

Fatigability and Cancer

What is it? How do we measure it? What are
the causes and potential interventions?

Jennifer Schrack, PhD

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Fatigue

- Fatigue:
 - Subjective lack of physical and/or mental energy perceived to interfere with usual and desired activities
 - Often used interchangeably with tiredness and exhaustion

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 - Often used interchangeably with tiredness and exhaustion
- Usually assessed by asking:

In the past month, on average how often have you felt unusually tired during the day? All, most, some, or none of the time? **GHSX04**

All **03** Most **02** Some **01** None **00** Don't know **08** Refused **07**

Fatigue

- Fatigue:
 - Subjective lack of physical and/or mental energy perceived to interfere with usual and desired activities
 - Often used interchangeably with tiredness and exhaustion
- Usually assessed by asking:

During the past month, what category best describes your usual energy level, using a scale from 0 to 10, where 0 is no energy at all and 10 is the most energy you have ever had? **GHSX06**

No energy at all	Most energy	DK	Refused
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 88	<input type="radio"/> 77
<input type="radio"/> 1	<input type="radio"/> 9		
<input type="radio"/> 2	<input type="radio"/> 8		
<input type="radio"/> 3	<input type="radio"/> 7		
<input type="radio"/> 4	<input type="radio"/> 6		
<input type="radio"/> 5	<input type="radio"/> 5		
<input type="radio"/> 6	<input type="radio"/> 4		
<input type="radio"/> 7	<input type="radio"/> 3		
<input type="radio"/> 8	<input type="radio"/> 2		
<input type="radio"/> 9	<input type="radio"/> 1		
<input type="radio"/> 10	<input type="radio"/> 0		

Why is Fatigue Difficult to Measure?



Fatigue: 8/10



Fatigue: 8/10



Fatigue: 7/10



Fatigue: 9/10

Higher Activity



Lower Activity

Lower Fatigability



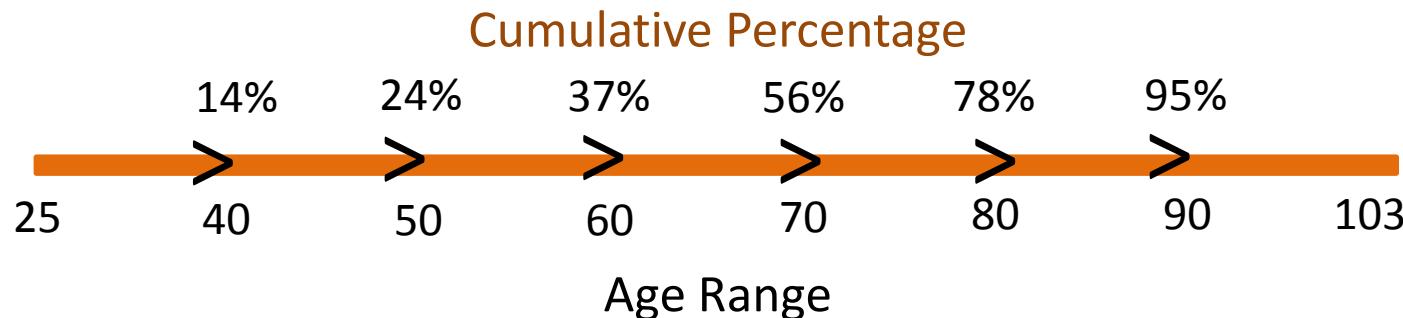
Higher Fatigability

Fatigue vs. Fatigability

- Fatigability:
 - Whole-body measure describing fatigue in relation to a standardized task in terms of time, distance, and/or speed
 - Perceived fatigability
 - Performance fatigability

Study Population

- Baltimore Longitudinal Study of Aging (“BLSA”)
 - Clinical Research Program of the NIA - IRP
 - Conducted in Baltimore since 1958
 - Study of “normative” aging
 - Healthy upon enrollment: free of cognitive deficits & disability
- Current enrollment: 1330 (52.9% female)
 - Age 80 & older: assessed annually
 - Age 60-79: assessed every two years
 - Under age 60: assessed every 4 years



Measures of Fatigability in the Baltimore Longitudinal Study of Aging

➤ Perceived Fatigability:

- Use the Borg Rating of Perceived Exertion (RPE) scale to understand fatigability in relation to a standardized treadmill walk

6	Very, very light
7	Very light
8	Fairly light
9	Somewhat hard
10	Hard
11	Very hard
12	Very, very hard

➤ Performance Fatigability:

- Assess performance during a 400m walk done “as quickly as possible”

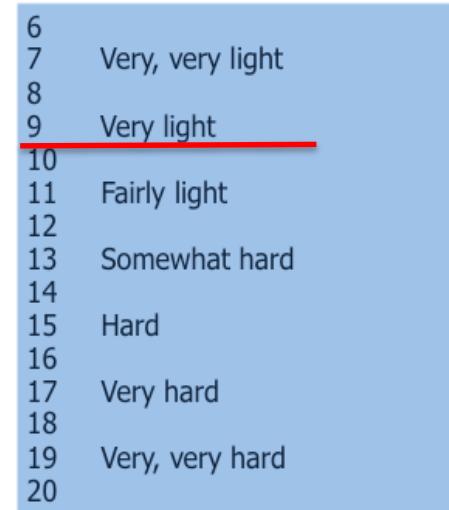


National Institute
on Aging

Measures of Fatigability in the Baltimore Longitudinal Study of Aging

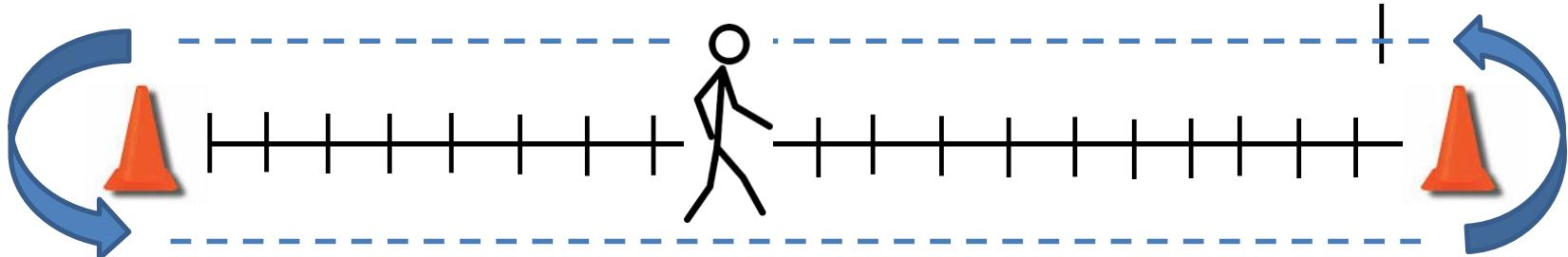
➤ Perceived Fatigability:

- 5 min treadmill walk at 1.5 mph (.67 m/s), 0% grade
- Immediately following, participants give their Rating of Perceived Exertion (RPE) from the Borg scale
- **Those with a RPE of ≥ 10 (e.g., High Fatigability) have been shown to have greater risk of decline in physical function at follow up**



Performance fatigability

- **Long Distance Corridor Walk** consisting of a **400m** walk “done as quickly as possible” without running
- Total time and **10** lap by lap (**40m**) split times are recorded
 - >5:00 min considered reduced performance
 - 6:30– 7:00 min times associated with poor mobility



Assessing Fatigability in Mobility-Intact Older Adults

Eleanor M. Simonsick, PhD, * Jennifer A. Schrack, PhD, † Nancy W. Glynn, PhD, ‡ and Luigi Ferrucci, MD, PhD *

JAGS 2014

Fatigued, but Not Frail: Perceived Fatigability as a Marker of Impending Decline in Mobility-Intact Older Adults

Eleanor M. Simonsick, PhD, * Nancy W. Glynn, PhD, † Gerald J. Jerome, PhD, ‡ Michelle Shardell, PhD, * Jennifer A. Schrack, PhD, § and Luigi Ferrucci, MD, PhD *

JAGS 2016

Perceived Fatigability and Objective Physical Activity in Mid- to Late-Life

Amal A. Wanigatunga, PhD, MPH,^{1,2} Eleanor M. Simonsick, PhD,³ Vadim Zipunnikov, PhD,⁴ Adam P. Spira, PhD,^{2,5,6} Stephanie Studenski, MD, MPH,³ Luigi Ferrucci, MD, PhD,³ and Jennifer A. Schrack, PhD^{1,2}

J Gerontol A Biol Sci Med Sci, 2017

Fatigability and functional performance among older adults with low-normal ankle-brachial index: Cross-sectional findings from the Baltimore Longitudinal Study of Aging Atherosclerosis 272 (2018) 200–206

Pablo Martinez-Amezcua ^{a, b, *}, Kunihiro Matsushita ^a, Eleanor M. Simonsick ^c, Luigi Ferrucci ^c, Jennifer A. Schrack ^{a, b}

Longitudinal Relationship Between Interleukin-6 and Perceived Fatigability Among Well-Functioning Adults in Mid-to-Late Life

Amal A. Wanigatunga, PhD, MPH,^{1,2} Ravi Varadhan, PhD, PhD,^{2,3} Eleanor M. Simonsick, PhD,⁴ Olga D. Carlson, PhD,⁴ Stephanie Studenski, MD, MPH,⁴ Luigi Ferrucci, MD, PhD,⁴ and Jennifer A. Schrack, PhD^{1,2,4}

Characterizing Cancer in the BLSA

- Excluded squamous and basal cell skin cancers
- Grouped by general cancer type
- Majority of patients are Prostate and Breast

Cancer Type	N
Breast	53
Prostate	127
GI (Colon/stomach/pancreatic/liver)	24
OB/GYN (Cervical/endometrial/ovarian)	20
Melanoma	42
Lung	11
Lymphoma/Leukemia	19
Other (Bladder/Brain/Thyroid/"Other cancer")	75
Total (excluding non-melanoma skin cancers)	371

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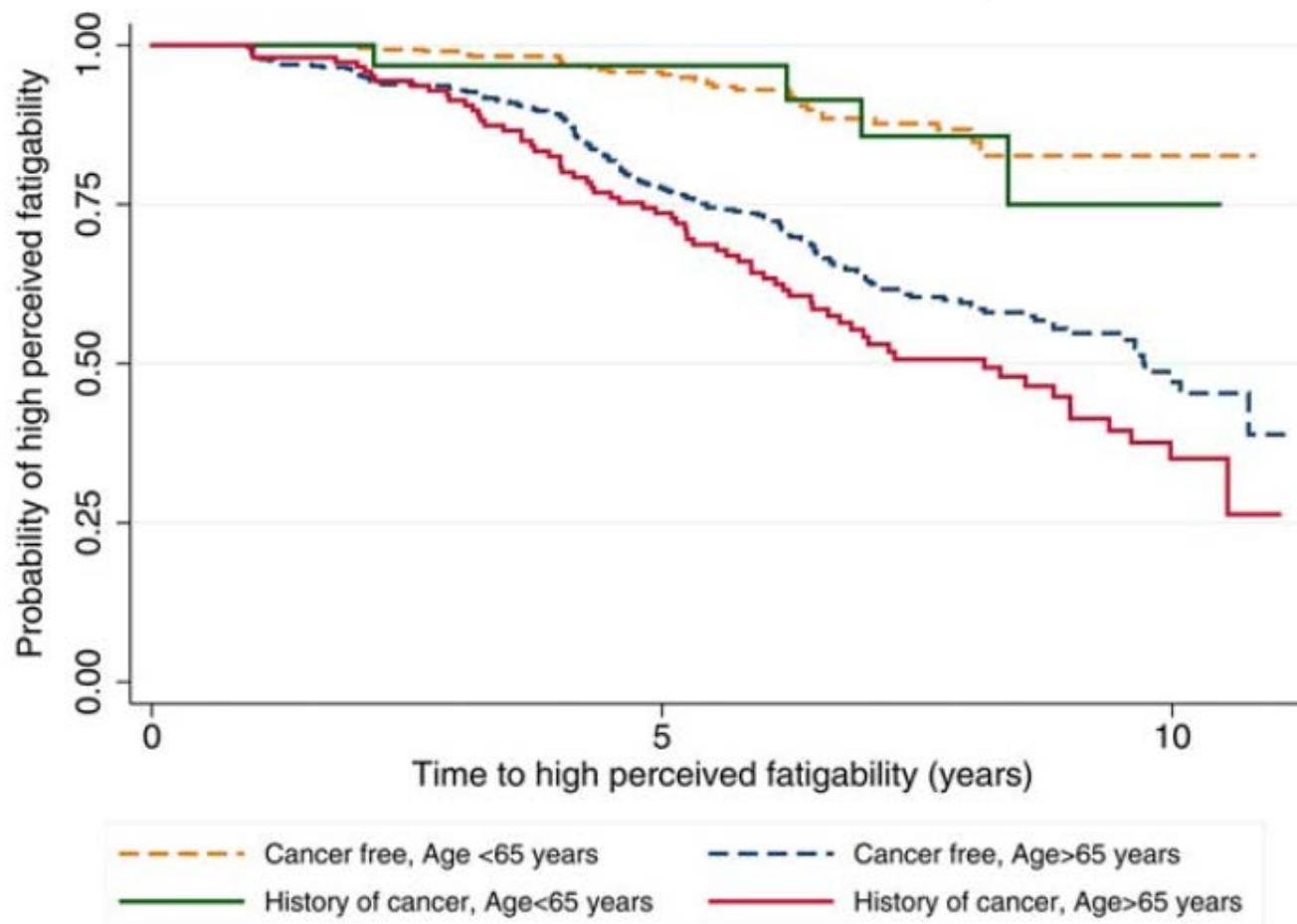
Participant Characteristics

N = 1665	Prevalent Cancer (N = 248)	Incident Cancer (N = 86)	No Cancer (N = 1331)
Age	73.6 \pm 9.9	74.1 \pm 12.1	69.6 \pm 15.6
Male	61.3%	65.1%	44.9%
White Race	83.1%	68.6%	69.3%
Ever Smoked	51.4%	53.6%	41.1%
Comorbidities (No.)	1.4 \pm 1.2	1.4 \pm 1.3	1.2 \pm 1.3

Median age at cancer diagnosis: 66 years (IQR: 57-75 years)

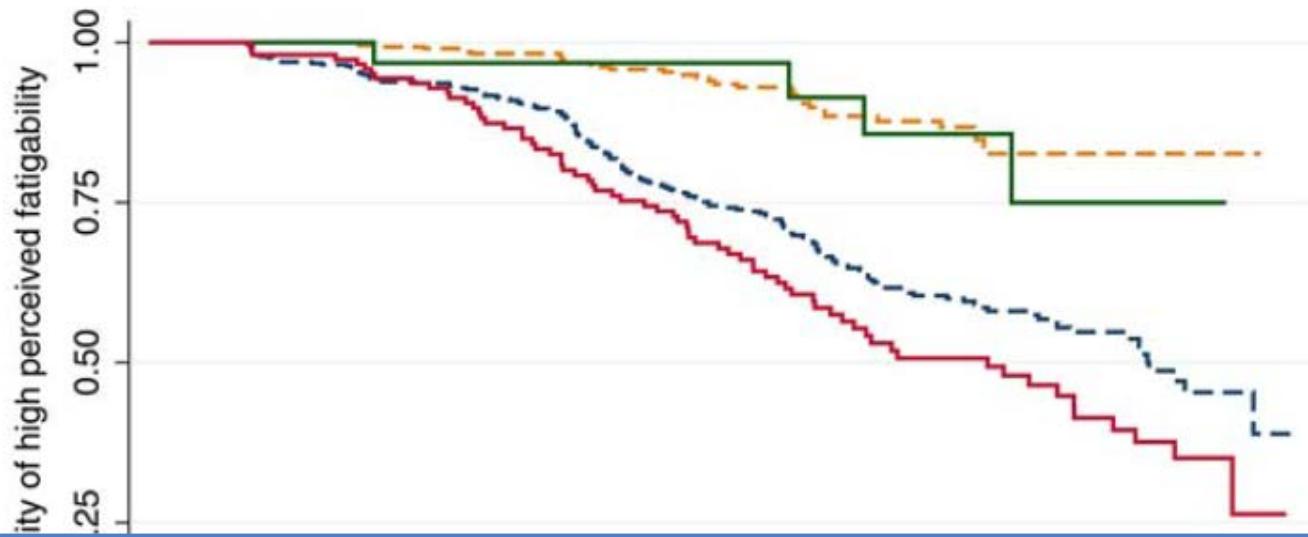
Average follow-up time: 4.1 years

Perceived Fatigability by Age & Cancer History



Fatigability and Endurance Performance in Cancer Survivors:
Analyses From the Baltimore Longitudinal Study of Aging

Perceived Fatigability by Age & Cancer History

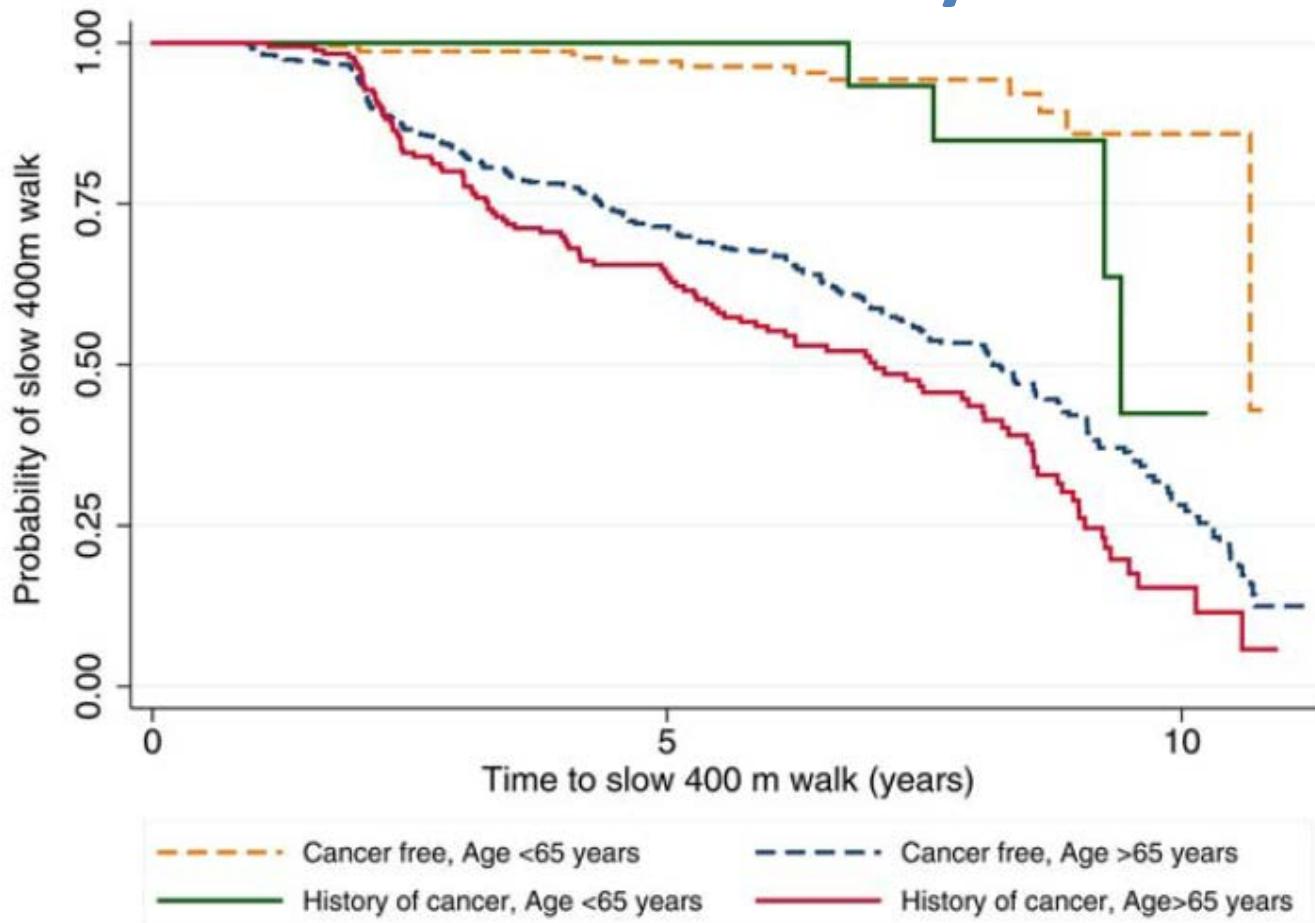


What does this mean?

- < 65 years + cancer = **34%** greater risk of high fatigability
- ≥ 65 years + cancer = **3 times** greater risk of high fatigability

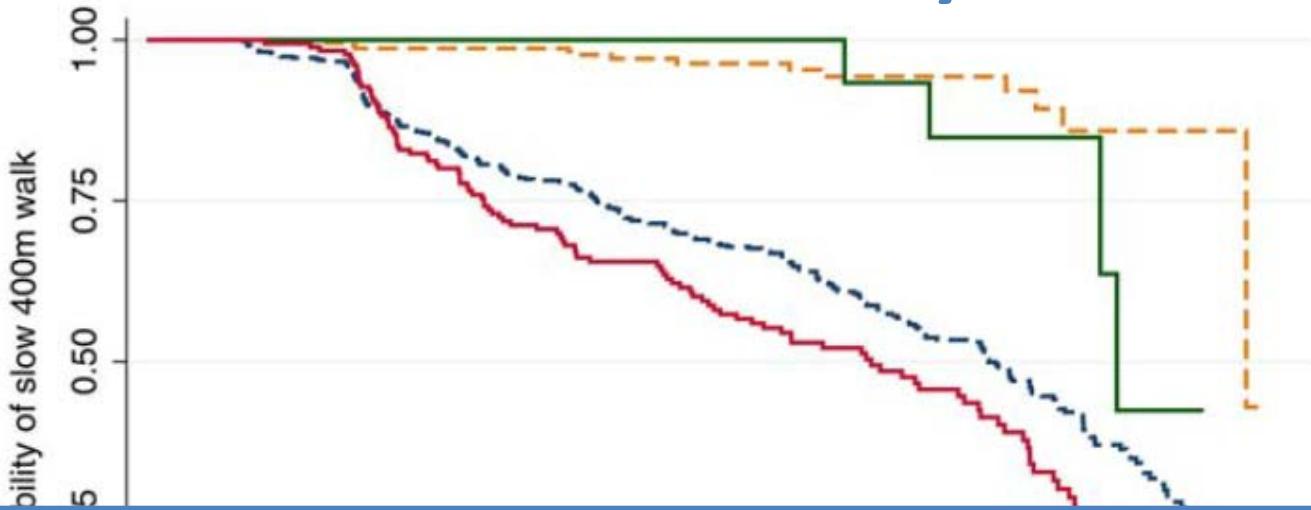
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Endurance Performance by Age & Cancer History



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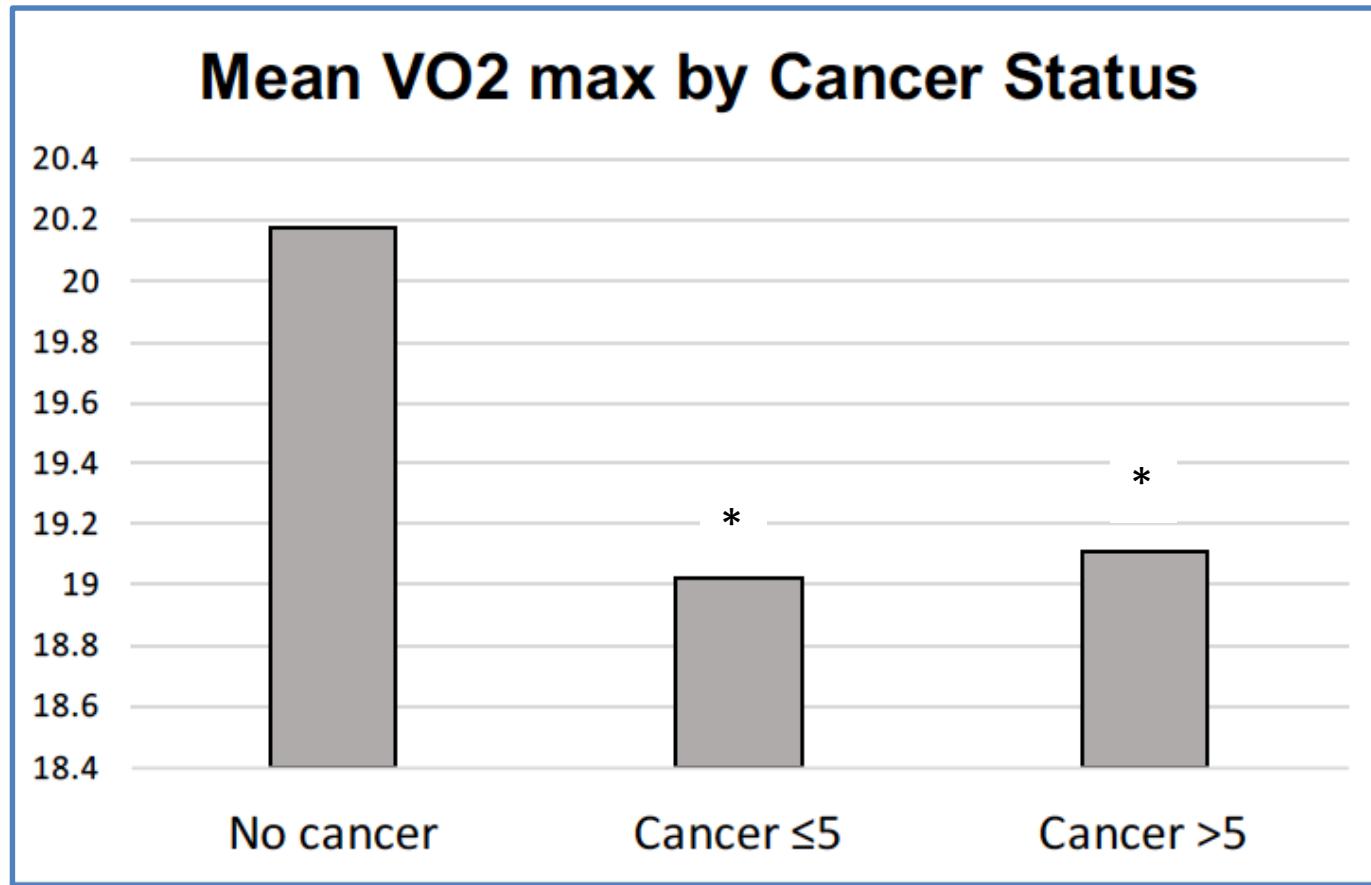
What does this mean?

- < 65 years + cancer = 42% greater risk of low endurance
- > 65 years + cancer = 8.3 times greater risk of low endurance

Fatigability and Endurance Performance in Cancer Survivors:
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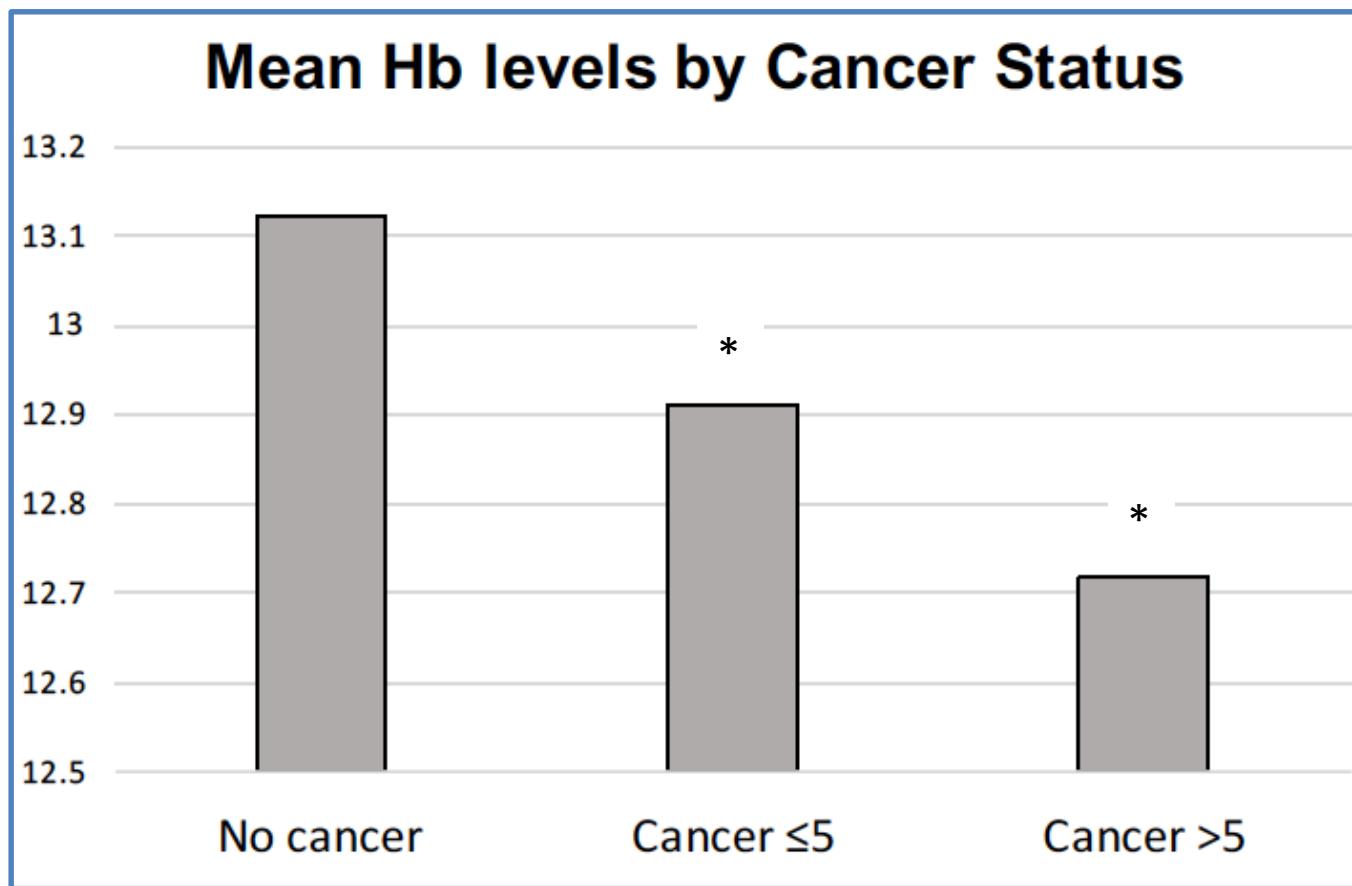
Potential Contributors:

Lower Cardiorespiratory Fitness



Potential Contributors:

Lower Hemoglobin (higher anemia)



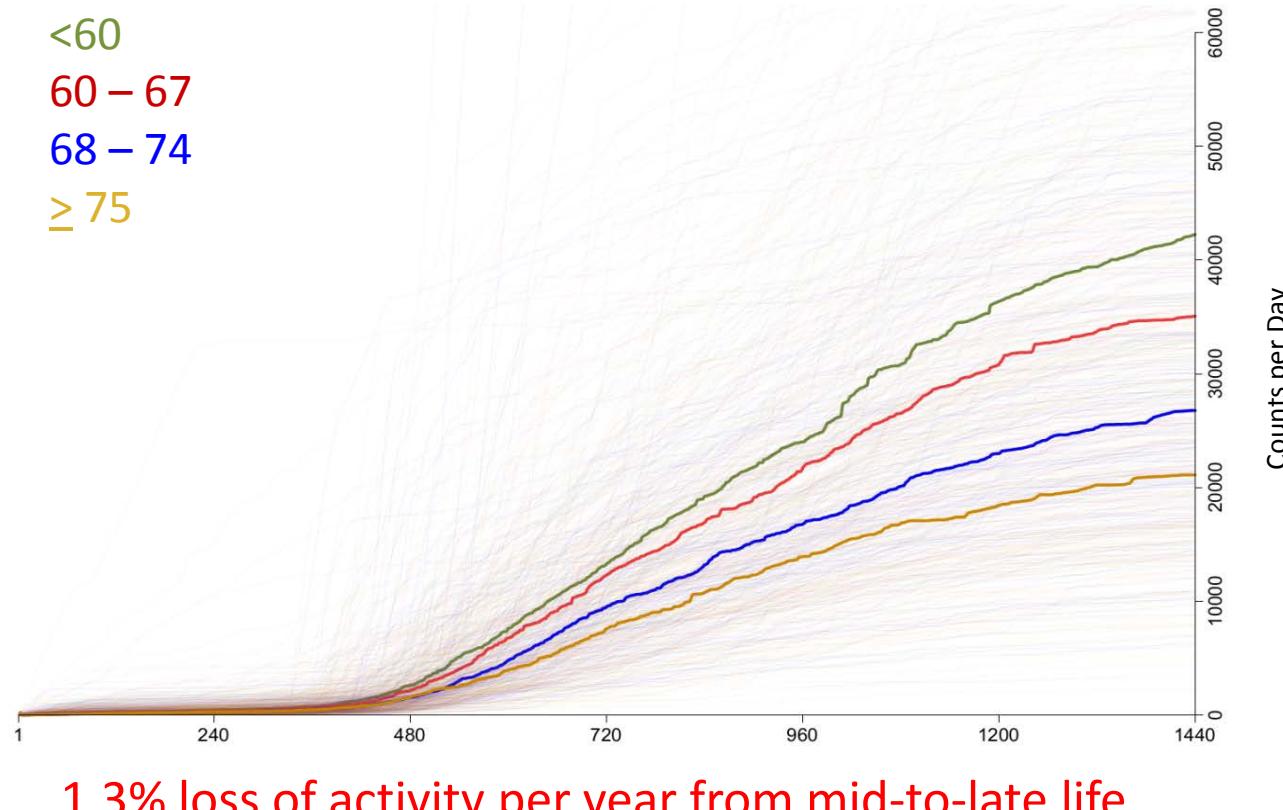
What about the physical activity?

- What can we learn by monitoring daily physical activity to derive:
 - Total daily activity volume
 - Diurnal (circadian) rhythms of activity
 - Characteristics of activity
 - Length of activity bouts
 - Degree of activity fragmentation



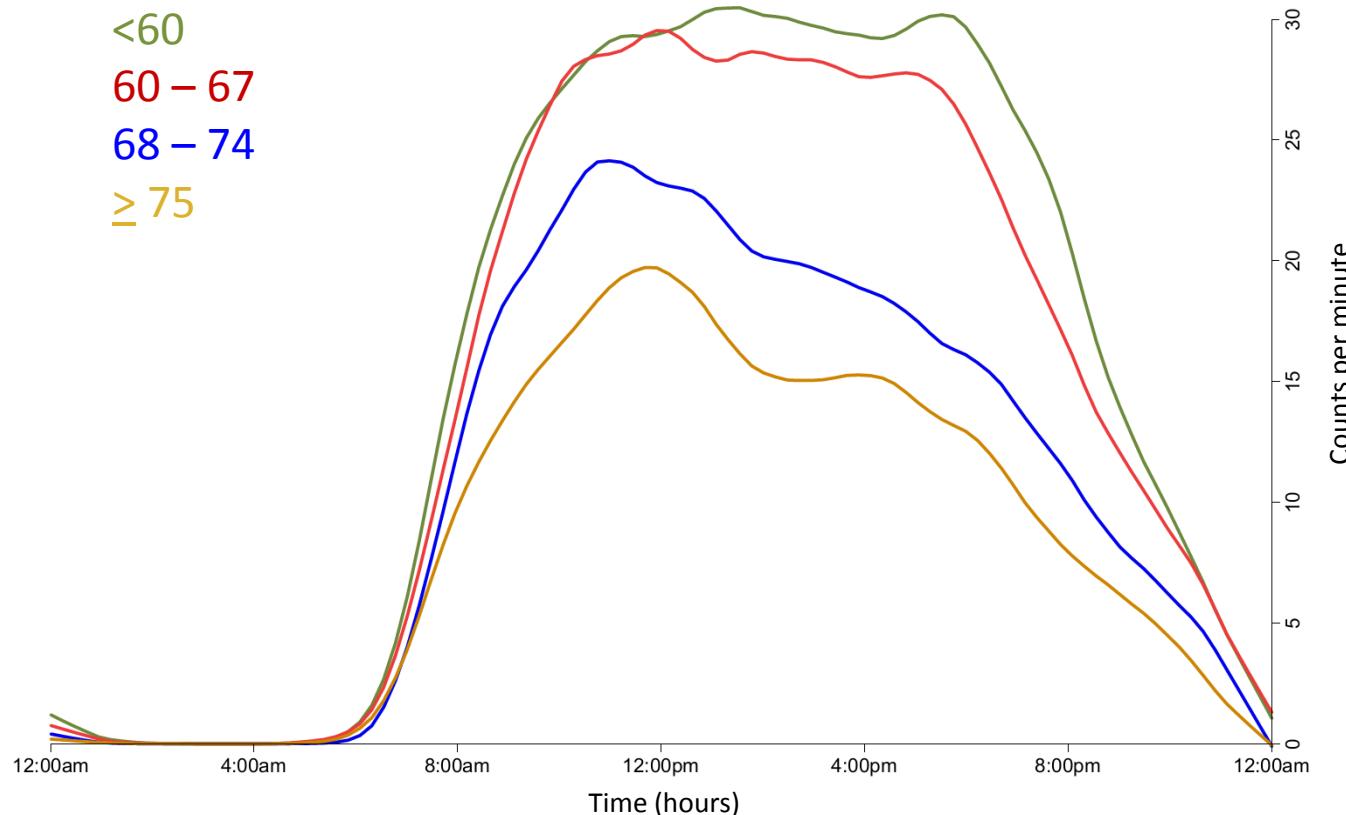
Assessing the “Physical Cliff”: Detailed Quantification of Age-Related Differences in Daily Patterns of Physical Activity

Jennifer A. Schrack,^{1,2} Vadim Zipunnikov,³ Jeff Goldsmith,⁴ Jiawei Bai,³ Eleanor M. Simonsick,² Ciprian Crainiceanu,³ and Luigi Ferrucci²

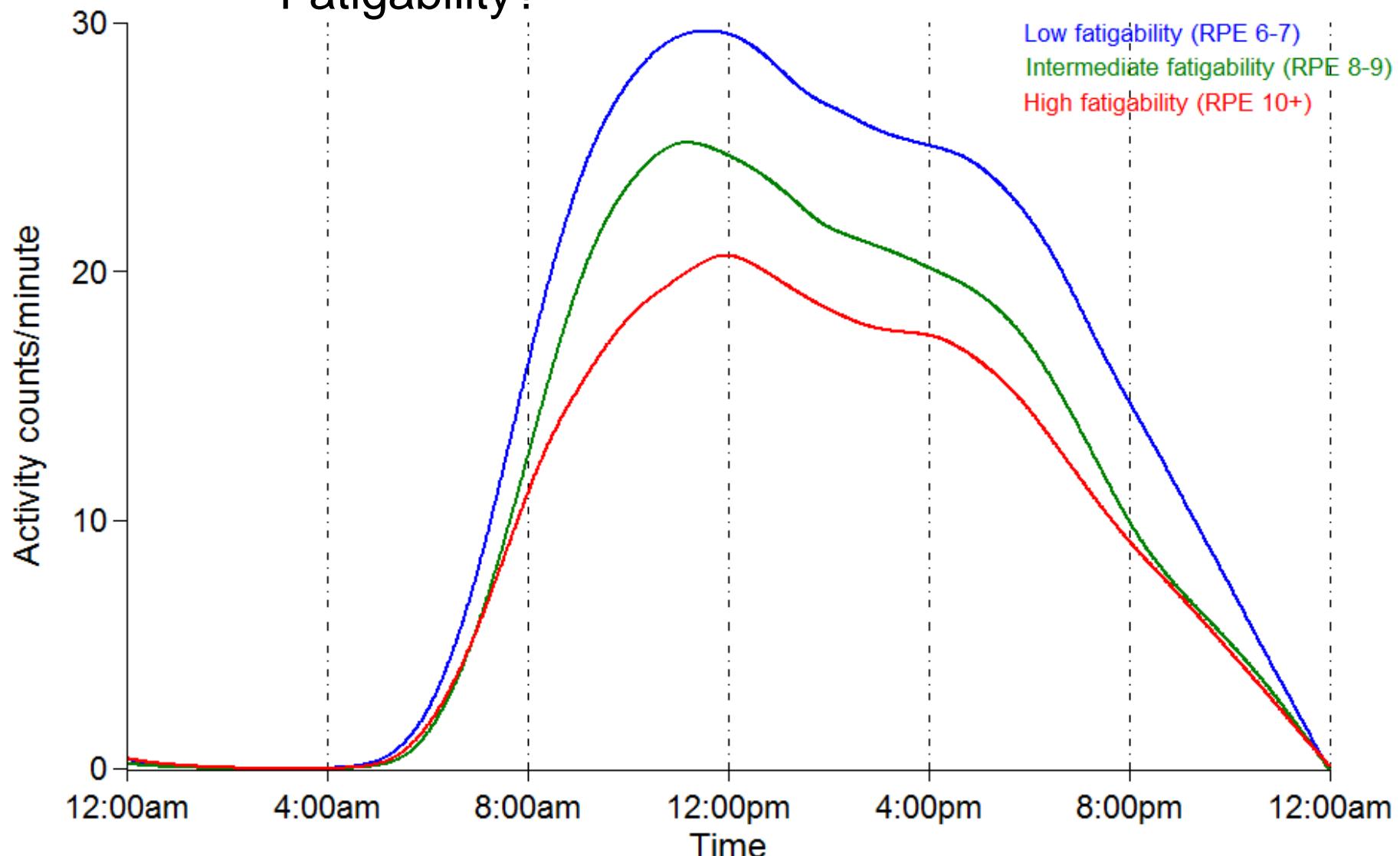


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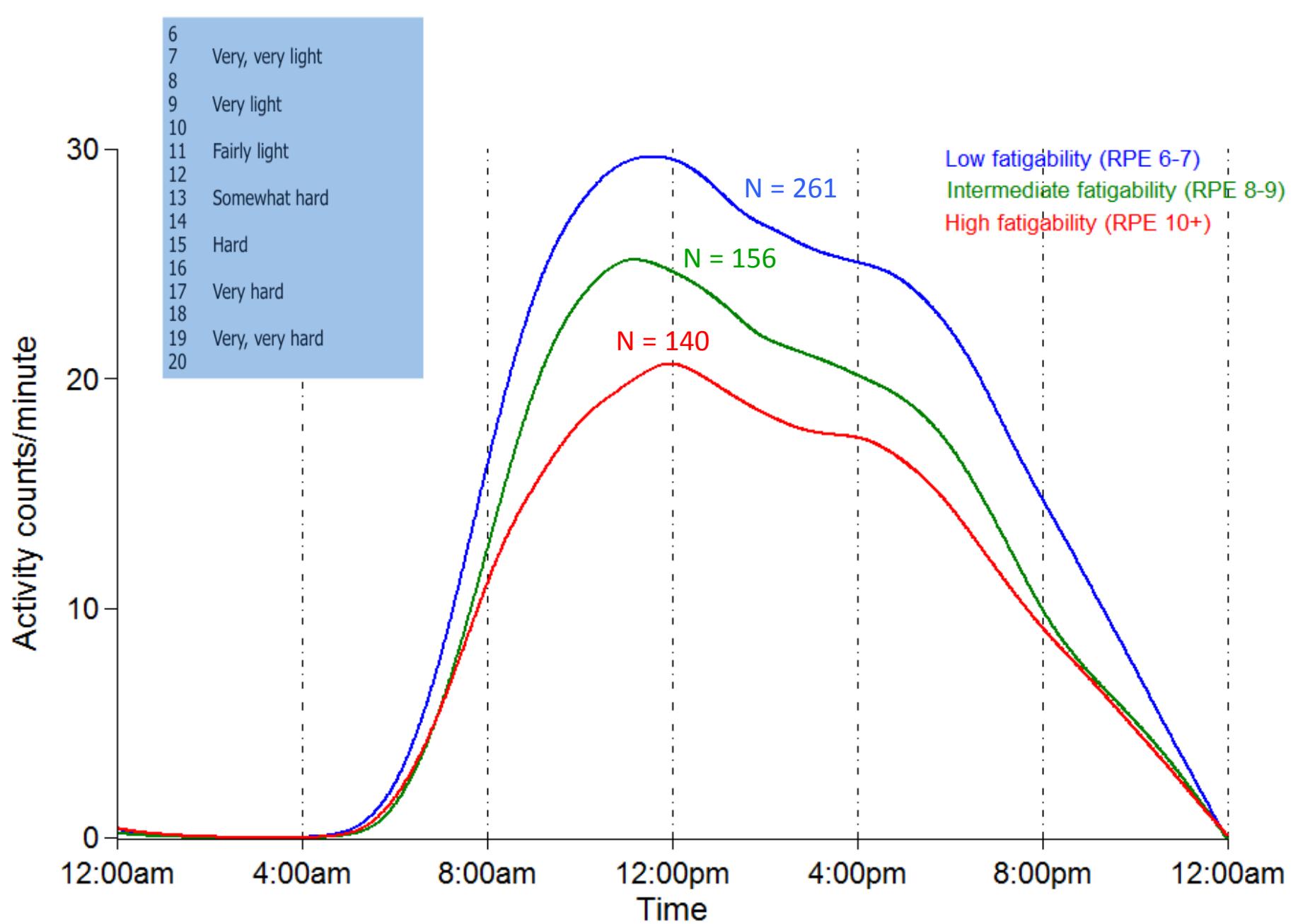


What Can Diurnal Patterns Tell Us About Fatigability?



Note: RPE – rate of perceived exertion

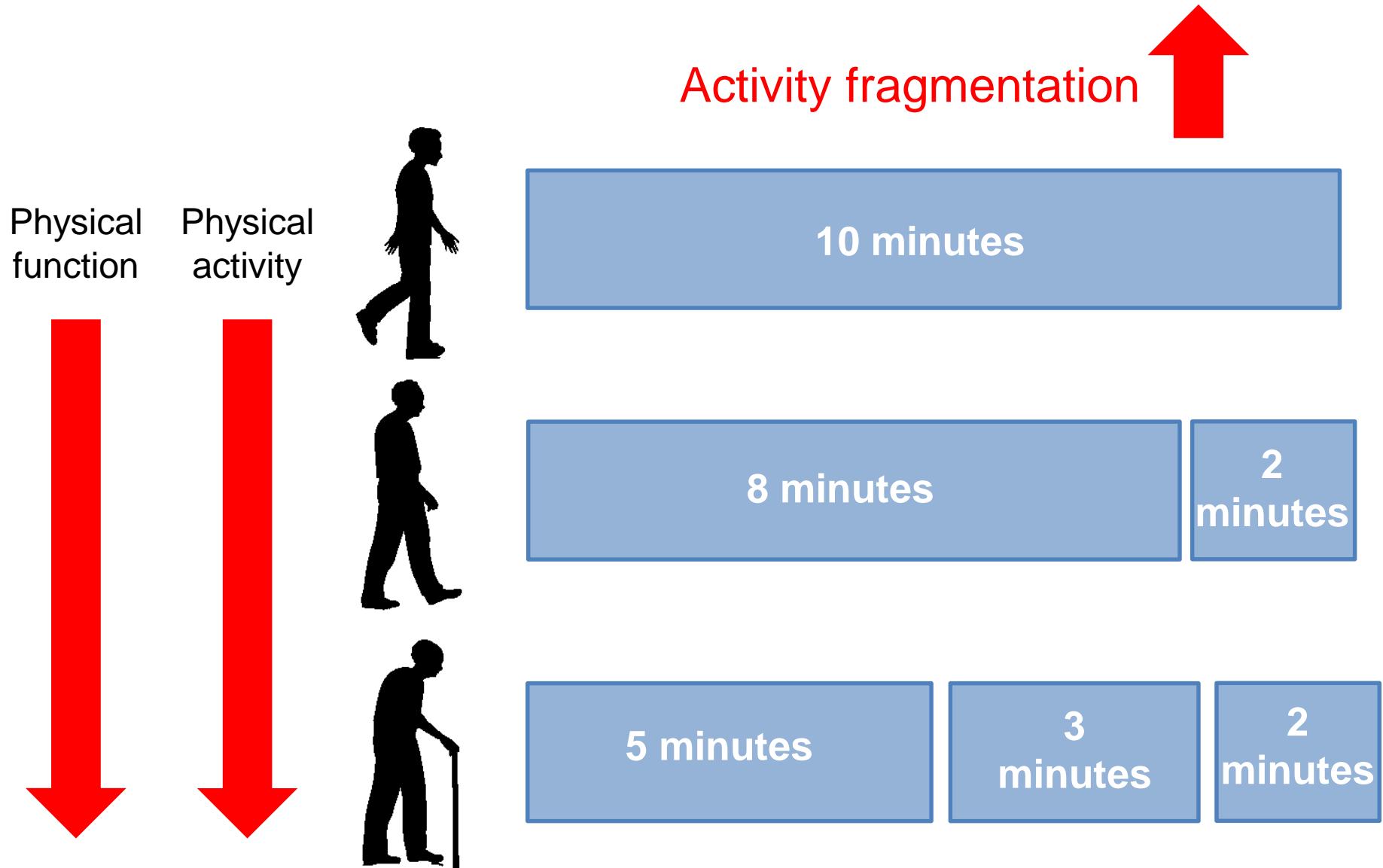
Wanigatunga, et al, JGMS 2017



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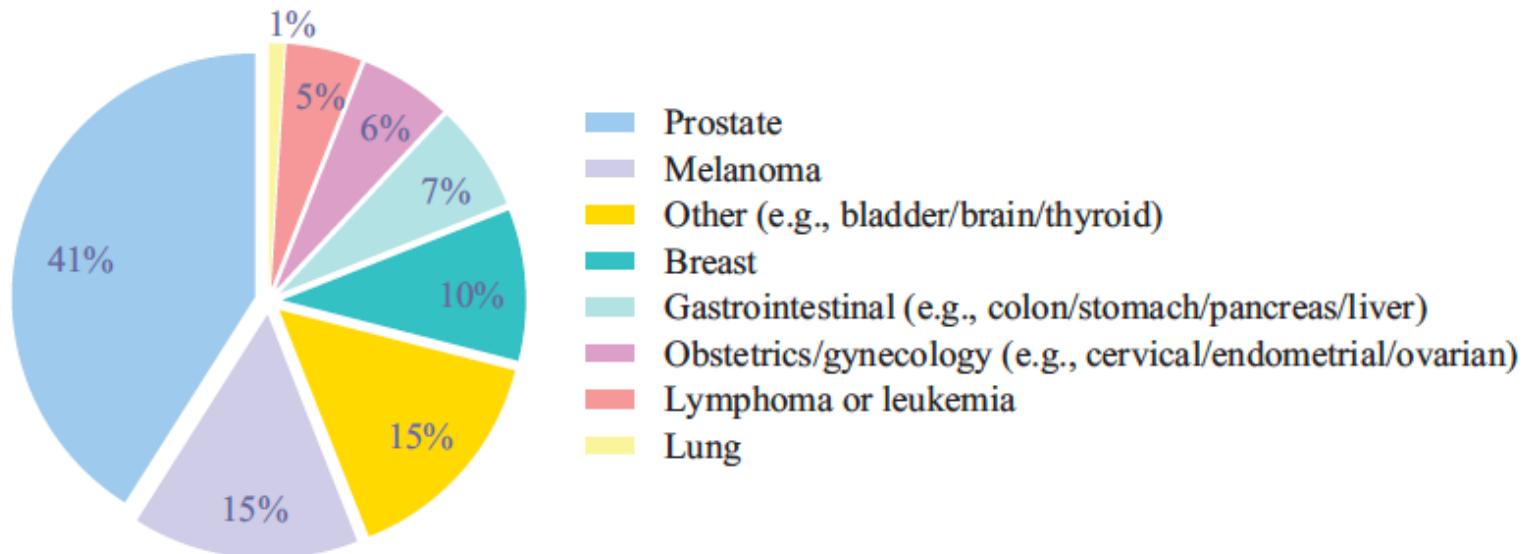
Wanigatunga, et al, JGMS 2017

Physical activity accumulation patterns with aging



Contrasting Characteristics of Daily Physical Activity in Older Adults by Cancer History

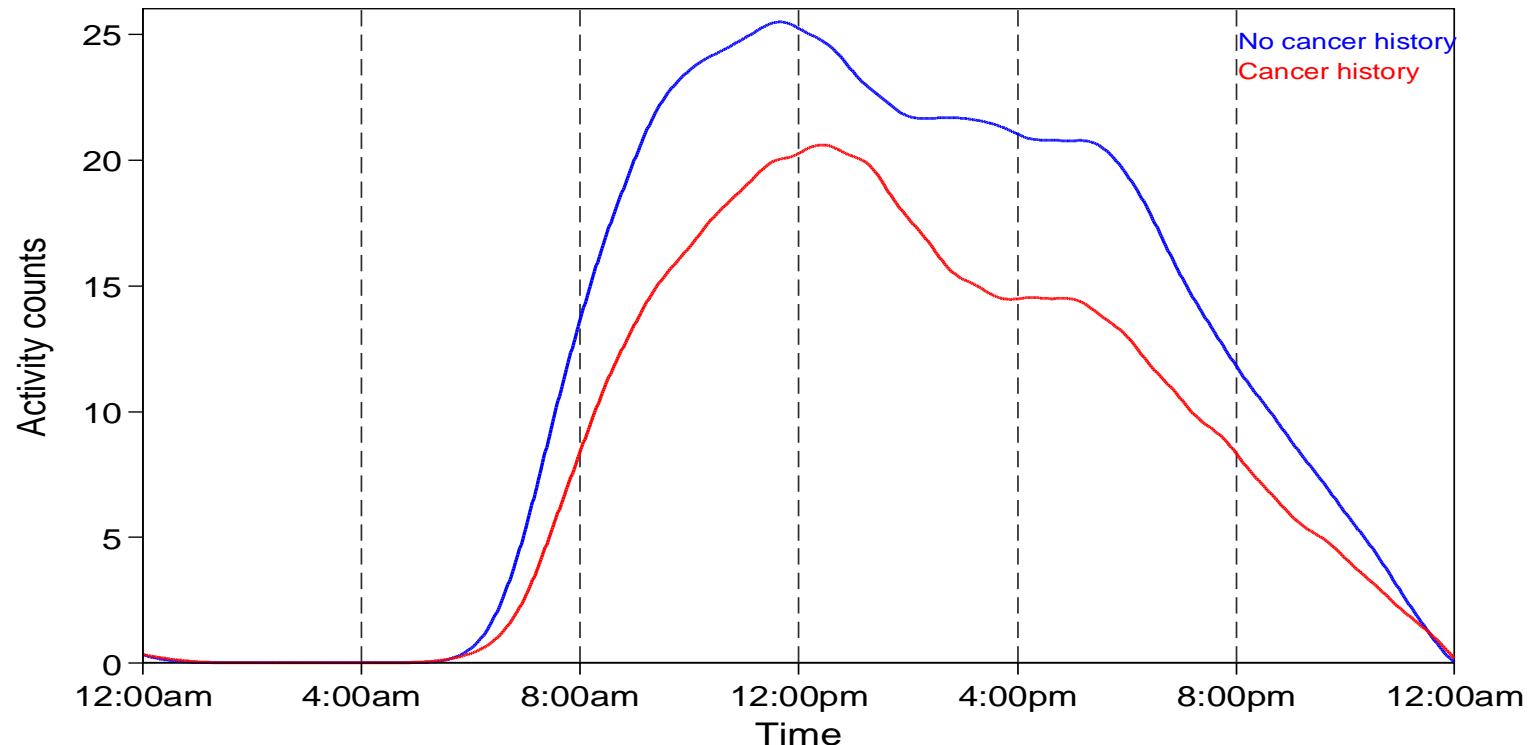
Amal A. Wanigatunga, PhD, MPH^{1,2}; Gillian K. Gresham, PhD^{1,3}; Pei-Lun Kuo, MD, MPH^{1,2,4,5}; Pablo Martinez-Amezcua, MD, MHS^{1,2}; Vadim Zipunnikov, PhD⁴; Sydney M. Dy, MD, MS⁶; Eleanor M. Simonsick, PhD⁵; Luigi Ferrucci, MD, PhD⁵; and Jennifer A. Schrack, PhD^{1,2,5}





Physical Activity Quantities and Patterns

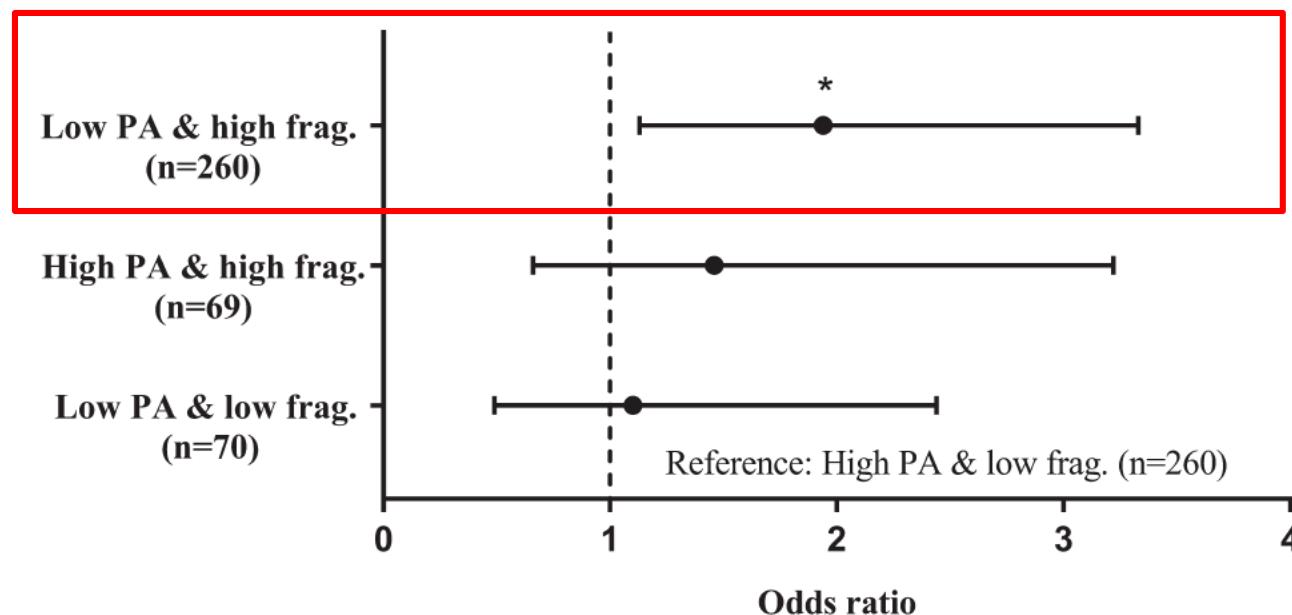
Smoothed 24-hour median activity counts per minute by cancer status



- Cancer survivors averaged **lower** amounts of total daily physical activity than those with no history of cancer
- Difference in activity was equivalent to about 5 years of age

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Cancer survivors were nearly twice as likely to have both low physical activity and highly fragmented activity

Summary

- Older adults with a history of cancer have:
 - Higher perceived fatigability after a standardized walking task
 - 3 times greater risk
 - Lower walking endurance (400 meters)
 - 8.3 times greater risk
 - Averaged 42 seconds slower
- This is reflected in quantities and patterns of daily physical activity
 - Lower levels of daily physical activity
 - Equivalent to about 5 years of age
 - More fragmented daily profiles of physical activity

Still to be answered...

- How do these results compare to clinical populations?
 - BLSA is a study of “healthy” aging (survivors)
 - Need to compare to cancer patients and/or recent survivors
- How does fatigability differ by type of cancer?
 - Differences by stage of cancer?
- What are the effects of treatment?
 - Are certain types of treatment more damaging long term? Differences in body composition?
- What is the role of sleep?



How do we treat fatigability?

- Treatments for fatigability are not well defined
- Differences in fatigability by treatment could inform clinical decision making for immediate survival and long term quality of life
- Physical activity interventions are promising to increase endurance and maintain quality of body composition
 - May be problematic in sicker populations
 - Long term adherence of traditional interventions is questionable
 - Effectiveness of self-paced interventions using wearables is being investigated in various populations



Acknowledgements

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Sydney Dy, MD

Pablo Martinez, MD, MHS

Adam Spira, PhD

Amal Wanigatunga, PhD, MPH

Vadim Zipunnikov, PhD



In Memoriam: Arti Hurria, MD

Director, Center for Cancer and Aging, City of Hope, CA

Cancer in the Older Adult: Implications for Therapy
and Future Research

Mina S. Sedrak, MD, MS  Arti Hurria, MD

