Multiple myeloma is a B cell malignancy of the plasma cells of the immune system. Approximately 45,000 Americans are living with the disease (Multiple Myeloma Research Foundation, 2002) and 15,270 are expected to be diagnosed in 2004 (American Cancer Society, 2004). In multiple myeloma, aberrant plasma cells make large numbers of monoclonal antibodies that crowd out normal immune and blood-forming cells in the bone marrow, leading to frequent infections and anemia. These abnormal antibodies also cause increased osteoclastic activity in the bone that leads to the most common presenting symptoms of bone pain and fractures (Lokhorst, 2002).

Patients with multiple myeloma undergoing conventional treatment have a median survival of less than three years (Barlogie et al., 1997). Tandem autologous peripheral blood stem cell transplantation (PBSCT) significantly improves the chance for partial or complete remissions and longer survival with the possibility that some patients may be considered cured (Tricot et al., 2002). This is a remarkable advance in the outlook for a disease that until recently was considered incurable. However, the aggressive phase of the treatment lasts nearly a year, and maintenance therapy, which includes interferon α, continues for another year. All patients undergoing such an aggressive treatment protocol can expect to experience cancer-related fatigue (CRF); therefore, early intervention and management are important in maintaining patients’ functional status and quality of life.

Cancer-Related Fatigue

Fatigue is widely regarded as one of the most pervasive and distressing consequences of cancer and cancer treatment. CRF can affect virtually all aspects of patients’ lives (Curt, 2000). For patients undergoing bone marrow or stem cell transplants for hematologic malignancies, studies suggest that...