



# GM Prehab4Cancer Lung Pathway

**GM Lung Cancer MDT: assess eligibility for Prehab4cancer in every patient\***

- ✓ MDT agreed diagnosis of primary lung cancer
- ✓ Performance status  $\leq 2$
- ✓ Clinical Frailty score  $\leq 5^{\sim}$
- ✓ Suitable for active treatment (either curative or palliative intent)

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

Refer to Prehab4Cancer\*

Select 'Stage I-III active treatment' (Surgery/curative oncology) category on referral portal

Select 'Stage III/IV active treatment' (SACT)\*\* category on referral portal\*\*\*

**Prehab4Cancer triage assessment†**  
(community – local leisure facility)

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

**Prehab4Cancer triage assessment†**  
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**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 GP\*\*\*\*
- ✓ Inform local CNS team/Named Referrer
- ✓ Inform treating oncologist
- ✓ Inform community Macmillan teams where applicable

**Suitable for community exercise**  
Personalised Prehab programme

**Prescribed exercise\*\***

- ✓ Supervised or independent gym sessions
- ✓ Nutritional advice & support
- ✓ Psychosocial support for enhanced wellbeing
- ✓ Home Exercise Guides & Online classes

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

**Suitable for community exercise**  
12-week personalised programme:

- ✓ Supervised or independent gym sessions
- ✓ Nutritional advice & support
- ✓ Psychosocial support for enhanced wellbeing
- ✓ Home Exercise Guides & Online classes

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

**TREATMENT**

**Rehabilitation 12-week programme**  
Personalised programme

- ✓ Online classes
- ✓ Supervised gym sessions
- ✓ Independent gym sessions
- ✓ Self-administered exercise

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

**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

**Continuation phase**  
(Assessment is made by P4C specialists to consider whether further 12 weeks would be beneficial)

**Weeks 12-24**

- ✓ Online classes
- ✓ Supervised gym sessions
- ✓ Independent gym sessions
- ✓ Self-administered exercise

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

TREATMENT



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## Notes

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

\*Prehab4Cancer referrals should only be made when a diagnosis of primary lung cancer has been agreed at the MDT and a recommendation for active treatment has been made. Referring at this point optimises the uptake and engagement rather than earlier in pathway when questions about diagnosis and management remain unanswered. 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 assessment if not already referred.

\*\* 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.

\*\*\*'Stage III/IV active treatment pathway' should be selected for any patients with stage III/IV lung cancer where the treatment recommendation is palliative systemic therapy and a referral is being made to the medical oncologists. This allows for accurate identification and evaluation of the expanded Prehab4Cancer programme.

\*\*\*\*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.

¥ Consider referral to Senior Adult Oncology Team at The Christie if fulfils eligibility criteria and is agreed with the clinical team at The Christie (might support earlier referral into service). Eligibility criteria for the Senior Adult Oncology Team includes:

- ✓ Age  $\geq 65$
- ✓ Diagnosis of primary lung cancer
- ✓ Undergoing active treatment at The Christie under the lung oncology team
- ✓ Performance status  $\geq 2$
- ✓ Clinical Frailty Score  $\geq 5$

≠Patients deemed at high risk of malnutrition, or whom would benefit from nutritional optimisation in advance of and during treatment during any community prehab assessment will be referred to a newly funded Prehab4Cancer dietitian based at The Christie. This specialist dietitian will assess referrals and initiate appropriate interventions such as telephone assessments, referral/signposting to local services or a face-to-face consultation at The Christie/ Wythenshawe Hospital. Patients will be supported by this dietitian prior to, during and after treatment, aligned with the current Prehab4Cancer provision. Patients will be referred onto existing dietetic services - either acute or in the community, if they have ongoing, unmet nutritional needs at the point of discharge.



# Greater Manchester Prehab4cancer (P4C) Adjuvant treatment pathway after lung cancer resection

Standard P4C prehabilitation programme in pre-operative period followed by admission for thoracic surgery & lung resection



Patient engaging in Enhanced Recovery After Surgery + (ERAS+) interventions whilst an in-patient in hospital.



In-patient post-operative recovery

**Patient identified to have an indication for adjuvant systemic therapy & details given to surgical navigator team**

*e.g. Clear evidence of stage II/III lung cancer on pre-operative or intra-operative findings such as pathologically confirmed or macroscopic nodal metastases, T3/4 tumour*



Weekly email sent from surgical navigators to P4C admin team with all patients discharged over previous 7 days & identified to have an indication for adjuvant treatment. E-mail:

[Prehab.4cancer@nhs.net](mailto:Prehab.4cancer@nhs.net) Tel: 0161 7780557



Following patient discharge, the P4C team will:

**Schedule a 1-1 telephone / video consultation for the patient with a P4C exercise specialist to discuss initial 4 weeks post-surgery and beginning rehabilitation process**

**Send out a 'Post-surgery rehab pack' with basic exercise equipment and guidance for early & gentle rehabilitation post-surgery**

**Where applicable, note any discharge rehab recommendations and community referrals, which have been provided by the in-patient AHP teams.**



At 4 weeks post-surgery: **Face to face assessment within local community and prescribed exercise programme will begin.**

*The programme will be adapted to individual needs of the patient especially during the adjuvant treatment phase. Patient will be offered weekly supervised sessions in the community, will be encouraged to exercise independently and offered home exercise guides if appropriate.*