

# APPROACHES TO IMPROVE MANAGEMENT AND SUPPORTIVE CARE OF CANCER-RELATED FATIGUE: RESULTS FROM A MULTI-PERSPECTIVE PROJECT

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## Background and Aim

Cancer-related fatigue (CRF) is a frequent, burdensome symptom of cancer patients, but is often unrecognized and insufficiently treated.  
 → Therefore, we comprehensively assessed the current stage of CRF knowledge and management in Germany from different perspectives with the aim to identify specific areas for improvements.

## Methods

**1,179 cancer patients** about 5 months after diagnosis recruited systematically via a cancer registry.



- various entities; 56% female / 44% male
- 43% current or completed chemotherapy
- 37% moderate or severe CRF symptoms

**476 Health Care Professionals (HCPs)** working with cancer patients in Germany, recruited systematically via an address directory of psycho-oncologists, invited by associations, or via online advertising.



- 148 oncologists / physicians
- 144 psycho-oncologists
- 184 nurses

**Assessments:** Patients via paper-pencil or online survey  
 HCPs via online surveys

## Discussion

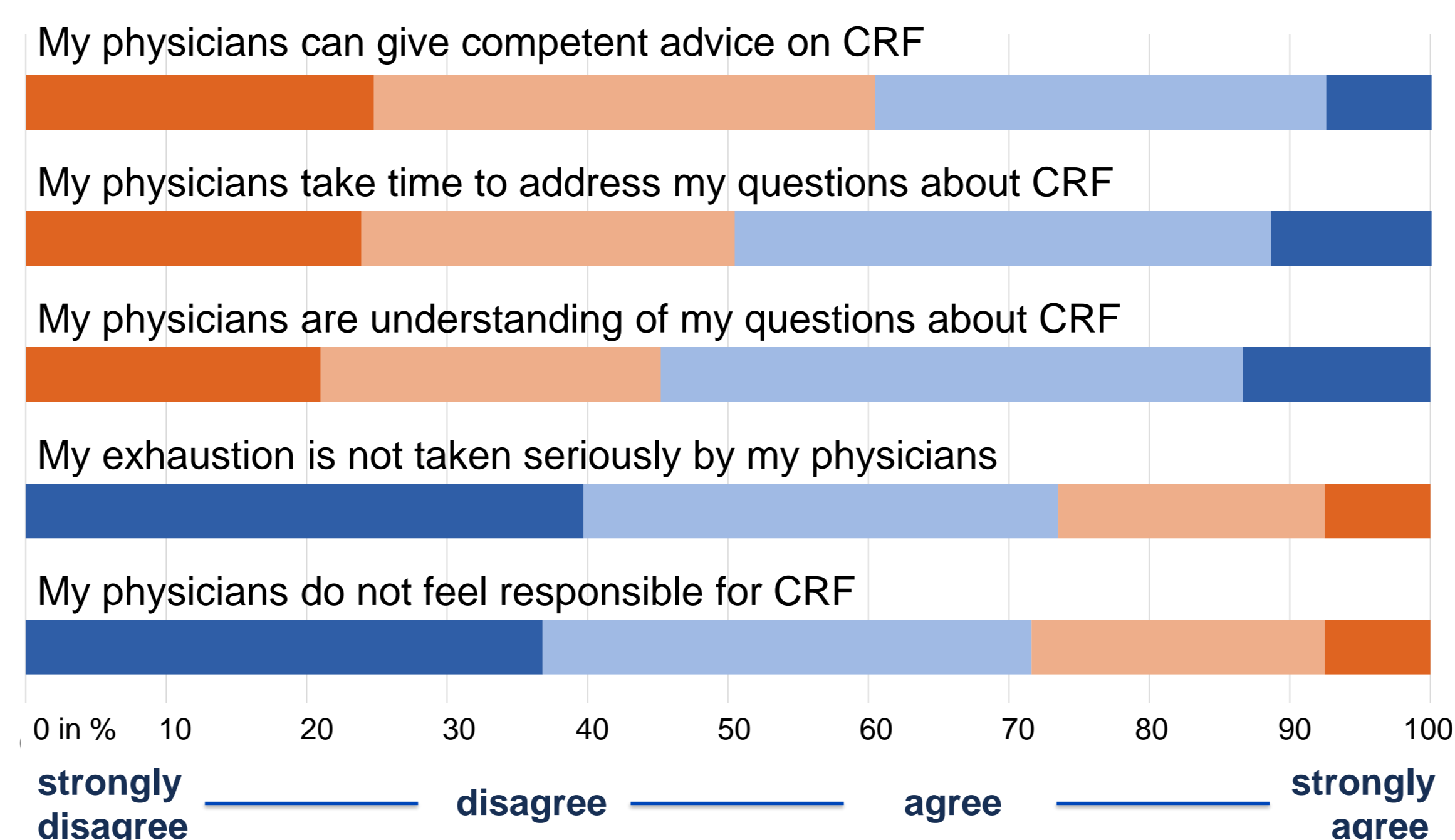
- Many patients are not informed about CRF.
- Patients feel impeded by communication barriers, e.g., unclear responsibilities, lack of time, fears.
- If a dialogue about CRF takes place, many patients are not satisfied with the quality of the communication.
- Many HCPs do not know clinical guidelines on CRF.
- HCPs often do not address CRF nor conduct screenings or inform about CRF – although suggested in CRF guidelines.

## Results

- **74%** were **not informed** about CRF.
- **54%** were **never asked** by their treating physicians about exhaustion.
- **13%** were **screened** for CRF.

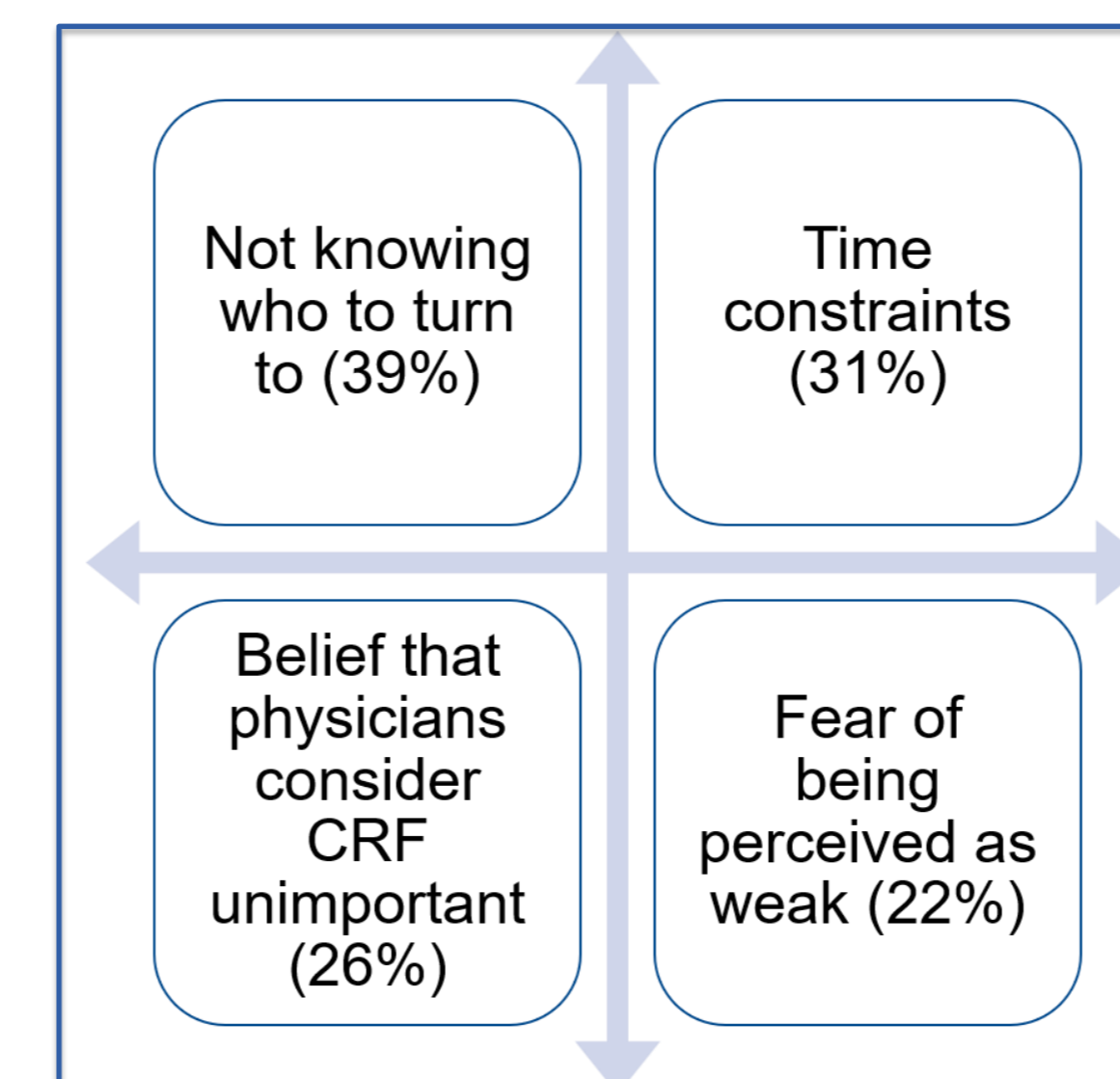
### Patients views on communication with physicians about CRF

Patients



**Communication barriers** hindered **64%** of patients from addressing CRF.

Common barriers:

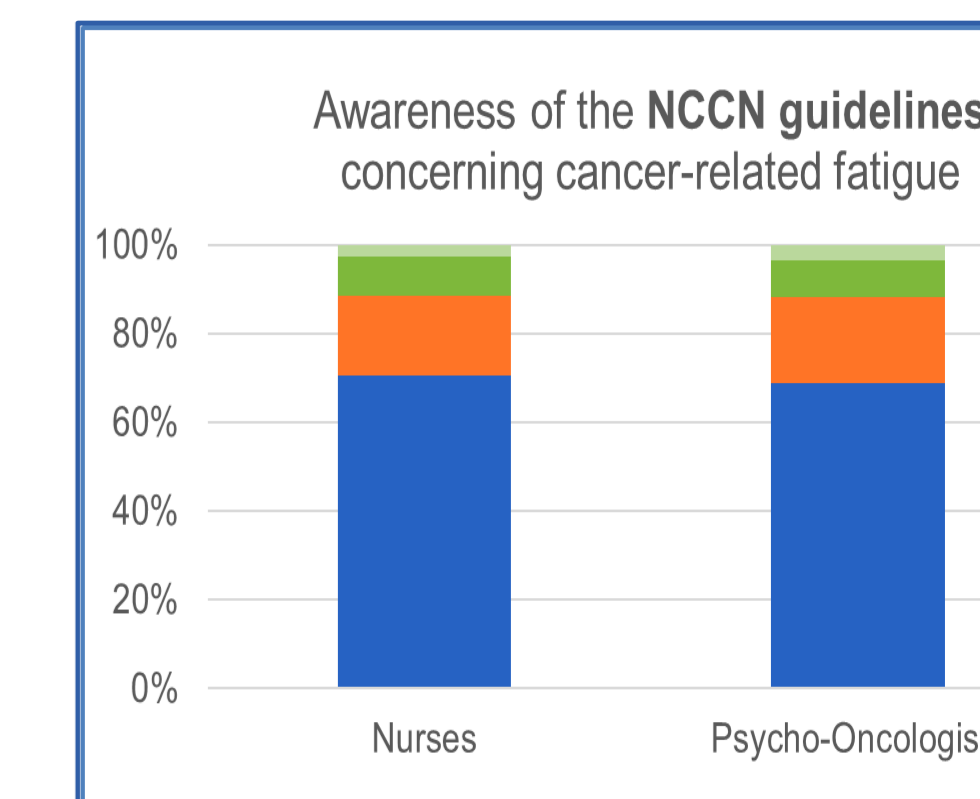


## Results (continued)

HCPs



- Two-thirds did **not know** about existence or content of NCCN or ESMO **guidelines** on CRF.
- Lack of knowledge was associated with **lower self-efficacy** to intervene for fatigue.
- Knowledge gaps regarding the evidence of the beneficial effects of **exercise** resulted in a reluctance to recommend this effective intervention.



Legend:  
 ■ Contents & recommendations well known to me  
 ■ I have read them / know some of the contents  
 ■ I know they exists, but content not familiar to me  
 ■ Is not known to me

## Conclusion

- **Awareness and knowledge** of CRF need to be enhanced among HCPs and patients (as well as in the general population).
- Physicians should routinely address CRF and adopt a **communication** style which encourages patients to talk about their symptoms and questions.
- **Multidisciplinary trainings** may be useful to promote existing CRF management guidelines and their implementation in clinical practice

## Publication

- Milzer M et al. *Support Care Cancer*. 2023
- Milzer M et al. *J Cancer Res Clin Oncol* 2024
- Wagner A et al. *J Nursing Res* (accepted April 2024)