

Lymphedema

Clinical summary of the ONS Guidelines™ for cancer treatment–related lymphedema

Chelsea Backler, MSN, APRN, AGCNS-BC, AOCNS®, Marcia Beck, MSN, ACNS-BC, CLT-LANA®, and Ellen Poage, FNP-C, MPH, CLT-LANA®

Secondary (acquired) lymphedema is a chronic condition lacking a known cure that most commonly results from cancer treatment, particularly for breast, gynecologic, prostate, and head and neck cancers; lymphoma; and melanoma, and affects an estimated 1 in 1,000 Americans. Lymphedema is characterized by an accumulation of protein-rich lymphatic fluid in the affected part of the body. It can potentially affect functioning, family roles and relationships, occupational roles, and productivity. The majority of strategies to prevent and manage lymphedema are nonpharmacologic, used alone or in combination with one another.

THIS DOCUMENT ACTS AS THE CLINICAL SUMMARY component of the ONS Guidelines™ for the management of cancer treatment–related lymphedema (Armer et al., 2020), developed by an interprofessional panel of oncology healthcare professionals after a rigorous systematic review of high-quality randomized clinical trials. The guideline provides recommendations to guide patients and practitioners in selecting evidence-based approaches for the management of lymphedema. The GRADE (Grading of Recommendations, Assessment, Development, and Evaluation) approach was used to assess the certainty of the evidence and make recommendations presented in this clinical summary (see Table 1).

Guideline Questions and Target Audience

What are the conservative (nonsurgical) interventions to identify lymphedema at an early stage, minimize the risk of progression to later stages, and treat lymphedema once present? The questions for this guideline fall into three main categories: prospective surveillance, risk reduction (risk of progression to later stages of lymphedema), and management. The target audience for this guideline are clinicians who care for individuals at risk for or diagnosed with lymphedema, policymakers, and patients and their caregivers.

How the Guideline Was Developed

This guideline was developed by an interprofessional panel of healthcare professionals, a methods expert, and a patient representative. The panel prioritized clinical questions related to secondary lymphedema and patient outcomes identified as critical for decision making. A systematic review and network meta-analysis of the literature was conducted to inform the clinical questions. The GRADE approach was used to assess the certainty of the evidence and provide a foundation for recommendations (Guyatt et al., 2011).

Why the Guideline Matters

Secondary lymphedema is associated with surgery and radiation therapy across a wide spectrum of cancer diagnoses. Breast cancer has the greatest prevalence, with an estimated 10%–40% of patients developing lymphedema. About 280,000 new breast cancer cases are predicted in 2020, which could result in thousands of patients diagnosed with lymphedema (American Cancer Society, 2020; Armer & Stewart, 2010).

KEYWORDS

lymphedema; evidence-based practice; exercise; prospective surveillance

DIGITAL OBJECT IDENTIFIER

10.1188/20.CJON.566-570