CANCER RELATED FATIGUE (CRF)

CLINICAL CASE PRESENTATION

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DISCLOSURE

Speaker’s honoraria:

- Roche
- AbbVie
- Nationale Gesundheits Akademie
Opening questions

Do you regularly screen your patients for fatigue?

Are you familiar with guidelines concerning fatigue and do you treat your patients according to these guidelines?
Clinical case

Social history

- 62 years, male
- bank employee
- married, 2 adult children
- supported by his family
Clinical case

diagnosed with non-small cell lung cancer (adenocarcinoma) stage IIB (T3, N0, M0)

secondary diagnoses:
– 35 pack years
– arterial hypertension (ramipril 5mg)
– total thyroidectomy (nodular goiter) (L-thyroxine)

patient actively asking about psychooncological support after initial diagnosis
Treatment course 1

- successful surgery for adenocarcinoma
- adjuvant chemotherapy
  (4 cycles cisplatin/vinorelbine)

- complications
  – fever of unknown origin after 3rd cycle
  – mild nausea and vomiting (well responding to antiemetic treatment)
Treatment course 2

- 3 months after chemotherapy: complete remission with no sign of recurrent disease

- BUT
  - insomnia
  - tiredness
  - weakness
  - lack of concentration
  - lack of appetite
Treatment course 3

• consultation of the family practitioner

• general examination clinically unremarkable, normal nutritional status (BMI 25)

> recommendation to try a low dosage of sleeping pills

> no positive effect, therefore consultation in the oncological outpatient department

BMI, body mass index
“I have always been sleeping well. Now, I wake up at least 3 times a night.”

“Sometimes I feel like I cannot get up.”

“I don`t even like myself anymore. This lack of energy is making me crazy.”

“My wife has all these ideas to help me, but sometimes it`s just too much.”
QUESTION 1.
Which diagnostic steps would you recommend first?

1. Full laboratory work-up (blood count, electrolytes, liver/kidney values, inflammation markers, thyroid enzymes)
2. Psychooncological evaluation
3. Psychiatric evaluation
4. Neurological examination and imaging
5. All of them a priori
6. Both 1 and 2

choose only one answer
QUESTION 1 cont.
Which diagnostic steps would you recommend first?

1. Full laboratory work-up (blood count, electrolytes, liver/kidney values, inflammation markers, thyroid enzymes) ✔
2. Psychooncological evaluation ✔
3. Psychiatric evaluation
4. Neurological examination and imaging
5. All of them a priori
6. Both 1 and 2
Diagnostic results

Laboratory test:

• mild anaemia (Hemoglobin 11.5 g/dl)

• otherwise no pathological results in the laboratory parameters

Psychooncological evaluation:
successful coping with the disease itself, but fear of functional deficiency in the management of daily activities because of exhaustion
QUESTION 2.
Do you consider specific instruments for the assessment of CRF essential to identify CRF?

1. Yes

2. No

CRF, cancer related fatigue
QUESTION 3. Which tool do you use most frequently?

1. EORTC QLQ-FA12 module
2. Brief Fatigue Inventory (BFI)
3. Fatigue Assessment Questionnaire (FAQ)
4. Schwartz Cancer Fatigue Scale (SCFS)
5. Other

choose only one answer
The importance of patients' self-reported symptoms – numeric rating scale (NRS)

our patient
QUESTION 4.

Which therapeutical measures would you recommend?

1. Corticosteroids
2. Wisconsin Ginseng
3. Physical exercise and Corticosteroids
4. Antidepressants and physical exercise
5. Physical exercise, psychoeducation, psychooncological support

choose only one answer
QUESTION 4.
Which therapeutical measures would you recommend?

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2. Wisconsin Ginseng
3. Physical exercise and Corticosteroids
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Physical Exercise recommended

• 3 Times/week minimum of 30 minutes physical activity of moderate intensity (e.g. brisk walking)

• 2 Times/week 30 minutes strength and indurance training (every two weeks supervised by training group for cancer patients)
# Psychoeducation - Fatigue diary

<table>
<thead>
<tr>
<th>time</th>
<th>activity</th>
<th>energy input*</th>
<th>exhaustion*</th>
<th>comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00</td>
<td>Getting up, taking a shower, getting dressed</td>
<td>5</td>
<td>4</td>
<td>bad night sleep</td>
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<tr>
<td>08:30</td>
<td>breakfast</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td>grocery shopping</td>
<td>6</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

* level from 0 to 10
Psychooncological support in our patient

Recommendations

• Every 4 weeks meeting with psychooncologist, regularly accompanied by his wife

• Advice to take part in a patients` self-help group
Effects of the recommended strategies

- 3 Months after starting the physical exercise program, significantly improved sleep quality
- Increased physical strength and increased ability to manage everyday activities
- Disease status: ongoing complete remission
Thank you