Guideline Resource Unit
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Guideline Summary

Cancer-Related Fatigue

Accompanies: Clinical Practice Guideline SUPP-008

Alberta Health Services
CancerControl Alberta

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The assessment, prevention, rehabilitation and management strategies outlined in this summary and accompanying guideline apply to adult cancer patients with cancer-related fatigue. Refer to the full clinical practice guideline for a detailed description of the clinical questions, recommendations, guideline development methodology, and references.

Screening

- Patients should be screened with the ESAS-r (tiredness scale) or Fatigue Pictogram:
    - Mild fatigue - score of 1-3 on the ESAS-r
    - Moderate fatigue – score of 4-6 on the ESAS-r
    - Severe fatigue - score of 7 or higher on the ESAS-r
- Screening should take place at diagnosis or first intake visit, at the start of treatment, throughout treatment at a specific time point (i.e., once per treatment cycle, midpoint of radiotherapy), and at any post-treatment follow-up visit, with a minimum of one annual fatigue screening.

Assessment

- **Mild:** refer patient to Cancer-Related Fatigue Video Series.
- **Moderate or Severe:**
    - Refer patient to Cancer-Related Fatigue Video Series.
    - Conduct focused assessment to determine onset, duration, and extent of interference with activities of daily living (ADLs).
    - Complete a comprehensive assessment including laboratory tests to determine/treat medical causes identified via the focused assessment, in discussion with the patient and aligned with the Advance Care Planning / Goals of Care Designation policy and framework.
    - The Pan Canadian Screening and Assessment Algorithm can be used as a quick reference tool to perform the focused and comprehensive assessments.

Pharmacological Management

- Pharmacological treatments for cancer related fatigue remain investigational, but have been reported to improve symptoms in some cancer patients receiving active treatment.
- Methylphenidate may be used in patients with advanced disease, recurrent disease, and those on active cancer treatment. Use with caution in patients with pre-existing anxiety and insomnia.
- Recent studies suggest short term use of corticosteroids for symptomatic treatment in patients with advanced curable disease. Further studies needed to verify dosage and rotation. Long term use may lead to increased adverse events including myopathy.
- Modafinil, a wakefulness-promoting non-amphetamine psychostimulant, is not a recommended treatment.

Non-Pharmacological Management

- Physical activity is recommended for all cancer related fatigue across disease sites. Counsel patients on the importance of remaining as active as possible during the active treatment phase.
- Follow the principle of FITT (frequency, intensity, time and type) for all active cancer patients.
- Inform patients of the necessary precautions and contraindications to exercise.
- Physical activity efficacy and safety is mostly established for subsets of patients with breast, colorectal, and prostate cancer in post-treatment phases (i.e., younger, otherwise healthy).
- Exercise screening by a health care or fitness professional is recommended to ensure safety and appropriateness of moderate to vigorous physical activity.
- **Mild Fatigue:** Aerobic physical activity is recommended five days per week. Patients may tolerate several shorter, more frequent bouts of exercise rather than one long one. Types of exercises include aerobic, resistance training, and balance/coordination/flexibility exercises, based on assessment findings.
- **Moderate Fatigue**: Refer to a cancer rehabilitation specialist for appropriate assessment and adaptation of cancer-specific exercise.
- **Severe Fatigue:** Consult treatment team for mandatory medical clearance prior to exercise screening, testing, or prescription. Consider a referral to a cancer rehabilitation specialist or an exercise specialist with cancer-specific training to address cancer-related impairments and exercise adaption.

Functional and Occupational Therapy Interventions

- The focus of an occupational intervention is to address ADLs and patient perceived meaningful goals. Patient needs should be addressed from a patient-centered perspective using a semi-structured interview such as the Canadian Occupational Performance Measure (COPM).
- **Mild/Moderate Fatigue:** Consider group psycho-educational programs, and refer to fatigue videos.
- **Moderate/Severe Fatigue:** Consider ongoing interventions such as cognitive behavioural therapy, energy conservation/maximization, psycho-educational therapies, and other psychological interventions.

Complementary Therapy

- There is insufficient evidence to determine the effectiveness and safety of herbal medicines and products in reducing cancer-related fatigue; patients are encouraged to discuss their use with their multidisciplinary team to prevent adverse effects resulting from interaction with cancer treatment drugs or other drugs.
- Acupuncture can be considered for treatment of fatigue after completion of cancer treatment but does not show benefit during active treatment.

- There is preliminary evidence to suggest that mindfulness based interventions are likely to improve fatigue.

Nutrition

- Perception of fatigue may result from inadequate nutrition intake as result of cancer treatment.
- Assess for possible malnutrition if lack of appetite is indicated on the ESASr in addition to reduced food intake and /or weight loss.

Anemia Management

- Anemia can worsen fatigue in cancer patients but is seldom the only factor.
- There is no benchmark for laboratory levels that suggest treatment in cancer related fatigue.
- The cause of anemia is multifocal in patients with cancer, when possible, identify the root cause of anemia.
- Erythropoietin factor is no longer recommended in treating cancer patients because it is linked to angiogenesis and tumour growth factor which can potentially lead to shortened survival.
- Without a documented deficiency, there is no benefit to using iron, folic acid, or vitamin B12 supplementation.
- Red blood cell transfusions can be used in managing patients with severe symptomatic cancer associated anemia. Repeat transfusions for symptom relief is not recommended.
- Chronic transfusional support must be managed by medical practitioners with expertise in managing the short (e.g. intravascular volume overload, transfusion reactions) and long term complications (e.g. iron overload).