Patient Reported Experience with Fatigue, a Cross-Sectional Study Examining Indolent and Aggressive Lymphomas

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Abstract #3537

Introduction

Cancer-related fatigue (CRF) is a persistent, subjective sense of physical, emotional, or cognitive tiredness related to cancer or cancer treatment which negatively impacts functioning and quality of life (NCCN, 2015). The severity of CRF varies by lymphoma subtype, stage, and treatment received. Little information is known about patients' experience with fatigue based on the rate of disease progression (indolent or aggressive lymphomas). This study aims to offer a unique insight into the fatigue experience of patients with indolent lymphomas compared to patients with aggressive lymphomas, using the Lymphoma Coalition (LC) 2022 Global Patient Survey (GPS) on Lymphomas and CLL.

Methods

Globally, 8637 respondents comprised of 7,113 patients and 1,524 caregivers from 84 countries completed the 2022 LC GPS. This analysis compared patients' experience with fatigue in a subset of patients with aggressive lymphomas (n=2921) ('AL group') and indolent lymphomas (including CLL) (n=4573) ('IL group'). Demographics of both patient groups were used to analyze questions relating to patients' experience of fatigue. Chi-square and p-values were calculated as needed, and the statistical analyses were performed with IBM SPSS v27.

Fatigue as a symptom of lymphoma and treatment

Of the 6287 respondents, 4085 were classified as being indolent (IL) with the remainder being classified as aggressive (AL) (N = 2202)*. Sixty-six and sixty-seven per cent of respondents reported some degree of fatigue in the IL and AL groups respectively (p = 0.3).

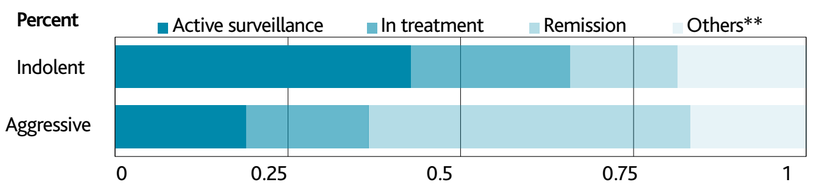

Figure 1. Representation of current treatment status for those with indolent and advanced lymphomas. Those with IL are over twice as likely to be undergoing active surveillance while those with AL are over twice as likely to be classified as being in remission (p< 0.001).

Alleviation of fatigue was significantly associated with treatment in AL relative to IL***

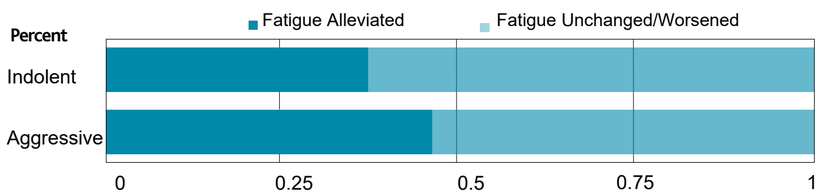

Figure 2. Reduction in fatigue was significantly reduced in those with AL relative to IL (p < 0.001).

Fatigue was a high prevalence side effect attributable to treatment and was slightly enriched in those with AL relative to IL***

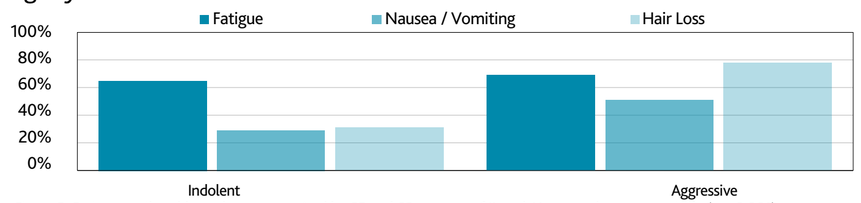

Figure 3. Fatigue attributable to therapy was cited by 65 and 69 per cent of IL and AL respondents respectively (p = 0.001). Both nausea/vomiting and hair loss were significantly more prevalent in the AL group relative to the IL group (p < 0.001).

Fatigue and health-related quality of life

Fatigue was perceived to be more severe in those with AL relative to those with IL.

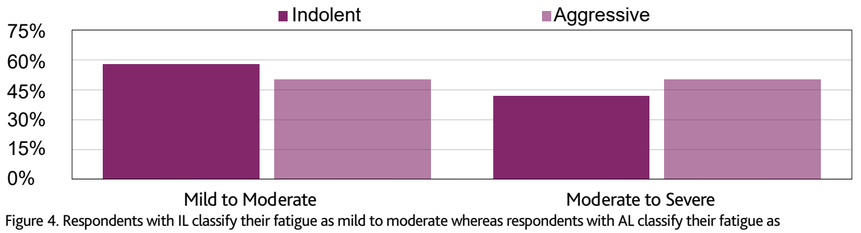

Figure 4. Respondents with IL classify their fatigue as mild to moderate whereas respondents with AL classify their fatigue as moderate to severe (p<0.001).

The duration of fatigue was enriched in those with IL relative to those with AL.

	<1 Year	1<2 Years	2<5 Years	5<8 Years	>8 Years
Indolent	22%	19%	27%	13%	17%
Aggressive	39%	24%	23%	5%	8%

Table 1. Reported duration of fatigue symptoms stratified across IL and AL demonstrate that those with IL cope with fatigue for a longer period than those with AL (p<0.001).

The areas of functioning affected by fatigue included: General activities (62%-62%), Mood (49%-55%), Physical activities (51%-59%), General work around the home (50%-53%), Social activities (41%-44%) and Enjoyment of life (36%-37%).

Communication and help provided by physicians

Those with IL discussed fatigue with their treating physician more than those with AL.

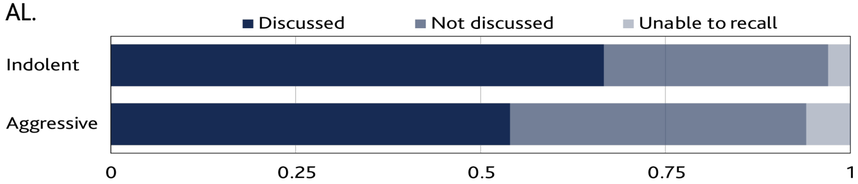

Figure 5. Respondents with IL had significantly more interaction with their treating physician regarding the issue of fatigue relative to those with AL (p<0.01).

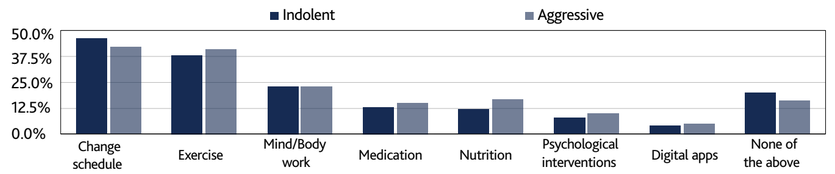

Figure 6. Respondents favoured alterations to schedules and exercise as the predominant ways of coping with fatigue.

Conclusions

The results show that fatigue is the leading physical issue affecting the well-being of patients with indolent and aggressive lymphomas. However, some differences exist in how patients may experience fatigue in terms of fatigue severity and duration. These differences may be because aggressive and indolent lymphomas often differ in symptom presentation, severity, treatment type or whether patients communicate their fatigue with their doctor. Over 50% of all patients reported that when they expressed their fatigue to their doctor, they felt it was not addressed or followed up. Given the multifactorial nature of fatigue, there is no standard treatment, and interventions that may help improve fatigue must be explored to treat underlying causes. The data highlights that regardless of lymphoma type, fatigue needs to be recognized and treated at all stages of a patient's disease, according to standard clinical practice guidelines. Healthcare providers and patients need to improve their communication about fatigue.

Notes

*Indolent Lymphomas: CLL/SLL, Cutaneous, Follicular, Marginal zone (all subtypes), Mucosa-Associated Lymphoid Tissue (MALT), Mycosis Fungoides, Sézary Syndrome, WM/LPL

*Aggressive Lymphomas: Angioimmunoblastic T-cell, Adult T-cell, Breast Implant-Associated Anaplastic large cell, Burkitt's, DLBCL (all subtypes), Extranodal killer T-cell, Hairy cell, Hodgkin lymphoma (HL), Nodular lymphocyte predominant HL, Peripheral T-cell

** Newly diagnosed, On maintenance therapy, Post-treatment but not in remission, Relapsed or refractory disease but not in treatment, Palliative and Others

*** Question asked to those who have received treatment only.

CONFLICT-OF-INTEREST DISCLOSURES AND CONTACT INFORMATION

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None of the authors benefited personally from the research.

For further details on the LC 2022 GPS, please scan the QR code or visit: https://lymphomacoalition.org/global-patient-survey.

Please direct any queries to C.Bates, Head of Research at Lymphoma Coalition: cherie@lymphomacoalition.org