Melanoma is the most serious form of skin cancer. Since the early 1970s, its incidence rate has increased by about 6% per year; about 7,400 deaths will be attributed to melanoma in 2002 (American Cancer Society, 2002). Most cases of early primary melanoma are highly curable. However, once the disease metastasizes to multiple body organs, it is associated with a poor prognosis and a mortality rate of more than 95% (Anderson, Buzaid, Ali-Osman, Braunischweiger, & Grimm, 1997; Atkins et al., 1999). The survival time for patients with multiple organ metastases ranges from 6–9 months (Anderson, Buzaid, & Legha, 1995). Several treatment modalities are available for patients with metastatic melanoma, including single-agent and combination chemotherapy regimens, biologic agents (interleukin-2 [IL-2] and interferon-alpha [IFN-a]), vaccines, and biochemotherapy (Anderson et al., 1995, 1997; Atkins et al.; Cohen & Falkson, 1998; Haigh, Difronzo, Gammon, & Morton, 1999). However, the treatment of metastatic melanoma remains less than satisfactory. A single-agent cytotoxic drug (i.e., dacarbazine) has produced response rates of less than 20% (Anderson et al., 1995; Cohen & Falkson). Combination chemotherapy regimens have response rates of

Patients’ Perceptions of Fatigue in Response to Biochemotherapy for Metastatic Melanoma: A Preliminary Study

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Purpose/Objectives: To explore patients’ perceptions of fatigue in response to biochemotherapy treatment for metastatic melanoma.

Design: A descriptive-correlational, cross-sectional study.

Setting: A cancer center in the midwestern United States.

Sample: 12 adult patients between the ages of 28–70 who received at least one cycle of biochemotherapy treatment for metastatic melanoma (stages III and IV) from the inpatient or outpatient services of a midwestern cancer center.

Methods: A demographic data sheet and the Revised Piper Fatigue Scale (PFS) were used to collect data at a single point in time after patients received at least one cycle of biochemotherapy.

Findings: The majority of patients who received biochemotherapy reported severe or moderate fatigue. Female patients’ total fatigue scores were higher than those of male patients. Fatigue duration varied from hours to months, with a maximum duration of 12 months after biochemotherapy treatment. All of the patients reported that the most direct causes of their fatigue were metastatic melanoma and biochemotherapy treatment.

Conclusions: Patients who received biochemotherapy treatment for metastatic melanoma reported moderate to severe fatigue. Female patients experienced more intense fatigue than male patients. The findings also supported the multidimensionality of fatigue construct identified in prior fatigue studies. The four dimensions/subscales of fatigue assessed by the Revised PFS were highly correlated to total fatigue scores.

Implications for Nursing: Biochemotherapy is a newer treatment modality for metastatic melanoma. Fatigue, one of the severe toxicities from biochemotherapy treatment, necessitates attention from nurses. The findings will assist nurses in teaching patients about fatigue that may be expected during or after biochemotherapy and about self-care strategies to manage fatigue.

Key Points . . .

➢ Biochemotherapy refers to the combination of cytokines, particularly interleukin-2 and interferon-alpha, with chemotherapy, specifically cisplatin-based chemotherapy.

➢ Biochemotherapy is a new but promising treatment modality producing overall response rates of 40%–60% in patients with metastatic melanoma.

➢ Management of moderate to severe treatment-related fatigue should be a priority during and after biochemotherapy to improve patients’ quality of life.

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