Introduction
This poster describes the development of a research trial from its initial idea to its implementation into clinical practice. The trial is due to start in July 2016 and has taken one year to achieve this.

Collaboration with the Lung Cancer Multi Disciplinary Team (MDT) was crucial to support the process and the application of the trial into the lung cancer pathway.

We ultimately hope to provide evidence that the intervention of Yoga will enable patients to adjust to the consequences of treatment and enhance quality of life following lung cancer resection.

Background
This study is supported by the principles embedded in The National Cancer Survivorship Initiative which recommends that cancer rehabilitation helps patients manage the consequences of treatment.

Through Quality of Life Analysis within our Centre, we have established that patients who have undergone Thoracic Surgery have challenges with physical and psychological adjustment following treatment including:
- dyspnoea
- anxiety
- affected body posture
- loss of confidence
- surgical wound pain

Although we have a rich pool of Quality of Life data we have not embarked on any interventional strategies to help patients. This project will help us to achieve this goal.

The rationale for using Yoga is that there is evidence that it is an intervention that may help this group of patients by:
- building physical fitness
- improving lung capacity
- enabling psychological control of the body
- managing anxiety

Methods
Agreement was reached within the Lung Cancer MDT to proceed with this study and there was complete support from the team and willingness to contribute to the planning.

An application was made to the National Lung Cancer Forum for a Nurses Grant Fund to financially support the study and this was approved.

Two local Yoga instructors agreed to take part and were fully involved in the development of the programme.

The Yoga interventions were tested on members of the Leeds Lung Cancer and Mesothelioma Patient Support Group who gave very positive feedback.

We aim to recruit 10 patients to undergo a six week course of hourly Yoga sessions commencing 12-24 weeks following lung resection with the sessions starting in July 2016.

Patients will complete weekly Quality of Life questionnaires.

Ethics and Research & Development approval was required and given for the trial.

Conclusion
• Clinical Nurse Specialist teams have the ability to conduct clinical trials which can have a positive impact on patient care.
• Collaboration with other health professionals within the same speciality is recommended. Utilising specialist interventionist experts such as Yoga instructors can enhance the recovery of patients who undergo challenging treatments both from a physical and psychological perspective.
• It is recommended that CNS teams consider this type of approach to enhance patient care and experience.
• The results will be disseminated and published on completion of the trial. It is hoped that we can eventually undertake a randomised controlled trial utilising Yoga.

Aims of the Trial
• to examine the feasibility of running a study of this type;
• to collect data on the impact on post operative recovery;
• to collect data on pulmonary function and psychological health pre and post intervention;
• to assess patient compliance; and
• to gather feedback from those attending the programme.