

CAN SUBJECTIVE MEASUREMENTS PREDICT LYMPHEDEMA?

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We determine if subjective answers provided by patients and/or their physical therapists can predict the presence of lymphedema, defined as the affected arm being 10% greater in volume compared to the healthy arm. There were 38 patients with lymphedema and 38 without. Patients rated pain 0-10 and 8 other symptoms as being present or absent. Physical therapists were asked questions about location, appearance, and strength. Pain scores ranged from 0 to 8, with 49 patients answering 0, and were not significantly associated with lymphedema ($p=0.14$). Other symptoms were not frequently reported and were not significant; their sum was also not significant. The only symptom near significance was tightness: all 5 patients who reported tightness had lymphedema ($p=0.054$). In contrast, 4 subjective observations of therapists were significantly associated with lymphedema ($p<0.05$), and 3 others had some association ($p<0.10$). For example, if the location was near the center, 24% of the patients had lymphedema versus 65% if not ($p=0.0005$). We conclude that most subjective questions asked of the patient about pain or other symptoms are not predictive of lymphedema, except that a report of tightness should lead to further testing. In contrast, several variables that the therapist subjectively reports can result in a better determination of lymphedema. However these subjective variables do not rule out the need for more intensive measurements of the healthy and affected arm.