



National Institute  
of Nursing Research

# Radiation-Related Fatigue: Phenotyping, Pathogenesis, Treatment



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Division of Intramural Research, NINR



# Objectives

At the end of this presentation, we will:

- Define radiation-related fatigue (RRF)
- Describe an approach to phenotype RRF
- Enumerate the methodological approaches utilized in RRF investigations
- Identify recently developed therapeutics for RRF



# State of the Nursing Science

- Increasing need to address the aging population and the long-term impact of chronic illnesses
- Addressing the health care needs of a diverse Nation
- Shifting emphasis from treatment to prevention
- Increasing reliance to technology



# Purposes of Nursing Research

Develop knowledge to improve quality of life:

- Build scientific foundation for clinical practice
- Prevent disease and disability
- Manage / eliminate symptoms caused by illness
- Enhance end-of-life and palliative care



# National Institute of Nursing Research

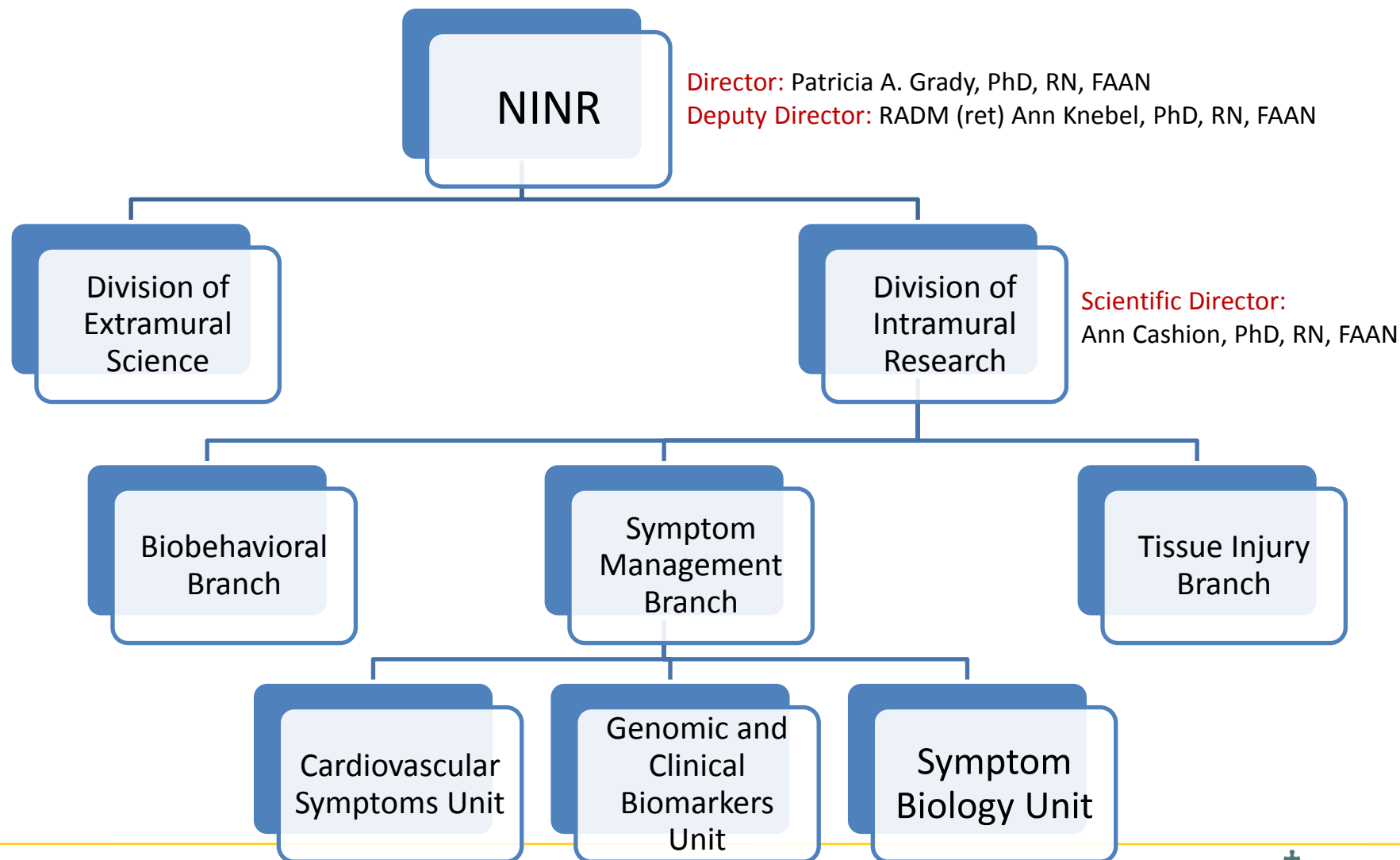


## 4 Key Themes Guiding the Implementation of the NINR Strategic Plans

1. Symptom Science: Promoting Personalized Health Strategies
2. Wellness: Promoting Health and Preventing Illness
3. Self-Management: Improving Quality of Life for Individuals with Chronic Illness
4. End-of-Life and Palliative Care: The Science of Compassion



# National Institute of Nursing Research



# Symptom Management Branch: Research

## Focus Areas:

- Nature and causes of fatigue in a variety of specific conditions including cancer
  - Symptoms associated with fatigue
- 

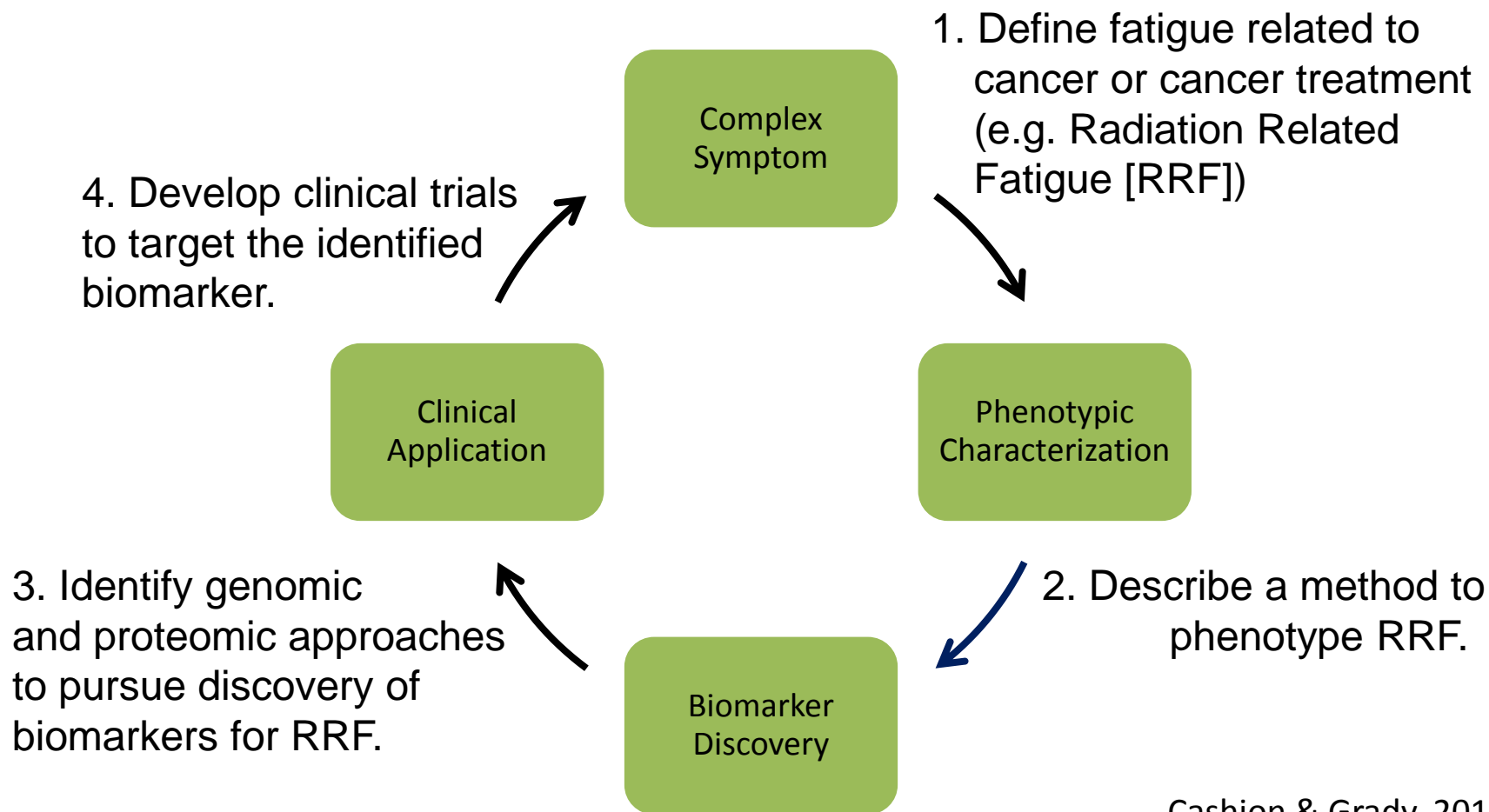


Leorey Saligan, PhD, RN, CRNP  
Chief, Symptom Biology Unit

**Purpose:** Identify functional pathways for potential therapeutic intervention including lifestyle changes.



# NIH Symptom Science Model



Cashion & Grady, 2015





# Unmet Needs for Improved Fatigue Management

- Up to 96% of patients with cancer experience fatigue
- No clear case definition of cancer-related fatigue (e.g. RRF) .
- Clinical management of fatigue is compromised because the etiology of CRF remains elusive.
- CRF is associated with negative health outcomes including depression, impaired cognitive function, sleep disturbance, and decreased health-related quality of life (Byar et al., 2006).



# Definition and Clinical Guidelines

## ICD-10 criteria for CRF

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Six (or more) of the following symptoms have been present every day or nearly every day during the same 2-week period in the past month, and at least one of the symptoms is (A1) significant fatigue.

- A1. Significant fatigue, diminished energy, or increased need to rest, disproportionate to any recent change in activity level
  - A2. Complaints of generalized weakness or limb heaviness
  - A3. Diminished concentration or attention
  - A4. Decreased motivation or interest to engage in usual activities
  - A5. Insomnia or hypersomnia
  - A6. Experience of sleep as unrefreshing or nonrestorative
  - A7. Perceived need to struggle to overcome inactivity
  - A8. Marked emotional reactivity (eg, sadness, frustration, or irritability) to feeling fatigued
  - A9. Difficulty completing daily tasks attributed to feeling fatigued
  - A10. Perceived problems with short-term memory
  - A11. Postexertional malaise lasting several hours
  - B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
  - C. There is evidence from the history, physical examination, or laboratory findings that the symptoms are a consequence of cancer or cancer therapy.
  - D. The symptoms are not primarily a consequence of comorbid psychiatric disorders such as major depression, somatization disorder, somatoform disorder, or delirium.
- 

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## NCCN guideline

### Non-pharmacologic

- activity enhancement
- psychosocial interventions
- attention-restoring therapy
- nutrition
- sleep therapy

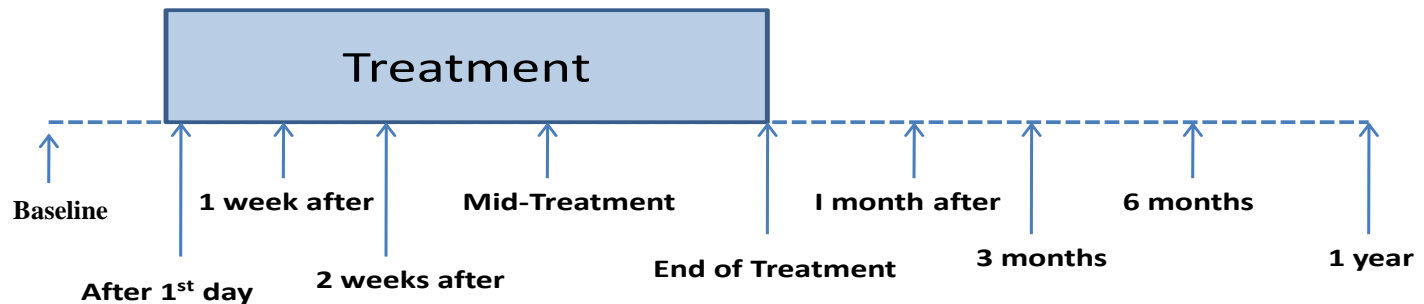
### Pharmacologic

- attention restoring agent

# Natural History Study

**Design:** prospective, descriptive, observational study

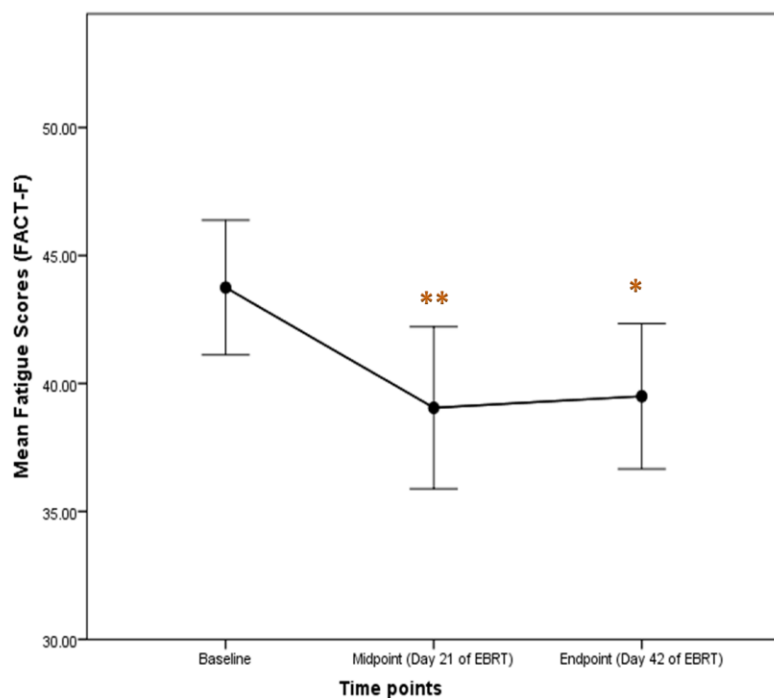
**Methods:** questionnaires, computerized cognitive tests, portable hand-grip test, physical activity monitor, blood



# Fatigue During Radiation Therapy

## Clinical Study (NCT00852111)

N=45



\* $p < .05$ , \*\* $p < .001$

Low scores = High fatigue

- Inflammation (e.g. *IFI27*)
- Neuroprotection (e.g. *SNCA*)



Int. J. Mol. Sci. 2013, 14, 16943-16957; doi:10.3390/ijms140816943

OPEN ACCESS  
International Journal of  
Molecular Sciences  
ISSN 1422-0067  
[www.mdpi.com/journal/ijms](http://www.mdpi.com/journal/ijms)

Article

### The Association of *IFI27* Expression and Fatigue Intensification during Localized Radiation Therapy: Implication of a Para-Inflammatory Bystander Response

Chao-Pin Hsiao<sup>1,2,\*</sup>, Maria Araneta<sup>2</sup>, Xiao Min Wang<sup>2</sup> and Leorey N. Saligan<sup>1,2,\*</sup>

<sup>1</sup> Frances Payne Bolton School of Nursing, Case Western Reserve University, 2120 Cornell Road, Cleveland, OH 44106, USA; E-Mail: [hsiaochaopin@gmail.com](mailto:hsiaochaopin@gmail.com)

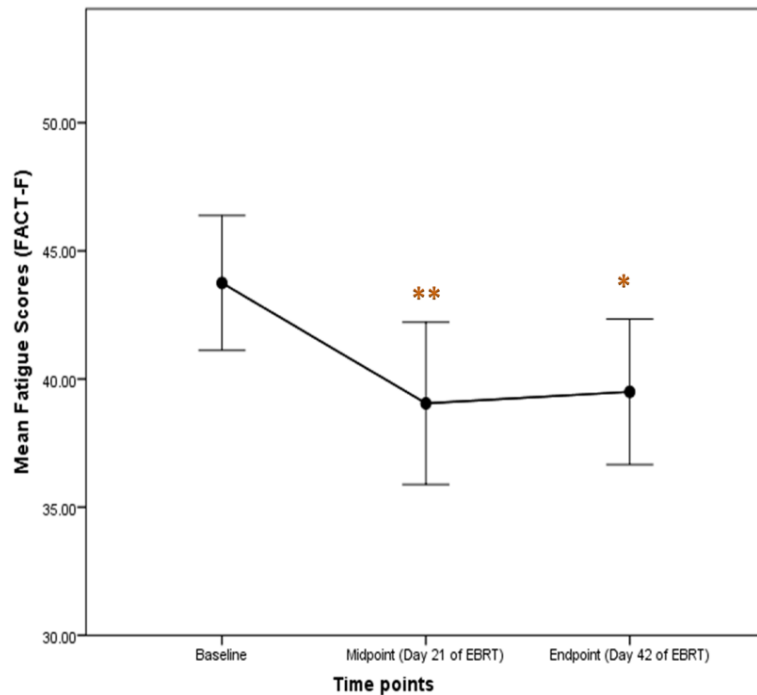
<sup>2</sup> National Institute of Nursing Research, National Institutes of Health, 9000 Rockville Pike, Building 10, Room 2-1339, Bethesda, MD 20892, USA; E-Mails: [maria.araneta@nih.gov](mailto:maria.araneta@nih.gov) (M.A.), [xmwang@mail.nih.gov](mailto:xmwang@mail.nih.gov) (X.M.W.)



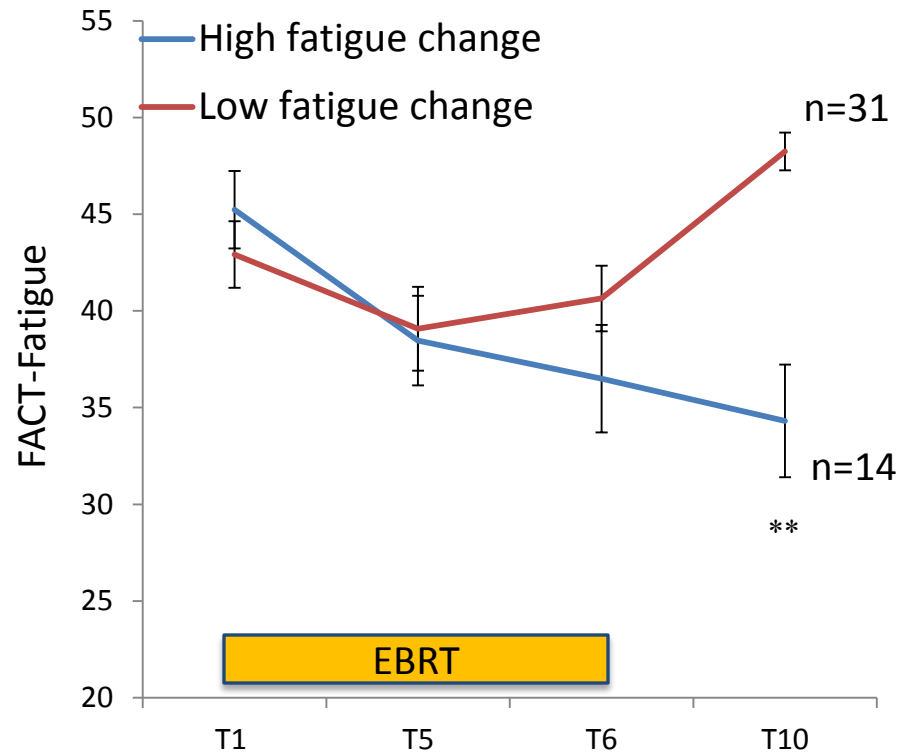
# Fatigue During Radiation Therapy

## Clinical Study (NCT00852111)

N=45



\*\* $p < .001$



Low scores = High fatigue



# Review of CRF Science

Support Care Cancer (2015) 23:2461–2478

DOI 10.1007/s00520-015-2763-0

## REVIEW ARTICLE

### The biology of cancer-related fatigue: a review of the literature

Leorey N. Saligan<sup>1</sup> · Karin Olson<sup>2</sup> · Kristin Filler<sup>1</sup> · David Larkin<sup>3</sup> · Fiona Cramp<sup>4</sup> · Yennu Sriram<sup>5</sup> · Carmen P. Escalante<sup>5</sup> · Auro del Giglio<sup>6</sup> · Kord M. Kober<sup>7</sup> · Jayesh Kamath<sup>8</sup> · Oxana Palesh<sup>9</sup> · Karen Mustian<sup>10</sup> · Multinational Association of Supportive Care in Cancer Fatigue Study Group–Biomarker Working Group

Received: 19 November 2014 / Accepted: 30 April 2015 / Published online: 15 May 2015

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Support Care Cancer

DOI 10.1007/s00520-015-2965-5

## COMMENTARY

### Defining cancer-related fatigue for biomarker discovery

Kristin Filler<sup>1</sup> · Leorey N. Saligan<sup>1</sup>

Received: 22 July 2015 / Accepted: 21 September 2015

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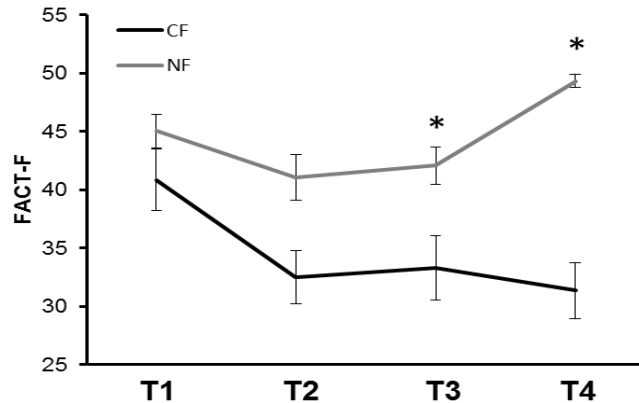
### 47 articles reviewed:

- CRF was measured using 23 different questionnaires
- Even when the same questionnaire was used, different scoring rubrics were applied to phenotype CRF

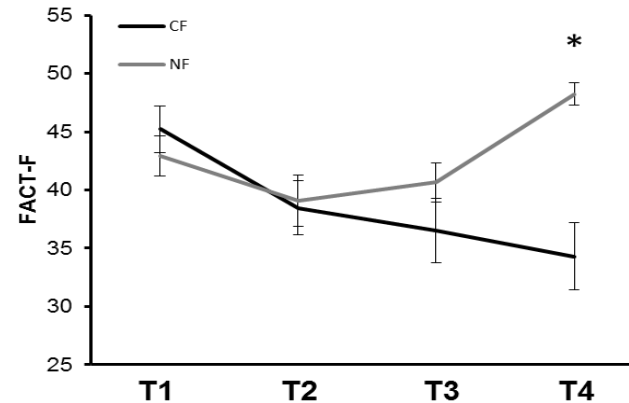


# RRF Phenotyping Approaches

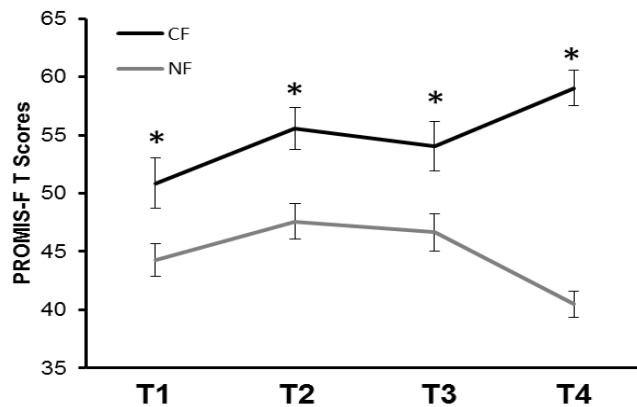
**A**



**B**



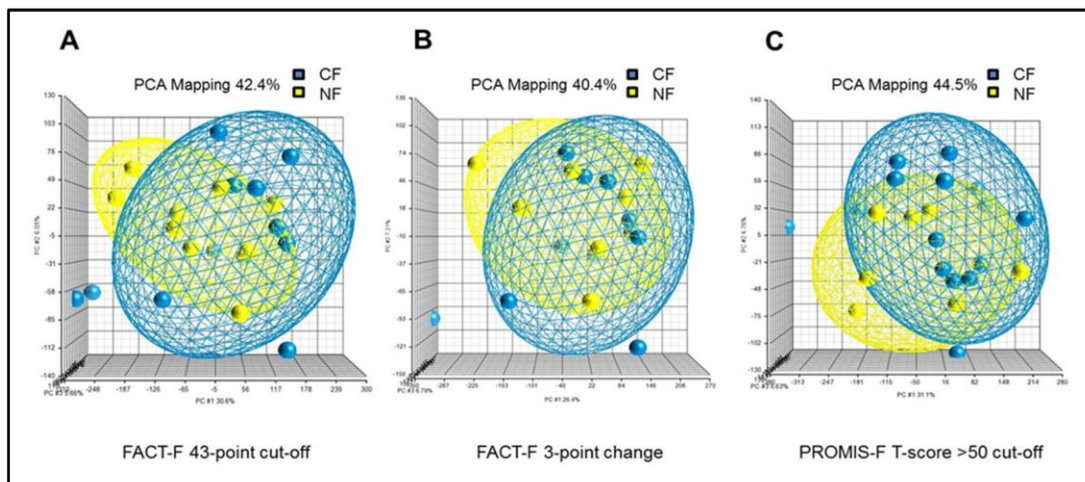
**C**



RRF Phenotyping Approaches:

- A. FACT-F 43-point cutoff
  - captures fatigue experience best
  - correlated with differences in gene expression
- B. FACT-F 3-point change
  - can isolate chronic fatigue
- C. PROMIS-F 50 T-score cutoff
  - most sensitive to subtle changes in fatigue.

# Issues with RRF Phenotyping



Principal component analyses showing differences in transcriptome profiles of the RRF phenotype using 3 different fatigue phenotyping approaches.

	Approach 1			Approach 2			Approach 3		
	FACT-F 43-point cut-off			FACT-F 3-point change			PROMIS-F T-score >50		
	Gene ID	FC	P value	Gene ID	FC	P value	Gene ID	FC	P value
Top up-regulated genes	<i>PI3</i>	1.92	1.64E-4	<i>LEF1</i>	1.67	1.01E-5	<i>MARCKSL1</i>	1.40	1.30E-6
	<i>IL18RAP</i>	1.83	2.25E-4	<i>CLTB</i>	1.48	1.37E-6	<i>FBLN5</i>	1.40	1.15E-5
	<i>FAM84B</i>	1.68	2.40E-4	<i>LEF1-AS1</i>	1.45	2.68E-6	<i>IGLV1-44</i>	1.38	2.01E-5
	<i>IGLL3P</i>	1.68	5.58E-5	<i>FBLN5</i>	1.45	1.77E-5	<i>SLC35F2</i>	1.26	2.03E-5
	<i>ACTB</i>	1.63	1.66E-4	<i>FDFT1</i>	1.41	3.14E-5	<i>ACTR1A</i>	1.25	1.91E-5
Top down-regulated genes	<i>NUDT6</i>	-1.40	3.04E-5	<i>CENPN</i>	-1.31	1.74E-5	<i>VEPH1</i>	-1.29	2.38E-6
	<i>ZC2HC1C</i>	-1.37	7.48E-5	<i>GALNT2</i>	-1.30	8.52E-6	<i>SLC22A9</i>	-1.28	1.33E-5
	<i>RRAD</i>	-1.34	4.32E-6	<i>SIM1</i>	-1.30	7.58E-6	<i>QSOX1</i>	-1.26	6.64E-6
	<i>CDC25C</i>	-1.32	3.48E-5	<i>YPEL2</i>	-1.28	1.51E-6	<i>UBE2Z</i>	-1.22	4.40E-6
	<i>OLIG2</i>	-1.32	6.91E-5	<i>MTBP</i>	-1.27	1.58E-8	<i>GOLGA3</i>	-1.19	1.23E-5

GO enrichment analyses

Approach 1: 244 genes

- biological adhesion (46%)

Approach 2: 40 genes

- biogenesis (22%)

Approach 3: 21 genes

- circadian rhythm (17%)





# Genomics

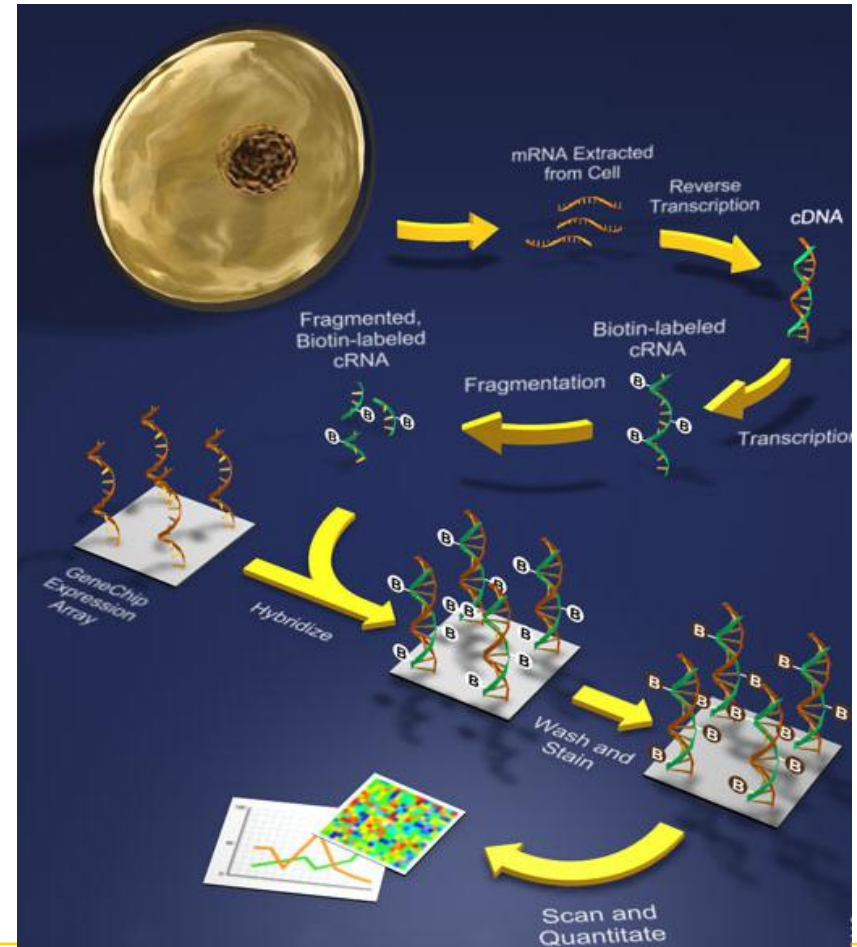
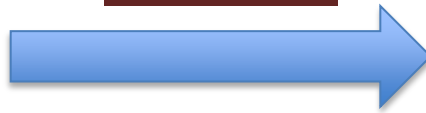


Whole blood collected  
using Paxgene tube

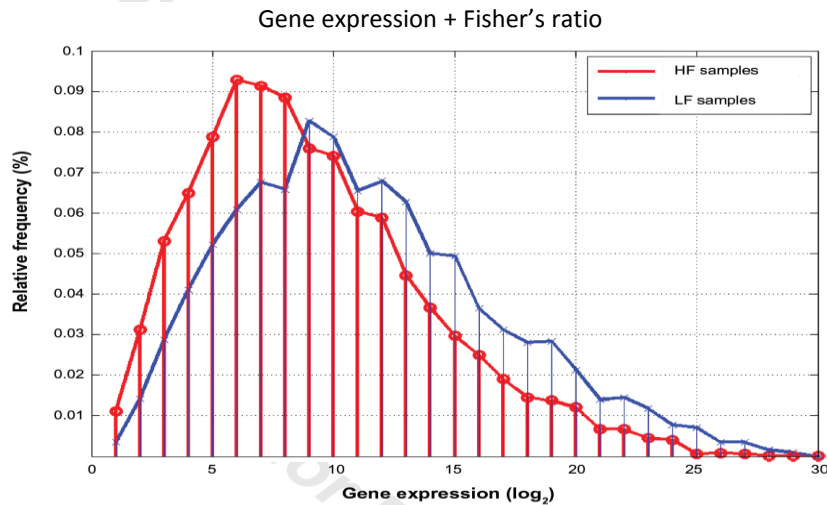
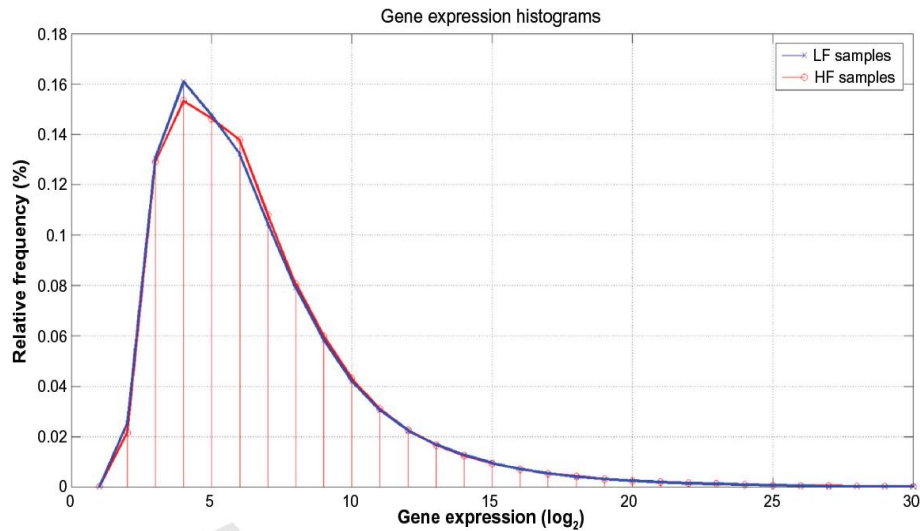


Extracted RNA

Microarray



# Microarray



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Cancer Informatics

## Supervised Classification by Filter Methods and Recursive Feature Elimination Predicts Risk of Radiotherapy-Related Fatigue in Patients with Prostate Cancer

Leorey N. Saligan<sup>1</sup>, Juan Luis Fernández-Martínez<sup>2</sup>, Enrique J. deAndrés-Galiana<sup>2</sup> and Stephen Sonis<sup>3</sup>

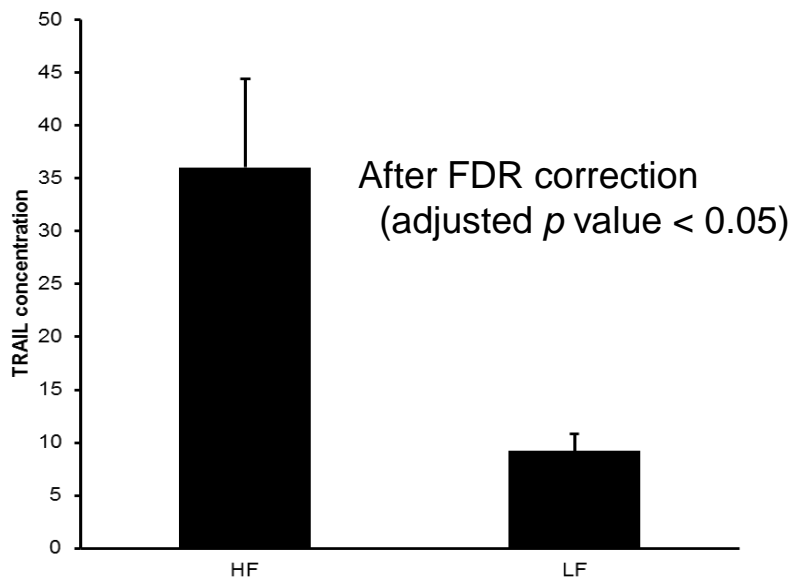
<sup>1</sup>National Institute of Nursing Research, National Institutes of Health, Bethesda, Maryland, USA. <sup>2</sup>Universidad de Oviedo, Spain. <sup>3</sup>Biomodels, LLC, Watertown, MA, USA.

Symbol	Name
<i>GRM8</i>	Metabotropic glutamate receptor
<i>GRM5</i>	
<i>GRIK2</i>	Ionotropic glutamate receptor
<i>GRIK3</i>	
<i>ARG2</i>	NMDA receptor



## Methods: 2-DIGE, LC-MS, WB, ELISA

- TRAIL (TNF-related apoptosis-inducing ligand)
- Neurometabolites (Apo-E)
- BDNF



Vol. ■ No. ■ 2013

Journal of Pain and Symptom Management 1

### Original Article

#### Proteomic Serum Profile of Fatigued Men Receiving Localized External Beam Radiation Therapy for Non-Metastatic Prostate Cancer

Nada Lukkahatai, PhD, RN, Sajni Patel, MS, Marjan Gucek, PhD,  
Chao-Pin Hsiao, PhD, RN, and Leorey N. Saligan, PhD, RN, CRNP  
National Institute of Nursing Research (N.L., C.-P.H., L.N.S.); and National Heart, Lung and Blood  
Institute (S.P., M.G.), National Institutes of Health, Bethesda, Maryland, USA

The World Journal of Biological Psychiatry, 2015; Early Online: 1–7



### ORIGINAL INVESTIGATION

#### Lower brain-derived neurotrophic factor levels associated with worsening fatigue in prostate cancer patients during repeated stress from radiation therapy

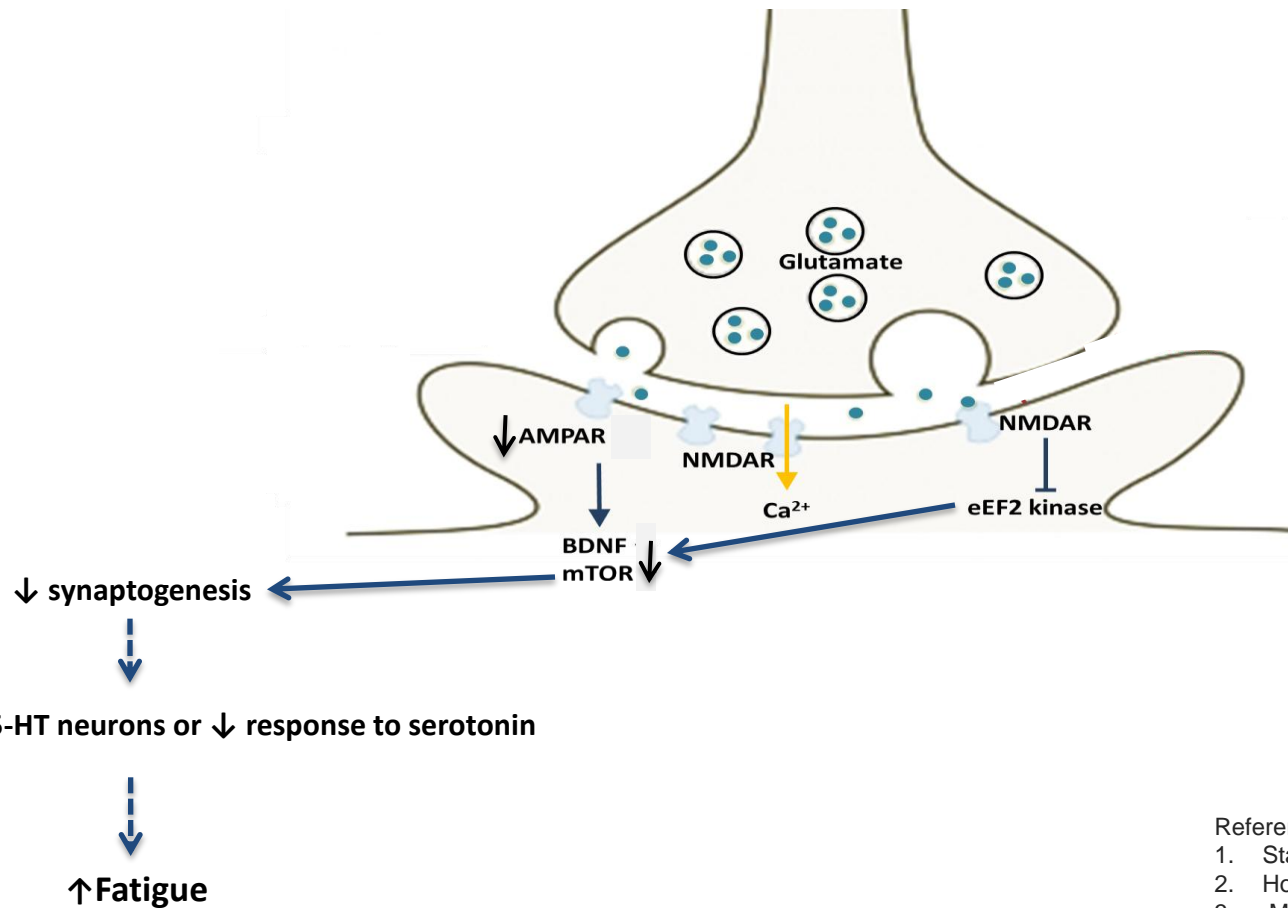
L.N. SALIGAN<sup>1</sup>, N. LUKKAHATAI<sup>1,2</sup>, G. HOLDER<sup>1</sup>, B. WALITT<sup>1</sup> & R. MACHADO-VIEIRA<sup>3</sup>

<sup>1</sup>National Institute of Nursing Research, National Institutes of Health, Bethesda, MD, USA; <sup>2</sup>University of Nevada, Las Vegas, School of Nursing, Las Vegas, NV, USA; and <sup>3</sup>National Institute of Mental Health, National Institutes of Health, Bethesda, MD, USA





# Etiology of RRF



## References:

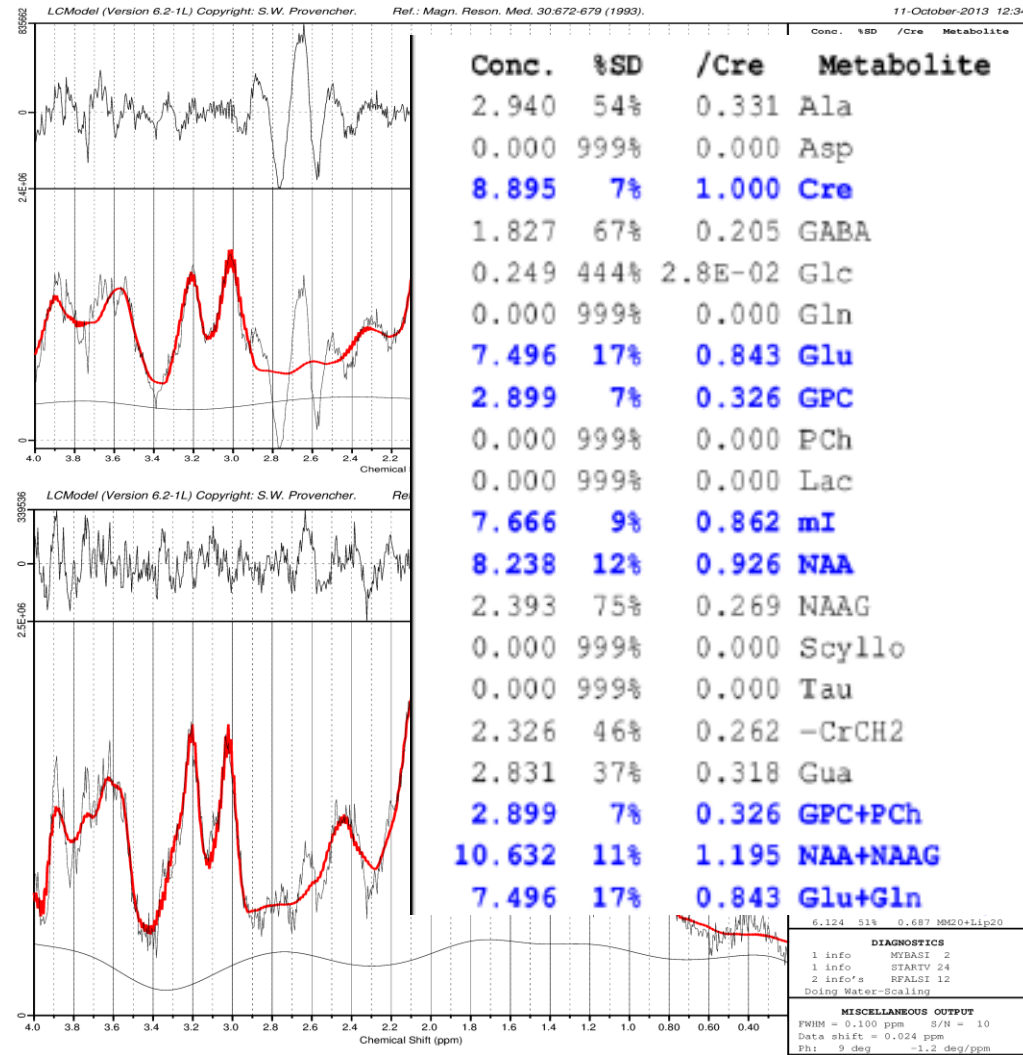
1. Stan et al., 2014
2. Homayoun and Moghaddam, 2007
3. Meeusen et al., 2006
4. Papuc et al., 2010
5. Weyman et al., 2014





# Neuroimaging

- **Purpose:** Quantify central levels of glutamate during RRF.
- **Hypothesis:** RRF is associated with decreasing glutamate signals.
- **Method:** MRS (3.0 Tesla)



# Experimental Therapeutics

**Hypothesis:** Improving fatigability will reduce overall fatigue.

**Objectives:**

1. To determine if improving fatigability will reduce RRF.
2. To measure expression and association of BDNF with levels of RRF.

**Collaborator:** NIH Clinical Center Rehab Medicine

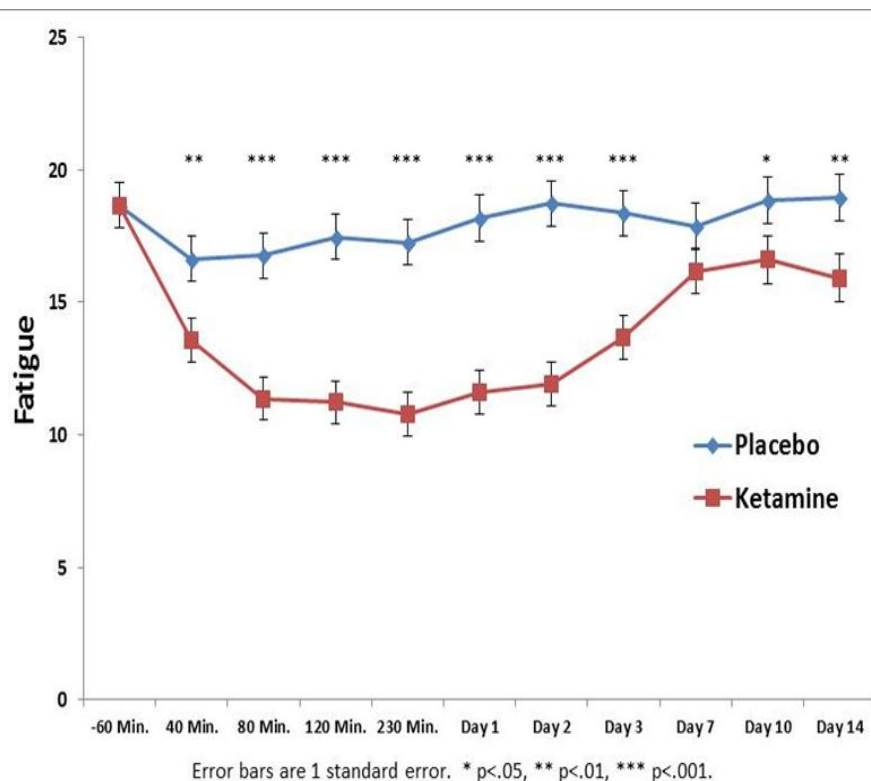
## **Exercise Intervention (amendment to NCT00852111)**

1. **Continuous training**
  - target heart rate: 60-70% more than resting
2. **High impact intensity training**
  - target heart rate: >90% more than resting



# Effect of Ketamine on Fatigue

04-M-0222 (N=39)



Bonferroni post hoc tests indicated significantly lower fatigue scores from 40 minutes following ketamine infusion through day 2 ( $p < .05$ ).

The effect size of the ketamine-placebo difference was greatest at day 2 ( $d = 0.59$ )



Development of a clinician-administered National Institutes of Health-Brief Fatigue Inventory: A measure of fatigue in the context of depressive disorders

Leorey N. Saligan<sup>b, \*</sup>, David A. Luckenbaugh<sup>a</sup>, Elizabeth E. Slonena<sup>a</sup>,  
Rodrigo Machado-Vieira<sup>a</sup>, Carlos A. Zarate Jr.<sup>a</sup>

<sup>a</sup> Experimental Therapeutics & Pathophysiology Branch, Intramural Research Program, National Institute of Mental Health, Bethesda, MD, USA

<sup>b</sup> National Institute of Nursing Research, National Institutes of Health, Bethesda, MD, USA





**Title:** Effect of Ketamine on Fatigue following Cancer Therapy  
NCT02317341

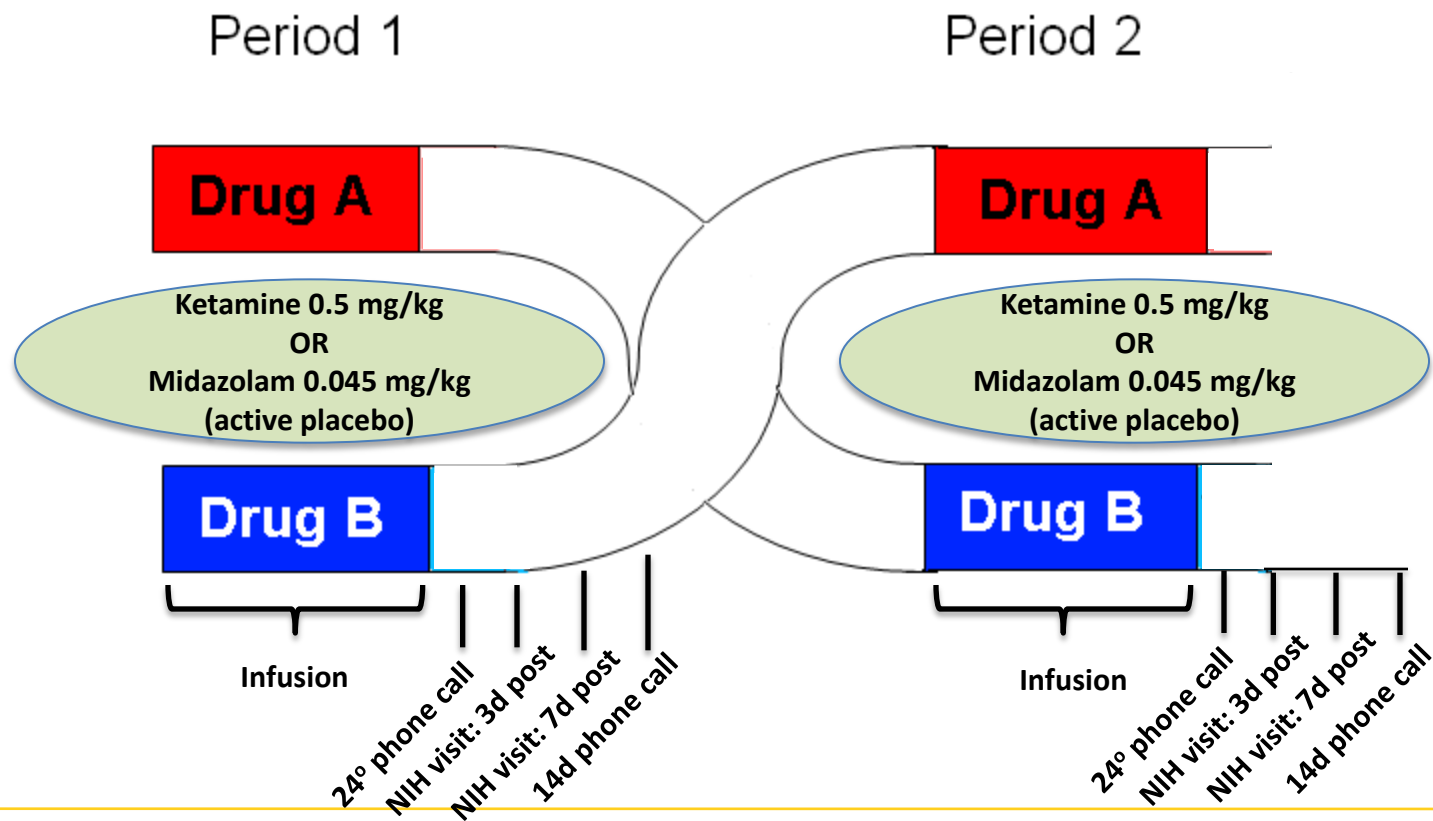
Objectives:

1. To determine the *immediate effect* of a single, IV dose of ketamine in reducing clinically-significant fatigue in individuals who completed radiation therapy for cancer.
2. To investigate the effect of ketamine on BDNF levels, markers of inflammation and mitochondrial function, as well as on cognitive function and skeletal muscle strength.



# Sample and Study Design

Sample: 40 subjects who completed radiation therapy for cancer  
Design: double-blind, active placebo-controlled, cross-over study



# Ongoing Research Activities

- Clinical trials: optimizing extramural collaborations
  - Univ. of Maryland, Univ. of Florida, Georgetown, VCU
- Lab activities:
  1. RNA sequence
    - post-transcriptional modifications, mutations
    - cellular pathway alterations during radiation
  2. central versus peripheral
    - protein levels in blood versus CSF
- Animal:
  - knock-out mouse models
  - treatments that increases BDNF



# Summary

## Cancer-Related Fatigue (CRF)



Review: Gap in Literature  
Saligan & Kim, 2012  
*Brain, Behavior, Immunity*



Clinical Observation



Laboratory Investigation



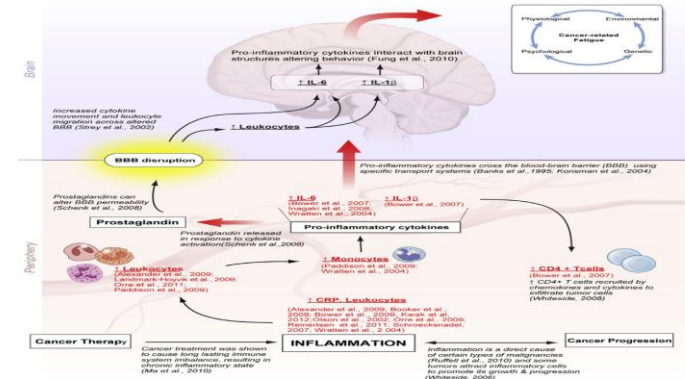
↑ Health-related Quality of Life



Reduce CRF



## Molecular Markers of CRF



# Acknowledgement

## SBU Staff

Research fellow: Rebekah Feng, PhD  
Post-doc fellow: Kristin Filler, PhD, RN, OCN  
Research nurse: Michelle Millwood, BSN, RN  
Post-bac fellow: Alexandra Espina, BS  
Technical IRTA: Michael Renner, BS

Post-doc graduates: Nada Lukkahatai, PhD, RN  
Chao-Pin Hsiao, PhD, RN



## NIH Intramural Collaborators

### National Cancer Institute

Deborah Citrin, MD, PhD  
Aradhana Kaushal, MD

### National Heart, Lung, and Blood Institute

Marjan Gucek, PhD  
Danielle Springer, VMD, DACLAM  
*Center for Human Immunology*

### National Institute of Mental Health

Carlos Zarate, Jr., MD  
Rodrigo Machado-Vieira, MD, PhD

### National Institute of Arthritis and Musculoskeletal and Skin Diseases

John O'Shae, MD

