

CFAHR Evidence Brief

Risk factors and incidence for lower limb lymphoedema following endometrial cancer

Authors and Affiliations

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Alignment with [Metro South Health Research Strategy 2019 - 2024](#)

- Build research capability
- Increase research capacity
- Embed research in clinical services
- Translate research to better health
- Research excellence

Alignment with [Allied Health Research Capability & Development Strategy 2017 - 2020](#)

- Engage staff as research consumers
- Enable staff as research generators
- Build research-enabling infrastructure and strategic processes
- Strengthen leadership in research and innovation
- Enhance internal research collaboration and synergy
- Strengthen partnerships with consumers and external stakeholders

Alignment with [Allied Health Research Capability & Development Strategy 2017 - 2020](#)

- Standard 1 – Clinical Governance
- Standard 2 – Partnering with consumers
- Standard 3 – Preventing and controlling healthcare-associated infection
- Standard 4 – Medication safety
- Standard 5 – Comprehensive care
- Standard 6 – Communicating for safety
- Standard 7 – Blood management
- Standard 8 – Recognising and responding to acute deterioration

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Practice Issue

Evidence on the incidence and risk factors for lower limb lymphoedema associated with endometrial cancer is limited. Our objective was to use data from a prospective, longitudinal gynaecological cancer cohort study to determine lower limb lymphoedema incidence up to 24 months post-diagnosis of endometrial cancer and to explore the relationship between personal and treatment-related factors and risk of developing lower limb lymphoedema.

Evidence

Incidence of lower limb lymphoedema at 24 months post-diagnosis was 33% and 45% according to bioimpedance spectroscopy (BIS) and self-reported leg swelling (SRLS), respectively. When analyses were restricted to obese women, incidence at 24 months post-diagnosis increased to 67% (BIS) and 54% (SRLS). Following adjusted analyses, higher body mass index was associated with higher odds of baseline lymphoedema and lower limb lymphoedema incidence by 24 months post-diagnosis. According to SRLS, presence of comorbidities was also associated with baseline lymphoedema, and more extensive lymph node dissection and receipt of chemotherapy were identified as risk factors for lymphoedema incidence.

Practice Change

These findings suggest that lower limb lymphoedema following endometrial cancer is common, particularly in women with high body mass index, or comorbidities, and those requiring more extensive lymph node dissection or chemotherapy. When assessing lymphoedema, researchers and clinicians should consider the need for comprehensive objective- and self-report assessment and should account for the role of body mass index as a risk factor for lymphoedema.

Publication/s

Pigott, A., Obermair, A., Janda, M., Vagenas, D., Ward, L.C., Reul-Hirche, H., & Hayes, S.C. (2020) Incidence and risk factors for lower limb lymphoedema associated with endometrial cancer: Results from a prospective, longitudinal cohort study. *Gynecologic oncology*. DOI: 10.1016/j.ygyno.2020.04.702

Adapted from Tilley Pain (Townsville HHS)

Based on the Australian Healthcare and Hospitals Association's Health Policy Evidence Brief

Metro South Health Research Strategy 2019 – 2024 https://gheps.health.qld.gov.au/_data/assets/pdf_file/0012/2325000/research-strategy.pdf

Allied Health Research Capability & Development Strategy 2017 – 2020 <https://metrosouth.health.qld.gov.au/sites/default/files/allied-health-research-strategy.pdf>

National Safety and Quality Health Service Standards <https://www.safetyandquality.gov.au/sites/default/files/migrated/Overview-of-the-NSQHS-Standards-second-edition.pdf>