## A PROGRAM OF THERAPEUTIC EDUCATION AND PHYSICAL ACTIVITY AS "DRUG NON-DRUG" TREATMENT THE MANAGEMENT OF CANCER-RELATED FATIGUE IN ONCO-HAEMATOLOGICAL PATIENTS

Monia Allisen Accogli<sup>1</sup>, Monica Denti<sup>1</sup>, Stefania Costi<sup>1</sup>, Stefania Fugazzaro<sup>1</sup>

1. Department of Neuromotor Physiology, Physical and Rehabilitation Medicine Unit, Arcispedale S.Maria Nuova, IRCCS, Viale Umberto I 50 - 42123 Reggio Emilia, Italy

**Introduction:** Several studies showed that Cancer-Related Fatigue (CRF) is the main symptom reported by onco-haematological patients, and it's due to the disease and to treatment side effects. It is known that Physical Activity (PA) could be beneficial in CRF's management and that most patients need accurate information about consented PA and disease management.

For this reason, multidimensional rehabilitation program, combining PA and Therapeutic Patient Education (TPE), are proposed to onco-haematological patients.

Nevertheless, the effect of this kind of multidimensional interventions is not clear yet for this category of patients.

**Purpose:** Aims of the project:

- To Investigate the feasibility of TPE program associated to PA in onco-haematological patients.
- To assess the intervention's effect on CRF, QoL, physical performances and psychological distress of this subgroup of cancer patients.

**Method:** The study will be conducted in Arcispedale Santa Maria Nuova in Reggio Emilia (Italy) from November 2017. Design: pilot RCT, with blinded assessment, 18 months duration. Study population: at least 40 onco-haematological patients.

Inclusion criterias:

- first diagnosis or early disease relapse,
- ≥18 years,
- Informed consent.

Esclusion criterias:

- Prognosis <12 months,</li>
- Health conditions preventing participation to rehabilitation program (cognitive impairment, severe depression, language barrier or other communication problems).

Asessement with evaluation scales:

T0: Enrollment + Randomization in two groups

T1: 1 month after T0

T2: 2 months after T1

T3: 6 months after T1

Interventions, acted between T1 and T2:

Control Group (CG): Standard care + 2 group sessions of TPE on: communication strategies, goal-setting and problem solving, physical activity, management of symptoms and importance of healthy life style. Intervention Group (IG): as CG + 6 weekly individual sessions (physiotherapist – patient) focused on planning a tailored PA program + specific information leaflets.

**Results and Conclusions:** We will describe intervention protocol in details at conference time and we will present early data collection.