Lymphedema Assessment

Definition and Requirements

The NAPBC-accredited program must develop and implement a protocol to assess lymphedema in patients with breast cancer receiving treatment at the NAPBC-accredited program. Patients exposed to any level of lymph node removal (including sentinel lymph node biopsy [SLNB]) must undergo this assessment, and the assessment must be considered for patients exposed to radiation therapy with no node removal. The lymphedema assessment may be performed by any member of the patient care team, including, but not limited to, medical assistants, physical therapists, occupational therapists, nurses, advanced practice providers, and physicians. The timing of the lymphedema assessment during treatment is at the discretion of the NAPBC-accredited program.

The protocol for lymphedema assessment must include the following elements:

- Timing of the lymphedema assessment during treatment, including a baseline assessment before treatment
- The method of lymphedema assessment utilized to assess patients with breast cancer who have been exposed to lymph node removal and/or radiation therapy
- Appropriate referrals to physical or occupational therapy, including testing thresholds that will initiate referrals to physical or occupational therapy

Examples of lymphedema assessments that meet compliance with this standard include, but are not limited to:

- Objective testing
    - Bioelectrical impedance spectroscopy
    - Circumferential measurements of the affected and unaffected limb at 4 locations identified by bony landmarks (for example, just above ulnar styloid, 2 cm below olecranon process, 2 cm above the lateral epicondyle of the humerus, 2 cm below the acromion process)
- Patient surveys
    - Norman Lymphedema Survey
    - Lymphedema and Breast Cancer Survey

If a patient had a lymphedema assessment within six months of diagnosis of breast cancer, the assessment does not need to be repeated by the NAPBC-accredited program.

If circumferential measurements are used, it is recommended that serial measurements are taken for patients at high risk of lymphedema (for example, patients with axillary lymph node dissection).

Evaluation by the BPLC

Each accreditation cycle, the Breast Program Leadership Committee (BPLC) must review and assess the following:

- The protocol for lymphedema assessment

The BPLC evaluation and discussion must be documented in the BPLC meeting minutes.

Documentation

Submitted with Pre-Review Questionnaire

- Required protocol

Documentation uploaded into the Pre-Review Questionnaire must have all protected health information removed.

It is expected that programs follow local, state, and federal requirements related to patient privacy, risk management, and peer review for all standards of accreditation. These requirements vary state-to-state.

Measure of Compliance

The NAPBC-accredited program fulfills all compliance criteria:

- A protocol is developed and implemented to address lymphedema assessment and appropriate referrals to physical therapy for patients undergoing any type of lymph node removal and/or radiation therapy for breast cancer.

Bibliography

DiSipio T, Rye S, Newman B, Hayes S. Incidence of unilateral arm lymphoedema after breast cancer: a systematic review and meta-analysis. Lancet Oncol. 2013;14(6):500–515.

Gillespie TC, Sayegh HE, Brunelle CL, Daniell KM, Taghian AG. Breast cancer-related lymphedema: risk factors, precautionary measures, and treatments. Gland Surg. 2018;7(4):379–403.

Ribeiro Pereira ACP, Koifman RJ, Bergmann A. Incidence and risk factors of lymphedema after breast cancer treatment: 10 years of follow-up. Breast. 2017;36:67–73.

Ahmed RL, Prizment A, Lazovich D, Schmitz KH, Folsom AR. Lymphedema and quality of life in breast cancer survivors: the Iowa Women's Health Study. J Clin Oncol. 2008;26(35):5689–5696.

Jørgensen MG, Toyserkani NM, Hansen FG, Bygum A, Sørensen JA. The impact of lymphedema on health-related quality of life up to 10 years after breast cancer treatment. NPJ Breast Cancer. 2021;7:70.

Koelmeyer LA, Gaitatzis K, Dietrich MS, Shah CS, Boyages J, McLaughlin SA, Taback B, Stolldorf DP, Elder E, Hughes TM, French JR, Ngui N, Hsu JM, Moore A, Ridner SH. Risk factors for breast cancer-related lymphedema in patients undergoing 3 years of prospective surveillance with intervention. Cancer. 2022;128(18):3408–3415.

Rafn BS, Christensen J, Larsen A, Bloomquist K. Prospective surveillance for breast cancer-related arm lymphedema: a systematic review and meta-analysis. J Clin Oncol. 2022;40(11):1009–1026.

Shah C, Arthur DW, Wazer D, Khan A, Ridner S, Vicini F. The impact of early detection and intervention of breast cancer-related lymphedema: a systematic review. Cancer Med. 2016;5(6):1154–1162.

McLaughlin SA, Stout NL, Schaverien MV. Avoiding the swell: advances in lymphedema prevention, detection, and management. Am Soc Clin Oncol Educ Book. 2020;40:1–10.

Norman SA, Miller LT, Erikson HB, Norman MF, McCorkle R. Development and validation of a telephone questionnaire to characterize lymphedema in women treated for breast cancer. Physical Therapy. 2001;81(6):1192–1205.

Armer JM, Radina ME, Porock D, Culbertson SD. Predicting breast cancer-related lymphedema using self-reported symptoms. Nursing Research. 2003;52(6):370–379. doi:10.1097/00006199-200311000-00004