

Title	Treatment of cancer-related Secondary Lymphedema
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Reference	ETMIS 2011; Vol. 7: NO 3 Printed French edition 978-2-550-61841-6, English summary (PDF)978-2-550-61840-9 http://www.inesss.qc.ca/fileadmin/doc/AETMIS/Rapports/Cancer/ETMIS2011_Vol7_No3.pdf http://www.inesss.qc.ca/fileadmin/doc/AETMIS/Rapports/Cancer/INESSS_Summary_lymphoedeme_EN.pdf

Aim

At the request of the Direction de la lutte contre le cancer (DLCC), AETMIS (now INESSS) conducted a systematic literature review on the best management of cancer-related secondary lymphedema. This document addresses mainly the efficacy of the different therapeutic procedures. It also presents an exploratory study of the costs associated with the clinical management of secondary lymphedema.

Conclusions and results

There are several physical, surgical and pharmacological treatment options aimed at halting the progression of the disease, reducing edema volume, limiting its complications and improving quality of life. Among the various treatments examined, the evidence analyzed converges on the efficacy of multi-layered low-stretch compression bandages for reducing edema volume during the intensive phase of treatment. Manual lymphatic drainage may be less effective for reducing edema volume but may have a beneficial effect by improving patients' quality of life. Wearing compression garments on a long-term basis appears essential for maintaining the volume losses achieved during the intensive phase. The approach must be personalized to patients' needs.

Recommendations

In light of these considerations, AETMIS (INESSS) recommended the following:

1. All patients with or at risk for cancer-related secondary lymphedema should be properly

informed. An initial mode of information should be established before any cancer procedure and repeated upon hospital discharge.

2. All health professionals involved in managing patients at risk for cancer-related secondary lymphedema should be given complete information on diagnosis, prevention and the various therapeutic options available, and they should be able to refer these patients to the appropriate resources when necessary.

3. Providers of physiotherapy, massage therapy and any other applicable therapy should be duly trained in manual lymphatic drainage techniques specific to lymphedema treatment (Vodder or Leduc technique, etc.) and in techniques for applying multi-layered low-stretch compression bandages.

4. A committee of expert clinicians should be formed to establish the best lymphedema management practices for Québec and to develop a program offering a continuum of integrated follow-up care and including the designation or establishment of service points accessible in all the regions of Québec.

5. The ministère de la Santé et des Services sociaux, acting through the Direction québécoise du cancer (formerly Direction de la lutte contre le cancer), should examine modalities for the public health insurance plan to cover the costs associated with the different treatment phases of cancer-related secondary lymphedema.

Methods

Various search strategies were used in MEDLINE, The Cochrane Library, EMBASE, Web of Science (1998–2010) and the INAHTA database to identify systematic reviews, health technology assessment reports, guidelines and primary studies on the efficacy of treatments for cancer-related secondary lymphedema. The randomized controlled trials were specifically analyzed by means of an evaluation checklist measuring their methodological quality and bias risks.

Further research/reviews required

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