

Literature Review of Causative and Non-causative **Risk Factors for Breast Cancer-Related Lymphedema** M Ahluwalia, C Chabot, J Diggins, V Dwyer, M McGuire, L Tiberi, and A Litterini

Introduction

- Secondary lymphedema is a concern for both cancer survivors and their providers
- Risk factors associated with breast cancer-related lymphedema (BCRL) have become controversial due to conflicting guidelines and evidence
- The purpose of this literature review was to outline the most recent evidence-based causative and non-causative factors associated with BCRL to establish a knowledge base for clinicians to better understand, diagnose, and educate patients.

Methods

- An extensive literature review of forty-two studies published from 2009-2019 of BCRL risk factors was conducted via referencing online databases.
- Due to lack of new evidence, seminal articles published prior to 2009 were referenced.
- An annotated bibliography was created trichotomizing each risk factor as causative, **non-causative**, or **insufficient evidence** to support recommendation.

Axillary Surgery

- compared to ALND¹
- **Elevated BMI**
- Cellulitis
- further infections¹
- likley to develop BCRL¹
- reconstruction¹
- SLNB surgery¹

Extreme Temp

- Sunburns incre • No eviden prevent in
- Saunas increas affected limb⁴,
- Hot tubs not co
- Hot tubs and S sanitized
- Limb Positioni
- Limb elevation management⁶
- Prolonged sitti and interstitial
- Crossing the led venous pressur



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Causative Risk

• Axillary Lymph Node Dissection (ALND) has increased risk with number of lymph nodes removed¹⁻³ • Sentinel Lymph Node Biopsy (SLNB) has decreased risk

• BMI of $\geq 25 \text{ kg/m}^2$ poses risk for BCRL^{1,4-6}

• Cellulitis increases BCRL and BCRL increases risk for

Lack of Breast Reconstruction Surgery

• Patients who did not undergo reconstruction were more

Timing of Breast Reconstruction Surgery

• Delayed increases risk compared to immediate

Regional Lymph Node Radiation (RLNR) Risk increases when RLNR is combined with ALND or

Insufficient Ev	
perature Exposure ease risk for BCRL ^{6,28} ice on the effectiveness of sunscreen use to inflammation ⁶ se risk when skin damage is present on the 13	 Nee Hc Blo mi Dia Mi
considered to affect risk of BCRL ^{4,6} Saunas pose potential risk if not properly ing	Wei • We
n is not sufficient for lymphedema	• In mo
ing and standing increases venous pressure I fluid ⁶ egs decreases venous return thus increasing Ire ⁶	Adj • M w

Non-Causative Risk

Air Travel

• No significant increased risk in patients who underwent: unilateral breast cancer surgery,^{1,4,10,12-15} bilateral breast cancer surgery,^{1,4,10,12,13} or ALND^{1,4,5,10,11,13}

• No risk for increase in arm volume with altitude, number and duration of flights^{4,12}

• Further research needed regarding use of compression garments in flight

Blood Pressure Measurement

 No increased risk of BCRL for unilateral or bilateral breast cancer surgery and ALND^{1,3,4,12-14,16,17}

Weight Training

• No increased risk with safe performance of resistance exercise during and following breast cancer treatment¹⁹ **Insect Bites**

No research supporting insect bites as a causative factor

vidence

edle Sticks

ospital skin puncture/venipuncture inconclusive^{13,31} lood draws and intravenous infusions are associated with inimal risk^{12,32}

iabetes finger stick and vaccinations are causative^{27,29} inimal risk with needle sticks in the ipsilateral arm

Increased risk if radical mastectomy performed prior

to the needle stick^{4,6,13,27-30}

eight Loss

leight loss due to dietary advice reduced BCRL²⁴ ncreased risk if post-operative gain or loss of >10# per ionth²⁵

juvant and Neoadjuvant Chemotherapy

lore research needed to determine the risk associated vith adjuvant and neoadjuvant chemotherapy¹⁻³





Conclusion

- These findings, in conjunction with patient-specific medical advice, may improve risk-reduction practices for breast cancer survivors.
- This information is intended for the development of both continuing education within the MaineHealth Breast Work Group and for evidence-based patient education tools for BCRL risk reduction practices.

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References



