TABLE 1. Key publications on perioperative rehabilitation and ERAS in lung cancer surgery.

Publication	Design and population	Intervention and comparator	Main findings or recommendations	Relationship to ERAS and interpretation
Batchelor et al., 2019	ERAS Society/ESTS clinical practice guidelines for lung surgery; not an individual clinical trial.	Multimodal perioperative care, including prehabilitation for high-risk patients, analgesia, chest-drain management and early mobilization.	Recommendations support coordinated interventions to facilitate recovery; they do not represent outcomes from a single physiotherapy programme.	Directly addresses ERAS. Physiotherapy is one component of the overall pathway.
Ferreira et al., 2021	Randomised controlled trial: 124 patients randomised; final cohort of 95 patients undergoing lung cancer surgery.	Multimodal prehabilitation initiated four weeks before surgery versus multimodal postoperative rehabilitation.	Prehabilitation was as effective as postoperative rehabilitation in restoring functional capacity.	Both groups received care within an enhanced recovery pathway. The trial did not compare ERAS with conventional care or physiotherapy with no physiotherapy.
Goldsmith et al., 2021	Prospective observational study involving 216 patients with lung cancer.	Pulmonary prehabilitation, with assessments before and after the intervention and postoperative comparisons between risk subgroups.	Improvements were observed in dyspnoea, performance status and frailty. In the high-risk subgroup defined by dyspnoea and performance status, 52.6% became eligible for surgery and 42.8% subsequently underwent surgery.	Addresses preoperative optimization. The observational design does not establish an independent causal effect on mortality.
Li et al., 2021	Systematic review and meta-analysis of 21 studies involving 6,480 patients.	Multimodal ERAS programmes versus conventional perioperative care in lung cancer surgery.	Lower postoperative complication risk and shorter hospital stay; no significant reduction in in-hospital mortality or re-admission rates.	Findings concern the complete ERAS pathway and do not isolate the contribution of physiotherapy.

The table presents selected publications directly relevant to perioperative rehabilitation and ERAS. Guidelines, randomised trials, observational studies and meta-analyses provide different types of evidence and should not be regarded as equivalent. Publications used for general background or broader cancer rehabilitation are not included.

Abbreviations: ERAS, Enhanced Recovery After Surgery; ESTS, European Society of Thoracic Surgeons.