



## Reply to: Prevalence, characteristics, and treatment of fatigue in oncological cancer patients in Italy: a cross-sectional study of the Italian Network for Supportive Care in Cancer (NICSO)

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Dear Editor,

We read with interest the article by Roila et al. [1], in which the authors provide very useful information, through a cross-sectional study carried out on 1354 patients, on the prevalence, characteristics, and treatment of cancer-related fatigue (CRF). The study demonstrates that this symptom, which impacts quality of life (QoL), is still too often under-reported and overlooked by clinicians. Moreover, a therapeutic intervention is rarely proposed. Similarly to CRF, malnutrition represents a critical problem for patients with cancer, which impairs QoL and clinical outcome and requires appropriate multidisciplinary interventions.

Recommendations and position papers on nutritional support issued by the collaborative group of Italian oncologists, clinical nutritionists, and patients [2, 3], together with the bulk of international guidelines [4, 5] and clinical studies in this setting, have not so far prompted a real change in nutritional care for cancer patients, although many oncologists appear convinced that nutritional status is relevant for treatment practicability or tolerance [6].

While educational initiatives and consensus documents have not proved sufficient for improving clinical practice in nutrition, large “pragmatic” trials may well be useful for consolidating the clinical evidence and improving awareness in the medical community, thereby allowing a real improvement in nutritional support management in Oncology. This may well be the case also for CRF.

In our view, malnutrition and CRF should not be considered separately, as they may be closely related problems.

In the paper by Roila et al. [1], only 10% of the patients had anorexia, but less severe malnutrition may have remained largely undetected in the analyzed population, as it was not investigated. Not all malnourished patients are anorexic, so a significant proportion of them might suffer from CRF.

To better investigate possible relationships between malnutrition and CRF, we would suggest adding malnutrition to the health problems taken into consideration in these surveys.

In conclusion, we congratulate with the investigators for their report of this important study, as we need more information regarding CRF in cancer patients. However, we suggest that future studies on CRF and other such supportive care issues, should include nutrition as part of the investigations. In our view, oncologists should start evaluating CRF and malnutrition in all cancer patients continuously from diagnosis [2, 3].

The Media tends to report only advances in pharmacological treatment, while improvements in supportive and simultaneous care are ignored, even though these play an important role in treatment tolerance and efficacy.

In order to counteract this situation, the involvement of patient associations may be fundamental, as they can help to sensitize public opinion and Institutions on “orphan” issues like CRF and malnutrition more effectively than the scientific societies alone, and make cancer patients aware of their right to proper supportive care.

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## Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflict of interest.

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