NCCN Guidelines® Updates: Cancer-Related Fatigue

The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Cancer-Related Fatigue published in this issue (page 1012) include the latest updates. To assist readers interested in noting how the guidelines were updated, highlights of major changes pertaining to the abbreviated version published in this issue are printed below. To view the complete list of updates and full versions of these guidelines, visit the NCCN Web site at NCCN.org.

Updates in Version 2.2015 of the NCCN Guidelines from Version 1.2014 include:

**FT-2**
- 4th bullet was modified: “All patients should be screened for fatigue at their initial visit, at regular intervals as a vital sign during and following cancer treatment, and as clinically indicated.”
- 6th bullet was modified: “Patients and families should be informed that management of fatigue is an integral part of total health care and that fatigue can persist following treatment.”
- 8th bullet was modified: “Implementation of guidelines for fatigue management is best accomplished by interdisciplinary teams who are able to tailor interventions to the needs of the individual patient. Consider referral to an appropriate specialist or supportive care provider.”
- 10th bullet was modified: “Cancer-related fatigue should be included in clinical health outcome studies as an independent variable and potential moderator of outcome.”

**FT-3**
- Footnote “a” directs the reader to the discussion appendix for screening resources.

**FT-4**
- “Economic status and resources for obtaining tangible support” is a new bullet under “Focused History.”
- 4th bullet under “Assessment of treatable contributing factors” has been modified to include “poor sleep hygiene.”
- 6th bullet, 1st sub-bullet has been modified, “Decreased Physical activity level.”

**FT-5**
- 2nd column, 5th bullet is new to the page, “Consider referral to appropriate specialist or supportive care provider.”
- 3rd column, 5th sub sub-bullet has been modified: “Limitations secondary to metastases or other comorbid illnesses.”
- Footnote “j” has been modified: “A type of psychotherapy that focuses on recognizing and changing maladaptive thoughts and behaviors to reduce negative emotions and behaviors and to facilitate psychological adjustment.”
- 4th column, 1st bullet, Modafinil has been removed (Also for FT-6 and FT-7).
- Footnote “m” has been modified: “Pharmacologic interventions remain investigational, but have been reported to improve symptoms of fatigue in some patients. There is more evidence for methylphenidate and less evidence for modafinil. These agents Methylphenidate should be used cautiously and should not be used until treatment- and disease-specific morbidities have been characterized or excluded. Optimal dosing and schedule have not been established for use of psychostimulants in patients with cancer.”

**FT-7**
- Two references were added to footnote “p” and correspond to corticosteroids.