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Clinical Tools and Resources

Screening, Assessment and Management of Fatigue in Adult Survivors of Cancer:

An American Society of Clinical Oncology Clinical Practice
Guideline Adaptation

Introduction

- This guideline summarizes the results of a guideline adaptation process and presents recommendations on cancer-related fatigue
- Adapted from 3 existing guidelines:
 - Pan-Canadian guideline on *Screening, Assessment and Care of Cancer-Related Fatigue in Adults with Cancer*
 - NCCN Guideline for Cancer-Related Fatigue
 - NCCN Guideline for Survivorship

ASCO Survivorship Guidelines

- Growing number of cancer survivors
- ASCO has responded with steps to promote evidenced-based, comprehensive, compassionate, and coordinated survivorship care

Methods

- ASCO considers adaptation in selected circumstances
 - When one or more quality guidelines from other organizations already exist on the same topic
- ADAPTE Methodology
 - Take advantage of existing guidelines
 - Enhance efficiency and reduce duplication
 - Promote uptake of quality recommendations

Adaptation Process

- Literature search to identify candidate guidelines
- Methodological review
- Content review by an ad hoc, multidisciplinary Panel

Pan-Canadian and NCCN Guidelines

- All three guidelines offered comprehensive and user-friendly algorithms that were helpful in informing screening, assessment, and treatment options

Definition of cancer-related fatigue

(Modified from NCCN Guidelines for Cancer-Related Fatigue and NCCN Guidelines for Survivorship)

- Cancer-related fatigue is a distressing, persistent, subjective sense of physical, emotional, and/or cognitive tiredness or exhaustion related to cancer and/or cancer treatment that is not proportional to recent activity and interferes with usual functioning. These guidelines are focused on fatigue in patients who have completed primary cancer treatment and/or are in clinical remission

Final Recommendations:

Screening

(Modified from Pan-Canadian and NCCN Guidelines for Cancer-Related Fatigue)

- All health care providers should routinely screen for the presence of fatigue from the point of diagnosis onward, including following completion of primary treatment.
- All patients should be screened for fatigue as clinically indicated and at least annually.
- Screening should be performed and documented using a quantitative or semi-quantitative assessment.

Final Recommendations: *Comprehensive and Focused Assessment*

(Modified from NCCN Guidelines for Survivorship)

History and Physical

- 1) Perform a focused fatigue history
 - 2) Evaluate disease status
 - 3) Assess treatable contributing factors
- As a shared responsibility, the clinical team must decide when referral to an appropriately trained professional (e.g., cardiologist, endocrinologist, mental health professional, internist, etc.) is needed.

Final Recommendations:

Comprehensive and Focused Assessment

Laboratory Evaluation

(NCCN Guidelines for Survivorship verbatim)

- Consider performing laboratory evaluation based on presence of other symptoms, onset, and severity of fatigue
 - CBC with differential
 - Comprehensive metabolic panel
 - Endocrinologic evaluation

Final Recommendations: *Treatment and Care Options*

Education and Counseling

(Modified from Pan-Canadian and NCCN Guidelines for Cancer-Related Fatigue)

- All patients should be offered specific education about fatigue following treatment (e.g. information about the difference between normal and cancer-related fatigue, persistence of fatigue post treatment, and causes and contributing factors).
- Patients should be offered advice on general strategies that help manage fatigue (e.g., physical activity, guidance on self-monitoring of fatigue levels).
- If treated for fatigue, patients should be followed and re-evaluated on a regular basis to determine whether treatment is effective or needs to be reassessed.

Final Recommendations: *Treatment and Care Options*

Treat Contributing Factors

(Modified from Pan-Canadian and NCCN Guidelines for Survivorship)

- Address all medical and substance-induced treatable contributing factors first (e.g., comorbidities, medications, nutritional issues, activity level).

Some patients can also benefit from interventions described in next slides to treat fatigue. Currently, there are no clear standards to select among these for an individual patient. Further research is needed to establish a strategy for prioritizing, sequencing, and linking the available options.

Final Recommendations:

Treatment and Care Options

Physical Activity

(Modified from Pan-Canadian and NCCN Guidelines for Survivorship)

- Initiating/maintaining adequate levels of physical activity can reduce cancer-related fatigue in post-treatment survivors.
- Actively encourage all patients to engage in a moderate level of physical activity after cancer treatment (e.g., 150 minutes of moderate aerobic exercise such as fast walking, cycling, or swimming) per week with an additional 2 to 3 strength training (such as weight lifting) sessions per week, unless contraindicated.

Final Recommendations:

Treatment and Care Options

- Walking programs are generally safe for most cancer survivors; the American College of Sports Medicine recommends that cancer survivors can begin this type of program after consulting with their doctors but without any formal exercise testing (such as a stress test).
- Survivors at higher risk of injury (e.g., those living with neuropathy, cardiomyopathy, or other long-term effects of therapy) and patients with severe fatigue interfering with function should be referred to a physical therapist or exercise specialist. Breast cancer survivors with lymphedema should also consider meeting with an exercise specialist before initiating upper body strength-training exercise.

Final Recommendations:

Treatment and Care Options

Psychosocial Interventions

(Modified from NCCN Guidelines for Survivorship)

- Cognitive behavioral therapy/behavioral therapy can reduce cancer related fatigue in post-treatment survivors.
- Psycho-educational therapies/educational therapies can reduce cancer related fatigue in post-treatment survivors.
- Survivors should be referred to psychosocial service providers who specialize in cancer and are trained to deliver empirically-based interventions. Psychosocial resources that address fatigue may also be available through the National Cancer Institute and other organizations.

Final Recommendations:

Treatment and Care Options

Mind-body Interventions

- There is some evidence that mindfulness-based approaches, yoga, and acupuncture can reduce fatigue in cancer survivors.
- Additional research, particularly in the post-treatment population, is needed for biofield therapies (touch therapy), massage, music therapy, relaxation, reiki, and qigong.
- Survivors should be referred to practitioners who specialize in cancer and who use protocols that have been empirically validated in cancer survivors.

Final Recommendations:

Treatment and Care Options

Pharmacologic Interventions

(Modified from NCCN Guidelines for Cancer-Related Fatigue and Survivorship)

- Evidence suggests that psychostimulants (e.g., methylphenidate) and other wakefulness agents (e.g., modafinil) can be effectively used to manage fatigue in patients with advanced disease or those on active treatment. However there is very limited evidence of their effectiveness in reducing fatigue in patients following active treatment who are currently disease-free.
- Small pilot studies have evaluated the impact of supplements, such as ginseng, vitamin D, and others for cancer-related fatigue. However, there is no consistent evidence of their effectiveness.

Final Recommendations: *Treatment and Care Options*

Ongoing Monitoring and Follow-up

- Promote ongoing self-monitoring of fatigue levels, using a symptoms diary or other methods, as fatigue can be a late or long-term problem in post-treatment survivors.

Additional Resources

- Additional Information including data supplements, evidence tables, and clinical tools and resources can be found at www.asco.org/adaptations/fatigue.
- Patient information is also available at www.cancer.net.

ASCO Panel Members

Julienne E. Bower, Ph.D. (Co-chair) Psychology	UCLA Departments of Psychology & Psychiatry/Biobehavioral Sciences
Paul B. Jacobsen PhD (Co-chair) Psychology	H. Lee Moffitt Cancer Center and Research Institute
Ann Berger MSN, MD Pain and Palliative Care	National Institutes of Health Clinical Center
William Breitbart MD Psychiatry	Memorial Sloan-Kettering Cancer Center
Carmelita P. Escalante MD Internal Medicine	University of Texas MD Anderson Cancer Center
Patricia A. Ganz MD Medical Oncology	University of California Los Angeles Schools of Medicine and Public Health
Hester Hill Schnipper LICSW, BCD Patient Representative & Oncology Social Work	Beth Israel Deaconess Medical Center
Jennifer A. Ligibel MD Medical Oncology	Dana-Farber Cancer Institute
Gary H. Lyman MD, MPH, FASCO, FRCP Medical Oncology	Duke University and the Duke Cancer Institute
Mohammed S. Ogaily MD, FACP ASCO PGIN Representative , Medical Oncology	Oakwood Center for Hematology and Oncology-Downriver
William F. Pirl MD Psychiatry	Massachusetts General Hospital

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