

Supplementary Materials: File 2

The Gap Between Guidelines and Clinical Practice in Cancer-Related Fatigue Management: A Mixed-

Methods Systematic Review

Journal of Cancer Survivorship

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Healthcare professionals - Guideline usage

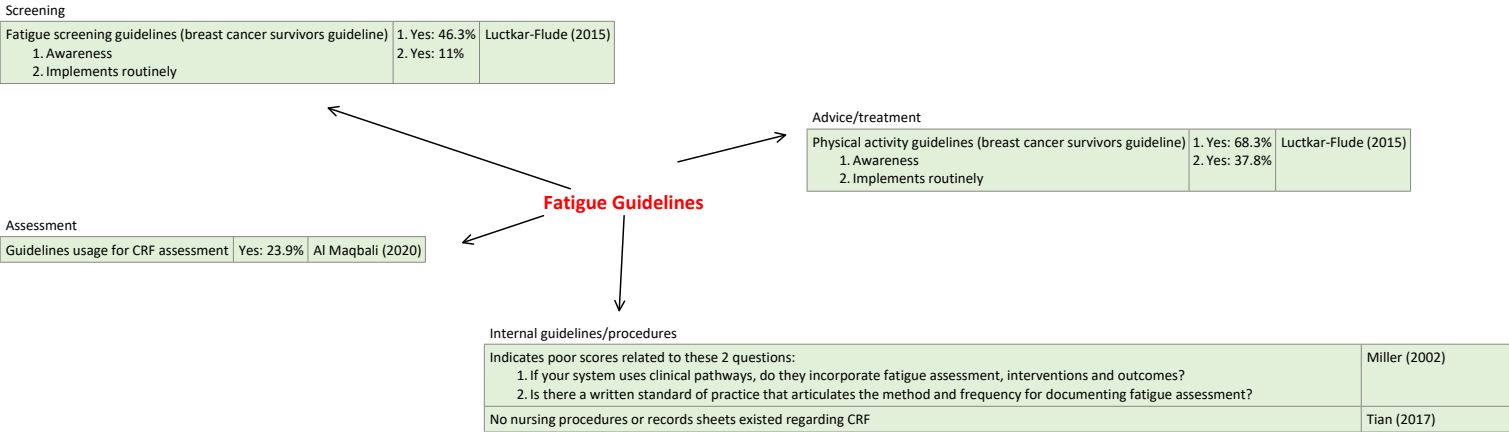


Figure 1. Idea webbing and joint display for the healthcare professionals' perspective on the outcome of guideline usage.

Note: Green shading represents quantitative data.

CRF, cancer-related fatigue.

Healthcare professionals - Communication

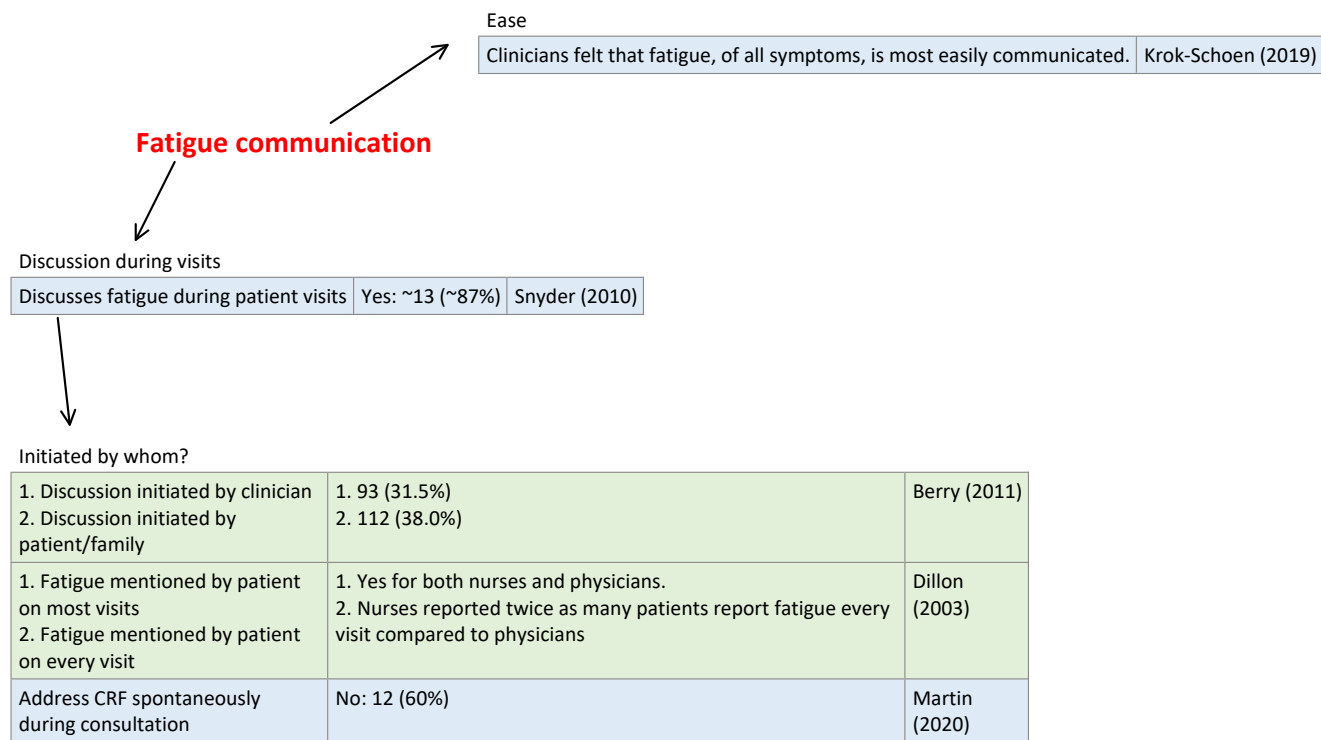


Figure 2a. Idea webbing and joint display for the healthcare professionals' perspective on the outcome of communication.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

Patients - Communication

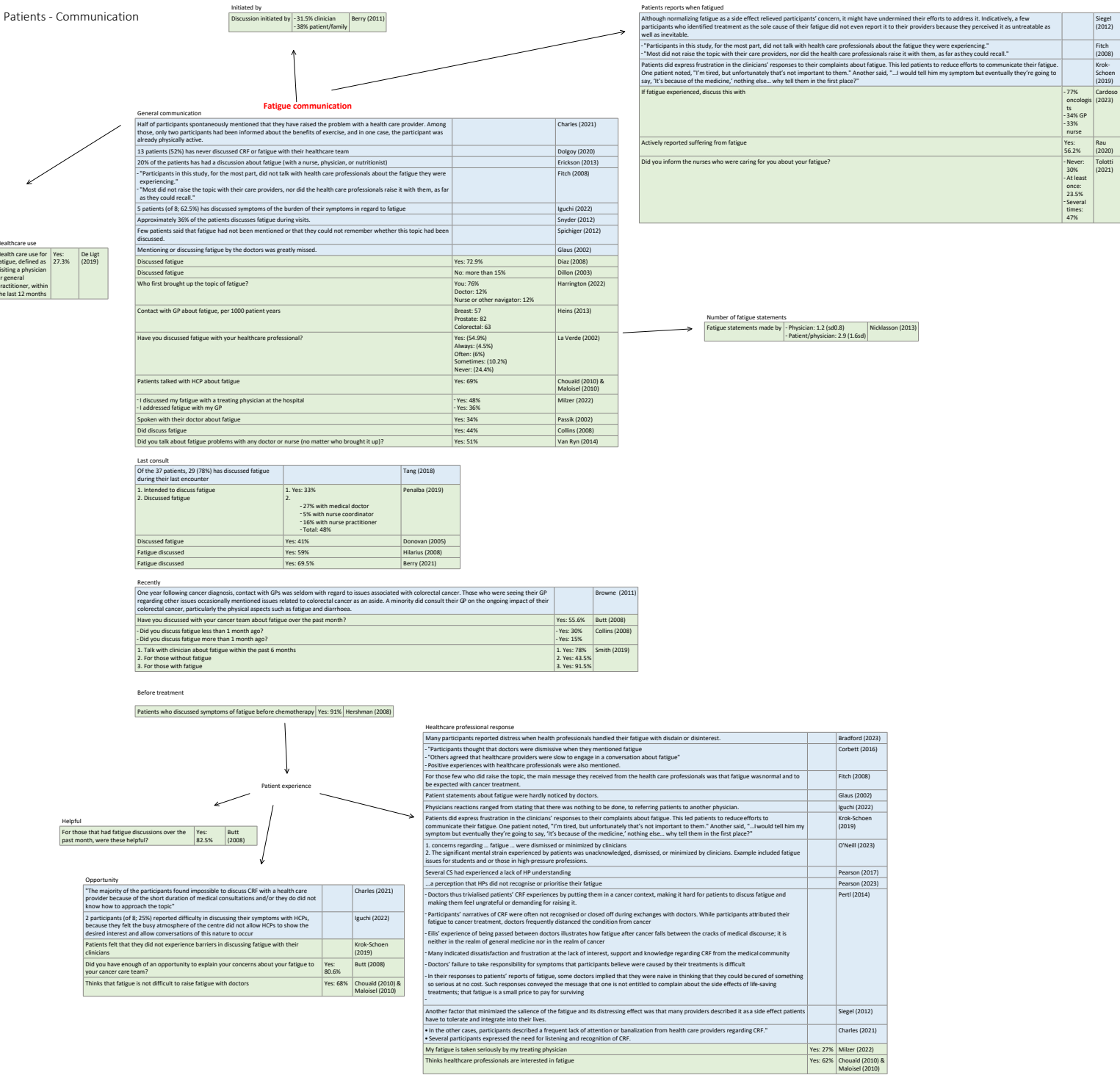


Figure 2b. Idea webbing and joint display for the patients' perspective on the outcome of communication.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

CRF, cancer-related fatigue; CS, consumer; GP, general practitioner; HCP, healthcare professional; HP, health professional.

Healthcare professional - Information

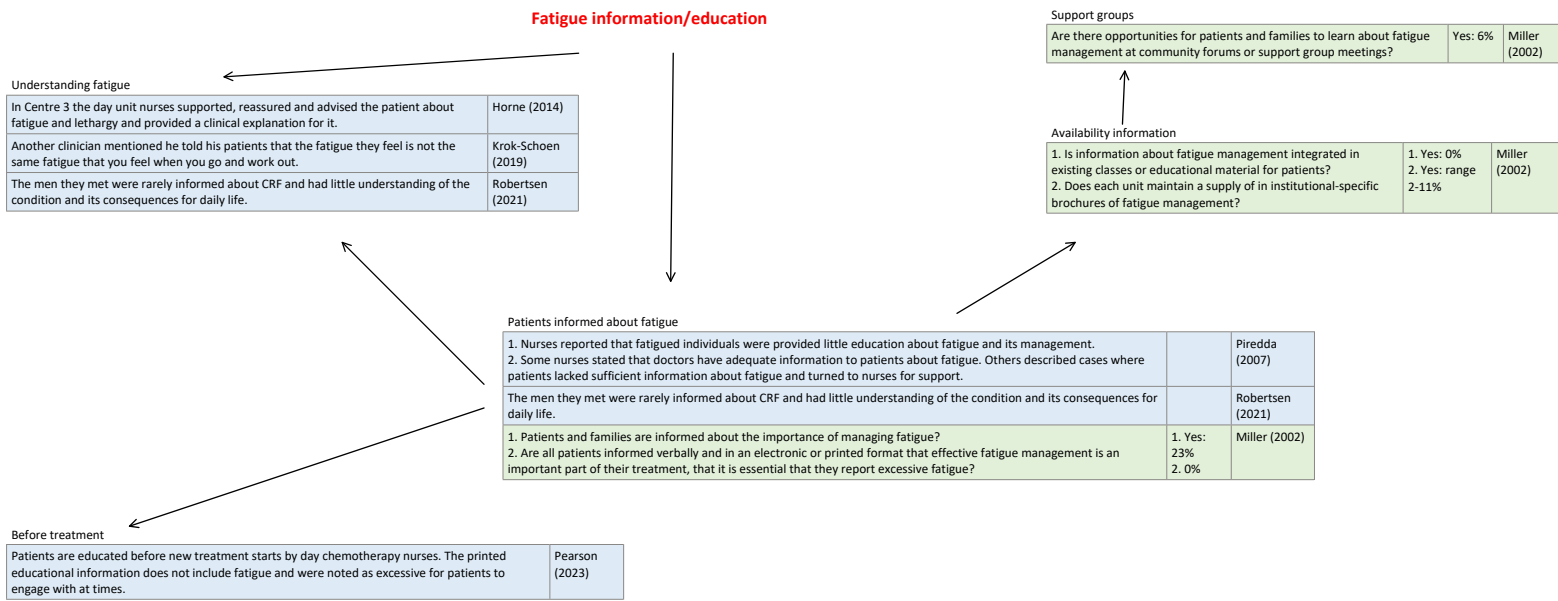


Figure 3a. Idea webbing and joint display for the healthcare professionals' perspective on the outcome of information.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

CRF, cancer-related fatigue.

Patients - Information

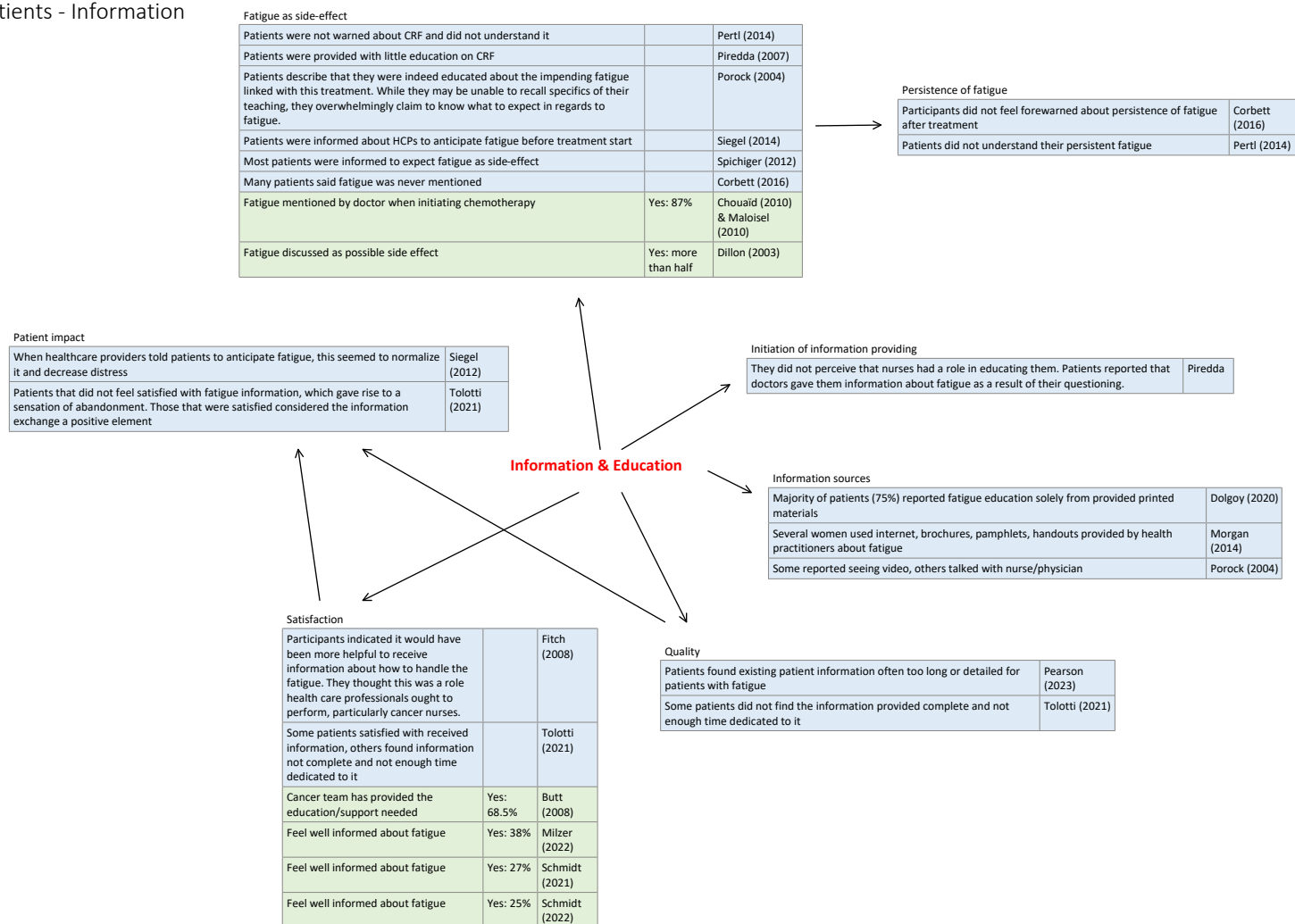


Figure 3b. Idea webbing and joint display for the patients' perspective on the outcome of information.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

CRF, cancer-related fatigue; HCP, healthcare professional.

Healthcare professionals - Screening

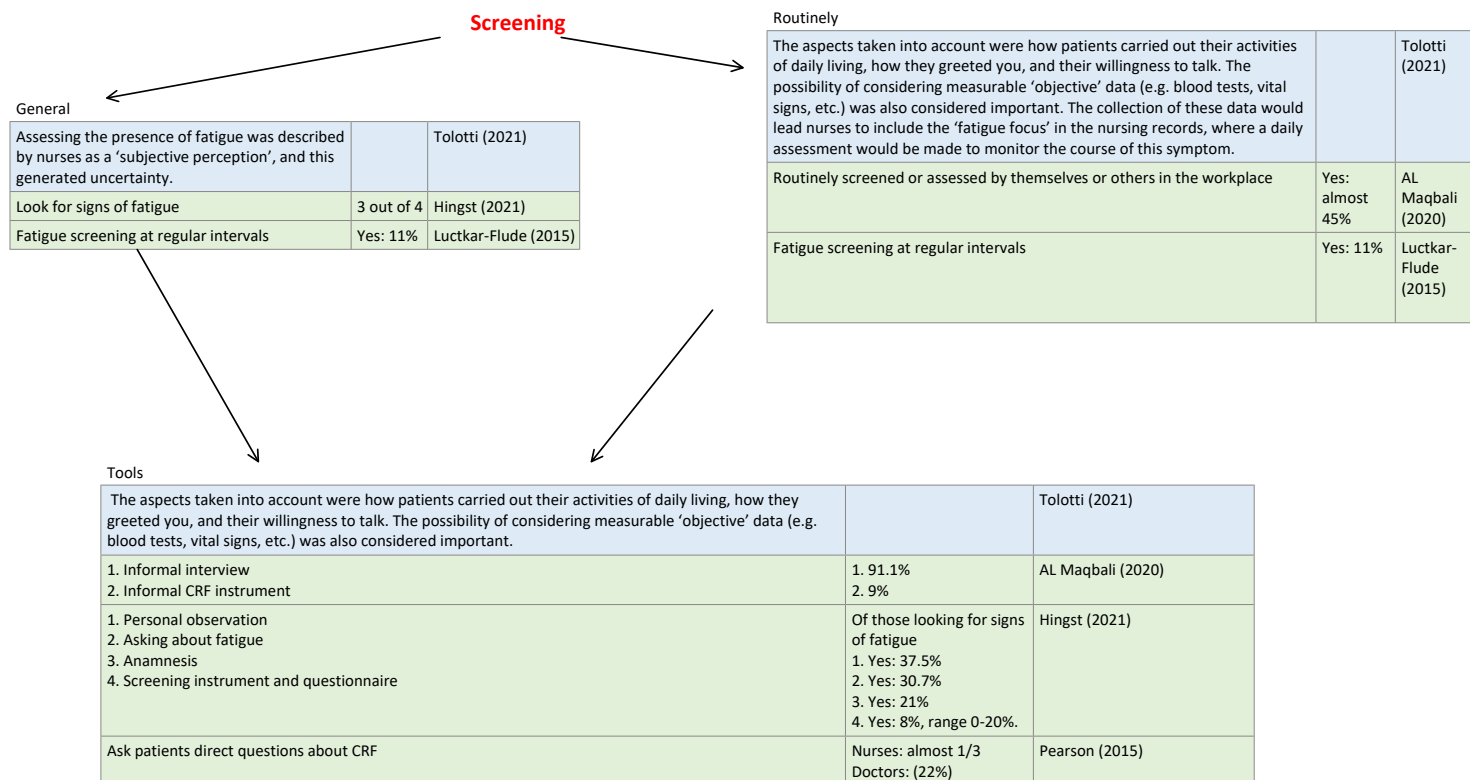


Figure 4a. Idea webbing and joint display for the healthcare professionals' perspective on the outcome of screening.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

CRF, cancer-related fatigue.

Patients - Screening

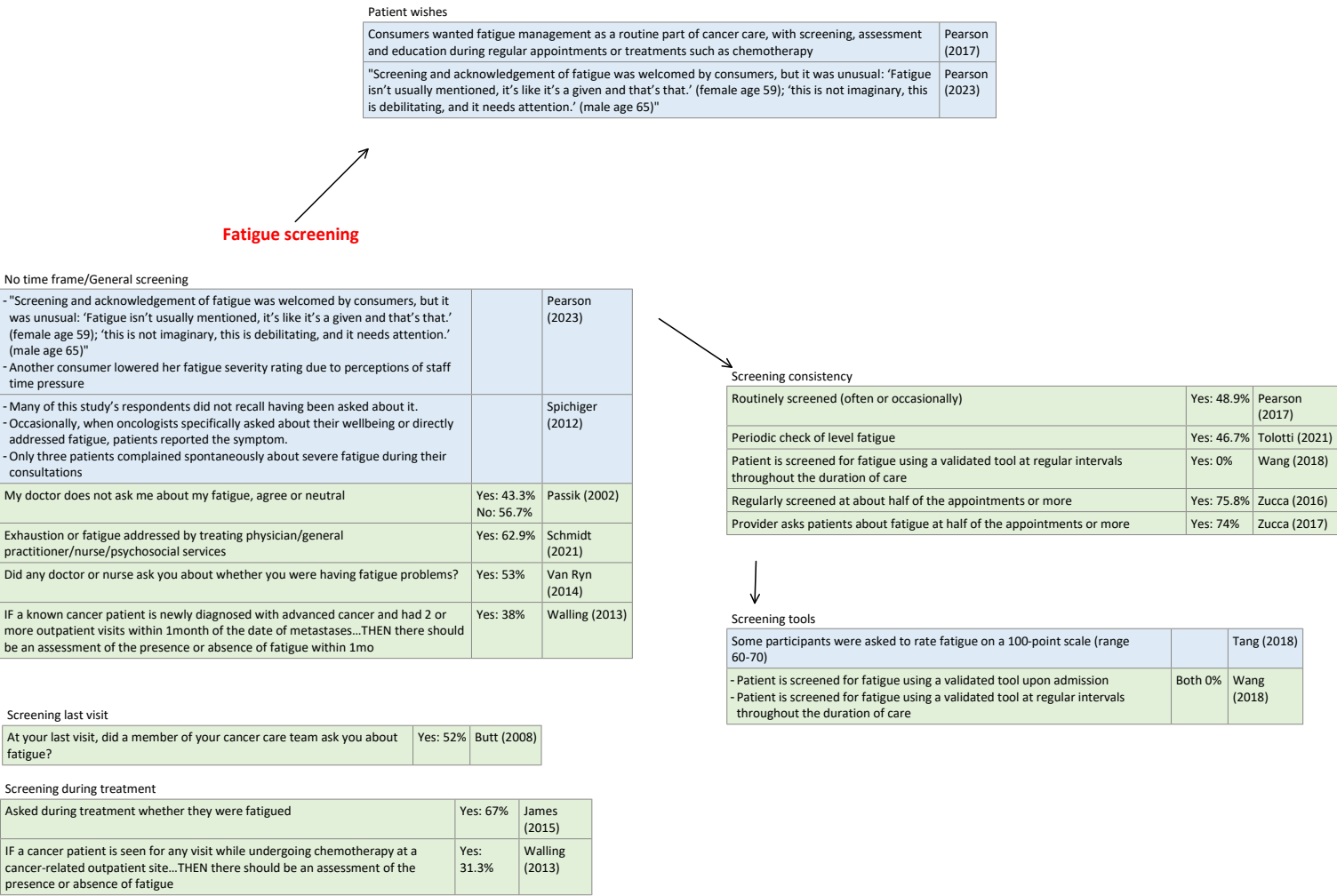


Figure 4b. Idea webbing and joint display for the patients' perspective on the outcome of screening.
Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

Healthcare professionals - Assessment

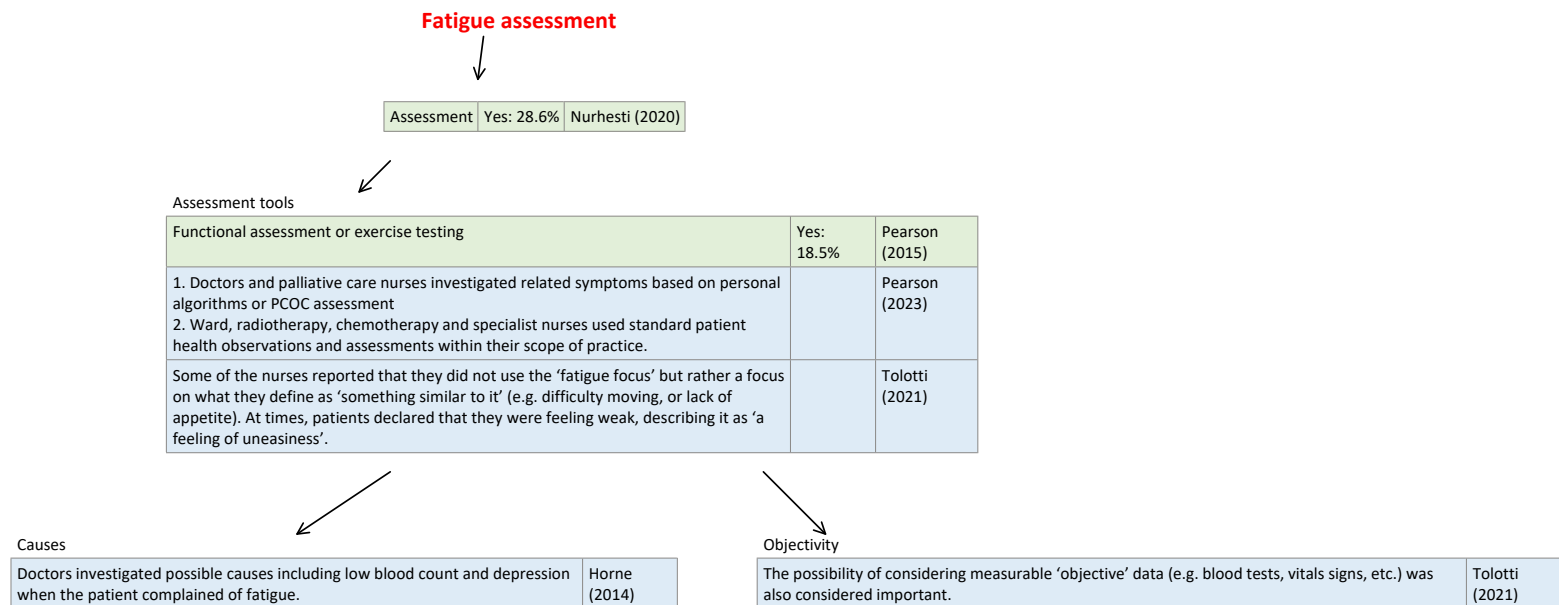


Figure 5a. Idea webbing and joint display for the healthcare professionals' perspective on the outcome of assessment.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

PCOC, Palliative Care Outcomes Collaboration.

Patients - Assessment

Patient wishes

Consumers wanted fatigue management as a routine part of cancer care, with screening, assessment and education during regular appointments or treatments such as chemotherapy

Pearson (2017)

Fatigue assessment

Patient fatigued/positive screening

How were you diagnosed with CRF?

1. Laboratory tests (blood work)	1. 16%	Harrington (2022)
2. Physical examination by HCP	2. 16%	
3. Questionnaire	3. 0%	
4. Interview with HCP	4. 64%	

Follow-up methods

Participants described having numerous medical tests that aimed to identify a physiological cause for the fatigue. These tests were often invasive and inconvenient.		Corbett (2016)
Global health assessment was expected by some patients, for example, one participant was "waiting for in-depth medical exams to better understand and treat her fatigue"		Charles (2021)
1. Focused fatigue assessment 2. Risk factors 3. Physical examination 4. Symptom review 5. Laboratory tests Often or occasionally	1. 35.1% 2. 23.4% 3. 10.7% 4. 31.9% 5. 20.4%	Pearson (2017)
Interviews and follow-ups to understand the cause of your fatigue	Yes: 33.3% Partly: 13.3% No: 8 53.3%	Tolotti (2021)
Patients who are screened positively for fatigue a focused and comprehensiveness assessment of fatigue is undertaken.	Yes: 0%	Wang (2018)

Outcomes of follow-up

"Participants described having numerous medical tests that aimed to identify a physiological cause for the fatigue. These tests were often invasive and inconvenient. Importantly, they were also seen to reduce the validity of fatigue as an issue in and of itself, which led to feelings of confusion, uncertainty, and fear." - Participants voiced frustration that a label or definition of CRF was not provided to them. Acknowledgement of fatigue was viewed as a tool for acceptance that could reduce worry about the symptom and would justify the "right to be tired"	Corbett (2016)
Participants' indicated that doctors dismissed fatigue when there was no clear diagnosis	Pertl (2014)
Another said that a physical examination helped to reassure her about the objective existence of CRF: "When I go to my doctor, I'm happy when she measures my blood pressure and she tells me "you have ten," because sometimes you wonder if it's not in your head."	Charles (2021)

Figure 5b. Idea webbing and joint display for the patients' perspective on the outcome of assessment.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

CRF, cancer-related fatigue; HCP, healthcare professional.

Healthcare professionals - Advice

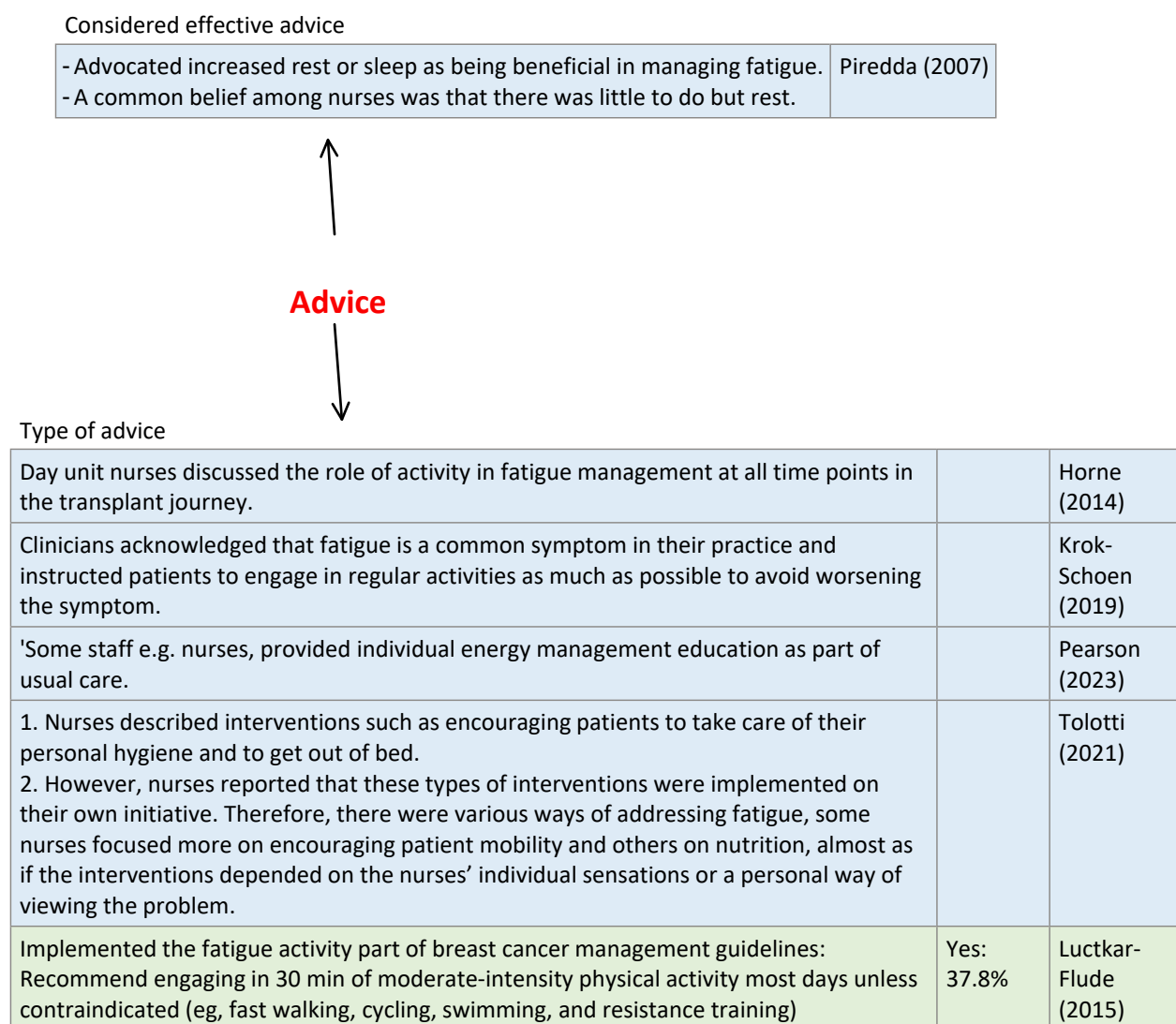
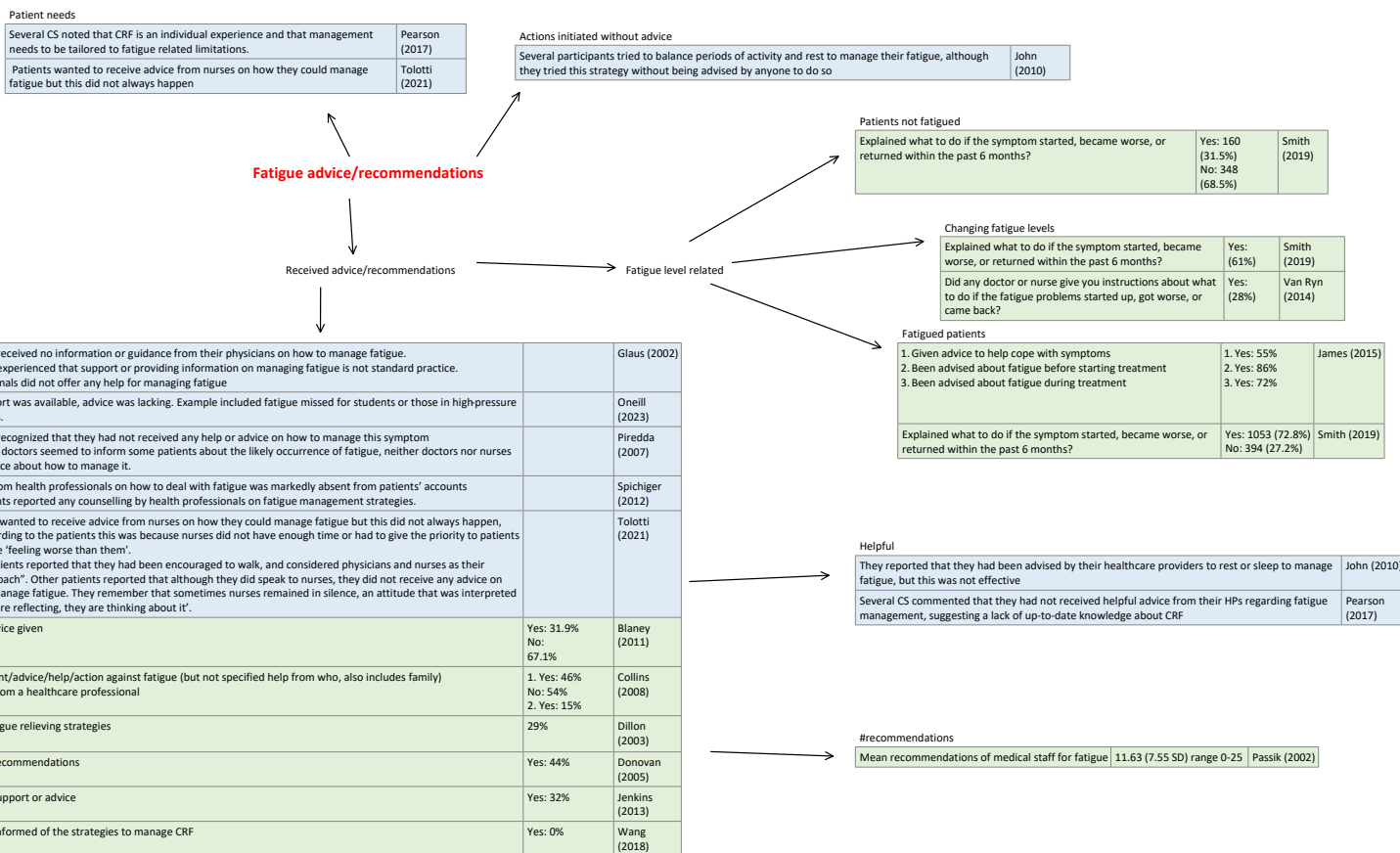


Figure 6a. Idea webbing and joint display for the healthcare professionals' perspective on the outcome of advice.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

Patients - Advice



Type of advice		
Of those that spontaneously mentioned they have raised the problem with a healthcare provider "only two participants had been informed about the benefit of exercise, and in one case, the participant was already physically active."		Charles (2021)
1. They reported that they had been advised by their healthcare providers to rest or sleep to manage fatigue, but this was not effective		John (2010)
2. The comment of one participant seemed to represent the common experience of all participants, "When I told the doctor about being so tired or wiped out, he said, 'Go to bed.'"		
Some patients reported that they had been encouraged to walk, and considered physicians and nurses as their "sports coach".		Tolotti (2021)
1. Exercise/keep active	1. 68.0%	Blaney (2011)
2. Rest/sleep	2. 64.5%	
3. Pacing	3. 57.4%	
4. Other	4. 163%	
Were you given suggestions, other than taking medicines, by your cancer care team on how to handle your fatigue?	Yes: 41.9%	Butt (2008)
Recommendations received:	Recommendations received:	Dillon (2003)
1. Rest and relaxation	1. 32%	
2. Nothing/no recommendation/prescription	2. 27%	
3. Diet/nutrition	3. 9%	
4. Exercise	4. 7%	
5. Transfusion	5. 5%	
6. Reduce activity	6. 5%	
7. Vitamins	7. 4%	
8. Prescription drug-iron	8. 3%	
9. Antidepressants	9. 3%	
10. Other prescription drugs	10. 2%	
11. Other prescription drugs-EPO	11. n=1,0%	
12. Other	12. 5%	
13. Don't know/not stated	13. 7%	
1. Information/suggestions on how to subdivide the day	1. Yes/partly: 54.5%	Tolotti (2021)
2. Information/suggestions on how to reduce efforts	No: 45.5%	
3. Information/suggestions on how to ask others to do some activities	2. Yes/partly: 53.8%	
4. Information/suggestions on how to measure fatigue by yourself	No: 46.2%	
5. Reassurance and/or psychological support	3. Yes/partly: 61.5%	
6. Encouraged to distract yourself	No: 38.5%	
7. Help to keep activity levels to the minimum	4. Yes/partly: 45.5%	
	No: 54.5%	
	5. Yes/partly: 71.4%	
	No: 28.6%	
	6. Yes/partly: 53.3%	
	No: 46.7%	
	7. Yes/partly: 73.3%	
	No: 26.7%	
Patient is informed of the benefits and encouraged to undertake physical activity	Yes: 3%	Wang (2018)

Figure 6b. Idea webbing and joint display for the patients' perspective on the outcome of advice.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

CRF, cancer-related fatigue; CS, consumer; EPO, erythropoietin; HCP, healthcare professional; HP, health professional.

Healthcare professionals - Treatment

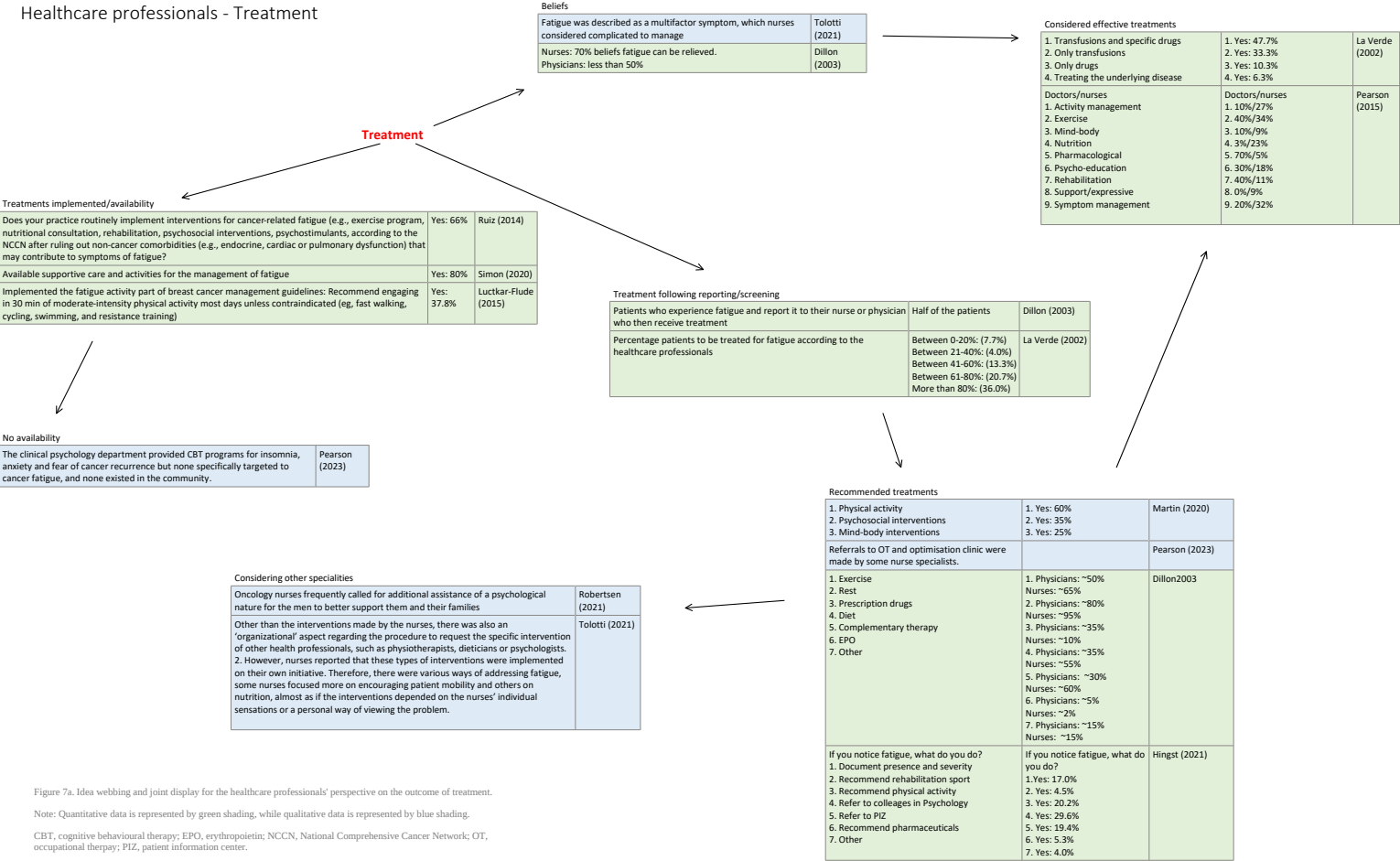


Figure 7a. Idea webbing and joint display for the healthcare professionals' perspective on the outcome of treatment.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

CBT, cognitive behavioural therapy; EPO, erythropoietin; NCCN, National Comprehensive Cancer Network; OT, occupational therapy; PIZ, patient information center.

Patients - Treatment

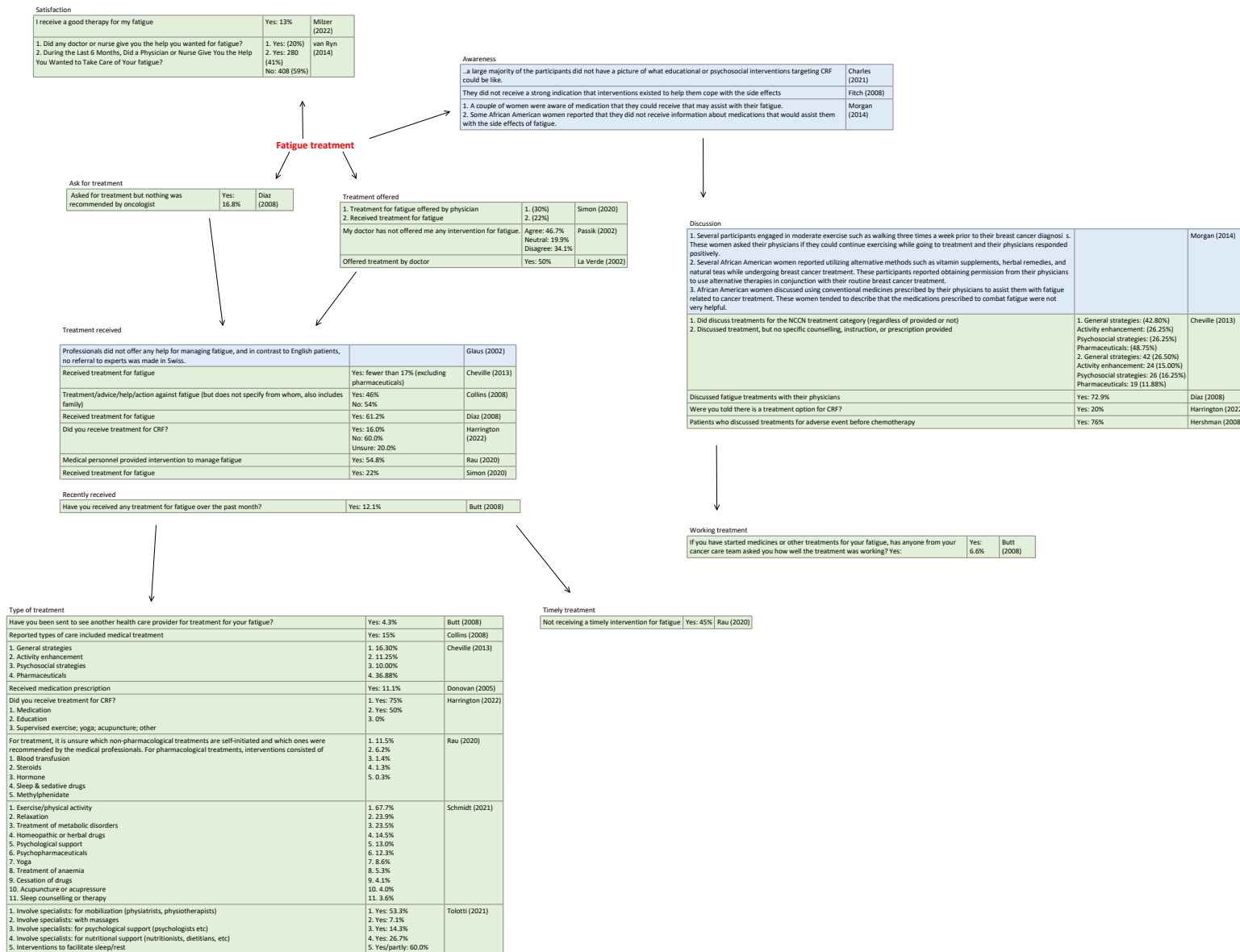


Figure 7a. Idea webbing and joint display for the healthcare professionals' perspective on the outcome of treatment.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

CRF, cancer-related fatigue; NCCN, National Comprehensive Cancer Network.

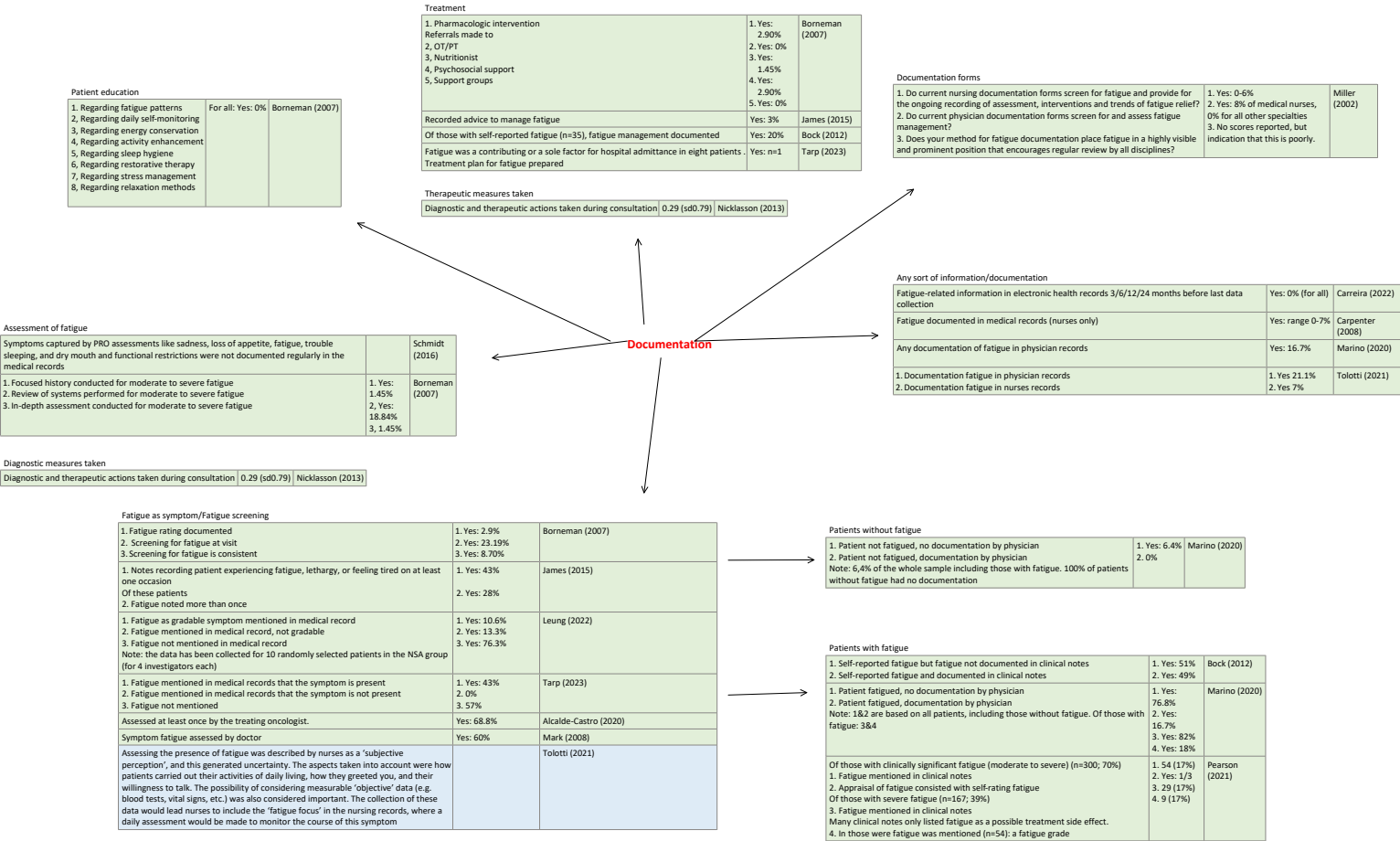


Figure 8. Idea webbing and joint display for the patients' and the healthcare professionals' perspective on the outcome of documentation.

Note: Quantitative data is represented by green shading, while qualitative data is represented by blue shading.

NSA, non-structured assessment; OT, occupational therapist; PRO, patient-reported outcome; PT, physical therapist.