Guidelines for the management of cancer-related fatigue (CRF) emphasize evidence-based strategies for reducing this common symptom in patients with cancer. Exercise has the largest body of data supporting its benefits in reducing CRF. Patient education and counseling also are considered integral to effective CRF management. Additional interventions can be pharmacologic or nonpharmacologic, although a combination of approaches may be employed. Several factors known to be associated with CRF may be particularly amenable to treatment.

**Nonpharmacologic Interventions for Cancer-Related Fatigue**

**Exercise**

Strong evidence supports the benefits of exercise for CRF management. Numerous randomized, controlled clinical trials have evaluated exercise during and after treatment in patients with various malignancies; and the data have been the subject of several comprehensive meta-analyses and review articles (Courneya & Friedenreich, 1999; Galvao & Newton, 2005; Knols, Aaronson, Uebelhart, Fransen, & Aufdemkampe, 2005; NCCN, 2007; Schmitz et al., 2005; Stevinson, Lawlor, & Fox, 2004; Stricker, Drake, Hoyer, & Mock, 2004).

Exercise can effectively reduce CRF in various settings. During palliative care, for example, low-intensity exercise matched to patients’ comfort levels was associated with improved quality of life (Oldervoll, Kaasa, Knobel, & Loge, 2003; Porock, Kristjanson, Tinnelly, Duke, & Blight, 2000). For patients receiving marrow or stem cell transplantations, positive studies have been conducted using aerobic interval training with appropriate monitoring (Dimeo, 2001). During chemotherapy and radiation therapy, home-based exercise programs have proven beneficial (Mock et al., 1994, 1997). Strength-resistance exercise has been used effectively in men with prostate cancer undergoing androgen-deprivation therapy (Segal et al., 2003; Stevinson et al., 2004).

Carefully considering which types of exercise may be beneficial is important. The current NCCN recommendation is to...