

# Lung Cancer Prehab Pathway

## Patient Journey



*Refer eligible patients as early as possible in the pathway, once patient has been informed of the diagnosis of cancer\**

Lung cancer with curative intent treatment options including surgical resection and curative intent oncology treatments (SABR, radical radiotherapy chemoradiotherapy)

AND:

1. Performance status 0-2
2. Clinical frailty score  $\leq 5$
3. Consultant assessment to confirm suitability for prehab

*Include any hospital-based functional testing results with the referral*

*\*The point of referral is ideally after MDT discussion with a confirmed diagnosis of lung cancer & a curative intent treatment plan. Referral can occur earlier if the patient is **fully aware** of the diagnosis and treatment plan.*

**Online Prehab4cancer referral**  
Provide prehab4cancer leaflet and signpost to website [www.prehab4cancer.co.uk](http://www.prehab4cancer.co.uk)

**Prehab4cancer assessment clinic**  
Including functional assessment e.g. shuttle walk test, 6MWT or sit-stand test to help determine prehab pathway\*\*

**Prehab**

**Universal Pathway**  
*Do NOT delay treatment for prehab*

- Free gym membership/home ex. Programme (HEP)
- Nutritional advice/Wellbeing support
- Self-managed exercise prescription
- Weekly support aiming for 3x HIT

**Prehab**

**Targeted Pathway**  
*Consider a minimum of 9 HIT sessions / 3 weeks prehab prior to treatment*

- Free gym membership/HEP
- Nutritional advice/wellbeing support
- Supervised exercise prescription
- 3x weekly HIIT

**No Prehab**

**Not suitable for community prehab**

- Refer back to hospital team
- Consider specialist prehab if available

**Treatment**

**4-6 weeks post-treatment**

**Rehab**

**Handoff from hospital to GM Active contact. GM Active contact participant 4 weeks post-treatment via telephone call**

**4-6 weeks post-treatment:**

- Assessment clinic 4-6 weeks and 18 weeks post-treatment
- 12 week free gym membership (\*when patients safely able to access gyms)
- Personalised exercise programme
- Graded approach to resuming exercise post-treatment
- Focus on behavioral change and long-term adoption of exercise plan
- Liaise with Macmillan Info & support services + clinical teams for unmet needs at point of discharge

**\*\*Recommended pathway allocation based on functional testing:**

**Universal Prehab:**  
Shuttle walk / 6MWT >400m  
Stair climb >22m  
CPET >15mls/kg/min  
Sit to stand >25

**Targeted Prehab:**  
Shuttle walk / 6MWT 250m-400m  
Stair climb 12m-22m  
CPET 10-15mls/kg/min  
Sit to stand 15 to 25

**No Community Prehab:**  
Shuttle walk / 6MWT <250m†  
Stair climb <12m  
CPET <10mls/kg/min  
Sit to stand <15  
†Needs CPET if shuttle <250m before declining prehab