

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

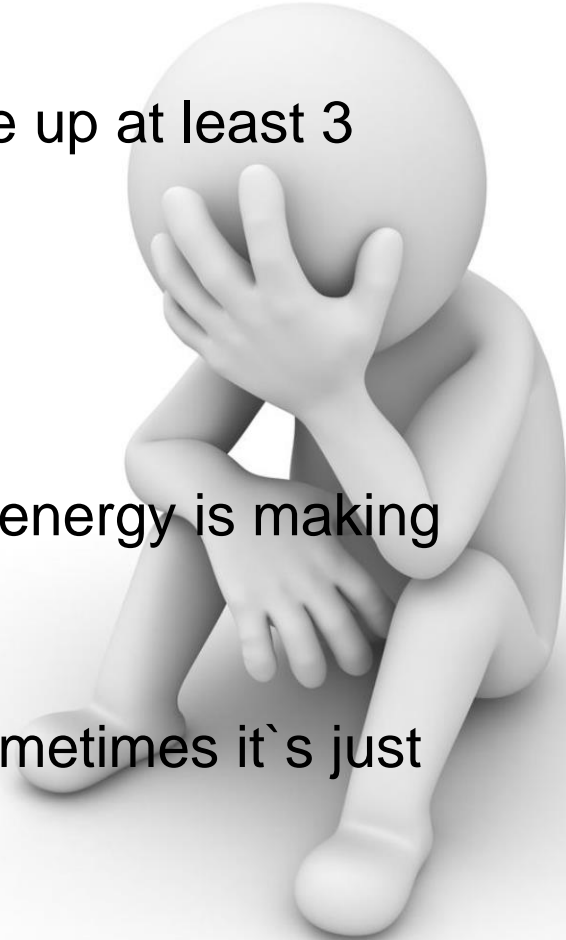
- consultation of the family practitioner
- general examination clinically unremarkable, normal nutritional status (BMI 25)
 - > recommendation to try a low dosage of sleeping pills
 - > no positive effect, therefore consultation in the oncological outpatient department

“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



QUESTION 1 cont.

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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



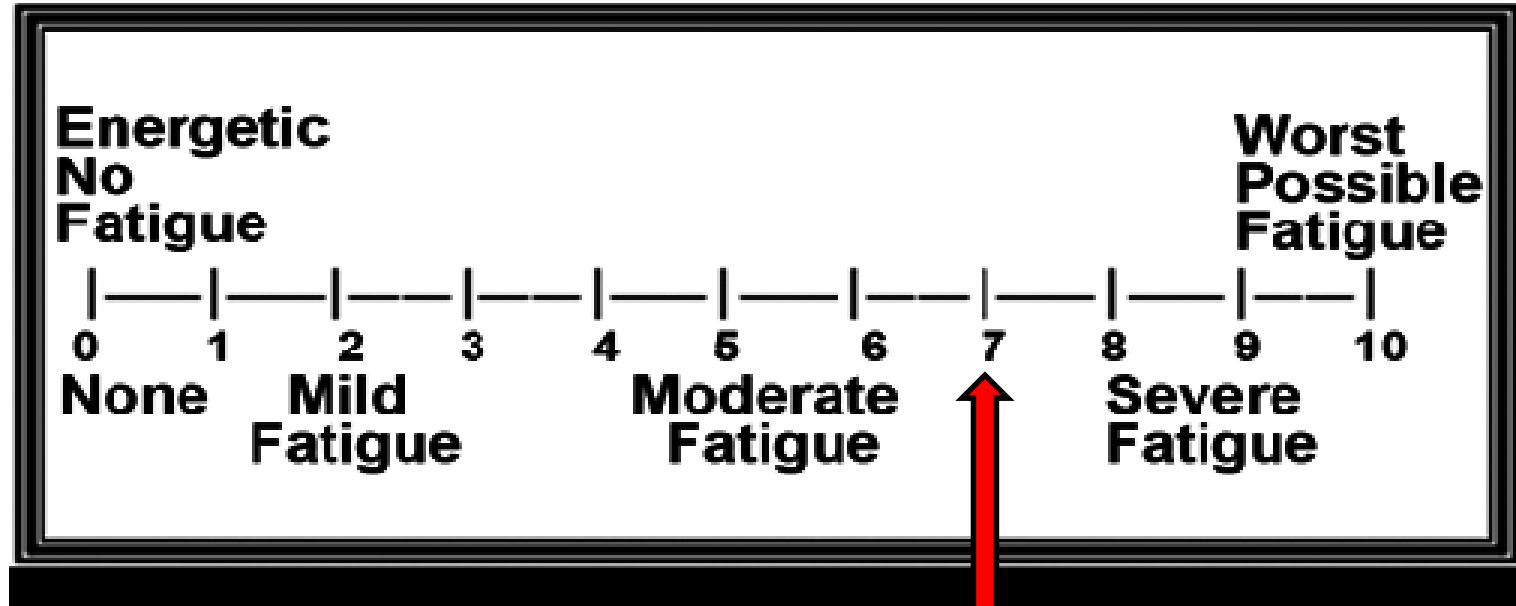
QUESTION 3.

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



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



QUESTION 4.

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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 endurance training (every two weeks supervised by training group for cancer patients)



Psychoeducation - Fatigue diary

time	activity	energy input*	exhaustion*	comments
08:00	Getting up, taking a shower, getting dressed	5	4	bad night sleep
08:30	breakfast	3	3	
10:00	grocery shopping	6	8	

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

