

POSITION STATEMENT

MONITORING FOR THE EARLY DETECTION OF BREAST CANCER RELATED LYMPHOEDEMA

Approved by the ALA National Council October 2012

The position of the ALA

The Australasian Lymphology Association (ALA) endorses the need to monitor for the early detection of lymphoedema following breast cancer treatment. The early detection and management of sub-clinical lymphoedema may reduce the long term physical, functional and psychological effects caused by a later diagnosis and delayed management of the condition.

The ALA endorses the use of bioimpedance spectroscopy (BIS) as a validated and reliable tool to enable early detection of breast cancer related lymphoedema (BCRL) of the arm.^{1,2}

Background

This position statement has been developed by the Australasian Lymphology Association (ALA) to provide an Australasian perspective and to promote consistency in the monitoring for early detection of breast cancer related lymphoedema. The importance and benefits of early diagnosis of lymphoedema for medical practitioners is explained on the ALA website www.lymphoedema.org.au.

The ALA acknowledges the position statement of the National Lymphedema Network: "Screening and Measurement for the Early Detection of Breast Cancer Related Lymphedema" updated April 2011 www.lymphnet.org.

Monitoring of breast cancer patients for lymphoedema

An improved outcome for the quality of survival following the treatment of breast cancer requires the recognition and management of the lifelong risk of lymphoedema development.^{3,4} Early identification and management of lymphoedema results in improved outcomes and reduces the impact of the condition on the survivor's quality of life.⁵⁻⁷

The components of successful monitoring for early detection of lymphoedema should include:

- Consent for breast cancer treatment to include lymphoedema as a potential sequelae of treatment for at-risk patients.^{8,9}
- Written policies and protocols for early detection, assessment and management of lymphoedema in all breast cancer care services.
- A breast physician, breast care nurse and/or allied health professional with lymphoedema training as part of the multidisciplinary team managing breast cancer.
- Consistently applied and objective measurements, including baseline pre-treatment measurement of both arms.

Guidelines to achieve early detection of BCRL

- All persons undergoing treatment for breast cancer should be made aware of their risk of lymphoedema and be provided with evidence based best practice risk reduction education and guidelines and local lymphoedema service information.^{8,9} This information should also be available at subsequent reviews.^{10,11}
- All persons diagnosed with breast cancer should have pre-treatment measurements recorded and should have similar measurements repeated at 3 to 6 monthly intervals for

the first 2 years post treatment.¹¹ Both arms should be measured to reduce standard measurement error.¹

- Patient reports of symptoms such as heaviness, tightness, swelling, and/or aching in the at-risk arm should be assessed and recorded at each review.¹⁰
- Examination of the limbs should occur at each review, and include testing for pitting using timed pressure.
- Adjuvant therapy, such as chemotherapy and radiotherapy should be considered in interpreting changes.

Criteria for early diagnosis of BCRL

- Bioimpedance spectroscopy: L-Dex[®] values that are above the normal range of 10 units, or have changed +10 L-Dex[®] units from baseline, or are showing an upward trend over time.
- Sustained +5% increase in volume of the at-risk arm compared to the non-affected arm calculated by circumferential measurement (see ALA Guidelines for Circumferential Measurement at www.lymphoedema.org.au) or perometry.¹²

Referral for treatment

When the above criteria are met, there should be a documented management plan developed which is understood and accepted by each patient, and identifies intervention options including referral for lymphoedema treatment.⁹ Referral should be made to a lymphoedema practitioner eligible for inclusion in the National Lymphoedema Practitioners Register (NLPR). NLPR practitioners fulfil the accreditation and registration requirements of the ALA, including 135 hours of specialised training in lymphoedema management (as recognised by the ALA Training Guidelines), and participation in continuing professional development.

References

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