

**Supplementary file – Copy of the survey**

PERCEPTIONS AND ATTITUDES TO PRHABILITATION SURVEY

**A) PERSONAL CHARACTERISTICS:**

1) Age: \_\_\_\_\_

2) Principle state of thoracic surgery practice in Australia;

- |                                      |                                |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> VIC         | <input type="checkbox"/> Qld   |
| <input type="checkbox"/> NSW         | <input type="checkbox"/> N.T   |
| <input type="checkbox"/> S.A         | <input type="checkbox"/> TAS   |
| <input type="checkbox"/> W.A         | <input type="checkbox"/> A.C.T |
| <input type="checkbox"/> Other _____ |                                |

3) Years of experience as a Cardiothoracic Consultant: \_\_\_\_\_

- 4) Clinical caseload  Cardiac only  
 Cardiac and thoracic  
 Thoracic only

5) Number of Hospitals at which you perform Cardiothoracic surgery: \_\_\_\_\_

6) What percentage of your patient population for thoracic surgery are surgical oncology patients?

- 0 -25%  
 25 – 50%  
 50 – 75%  
 75 – 100%

**B) PLEASE COMPLETE THE FOLLOWING IN RELATION TO YOUR CURRENT MAIN PLACE OF THORACIC SURGICAL WORK:**

7) Main place of work:

- Public  
 Private

- Combination of public + private
- other (please comment) \_\_\_\_\_

8) Is there a **dedicated thoracic surgery unit** within your main place of work?

- Yes
- No
- other \_\_\_\_\_

9) Total **number** of thoracic surgical resection cases for NSCLC per week in your main place of work: \_\_\_\_\_

10) Please circle the number which most closely resembles the **percentage of cases performed** via minimally invasive **VATS** and open **Thoracotomy** in your unit each week;

VATs	0 – 25%
	25 – 50%
	50 – 75%
	75 – 100%

**C) PRE-OPERATIVE MANAGEMENT**

11) Do you refer patients to a **Physiotherapist** pre-operatively?

- No (go to question \_\_\_\_\_)
- Yes what percentage \_\_\_\_\_
- sometimes
- Refer to an exercise Physiologist

Thoracotomy	0 – 25%
	25 – 50%
	50 – 75%
	75 – 100%

14) of

12) Of the patients that **you refer pre-operatively**, can you describe *why* these patients are referred to Physiotherapy?

- High-risk patients
- Standard practice in our unit
- Borderline fitness for surgery
- Surgeon/anaesthetist preference
- Patient request
- other \_\_\_\_\_

13) Can you outline the main reasons *why* patients undergoing lung resection surgery are **not referred** to Physiotherapy pre-operatively (circle all that apply);

- Staffing limitations
- Urgent need for surgery/short waiting period
- Minimal perceived need
- Lack of evidence supporting pre-operative intervention
- Transport or access issues
- Minimal resources available
- Unsure who to refer to
- other (please comment) \_\_\_\_\_

14) What standard **pre-operative work-up** do lung cancer patients undergoing lung resection surgery receive in your unit? (Circle all that apply):

- CXR
- CT scan/PET
- MRI
- Bronchoscopy
- PFT
- Cardiopulmonary exercise testing
- 6 min walk test
- Stair climb test
- Pre-op clinic appointment

- Discussion on multidisciplinary meeting
- Cardiac screening (ECG, ECHO, Thallium scan)
- other \_\_\_\_\_

15) What is the **average waiting period** for patients with NSCLC consented for lung resection surgery from diagnosis to surgery within your unit?

- 10 days
- 20 days
- 30 days
- 40 days
- 50 days
- other \_\_\_\_\_

16) Please rank how much each of the following **influence your pre-operative practice** for patients with lung cancer undergoing lung resection surgery;

	No influence	←—————→			High influence	
	1	2	3	4	5	Comment
Personal experience						
Literature/evidence						
Surgical Unit structure/practice						
Staffing						
Waiting lists						
Availability of resources						
Patient type: public vs. private						
Financial constraints						

#### D) POST OPERATIVE CARE

17) What **Standard Post op care** do lung cancer patients receive in your unit? (Circle all that apply);

- Respiratory Physiotherapy during inpatient stay
- Pulmonary rehabilitation after discharge
- Specific Thoracic surgery clinical pathway
- Outpatient clinic follow up
- other (please comment) \_\_

18) What is the **average length of stay** for patients with NSCLC undergoing lung resection in your unit?

- 0 – 5 days
- 5 – 7 days
- 7 – 10 days
- 10+ days

#### **E) QUESTIONS RELATING TO EXERCISE INTERVENTION**

19) Of the following, which do you perceive to be the **main Barriers** to pre-operative exercise for patients with stage I-IIIb NSCLC (circle all that apply):

- Dyspnoea
- Access to allied health professionals
- Fatigue
- Pain
- Time
- Patient beliefs
- Advice not to exercise
- Side effects of adjunct cancer treatment
- Patient comorbidities
- costs/financial
- transport or access issues
- other

20) How **accessible** is **pre-operative exercise intervention** with allied health professionals within your unit?

- Readily available
- Available but difficult to refer
- Not accessible
- Unsure
- other \_\_\_\_\_

21) What pre-operative **resources/interventions are currently available** for your patients with lung cancer (i.e. patients that you identify as moderate risk or borderline fitness for surgery)?

- Pulmonary rehabilitation
- Physiotherapy outpatient appointment
- Private exercise classes/clinic
- Home-based intervention (Physiotherapy, exercise physiologist)
- other \_\_\_\_\_

22) What do you perceive to be the main **benefits of pre-operative exercise**?

- Reduced postoperative complications
- Reduced post-operative LOS
- Improved exercise capacity
- Improved symptom management
- Improved pulmonary function test results
- Improved quality of life
- All of the above
- other \_\_\_\_\_

23) Would you be willing to **delay surgery** in this patient population in order to optimise them for surgical intervention?

- Yes
- No

Unsure

24) Do you believe **further research into Prehabilitation** for patients for lung cancer is warranted?

Yes

No

Unsure