Implementing Psychosocial and Integrative Therapies for Cancer-Related Fatigue
Conflict of Interest Disclosure

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- No conflicts to declare
Clinical Question

• What are the optimal effective treatments for cancer-related fatigue experienced by adult cancer patients while receiving and after completing treatment?
Definition of Cancer-Related Fatigue

- Cancer-related fatigue (CRF) is a distressing, overwhelming, multidimensional sense of physical and/or mental tiredness.
- CRF is characterized by exhaustion associated with cancer and/or its treatments.
- CRF is not proportional to recent physical or mental activity, and cannot be alleviated by simple rest or sleep alone.
Defined Levels of Evidence

• **Level I**
  - at least 2 well-designed and highly powered RCTs
  - appropriate specific component/mechanism of action control condition for comparison
  - fatigue is a **primary outcome**

• **Level II**
  - at least 2 well-designed and highly powered RCTs
  - appropriate specific component/mechanism of action control condition for comparison
  - fatigue is a **secondary outcome**
Defined Levels of Evidence

• Level III
  – at least 2 well-designed RCTs
  – standard or usual care control condition with no specific component/mechanism of action controlled for in the comparison arm
  – fatigue is a primary or secondary outcome

• Level IV
  – at least 2 smaller, preliminary, well-designed experimental or quasi-experimental studies
  – standard or usual care control condition or a specific component/mechanism of action control condition
  – fatigue is a primary or secondary outcome
  – data is considered unclassified, emerging treatment, preliminary in nature
Defined Criteria for Recommendations

- **Recommended**
  - Reserved for guidelines based on Level I and Level II evidence
- **Reasonable to Suggest**
  - Reserved for guidelines based on Level III evidence
- **No Guideline Possible**
  - Reserved for Level IV evidence
  - When little or no evidence is available
  - When the committee lacks consensus on interpretation of existing evidence
Screening

• All healthcare providers should routinely screen for the presence of fatigue from the point of diagnosis throughout the entire cancer trajectory into survivorship.

• Screening should be performed at regular intervals including initial visits and at appropriate follow up intervals (e.g., daily among inpatients, ambulatory clinic visits, self-monitoring at home).
Screening

- Screening should be done with reliable patient-reported measures that assess the presence and severity of fatigue and possess accepted and valid cut-points for determining the need for further evaluation.
Comprehensive Evaluation

- Focused fatigue history
- Disease status
- Treatable contributing factors
- Laboratory evaluation
- Other diagnostic testing
Treatment Guidelines

- Address all treatable medical and psychosocial factors such as
  - Thyroid disease
  - Anemia
  - Pain
  - Nutritional deficiency
  - Adverse medication effects
  - Others
Psychosocial Recommendations for Treating Cancer-Related Fatigue

• Level I – None
• Level II – None
• Level III –
  ➢ Cognitive Behavioral Therapy (13 RCTs)
  ➢ Imagery (3 RCTs)
• Level IV –
  ➢ Psychoeducational Programs (7 RCTs)
  ➢ Individual Counseling (4 RCTs)
  ➢ Energy Conservation (2 RCTs)
Integrative Recommendations for Treating Cancer-Related Fatigue

• Level I – None
• Level II – None
  ➢ Accupressure (6 RCTs)
• Level III –
  ➢ Accupuncture (9 RCTs)
  ➢ Massage (6 RCTs)
  ➢ Hypnosis (5 RCTs)
Integrative Recommendations for Treating Cancer-Related Fatigue

- Level IV – Emerging
  - Energy Therapies (8 RCTs)
  - Relaxation Therapy (5 RCTs)
  - Music Therapy (3 RCTs)
  - Aromatherapy (1 RCTs)
  - Light Therapy (1 RCT)
  - Laughter Therapy (1 RCT)
Questions ???