and it generated a tangible and positive impact on the participants, as confirmed by their direct testimonies ("she came with a stick and doesn't use it anymore").

The directions for the future that emerged from the discussion are clear and represent the next *work packages* for the partners:

1. **Systematisation of the Model:** Formalise institutional alliances to integrate the UCanAct model into the oncology prevention and follow-up pathways of local health networks.
2. **Competence Development:** Collaborate with universities and scientific societies to create specific training and certification pathways for physiotherapists in oncology and community settings.
3. **Research and Dissemination:** Analysing and publishing the data collected during the project to provide scientific evidence to support future policy decisions and to promote a cultural change in the measurement of health outcomes.

The UCanAct project ends not as an end point, but as a solid launch pad for sustainable innovation in the field of prevention and wellbeing.