



MEDIA RELEASE

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Survivors struggle to access cancer rehabilitation, research finds

The number of cancer rehabilitation programs in Australia has more than doubled in the past decade, but availability remains limited, with many survivors struggling to get the support they need, according to researchers at La Trobe University.

Published in the *Asia-Pacific Journal of Clinical Oncology*, a national survey of 173 hospitals and cancer centres showed cancer rehabilitation programs in Australia have increased from 31 programs in 2015 to 76 in 2024.

Exercise has been recommended as best practice cancer care under clinical guidelines set by the Clinical Oncology Society of Australia (COSA) since 2018. But Dr Amy Dennett, a researcher at La Trobe's School of Allied Health, Human Services and Sport and physiotherapist at Eastern Health, said despite growing demand, currently only one in 65 Australian cancer survivors could enrol in oncology rehabilitation each year.

"Exercise is one of the most powerful tools we have to help people recover from cancer," Dr Dennett said.

"Mounting evidence shows that exercise is key to addressing the physical and psychological challenges faced by many cancer survivors in managing fatigue, mood, physical function and quality of life.

"In spite of this, poor access to exercise-based oncology rehabilitation is a barrier across all levels of the healthcare system and nearly half (44 per cent) of respondents said lack of funding is a challenge for program sustainability."

In 2024, survey respondents cited increasing numbers of cancer survivors attending general rehabilitation programs (48 per cent) and advocacy from oncologists (44 per cent) as key drivers for organisations to establish oncology rehabilitation programs.

"Growing evidence suggests exercise during cancer treatment can decrease hospital admissions and length of stay, which may encourage healthcare settings to establish cancer rehab programs to improve patient outcomes and reduce the burden on the healthcare system," Dr Dennett said.

Cancer rehabilitation programs, on average ran three times per week for 11 weeks, consisting of exercise, education in nutrition and fatigue management and self-management plans for survivors.

While rehabilitation was often delivered face to face, a growing number of programs now offer telehealth services via video conference (45 per cent) or phone (53 per cent).

"This has greatly improved access for regional and rural cancer patients who often face travel barriers during cancer treatment and recovery," Dr Dennett said.

With more than 500,000 five-year survivors in Australia, cancer is a leading disease burden.

"Cancer is now considered a chronic disease, yet referral pathways for oncology rehabilitation lag compared to those for cardiac or pulmonary rehabilitation," Dr Dennett said.

"There are nearly 400 cardiac and pulmonary rehabilitation services in Australia – five times the number of oncology rehabilitation programs.

"This research shows there's an urgent need for better funding, training and referral pathways to ensure more cancer survivors benefit from tailored oncology rehabilitation programs.

"While clinical guidelines do shape practice, still a yawning gap remains. Rehabilitation should be a core part of cancer care – not an optional extra."

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Dr Amy Dennett is available for interview.

Media enquiries

Debora McInnes – d.mcinnes@latrobe.edu.au, 0487 448 734