**RESTORE**: Exploratory trial protocol of RESTORE; an online intervention to support self-management of cancer-related fatigue

**Introduction**

- The majority of cancer survivors will experience some adverse effects as a result of their cancer and its treatment.
- One of the most frequent and distressing problems described by people following cancer treatment is fatigue (Schlairet et al., 2010).
- Self-managing a long-term health condition can empower patients to act for themselves, increase confidence in their ability to manage problems associated with the disease and its treatment, and enhance quality of life (Lorig et al., 2001).
- There is no national guidance in the UK specifically for managing cancer-related fatigue after treatment. Such a lack of information and support can make managing fatigue challenging for survivors.
- Our own research indicates that a key component of self-management is the rebuilding of confidence after cancer treatment (Foster and Fenlon, 2011) and self-efficacy is amenable to change (Bandura, 1986).
- The Macmillan Survivorship Research Group has designed an online resource to enhance confidence to manage problems associated with cancer-related fatigue following primary cancer treatment. RESTORE has been created using LifeGuide software (Hare et al., 2009).

**Aims**

- Primary aim: To provide ‘proof of concept’ of an online resource to enhance confidence to self-manage problems related to cancer-related fatigue following primary cancer treatment.
- Secondary aim: examine the impact on the perception and experience of fatigue and quality of life.

**Sample**

- Cancer survivors experiencing fatigue within five years of treatment completion with curative intent. Target sample size N = 125.

**Methods**

- Two-armed (1:1) RCT comparing RESTORE with the Macmillan ‘Coping with Fatigue’ leaflet.
- RESTORE consists of five weekly sessions, components and activities informed by self-efficacy theory and principles of CBT.
- Outcome measures will be collected at baseline, 6 weeks (end of intervention) and 3 months.
- Process evaluation (telephone interviews with participants and site staff) will determine intervention acceptability.

**Future plans**

- Result expected Q1 2014.
- Results will be used to refine the intervention and support a proposal for a full-scale RCT.
- If successful, we hope to develop RESTORE for other cancer-related problems, i.e. pain, and embed the intervention in clinical practice.

**References**

Schlairet, M., Hedden, M. A. & Griffiths, M. Piloting a needs assessment to guide development of a survivorship program for a community cancer center. 2010. Onc Nurs Society, 591-596.

