Fatigue is a common symptom in patients with cancer (Piper et al., 1998); 90% experience fatigue at some point during the course of their illness and it has been noted to worsen when cancer treatment begins (Barnes & Bruera, 2002; Escalante et al., 2001). Diminished performance status and the presence of disease-related symptoms often cause fatigue before treatment with chemotherapy (Grant, Golant, Rivera, Dean, & Benjamin, 2000), but fatigue also can be worsened by pain, anemia, sleep disturbance, and nutritional, mood, and activity issues (National Comprehensive Cancer Network [NCCN], 2008). Satisfactory management of the issues may help reduce patients’ subjective experience of fatigue that might otherwise have a negative effect on their desire to continue therapy (Curt et al., 2000), self-care skills (Curt et al.; Stone, Richards, & Hardy, 1998), or quality of life (QOL) (Curt et al.; de Jong, Candel, Schouten, Abu-Saad, & Courtens, 2005; Godino, Jodar, Duran, Martinez, & Schiaffino, 2006; Grant et al.; Stone et al.).

Tavio, Milan, and Tirelli (2002) argued that, although many oncologists regard pain as more clinically relevant than fatigue, the latter symptom may have a greater effect on patients’ lives and restrict their activities of daily living to a greater extent than pain. Curt (2000) found that fatigue was the most prevalent symptom reported by patients receiving chemotherapy with or without radiation. Fatigue was reported to be more prevalent than other disease- or treatment-related side effects such as nausea, depression, and pain, with 76% of patients experiencing fatigue at least once a month. However, despite the fact that fatigue is an important and relatively common issue in patients with cancer, it still is underestimated by healthcare providers (van Weert et al., 2006). Reasons include oncologists’ preoccupation with the assessment and management of cancer pain (Tavio et al.), a lack of scientific literature on fatigue.