

## INTRODUCTION

As lung cancer is more common in elderly patients and smokers, who have a higher incidence of medical co-morbidity, surgery may be regarded as too risky. Some other patients may be inoperable for technical reasons or decline surgery of their own volition. An effective, non-surgical treatment is needed for all these scenarios as without treatment the prognosis is poor. Stereotactic radiotherapy (SABR) offers an alternative treatment for early-stage lung cancer patients who may not be operable. However, during January 2024 and December 2024, 19 patients in our locality were referred for SABR and only 8 patients were offered treatment during the initial consultation. 58% of patients were not offered treatment and therefore prompted a cluster review of these cases.

## METHOD

A retrospective analysis was performed for all patients referred for SABR during January 2024-December 2024. Themes were identified for patients not offered SABR as a treatment option to explore further.

## DISCUSSION AND CONCLUSION

A more detailed assessment of frailty, needs to be undertaken prior to referral to treatment specialists to ensure appropriate treatment can be considered

Patients often have poorly controlled pre-existing respiratory conditions and this can impact on their overall frailty

Prehabilitation services are only available for surgically resectable patients within the Liverpool region, in England, however there is obvious need for prehabilitation to be offered to non-resectable patients

### How can we improve things?

A lung optimisation clinic is to be developed to address these themes. The lung optimisation clinic will be a lung cancer nurse specialist led service and offer a baseline assessment of frailty, dietetics, smoking cessation requirements, drug and alcohol needs, physical activity, existing respiratory conditions and wellbeing. Following the initial assessment patients will be provided with an individual care plan based on their needs. The overall aim of this clinic will be to holistically improve fitness and wellbeing for patients who are unable to access traditional prehabilitation due to being non-resectable and increase their likelihood of being offered oncological treatment.

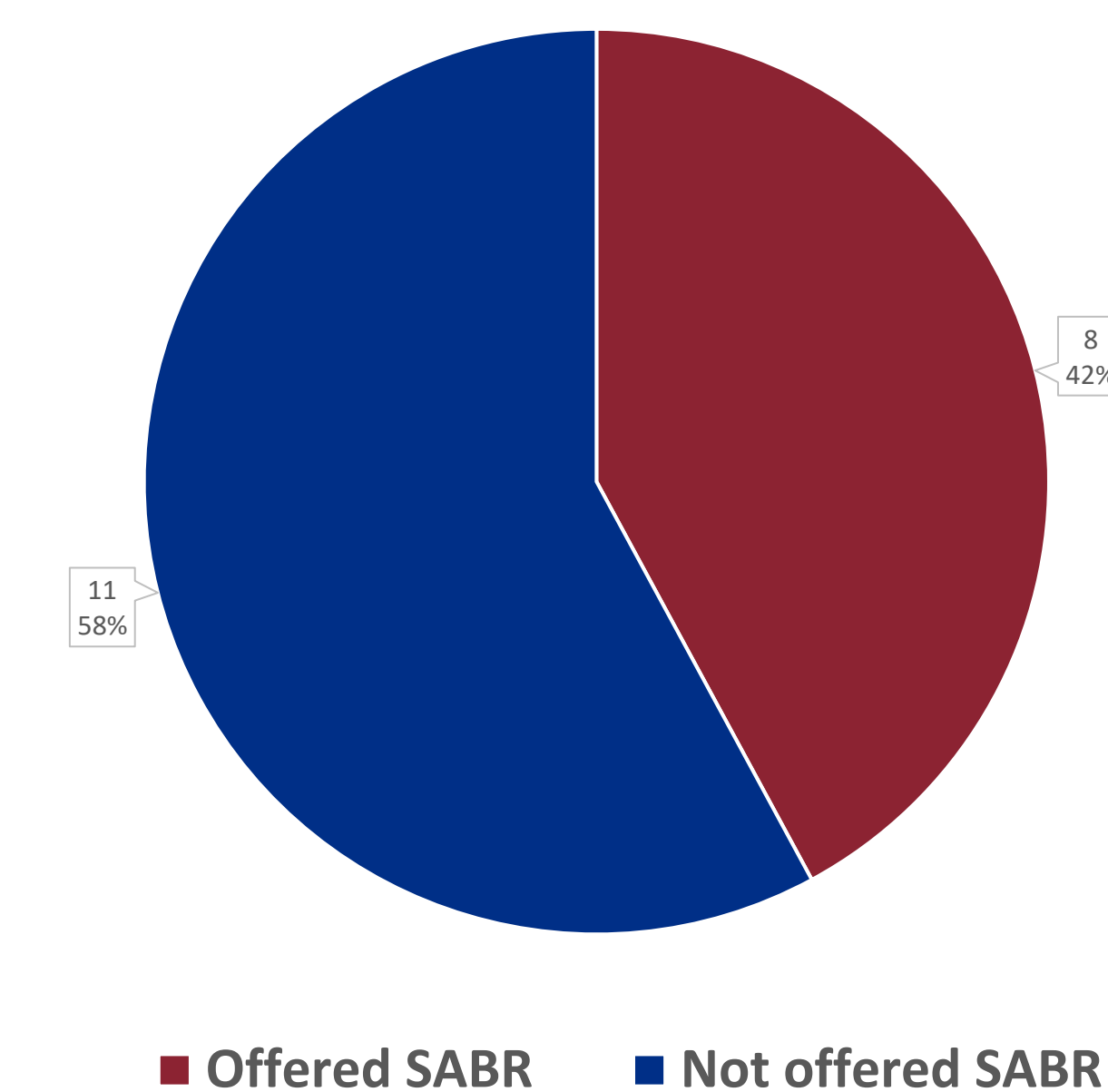
## REFERENCES

National Institute for Health and Care Excellence (2019) *Lung cancer diagnosis and management [NG122]*  
Available at nice.org.uk

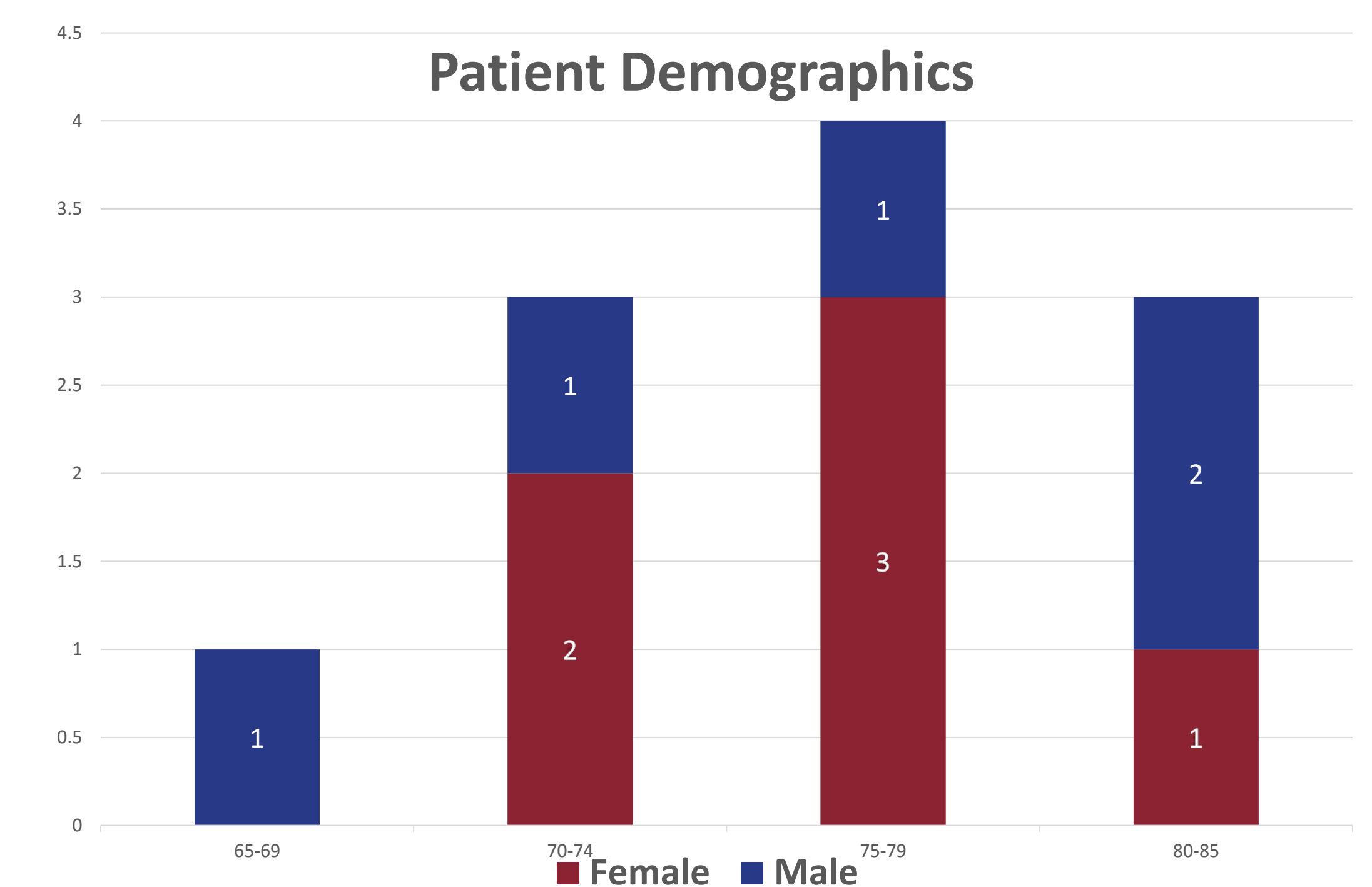
SABR UK Consortium (2019) *Stereotactic Ablative Body Radiation Therapy (SABR) A Resource*  
Available at sabr.org.uk

## RESULTS

### 19 Patients referred for SABR



### Patient Demographics



All patients referred for SABR had a T1(a,b,c) or T2 tumour with no nodal involvement

### Themes identified that impacted the offer of treatment

