

A Multidisciplinary Approach Managing Fatigue in Pancreatic Cancer

What We'll Cover

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The CNS lens: “total fatigue”

A holistic assessment model

02

Why multidisciplinary care works

The evidence for team-based management

03

The team around the patient

Who's involved, and how they connect

04

The CNS as care coordinator

Holding the whole picture together

05

Addressing each layer of fatigue

Physical, functional, psychosocial, spiritual

06

Putting it into practice

Referral pathway and practical barriers

The CNS Lens: “Total Fatigue”

Borrowing from Cicely Saunders' concept of “total pain,” the palliative care CNS assesses fatigue as “total fatigue” — a lived experience shaped by physical, psychological, social, and spiritual dimensions, not by disease biology alone.

P

Physical

Disease burden,
treatment effects, pain,
anemia, deconditioning

P

Psychological

Anxiety, low mood, fear
of progression, loss of
role and identity

S

Social

Isolation, caregiver
strain, financial
pressure, disrupted
routines

S

Spiritual

Loss of meaning,
existential distress,
unresolved questions
about illness and dying

Why Multidisciplinary Care Works

No single fix

Because fatigue in pancreatic cancer has many drivers at once, no single clinician or intervention addresses it alone — coordinated input is needed

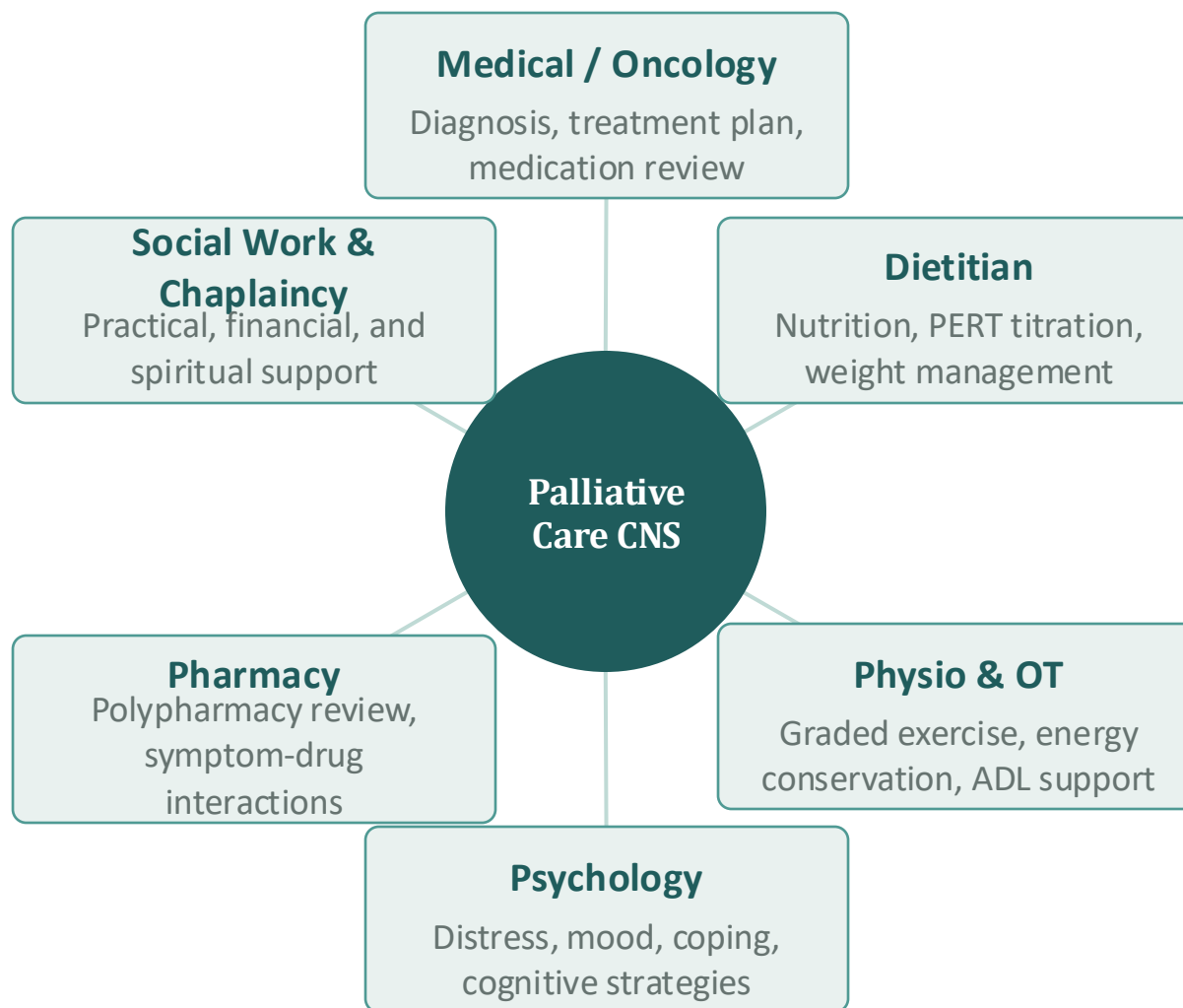
Team-based gains

Trials of multidisciplinary palliative care nursing models report improved fatigue, anxiety, and quality-of-life outcomes compared with standard care

Fatigue lags behind

Palliative team audits show pain and appetite often respond well to intervention, while fatigue improves more slowly — reinforcing the need for sustained, coordinated review

The Team



The CNS as Care Coordinator

Single point of contact

Gives patients and families one consistent, trusted person to raise fatigue and other concerns with

Drives timely referral

Recognizes which layer of fatigue is dominant and routes the patient to the right professional without delay

Holds the whole picture

Integrates input from every discipline into one coherent, patient-centered plan rather than fragmented advice

Reviews and adjusts

Follows fatigue longitudinally across the illness trajectory, revisiting the plan as needs change

Addressing the Physical & Medical Layer

1

Medical team

Reviews disease status, treats anemia, manages biliary obstruction and glycemic control

2

Pharmacy

Reviews polypharmacy and sedating medications; adjusts opioids and antiemetics that compound fatigue

3

CNS

Screens for fatigue at every contact using a simple severity scale and escalates uncontrolled pain or new symptoms promptly

Addressing the Functional & Nutritional Layer

1

Dietitian

Optimises nutrition, titrates pancreatic enzyme replacement therapy, and addresses cachexia early

2

Physiotherapy

Builds an individualized, graded exercise program suited to the patient's current capacity and stage of disease

3

Occupational therapy

Teaches energy conservation and activity pacing, and adapts the home environment to preserve independence

Addressing the Psychosocial & Spiritual Layer

1

Psychology / counselling

Supports coping with anxiety, low mood, and the emotional weight of a life-limiting diagnosis

2

Social work

Addresses financial strain, carer burden, and access to practical support services at home

3

Chaplaincy / spiritual care

Holds space for existential distress and questions of meaning that can deepen a sense of exhaustion

CNS- Led Interventions in Practice

Patient & family education on fatigue as a real, manageable symptom

Collaborative goal-setting around what matters most to the patient

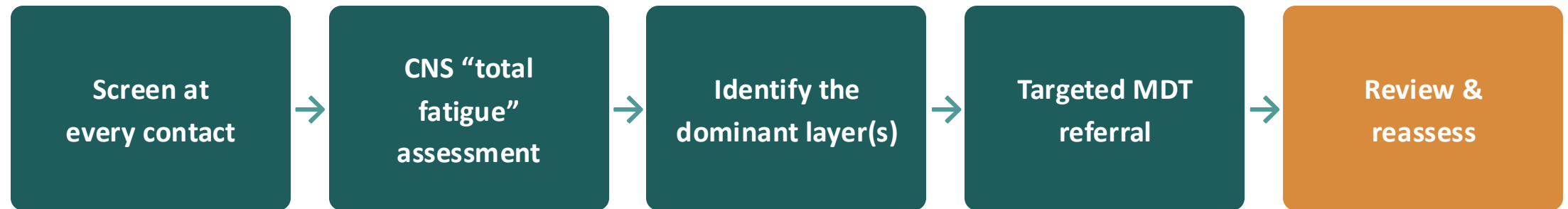
Coaching in energy conservation and activity pacing

Proactive symptom-review clinics or calls between visits

Early, sensitive advance care planning conversations

Signposting to peer support and community resources

A Simple Referral Pathway



Barriers in Practice

Time & capacity

Coordinating multiple disciplines takes time that busy services may struggle to protect

Fragmented services

Not every setting has ready access to physio, psychology, or dietetics, especially in the community

Under-reporting

Patients often under-report fatigue, viewing it as an inevitable and untreatable part of illness

Access & equity

Rural or resource-limited settings can face real gaps in specialist palliative and allied health input

Key Takeaways

- 1 Fatigue in pancreatic cancer is “total fatigue” — physical, psychological, social, and spiritual dimensions all matter.
- 2 No single discipline can manage it alone; coordinated, team-based care improves outcomes.
- 3 The palliative care CNS is well placed to coordinate the team and hold the whole picture together.
- 4 Every layer — physical, functional, and psychosocial — needs a named professional and a clear pathway.
- 5 Fatigue must be screened and reviewed continuously, not treated as a single fixed problem.

Useful Resources

- NCCN Clinical Practice Guidelines in Oncology: Cancer-Related Fatigue
- Kang YE, et al. Prevalence of cancer-related fatigue based on severity: a systematic review and meta-analysis. Sci Rep. 2023.
- Cheville AL, et al. Fatigue ranked as the top symptom concern across cancer types, including hepatobiliary/pancreatic cancer, in an NCCN multi-institution survey.
- ASCO/ASH and palliative care literature on assessment tools (BFI, FACIT-F, ESAS, Piper Fatigue Scale) and management of cancer-related fatigue
- NCCN Clinical Practice Guidelines in Oncology: Cancer-Related Fatigue and Palliative Care
- Li et al. Effect of nurse-led and physician-led multidisciplinary team palliative care on quality of life, negative emotions, and pain for cancer patients: a meta-analysis. Precis Med Sci. 2025.
- Hou et al. Effects of multi-role collaborative palliative care on anxiety, cancer-related fatigue, and quality of life in advanced lung cancer.
- Iwase et al. Assessment of cancer-related fatigue, pain, and quality of life in cancer patients at palliative care team referral (JORTC PAL-09). PLoS ONE. 2015.
- Saunders C. The concept of “total pain” and its extension to holistic symptom assessment in palliative care