

### CANCER-RELATED FATIGUE

## Treatment Overview

Cancer-related fatigue (CRF) is one of the most common symptoms experienced by patients with, and survivors of, cancer. It is more severe, more distressing and less likely to be relieved by rest than the tiredness or fatigue of daily life.

Despite the common idea that fatigue is an inevitable part of cancer treatment, addressing fatigue as early as possible can help prevent CRF from becoming a long-term issue.<sup>i</sup>

The following overview examines ways to screen and assess, as well as reduce and treat CRF.

#### PATIENT-HEALTHCARE PROVIDER COMMUNICATIONS

Treating fatigue is an important part of care for the patient and their family and it is often possible to lessen fatigue. However, before anything can be done to help the patient, the care team must understand the fatigue and the level of severity.

Members of the healthcare team should proactively discuss fatigue at the time of diagnosis to help patients know what to expect and regularly screen and assess patients throughout treatment and into survivorship.

Patients with cancer who experience CRF often underreport the way they feel, which has a role in CRF being underdiagnosed and undertreated. Specific to lymphomas, the Lymphoma Coalition 2018 Global Patient Survey on Lymphomas and CLL found that less than 20 percent of patients with fatigue spoke to their doctor about how it affected their life.<sup>ii</sup>

Patients may avoid bringing it up because they think it is an inevitable part of having or treating cancer, or they fear the strength of their treatment will be reduced if they reveal they are experiencing fatigue. Patients are urged to discuss their CRF and its true impact on their lives with their healthcare team.

## SCREENING AND ASSESSMENT

Healthcare professionals should screen patients with cancer and survivors at every point of contact for the presence and severity of fatigue using a quantitative or semi-quantitative measurement tool.<sup>iii,iv,v</sup> Because fatigue is subjective, assessments rely on a patient's ability to accurately describe the way they feel, which can be done using numeric scales (0 meaning no fatigue to 10 meaning worst fatigue imaginable) or descriptive words (mild, moderate, severe).

It is important that patients understand the context of the questions. For instance, clarity is needed to understand if answers about their fatigue levels should be compared to pre-cancer life or based on their fatigue levels since their last medical appointment.

Patients who are experiencing moderate to severe fatigue should be further evaluated to understand the physical, emotional, and cognitive effects they are experiencing. This should include reviewing different aspects of the fatigue including its onset, progression, patterns, how it is alleviated and how it interferes with the individual's life.<sup>iii,iv,v</sup> In addition, symptoms and contributing factors associated with fatigue should be evaluated, including depression, pain, emotional distress, poor sleep, poor nutrition, activity levels, alcohol or substance use, medication side effects, other chronic illnesses and the effects of cancer treatments.<sup>iii,iv,v</sup>

## TREATING CRF

Patients with mild CRF should receive education and counselling related to CRF. As well, general fatigue management strategies, such as monitoring fatigue and conserving energy, have shown to be helpful.

In addition to education and counselling, patients with moderate to severe fatigue should be assessed to identify and treat any conditions or contributing factors, such as pain, anxiety, sleep disturbances, or other side effects of cancer treatment.

If there are not any treatable factors, or if treatment is not working, patients should be referred to one or a combination of CRF-specific therapies based on their health status and age. These may include:

### Psychoeducation

A means of providing education and information to those seeking or receiving mental health services, such as people diagnosed with mental health conditions or life-threatening/terminal illnesses and their family members. The information and support focuses on improving understanding and helping patients and their families cope with the illness or condition.

### Cognitive behavioural therapy (CBT)

The goal of CBT is to change the patterns of thinking or behaviours that are behind the individual's difficulties. Usually conducted one-on-one with a therapist, CBT focuses on the individual's thoughts, images, attitudes or beliefs and how they relate to the way the person reacts or behaves.

### Mindfulness-based cognitive therapy (MBCT)

An evidence-based group therapy approach to psychotherapy that combines cognitive behavioural therapy methods with mindfulness meditative practices and similar psychological strategies. It helps reduce depression, anxiety and stress.

### Mindfulness-based stress reduction (MBSR):

A program that helps teach on how to calm the mind and body to help you cope with illness, pain, and stress. MBSR teaches "mindfulness," which is a focus only on things happening in the present moment. MBSR encourages purposefully paying attention and being aware of your surroundings, emotions, thoughts, and how your body feels.

### Exercise

Exercise programs can include resistance training, such as lifting weights or strength training, and endurance training, including walking, jogging, cycling or swimming (applicable for non-cachectic patients).

### Mind-body regimens

Includes mindful activities such as yoga and reiki.

### Nutritional counselling

Working with a professional to assess nutritional intake and create a plan to optimise energy levels.

### Bright white light therapy

Also known as phototherapy, it consists of exposure to bright lights that mimic natural light in controlled circumstances. It is thought to affect the brain chemical linked to mood and sleep.

### Pharmacologic therapy

Medications recommended may include psychostimulants, antidepressants, steroids or supplements (such as ginseng or vitamin D).

## RE-EVALUATION

The treatment of fatigue is continuous and as indicated by the re-evaluation phase, leads to a repeating loop of fatigue screening and management.

Fatigue may occur or vary in severity at many points throughout the course of a patient's disease and treatment. Re-evaluating the patient's status and making the appropriate modifications are integral parts of comprehensive fatigue management. This includes re-screening and re-evaluating patients after any specific intervention is introduced for CRF.<sup>iii,iv,v</sup>

Healthcare professionals should continue to monitor fatigue well beyond treatment completion as CRF has been shown to persist for many years. The 2018 Lymphoma Coalition Global Patient Survey on Lymphomas and CLL showed that some patients with lymphoma reported experiencing fatigue 8+ years following treatment.

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- ii. Lymphoma Coalition. 2018 Global Patient Survey. [lymphomacoalition.org/global-information/global-patient-survey/2018](https://lymphomacoalition.org/global-information/global-patient-survey/2018).
- iii. Berger AM, Mooney K, Alvarez-Perez A, et al. Cancer-related fatigue, version 2.2015. *Journal of the National Comprehensive Cancer Network*. 2015;13(8):1012–1039.
- iv. Bower JE, Bak K, Berger A, et al. Screening, assessment, and management of fatigue in adult survivors of cancer: An American Society of Clinical Oncology clinical practice guideline adaptation. *Journal of Clinical Oncology*. 2014;32(17):1840–1850. doi:10.1200/JCO.2013.53.4495.
- v. Fabi A, Bhargava R, Fatigoni S, Guglielmo M, Horneber M, Roila F, Weis J, Jordan K, Ripamonti CI, on behalf of the ESMO Guidelines Committee, Cancer-related fatigue: ESMO Clinical Practice Guidelines for diagnosis and treatment, *Annals of Oncology* (2020), doi: doi.org/10.1016/j.annonc.2020.02.016.