

Fatigue and the Cancer Patient

Webcast

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Eva's Story

Andrew Schorr:

Hello and welcome once again to Patient Power. Service at M. D. Anderson and connecting you with leading M. D. Anderson cancer experts and also inspiring patients who have been helped by M. D. Anderson, and I am happy to be one of them. We're going to talk about something in this edition of Patient Power that affects most of us who have ever been treated for cancer, maybe up to 90 percent of us, and that is fatigue. And I'd like you to meet someone who has experienced that. That's Eva Vega. And Eva back in 1999, age 38, was diagnosed with breast cancer.

Eva, so tell us about the treatment you went through. I know you had chemotherapy and then you had lumpectomy and radiation. Were you particularly tired during the treatment?

Eva:

Not really. Okay. My name is Eva Vega. During the chemo I wasn't experience any, feels any tired. I was healthy. I took it okay well, the diagnostic, it was not easy. But later after everything after the chemo, surgeon, radiation, we felt two years later I started feeling tired. And I was telling my doctors how I was feeling because they keep telling me you're doing fine, oh, you look wonderful. No. I was not feeling right. I was telling my doctors I was not feeling right.

Andrew Schorr:

Wow. Now, did you have trouble even keeping your head up? I mean, were you that tired?

Eva:

I was so tired not even to make me a coffee myself.

Andrew Schorr:

Wow. Oh, my goodness. Now, the good news is, Eva, is that I know you run races now, right? You're a bundle of energy today. And our story that we're going to tell on this edition of Patient Power is how the Cancer-Related Fatigue Clinic at M. D. Anderson and a whole multidisciplinary group can help. Let's meet your doctor because you were referred to Dr. Carmelita Escalante, who is the director of M. D. Anderson's Cancer-Related Fatigue Clinic, which has been around for quite a while,

since the late 90s. And she's also the chair of the department of general internal medicine at M. D. Anderson. How do you describe, just before we meet her, Eva, how do you describe Escalante? How much of a difference did she make for you?

Eva:

She's my angel.

Andrew Schorr:

Okay. Well, let's meet the angel. Dr. Escalante, welcome to Patient Power.

Dr. Escalante:

Well, I never considered myself an angel. She's really a nice lady. She did most of the hard work. I just kind of guided her along.

Communicating with Your Doctor

Andrew Schorr:

It's thrilling for me to bring doctors and their patients together when things have worked out so well. Fatigue, though, is just very daunting. First of all, a lot of cancer patients don't speak up about it, do they, and they should?

Dr. Escalante:

Exactly. Many times patients don't tell their physicians or other caregivers that it's a significant problem for them. And there's been publications about this and why. Some reasons may be they think that they need to just tough it out, that there's not much that can be done for it. Or many times patients don't want their treatments to be changed, and they feel maybe if I complain I'll get less of the treatment and that might decrease my chance of cure or of survival. Other times they don't want to be seen as a complainer thinking, well, if I'm complaining too much it may turn off my caregiver. This is not something that I should be talking about. So I think we should give patients inspiration to speak up about it and let their physicians and other caregivers know if it's a problem for them.

Andrew Schorr:

Now, you have the Cancer-Related Fatigue Clinic, of which you're the director, and so you have a whole team there that's skilled at assessing what could be causing the cancer. And certainly I know it could be the aggressiveness of the cancer treatment, or it could be the cancer's effect on the body itself, or, like for people who don't have cancer, there are other reasons for fatigue as well. So you take a look at the whole person given the cancer diagnosis and treatment as well and try to sort it out.

Dr. Escalante:

That's correct. Assessing fatigue, which is a fairly nondescriptive symptom and certainly can lend itself to lots of different symptoms and other symptoms disease

processes, you have to sort out the puzzle. It can be associated with many things and other symptoms as well, such as pain and depression, anxiety, other comorbidities that are not well managed, such as heart disease, anemia, and many things. So sorting out that picture is very important. Many patients come in with the idea that it's their cancer that's come back, if they don't have cancer at that time, or their cancer is getting worse. And the majority of the time that is not the issue at all.

Andrew Schorr:

That's good to know, and I know I've done programs unrelated to cancer, people who have thyroid problems, and that can happen to anybody.

Dr. Escalante:

Sure.

Incorporating Exercise

Andrew Schorr:

So all sorts of issues. Now, Eva, when you were referred to Dr. Escalante, and you call her your angel, what did she do first and what's some of the advice you can recall that you were even surprised about?

Eva:

When I went to her office she got in and then she make a plan for me. She took lab work first, and then when she got the results then she got a plan for me. Then they told me, Eva, you need to do exercise. And I looked at them and I look at Dr. Escalante and I told myself, I'm so tired I don't want to do any working, exercise. But it really helped. I'd start with five minutes, and then I get into ten and then into an hour, an hour working every day.

Andrew Schorr:

Right. How much exercise do you do a day now?

Eva:

I'm not going to say I do it every day, but I do it three or four times a week, one hour.

Andrew Schorr:

One hour three or four times a week, but when you first came to Dr. Escalante the idea of five minutes of exercise seemed daunting.

Dr. Escalante, we're going to talk about a whole range of approaches you have but why, for somebody who is so tired, why is starting to do exercise a little bit, a little bit more, how is that helpful?

Dr. Escalante:

Well, exercise has probably been the best studied intervention with the most evidence that has shown improvement in cancer-related fatigue. The mechanism no one understands of how it interacts in the body and makes things better. We start generally slowly in most of our patients because most of them are very deconditioned. Some patients have previously exercised, but going through treatment may have decreased their exercise and certainly probably have not been exercising to the level that they were previously. The majority of our patients may have never exercised, even before their cancer diagnosis. So you want to start at a level.

And what's most important as well is you want to make sure other comorbidities are addressed. So you don't want to have someone start exercise who may have significant heart disease or pulmonary disease without assessing that first and making sure that what you're prescribing in exercise will not unroof another problem. But generally we try to get patients that are pretty deconditioned to start.

And this is where we may use one of our consultants like physical therapy or rehab medicine, depending on how deconditioned they are. For some patients this is the first step, getting them there so they can just start working on conditioning the body and then move on to low-level exercise and gradually continuing to add on to that until we can get better and better outcomes. And certainly I think exercise not only for cancer-related fatigue but for multiple other medical issues, weight control, heart disease, etc., is a benefit, so I certainly think we can knock out a number of issues by getting everyone to try to exercise.

Nutrition

Andrew Schorr:

So exercise is part of it. Now also when people go through chemotherapy and other approaches you often don't feel like eating, so I imagine getting nutrition on track, because that's where we get our energy from, that's part of it too.

Dr. Escalante:

Right. When the patients come through the clinic we assess multiple areas, and we do this partly at the beginning when they first come in by some survey tools. We do know that certain other symptoms such as pain, depression, sleep disturbances are all tightly correlated with fatigue. But we also know that nutrition, what's their function to begin with are all important, and so we try to get an objective rating by using survey tools that they fill out actually before even going into the room and see them. And then we calculate those so I know where the problems may be and what I may want to probe more when we're talking about the fatigue and other problems that may have compounded the fatigue.

Andrew Schorr:

Now, I'm a leukemia patient, and I had drugs that went after the cancer in my bone marrow but it's also where you make cells, red cells.

Dr. Escalante:

Sure.

Andrew Schorr:

So in some cases the drugs can be debilitating. Where are we now in safe products to help boost those red cells so you have more energy? Certainly many people over the years have seen commercials on TV and things like that. Where are we now with that as far as helping?

Dr. Escalante:

Well, I think in patients that are actively receiving chemotherapy with following guidelines there are growth factors, red cell growth factors for anemia. That doesn't mean that patients that are two years out with maybe still some anemia but not meeting the levels should be given these drugs because we do know recently that there are some side effects, and those drugs should only be used with certain guidelines. And for most patients that I'm seeing in the clinic anemia usually has been addressed by their initial provider because it's something that is fairly easy to pick up on. It's something that always should be looked upon because you can develop anemia two years after treatment from iron deficiency or from other types of problems that can lead to anemia. So certainly it needs to be considered.

There are not that many drugs out there for treatment of cancer-related fatigue and certainly not with the evidence base that exercise has, which is probably the number one intervention that has evidence-based criteria. We do use stimulants at times. They are not at the point where there's good studies. We are doing studies to determine whether those actually help. Anecdotally we do know that they have helped some of our patients significantly so that I can get them to exercise, but we do need more and more clinical trials to look at these objectively to see under what circumstances, what doses. And we are doing some of those trials now but there is a lack of studies available for pharmacologic treatments.

Emotional Support

Andrew Schorr:

Now, Eva, when you were diagnosed with cancer, for any of us, it's pretty scary. Did you find that one of the things that was getting you down was just the emotional load of it, and do you think that played a role, and did M. D. Anderson provide you with some emotional support?

Eva:

Oh, yes I had a lot of emotional problems. Yes, I was, and then my doctor, my clinical oncologist find out I was getting in depression and so they referred me to one of the doctors at M. D. Anderson for emotional problems, yes, sir.

Andrew Schorr:

And that helped?

Eva:

Oh, yes they helped me a lot. Then when I went to Dr. Escalante I got into problems, and I was in emotional depression too and she gave me some medication, and I had another problem right then and I had an interview with another lady helping me emotionally too.

Andrew Schorr:

Okay. So let's talk about that, Dr. Escalante. So if you're depressed then you don't want to get out of bed either, so that's something you assess for as well.

Dr. Escalante:

Right. Both clinically talking to the patient as well as we use a survey tool. And many times it's the chicken and the egg. Which came first? Did the patient have depression first and are fatigued, because fatigue is commonly associated with depression? Or the opposite. Many times the fatigue leads to depression because the patients can't do what they want to do and they get very frustrated and develop depression. So it's very important to make sure that there's not a significant depression that needs to be treated. And certainly we look for that and if there are significant issues we refer to our psychiatry department to either provide further pharmacologic assessment or to talk to one of the psychologists.

Andrew Schorr:

I've always wanted to say this to an internal medicine specialist: Do you ever feel like a detective, that you have to try to sort all this out? And it could be this and it could be that and it could be two or three things, and that's your job really, isn't it?

Dr. Escalante:

Exactly. And that's part of solving the puzzle is trying to look at all the possibilities, making sure that something easily reversible is not an issue that you can correct and then trying to address the low hanging fruit first of things that might be easily correctable that may give quick turnaround. Many times for these issues, and I tell our patients up front in our first visit, this is not something I'm going to fix in a day or two, like hypertension, where you come in, your blood pressure is high, I give you a pill and in a day or two that blood pressure is better. This generally takes weeks to months, especially instituting exercise. It's not a quick fix. But if you hang in there many times we can get improvement.

Andrew Schorr:

Well, we've heard how it's really given Eva her life back and you're her angel. We're going to take a quick break and when we come back we're going to ask you some questions that have been e-mailed in to us. And also before we're done we're going to get some advice from Eva Vega as well for other patients. You're listening to Patient Power, and we'll be back with much more. It's all brought to you by M. D. Anderson Cancer Center.

Listener Questions

Andrew Schorr:

Welcome back to Patient Power and our discussion of treating cancer-related fatigue, where M. D. Anderson has a whole clinic that deals with that. And with us is someone who has been helped by that clinic, breast cancer survivor, Eva Vega from Houston and also her doctor who is the director of that clinic and the chair of the department of general internal medicine at M. D. Anderson, Dr. Carmelita Escalante.

Dr. Escalante, we've gotten some e-mail questions so you ready to take some of those?

Dr. Escalante:

Sure.

Andrew Schorr:

Okay. Here's one that came from Christina from Webster, Texas. She had heard that Ritalin, which is an ADHD drug, as you know, can be used to treat cancer fatigue. What are your thoughts about that?

Dr. Escalante:

Yes. Ritalin is the trade name, methylphenidate is the drug. It's been used most commonly in children with ADHD, but we have used it in cancer-related fatigue patients. It's been used previously in cancer patients in those patients that have been receiving a lot of narcotics and had a lot of drowsiness, and so that's how we got to think about using it in cancer-related fatigue. We are doing studies to determine whether it actually in a clinical trial works because we really know that in smaller studies, in pilot studies there are some data that yeah, maybe it works, but for some of our patients anecdotally they've had significant improvement, and I've used it in patients with some good results. It doesn't work for all patients, and many times exercise takes a little bit longer time and many times the idea of exercise is daunting, and for patients with very severe fatigue we sometimes have to use a stimulant to get them moving so I can encourage them to exercise.

Andrew Schorr:

Now, people need to have a realistic view of how they are after they've been treated for cancer and what was their physical state before. And it certainly can be permanently changed in a variety of ways. And I understand some of it could be what sort of energy will you have for the future. You want to recover as much as you can. Cheryl from Spring, Texas wrote in about that. She was told by her doctor that some patients never really recover from chemo treatment and therefore have ongoing chronic fatigue. Is that true?

Dr. Escalante:

Yes. Some patients don't get the response. And we also have to remember that we are giving very aggressive treatments now with much better outcomes than we were 10, 20 years ago, but now we have to deal with the side effects of those aggressive treatments. And as with Ms. Vega, many patients are getting multimodality treatment. They're getting surgery, radiation and chemotherapy, and we do know in those patients that get multimodality the fatigue is greater. We also have to remember that during that time frame those patients have also aged. So I try to tell patients when I first see them there are no guarantees. We hope that we can improve the fatigue. I can't tell them that I'm going to improve it or that I'm going to make it completely go away, but our goal is to decrease it if we can. And certainly the more we can decrease it the better. But there probably is a small number of patients that have severe fatigue that don't change. On the other hand, at least through my experience, we've at least improved fatigue for I think a significant number of patients that I've seen in the clinic.

Andrew Schorr:

Now, you mentioned about cancer being treated aggressively, and all of us who are cancer patients want to be cured. We want to beat the cancer or knock it back as far as we can and lead as good a life as we can. Now, doctors have been thinking about the effects of treatment as well and what's the point of aggressive treatment, and also is there another shoe that could drop. I think you call it late effects of treatment. So at M. D. Anderson now are doctors then looking, well, I could use this drug but this is going to really be not only hard on the cancer but hard on the patient. I have something else that may be equally as effective but be a little kinder or gentler or maybe avoid some later effect like ongoing fatigue. Do you have those discussions internally?

Dr. Escalante:

Yes, and the institution actually is very interested in developing and is in the process of developing a survivorship program, which I think we all are aware of we have a significant number of patients now that are survivors in the sense of either no longer have cancer or have such stable disease that they intermittently have treatment and looking for the best treatment of course with the least side effects, especially longer term side effects. So if we can identify drugs that give less neuropathy or less fatigue and you have a very similar outcome, certainly that's

what we want to do. And I think as this program develops and becomes a significant part of our institution those will even be more prominent discussions with patients.

Andrew Schorr:

Right. I saw Lance Armstrong on TV talking before congress, and I think we all if we could want to be like him, have that championship energy.

I should mention to our listeners that we did do a program on the developing survivorship program at M. D. Anderson with Dr. Karen Hahn, and that's in our library of programs in the Patient Power section on the M. D. Anderson website.

Well, here's a question that we got from Jeff who is actually in my home town of Seattle. He had heard that ginseng could help with cancer fatigue. So his question is is this effective, and could it interfere with the treatment he's undergoing for cancer care?

Dr. Escalante:

Many of the complementary treatments are not proven at this point. There's a lot of things on the internet you can read about. Many of them are not regulated, so depending on where you buy it the composition may be different. It's not part of the National Comprehensive Cancer Network Guidelines for cancer-related fatigue treatment, and I don't routinely prescribe this for my patients. I would caution people using herbs and other supplements that they can interact with other medication, and they should speak with their doctor about that prior to starting any of those.

Andrew Schorr:

Right. And I would say again M. D. Anderson being really for me the world leader in cancer care, you have a department too dealing with complementary medicine where they're scientifically looking at all that, so it seems to me that open communication with your doctor where if you have questions, well, I read or my next-door neighbor said oh, take this, take that, not only during your cancer care but also recovering from it, that's a discussion I'm sure that you welcome.

Dr. Escalante:

Oh, definitely. I think one of the most important things in any physician patient interaction is having an open communication so both sides know what's on the patient's or the physician's mind. And if they have questions that should be discussed openly with their physician.

Andrew Schorr:

Now, Eva, I know you have strong feelings about this that you need to speak up as a patient, and if you're tired that's something you got to speak up about too, right?

Eva:
Right.

Final Comments: Looking at the Future

Andrew Schorr:

What would you say to people? Because people are shy and I think, as Dr. Escalante said, they don't want to do anything to rock the boat. They want to fight the cancer. If they're a little tired, even if they're very tired, they say, well, that goes with the territory.

Eva:

Yes. Well, this experience, a patient with cancer, any kind of cancer, you have to make your mind strong and try not to say no, I don't want to think about it, about cancer. We have to. We have to look, but not too deep. We're not going to at any point if you're passionate, I'm going to get deep and I'm going to find the cure. No, I don't think so. I think we need to see a doctor and we have to--I'm going to talk about myself. I got involved in different things. Volunteering, I help other people and help myself. Seeing other patients that went through made me strong, and I think it's what I do myself.

Andrew Schorr:

I know you're very devoted to other people.

So, Dr. Escalante, you were telling me before we started our program that you opened up the gas bill or something like that and you saw your patient Eva. What was that picture? It much made you feel great knowing that Eva had come to you initially where she was so tired.

Dr. Escalante:

Well, what happened, and this was several months back, and I told her after I saw it, I said, I kept it. I said I showed my APN, look what I found. It was Mrs. Vega in her running outfit for I think it may have been the Komen race, I can't remember which race because she's involved in many. But it was her picture on the little flyer in the gas bill that comes.

Eva:

In the electrical bill.

Dr. Escalante:

Electrical bill, sorry. And I kept it, and I know at that moment when I saw her that she was a success with the fatigue when I saw that picture. It was a great feeling not only for me but for her because I knew how important being out there and being active for her was. But that I think is, when you see that you say, yep, this worked for her.

Eva:

It's going to work for somebody else.

Andrew Schorr:

There you go. But every person is different, so let's just go over a few things we've talked about. So obviously you did the blood test, and I've had that a million times. So you're looking for anemia, but often it's the medical oncologist who may pick that up. But you go through that. You do a psychological evaluation. You look at somebody's diet, their underlying health conditions. And then beyond exercise, which I heard is the number one approach that has been proven to work, then there are medications that you take a look at to see is drug A or drug B or even together, could they be helpful and in what dosage and for what time. Did I get it right?

Dr. Escalante:

Yeah, pretty much. There are a few psycho, social other interventions that have been studied that have some evidence, but pharmacologically there is a very limited number of drugs to directly treat the cancer-related fatigue unless obviously you find they're hypothyroid, or have low thyroid levels, then you would give them thyroid supplements, or they have iron deficiency and that's resulting in anemia where you give them iron. But for the treatment of cancer-related fatigue we sometimes use stimulants, which we've kind of touched upon.

There are two that we've used, and again these are not FDA approved for cancer-related fatigue. One is methylphenidate, which is commonly known as Ritalin. There's a short-acting form that we have to dose at least twice a day, and there is a long-acting form that goes under the trade name of Concerta that we use once a day. We adjust those doses. Generally for the short-acting form you take it in the morning and then shortly after noon, one o'clock. It is short acting. They wash out real quick. There have been studies on different dosing methods, but that's the dosing interval we use. We try not to dose it too late in the evening especially for those patients that have sleep issues so that we don't interfere with any sleep. And we adjust because sometimes the fatigue is worse in the morning and okay in the afternoon or vice versa, so sometimes the patients may need more methylphenidate in one time of day and not necessarily in the other time of day. And we have also used methylphenidate for cognitive fatigue because there's not only physical but there's the cognition, and it can help as well.

The other stimulant that we commonly use is modafinil, which goes under the trade name of Provigil, and it is FDA approved for narcolepsy, for people that can't stay awake. It's also been used for fatigue related to multiple sclerosis. And I have no preference one or the other. Again it's similar, it's a cousin of the methylphenidate, so we have to dose it more than once a day. Generally the maximum dose is 400 milligrams a day. And we dose them in the morning and usually in noon, early

afternoon. It washes out quickly. And the effect is pretty quick so if it's going to help you usually know pretty quickly. Other than we start on a low dose and we have to adjust up. So typically I tell the patient, look, I'm going to start you on the lowest dose possible. Don't get frustrated. If you feel no different we may have to go up to a higher dose.

Andrew Schorr:

What I get from this and hearing you describe this and the range of things we've discussed in this program about cancer-related fatigue is that at your clinic and you and your team, you're very devoted to it.

Eva, when you ended up there you must have felt that you were at the right place to help deal with your cancer-related fatigue problem.

Eva:

Yes. When I got there and I met the doctor and her team all together and they talked to me, they questioned me, I knew that they were going to get to the point what am I feeling. They're going to understand what my tired was, yes, sir.

Andrew Schorr:

Well, you like me are a big fan of M. D. Anderson, and I'm so delighted that there are these specialized departments like you have, Dr. Escalante, to really get at these very big issues, and for ten years or so you have had the cancer-related fatigue department really focused on this. Well, first of all I want to thank Eva Vega. I want you to keep running. I'll have to get down there to Houston and run with you. And maybe I'll open up my electric bill and there will be your picture there running, maybe alongside Lance Armstrong or something. Good for you. Thank you so much for being with us and congratulations on your continuing survivorship from breast cancer.

Eva:

Thank you so much and thank you for all the people.

Andrew Schorr:

Thank you. This is my delight to do this. But let's thank the angel, okay. Dr. Carmelita Escalante, chair of the department of general internal medicine at M. D. Anderson, but for this discussion it's important to note director of the Cancer-Related Fatigue Clinic. Dr. Escalante, thanks for explaining this to us and all the best to you.

Dr. Escalante:

Thank you so much for this opportunity. My job gives me such fulfillment because of all of the patients that I can somehow help.



Andrew Schorr:

A lot of them must be really neat people like Eva. I want to thank our listeners. As always, knowledge can be the best medicine of all. I say that every time.

I want to mention that our next program coming up on June 17th is on personalized medicine for breast and ovarian cancer with Dr. Gordon Mills. Thanks for joining us. For M. D. Anderson, I'm Andrew Schorr.

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