Perioperative fatigue in patients with diffuse glioma

Stine Schei, MSc, 1 Ole Solheim, MD, PhD, 2-3 Asgeir Store Jakola, MD, PhD, 2,4,5 and Lisa Millgård Sagberg, PhD, 1,3

1 Department of Public Health and Nursing, Norwegian University of Science and Technology, Trondheim, Norway
2 Department of Neuromedicine and Movement Science, Norwegian University of Science and Technology, Trondheim, Norway
3 Department of Neurosurgery, St. Olavs Hospital, Trondheim, Norway
4 Department of Neurosurgery, Sahlgrenska University Hospital, Gothenburg, Sweden
5 Institute of Neuroscience and Physiology, University of Gothenburg, Sahlgrenska Academy, Gothenburg, Sweden

Corresponding Author’s name and current institution: Stine Schei, Department of Public Health and Nursing, Norwegian University of Science and Technology, Mauritz Hansens gate 2, 7030 Trondheim
Corresponding Author’s Email: stine.schei@ntnu.no
136 patients with histopathologically verified grade II-IV glioma assessed for inclusion

24 patients without informed consent excluded (21 patients with high-grade glioma)

Unwillingness to participate, n=9
Administrative failure, n=9
Poor health condition, n=4
Did not understand the Norwegian language, n=1
Emotional causes, n=1

112 patients with informed consent filled out the EORTC-fatigue subscale at baseline

Prevalence and associated factors of preoperative fatigue were assessed in these patients

20 patients lost to follow up or missing fatigue-items excluded (17 patients with high-grade glioma)

Unwillingness to continue, n=10
Administrative failure, n=1
Poor health condition, n=4
Language problems, n=3
Missing items, n=1
Death, n=1

92 patients with pre- and postoperative EORTC-fatigue score included in the postoperative analyses

Fig. 1 Flowchart showing the inclusion process