THE DEVELOPMENT OF BREAST-CANCER RELATED LYMPHEDEMA AFTER MASTECTOMY IN A RURAL POPULATION: A SINGLE-INSTITUTION EXPERIENCE

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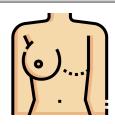


Background:

- 1 in 5 patients develop breast-cancer related lymphedema (BCRL)
- National studies found increased risk with:
 - Older age
 - Obesity
 - Axillary lymph node dissection (ALND)
 - Chemotherapy
 - Radiation therapy
 - Postoperative complications
- No studies in rural population

Purpose:

 Are the risks the same for rural patients?



Methods:

- Retrospective review 2017-2021
- Prospectively enrolled tumor registry
- Single institution
- Largely rural population
- Diagnosed by surgeon during follow-up

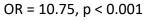
Demographics:

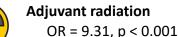
- 475 patients
- 97.2% female
- Average age of diagnosis 59.3 years
- Average BMI 29.1 kg/m²
- Average follow-up of 23.9 months
- 40 (8.4%) patients diagnosed with BCRL



Significantly increased odds:

Tumor involved lymph nodes







ALND

OR = 6.41, p < 0.001



Adjuvant chemotherapy

OR = 4.05, p < 0.001



Adjuvant endocrine therapy

OR = 2.64, p = 0.048

REP.

Significantly decreased odds:

Breast reconstruction

OR = 0.43, p = 0.016

Limitations:

- Single medical center
- Retrospective
- Small sample size
- · Diagnosed by surgeon at follow-up

No significant association:

- Age at diagnosis
- BMI
- Diabetes
- Tobacco use
- · Cancer type
- · Neoadjuvant therapy
- Tumor hormone receptor status
- Postoperative complications
- Insurance type
- Family history of breast cancer
- Gender
- Unilateral or bilateral mastectomy

Conclusions:

- Most risk factors are the same as previous literature.
- Many non-treatment related factors not significant in rural population.
- Highest increased odds with tumor involved lymph nodes.
- Protective effect of breast reconstruction.