GM Prehab4Cancer Lung Pathway

GM Lung Cancer MDT: assess eligibility for Prehab4cancer in every patient [1]

- ✓ MDT agreed diagnosis of stage I-III primary lung cancer
- ✓ Registered to a Greater Manchester GP or GM resident (excluding Cheshire)
- ✓ Suitable for curative treatment (surgery, radiotherapy, immunotherapy and/or chemotherapy)
- ✓ Performance status ≤2
- ✓ Clinical Frailty score ≤5~

Record 'Prehab4Cancer referral' as a treatment recommendation in MDT documentation

Refer to Prehab4Cancer [1]

Prehab4Cancer triage assessment [1]

(community – local leisure facility)

- ✓ **6-minute walk test (6MWT)**
- ✓ **Sit to stand test (STS)**
- ✓ **Hand grip strength (HGS)**
- ✓ **QoL, nutritional, well-being assessments**

Personalised Prehab programme

Suitable for community Prehabilitation

- ✓ Prescribed exercise (cardiovascular and strength & conditioning) [2]
- ✓ Supervised or independent gym sessions
- ✓ Nutritional advice & support
- ✓ Psychosocial support for enhanced wellbeing
- ✓ Home Exercise Guides & digital support

Repeat assessments (QoL, 6MWT, STS, HGS)

TREATMENT

Personalised Rehab programme

Rehabilitation 12-week programme

- ✓ Supervised gym sessions
- ✓ Independent gym sessions
- ✓ Self-administered exercise
- ✓ Home Exercise Guides & digital support
- ✓ Nutritional advice & support
- ✓ Psychosocial support for enhanced wellbeing

Repeat assessments (QoL, 6MWT, STS, HGS)

Exit from the programme may be for two reasons:

1. Deemed unsafe to proceed with community exercise

This decision might be made at the triage assessment or at any future timepoint during the programme. Likely reasons are:

- Disease/clinical deterioration
- Refractory deconditioning/ cachexia

P4C team actions:

- ✓ Inform local CNS team/Named Referrer [3]

2. Programme completion & positive exit strategy

The patient successfully completes the P4C programme and has deemed to have all appropriate education and tools to continue to self-manage their physical and mental health

- ✓ Ongoing self-administration of exercise
- ✓ Home exercise pack
- ✓ Access to local services
- ✓ Any other onwards referrals or signposting required

Patient Aims:

- **Optimisation before and during treatment;**
- **Reduce treatment complications and toxicities,**
- **Improved tolerance to treatment,**
- **Improved clinical outcomes,**
- **Improved quality of life,**
- **Better recovery following treatment**
- **Life long behavioural change**

GM Prehab4Cancer Lung
Pathway Notes

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Published May 2025

~ Clinical Frailty Score will be repeated as a component of the Prehab4Cancer agreed assessment clinic outcome measures

(1) *Prehab4Cancer referrals should ideally be made when a diagnosis of primary lung cancer has been agreed at the MDT and a recommendation for active treatment has been made. Referrals can take place before the MDT has occurred, whilst diagnostic procedures are still being undertaken, as long as the following criteria has been adhered to:*

- *There is a high suspicion of lung cancer and patients have a clear understanding of this probable diagnosis following communication from their clinical teams prior to referring.*
- *Patients should only be referred if the assumed stage and treatment plan is such that the patient will be offered curative treatment (surgery, radiotherapy, immunotherapy and/or chemotherapy).*
- *Patients fully understand they are being referred to Prehab4Cancer for a high suspicion of cancer, and understand the programme is to prepare them for their future cancer treatment plan, this will help support conversations between patients and the Prehab4Cancer team, promoting better engagement and adherence to the programme.*

Referrals should be initiated by the local physician/CNS team to ensure the referral is completed at the earliest opportunity. The treating teams (both surgical and oncology teams) act as safety net and should refer any eligible patients at first clinic appointment, if not already referred either prior or following MDT.

(2) *Exercise prescription for patients receiving non-surgical treatments are monitored and adapted to patients' changing exercise tolerance, fatigue levels and other potential side effects they may experience whilst undergoing active treatment such as immunotherapy, chemotherapy or radiotherapy.*

(3) *Wythenshawe CNS team to act as an emergency team contact for urgent clinical concerns if any difficulties / challenges actioning concerns locally, as a safety net.*

Colorectal Surgical Pathway

Patient Journey

Straight to Surgery

Cancer Diagnosis

Age >65 or METs <4 or Performance score >1

If clinical concerns Straight CPET referral

6 Minute Walk Test

Check
DASI
NTproBNP

- **400+ Metres** → GM Active Prehab referral
- **200-400 Metres** → CPET → GM Active Prehab referral
- **<200 Metres** → CPET first → ok → GM Active Prehab referral

Prehab

Universal Pathway

Free gym membership
Nutritional advice
Self-managed exercise prescription
Weekly support aiming for 3x HIT

Prehab

Targeted Pathway

Free gym membership
Nutritional advice
Supervised exercise prescription
3x weekly HIIT

Shared decision making

Specialist Pathway

Poor CPET
Review treatment options
Specialist Prehab

Surgery

4-6 weeks post-surgery

Rehab

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

4-6 weeks post-surgery:

Assessment clinic 4-6 weeks and 18 weeks post-surgery
12 week free gym membership
Personalised exercise programme
Graded approach to resuming exercise post-treatment
Focus on behavioral change and long-term adoption of exercise plan

NHS Greater Manchester Cancer Alliance · Greater Manchester Integrated Care Partnership · ERAS · GM Active · GMCA Greater Manchester Combined Authority · NHS Greater Manchester Integrated Care

Colorectal Surgery Pathway

Patient Journey

Cancer Diagnosis

Neo-adjuvant chemo/Dxt

Refer for CPET

Age >60 or METs <4 or Performance score > 1

Check
DASI
NTproBNP

Chemo/Dxt

Recovery

Prehab

Supervised exercise prescription
2x weekly HIIT and resistance
Other days 30 min cardio
Nutritional support

Supervised exercise prescription
Increasing 3x weekly HIIT and resistance
Other days 30 min cardio
Nutritional support

CHRISTIES

OPERATING SITE

Surgery

4-6 weeks post-surgery

Rehab

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

4-6 weeks post-surgery:

Assessment clinic 4-6 weeks and 18 weeks post-surgery
12 week free gym membership
Personalised exercise programme
Graded approach to resuming exercise post-treatment
Focus on behavioral change and long-term adoption of exercise plan

Version 1

Upper GI Surgery Pathway

Patient Journey

Cancer Diagnosis

Refer for CPET

Age >60 or METs <4 or Performance score > 1

Check DASI **NTproBNP**

Neo-adjuvant chemo

Chemo

Recovery

Prehab

Supervised exercise prescription
2x weekly HIIT and resistance
Other days 30 min cardio
Nutritional support

Supervised exercise prescription
Increasing 3x weekly HIIT and resistance
Other days 30 min cardio
Nutritional support

CHRISTIES

SALFORD

Surgery

6 weeks post-surgery

Chemo

Rehab

Supervised exercise prescription
2x weekly HIIT and resistance
Other days 30 min cardio
Nutritional support

CHRISTIES

NHS Greater Manchester Cancer Alliance

Greater Manchester Integrated Care Partnership

ERAS

GM ACTIVE

GMCA Greater Manchester Combined Authority

NHS Greater Manchester Integrated Care

Colorectal Pathway

Patient Journey

Outcomes

30 day mortality
90 day mortality
Clavien Dindo
POMs day 7 and 15
30 day readmission
2 year survival

Patent

EQ5D
WHO-DAS 2.0
FACT
FRAILTY

PHYSIOLGICAL

6MWT

Exclusions:
Unstable cardiac or resp disease (recent MI)
Syncope attacks
SaO <85% at rest
PE < 2 weeks
Patients unable to maintain a steady walking pace
Lower limb claudication

Other potential contraindications:
Severe hypertension
Uncontrolled arrhythmia
Symptomatic Severe aortic stenosis
AAA > 8cms
Advanced pregnancy
Known HOCM

CPET

Exclusions:
Unstable cardiac or resp disease (recent MI)
Syncope attacks
PE < 2 weeks
Patients unable to cycle

Other potential contraindications:
Severe hypertension
Uncontrolled arrhythmia
Symptomatic Severe aortic stenosis
AAA > 8cms
Advanced pregnancy
Known HOCM