

Delivering equitable access to prehabilitation services

to optimise treatment options for people with lung cancer – best practice recommendations from a round-table event

Prehabilitation is now widely recognised as a vital element of cancer care, introduced before or during treatment to help patients prepare for treatment and recover more effectively. Its primary aim is to strengthen physical and psychological resilience, improving both treatment outcomes and quality of life.¹

While it has long been recommended in surgical settings, there is evidence supporting its use in lung cancer patients receiving systemic anticancer therapy (SACT), including those with advanced or metastatic disease.²

A UK round-table discussion organised and funded by AstraZeneca with 12 healthcare professionals sought to identify best practice and practical recommendations to ensure equitable access to prehabilitation across all lung cancer patients.

Key findings and outputs

1

Definition and terminology

While “prehabilitation” is widely used in clinical literature, the term is not always patient-friendly. Alternatives such as “preparation for treatment” or “getting fitter for treatment” may better communicate its goals to patients.³ This language reframes patients as active participants in their care and could improve engagement, while tailored discussions and clear explanations are crucial to adherence.

2

Core interventions

Prehabilitation programmes should be multi-modal, tailored to individual needs, and delivered by multidisciplinary teams to include:

- **Physical exercise:** Aerobic, resistance, and respiratory muscle training have shown significant improvements in outcomes, such as reduced postoperative complications and shorter hospital stays.⁴
- **Pulmonary rehabilitation:** Optimising inhaler use, breathlessness management, and addressing comorbidities such as COPD.⁵
- **Psychological support:** Addressing stigma, anxiety and depression is essential, as mental distress can affect engagement and outcomes.^{6,7}
- **Nutritional support:** Early dietetic intervention can prevent malnutrition and muscle loss, improving treatment tolerance.^{1,3}
- **Smoking cessation:** Critical for lung cancer patients, with proven survival benefits from stopping smoking after diagnosis.⁸⁻¹⁰



3 Eligibility and timing

Prehabilitation should be offered to all lung cancer patients, regardless of stage.^{4,11-13} However, when resources are limited, patient fitness and performance status (PS) can help prioritise who benefits most.³ Importantly, programmes should begin as soon as patients enter the suspected lung cancer diagnostic pathway, to maximise impact and avoid ethical dilemmas of withdrawing support later if patient fitness is diminished.¹¹

4 Prehabilitation in advanced /SACT settings

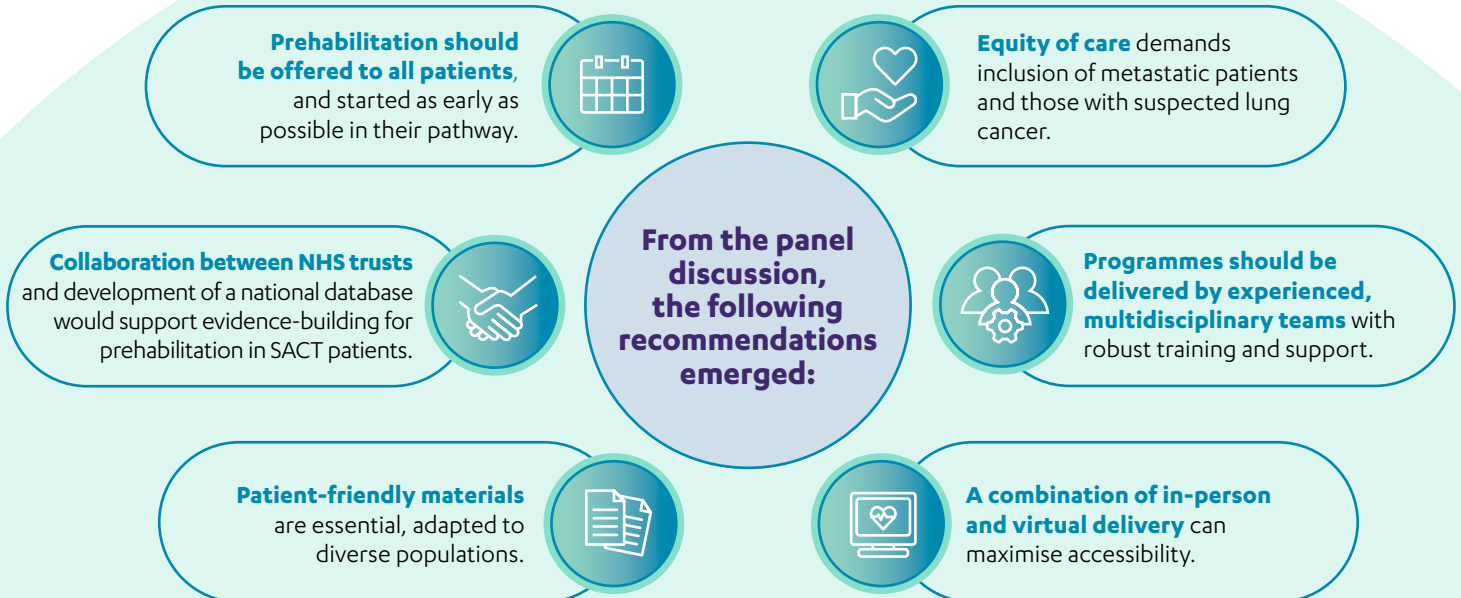
Adapting prehabilitation for metastatic patients is essential, as they face continuous treatment rather than one-off interventions.³

The goals here are not simply preparation for surgery but maintaining functional capacity, improving quality of life, and potentially widening access to additional therapies by improving PS.³

Recent initiatives provide encouraging evidence:

- Prehab4Cancer (SACT cohort): Demonstrated improvements in walking distance, functional ability (WHODAS scores), and psychological wellbeing.¹²
- EPIC pilot study: Showed reduced hospital admissions and length of stay, with estimated savings of £3200 per patient.¹³
- These findings highlight prehabilitation's efficacy, and cost-effectiveness in advanced disease.

Best Practice Recommendations



Conclusion

Prehabilitation represents a critical opportunity to optimise outcomes for all lung cancer patients, regardless of stage. While traditionally focused on surgical populations, its benefits extend to those receiving SACT, supporting physical, psychological, and nutritional wellbeing.

The expert consensus is clear: prehabilitation should be integrated across the lung cancer pathway, beginning at diagnosis, with equal access for all patients, regardless of stage. Doing so will help address inequities in care, improve quality of life, and may even extend survival.¹⁻³

References

1. Macmillan. Prehabilitation for people with cancer. Available at: <https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/13225-source/prehabilitation-for-people-with-cancer> (Accessed July 2025).
2. Bloom E. Macmillan Cancer Support Prehabilitation Evidence and Insight Review. 2017. Available from: https://www.macmillan.org.uk/_images/prehabilitation-evidence-and-insight-review_tcm9-335025.pdf (Accessed July 2025).
3. AstraZeneca's Roundtable discussion on prehabilitation (BTOG 2025).
4. Granger C, et al. *Cochrane Database Syst Rev*. 2022;9:CD012020.
5. Bolton CE, et al. *Thorax*. 2013;68(S2):ii1–ii30.
6. Brown CG, et al. *J Psychosoc Oncol*. 2014;32(1):59–73.
7. Prapa P, et al. *World J Oncol*. 2021;12(2–3):61–66.
8. Sørensen LT, et al. *EJSO*. 2002;28(8):815–820.
9. Cinciripini PM, et al. *JAMA Oncol*. 2024;10(12):1689–1696.
10. Sheikh M, et al. *Ann Int Med*. 2021;174(9): <https://doi.org/10.7326/M21-0252>.
11. Phillips I, et al. *BMJ Support Palliat Care*. 2023;13:e908–e911.
12. Jackson C, et al. Presented at BTOG 2025.
13. Phillips I, et al. *Clin Oncol*. 2024;36:e242–e243