

Lung Cancer Prehabilitation Programme – A dietitian's perspective

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CANCER SUPPORT



The Lung cancer Prehabilitation Programme

Why Lung Cancer?

- Lung cancer accounted for 13% of new cancer cases in Wales in 2012
- 50% mortality rate within 6 months of diagnosis
(Welsh Cancer Intelligence and Surveillance Unit)
- Late presentation – cachexic, sarcopenic, poor exercise tolerance, QOL

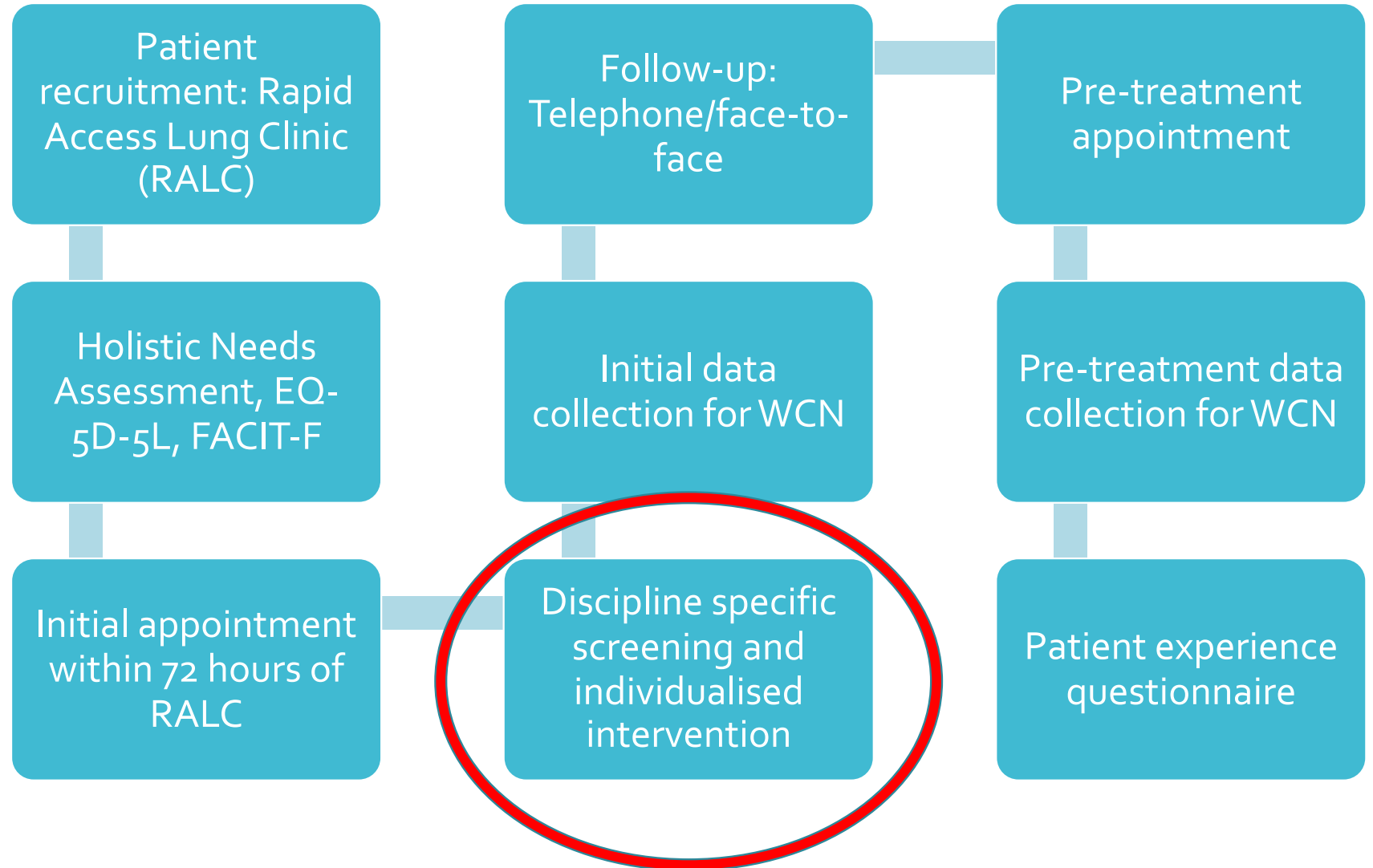
The Lung cancer Prehabilitation Programme

- Cardiff and Vale Pilot ran between September 2017 – March 2018
- Funded by the Wales Cancer Network (WCN)
- **Aim:** The aim of the programme was to optimise treatment outcomes and quality of life.

Who was involved?

- Dietitian
 - Physiotherapist
 - Occupational Therapist
 - Prehab Assistant
 - Lung Cancer nurses
 - Lung Cancer Doctors: Consultants, Oncologist, Surgeon
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graph LR; A[Dietitian] --> B[The core Prehab Team]; C[Physiotherapist] --> B; D[Occupational Therapist] --> B; E[Prehab Assistant] --> B;
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# How did it work?



# Nutritional Screening

- Malnutrition screening tool (MST).
- Validated for use in oncology outpatients
- More sensitive than the malnutrition universal screening tool (MUST)

|                                                                        |   |                                         |
|------------------------------------------------------------------------|---|-----------------------------------------|
| <b>1. Have you lost weight recently without trying?</b>                |   |                                         |
| No                                                                     | 0 |                                         |
| Unsure                                                                 | 2 |                                         |
| If Yes, how much weight (kg) have you lost?                            |   |                                         |
| 1 – 5                                                                  | 1 |                                         |
| 6 – 10                                                                 | 2 |                                         |
| 11 – 15                                                                | 3 |                                         |
| > 15                                                                   | 4 |                                         |
| Unsure                                                                 | 2 | Weight Loss Score: <input type="text"/> |
| <b>2. Have you been eating poorly because of a decreased appetite?</b> |   |                                         |
| No                                                                     | 0 |                                         |
| Yes                                                                    | 1 | Appetite Score: <input type="text"/>    |
| <b>Total MST Score (weight loss + appetite scores)</b>                 |   | <input type="text"/>                    |

What did I  
find?

**50% of the patients screened were found to be at risk of malnutrition**

**-Food First advice:** Barriers to eating

*breathlessness, constipation, nausea, poor taste, early satiety, fatigue.*

**-Nutritional Supplements:** low volume, higher protein options commonly used.

# Other interventions

- Diverticular disease
- IBS
- Poor blood glucose control
- Diet myths – family/social media.
- Weight management



# Conclusions

- Prehabilitation works best as a multi-disciplinary approach.
- 100% of patients who came through the service required support from at least one discipline.
- Patient feedback was extremely positive:

**96% of our patients would advise others in the same situation to take part in prehabilitation**