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The CanBenefit programme: developing, evaluating and implementing tailored physical activity and nutrition support as standard care for people with lung cancer

BACKGROUND

Lung cancer is the leading cause of cancer death in the UK. Patients are often older, frail, and nutritionally compromised, and routinely excluded from research. Activity and nutrition interventions improve quality of life (QoL) and may enhance treatment outcomes, yet evidence in this population remains limited. The CanBenefit programme addresses this gap through a programme of research culminating in an implementation feasibility study.

METHODS & FINDINGS

Our systematic review among older adults with cancer found predominantly activity-focused research, very little tailored nutrition, and mixed QoL outcomes. CanBenefit 1 qualitative interviews established strong acceptability for proactive, personalised wellbeing interventions among patients (≥ 70 years), carers, and clinicians; patients favoured clear, instructive “can do / can have” guidance. CanBenefit 2 tested a tailored physical activity and nutrition programme for older adults (≥ 60 years) with advanced lung cancer undergoing systemic treatment; despite recruitment challenges, participants reported feeling stronger, more confident, and valued the programme’s adaptability.

These findings informed CanBenefit 3: a multisite implementation feasibility study (in set-up), embedding exercise physiologist (EP) referral directly into routine lung cancer care across two NHS trusts in Yorkshire. The programme is delivered digitally-first via RehabGuru, a remote rehabilitation platform, with paper-based alternatives for those less digitally engaged. Clinicians identify and refer eligible patients; the EP conducts initial assessments and delivers personalised programmes with pre-defined criteria for stepped-up support. Outcomes, including treatment completion, one-year survival, physical function, patient-reported QoL, and lifestyle behaviours, are collected within health records and RehabGuru. The study aims to engage ≥ 300 patients over 12 months, with follow-up at 3, 6, and 12 months.

IMPLICATIONS

Embedding referral within standard care, delivered remotely, removes barriers of trial enrolment and geography, enabling equitable access across deprivation groups. CanBenefit 3 represents the culmination of iterative learning and will offer a model for scalable, digitally-delivered rehabilitation in lung cancer.

Keywords

lung cancer, physical activity, nutrition, implementation, feasibility

Conflict of Interest & Ethical Approval

yes

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yes

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