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University

Vacation Scholarship Presentation

Raychel Barallon (BioMed 2nd year)
-Women's Health Department-

Women's Health department

- A busy and productive department with various projects important to public health
- Many publications
- The 'BUPA Health and Wellbeing After Breast Cancer Study' is the project that I worked on



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BUPA Health and Wellbeing after Breast Cancer Study

- In operation since 2004
- Longitudinal prospective study
- Participants are women who were newly diagnosed with breast cancer in Victoria at the time of recruitment
- 1683 fit the criteria
- One enrolment questionnaire and five follow- up questionnaires (FQs)
- Various questions regarding health & wellbeing asked in each questionnaire

Lymphoedema

- A condition in which there is an imbalance between the production and drainage of lymph fluid in an area causing swelling in that region.
- Work done in the breast/axilla and surrounding lymph nodes can cause complications like lymphoedema



- Questionnaires contain questions regarding the development of lymphoedema

Review and previous studies

- Lymphoedema in breast cancer survivors is a real problem
- According to the National Breast and Ovarian Cancer Centre (NBOCC) Review the average incidence of lymphoedema in newly diagnosed women is 20%
- 70-80% of women with long-term lymphoedema would have developed it in the first year after BC treatment

Data collection

- The development of lymphoedema was investigated in the participants up to four years post-diagnosis
- This long time period allowed the pattern of incidence to be explored
- Pathological info collected from VCR
- EQ contained info on initial treatment
- FQs contained a whole range of questions regarding lymphoedema

Data analysis

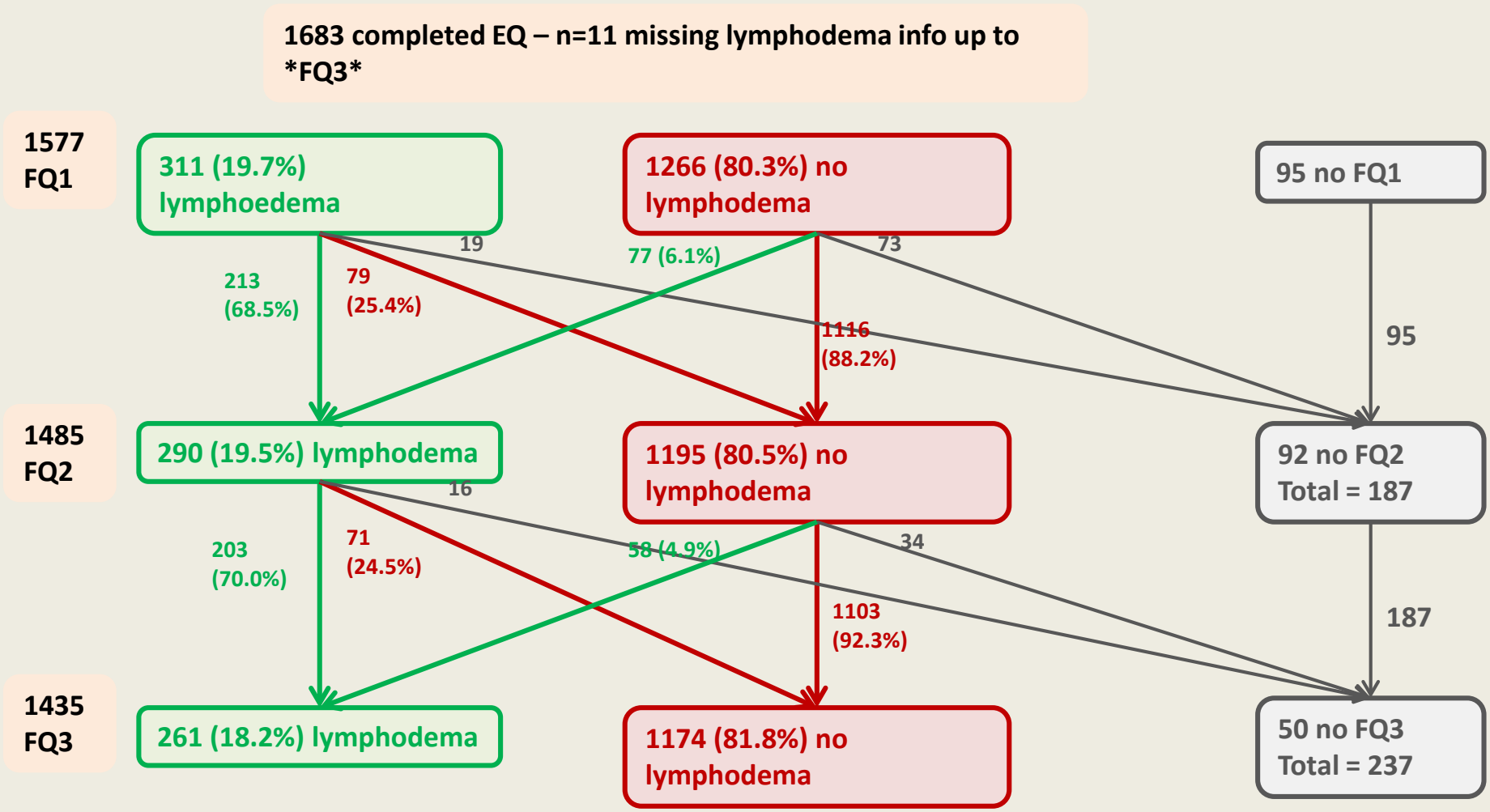
- Performed through the excessive use of SPSS and excessive consumption of time !!!!!!!
- Penny Robinson the Biostatistician in the Women's Health Dept allowed me insight into how data analysis is done through the dissection of the lymphoedema data

Results- Prevalence

Prevalence of lymphoedema at:

- FQ1 (2 yrs post diagnosis) = 19.7%
- FQ2 (3 yrs post diagnosis) = 19.5%
- FQ3 (4 yrs post diagnosis) = 18.2%

19.7% value close to that suggested in NBOCC review (20%)



The dynamic nature of the development of lymphoedema

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Results- movement between groups

- From FQ1 to FQ2 → ONLY 2 of 77 women who moved from the no lymphoedema to the lymphoedema category reported new active disease
- From FQ2 to FQ3 → ONLY 2 of 58 women who moved from the no lymphoedema to the lymphoedema category reported new active disease
- The recurrence of disease would be thought to explain the movement but this was not the case

Results- r/ship b/w nodes removed and lymphoedema

- The relationship between the number of lymph nodes removed and lymphoedema was not a straight-forward one
- Clinically, a high number of nodes removed should indicate that an axillary clearance has been performed
- No easy correlation between high numbers of nodes removed, axillary clearance and the development of lymphoedema

Results- botheredness

Degree of "botheredness" reported by women with lymphoedema at FQ1, FQ2, FQ3

DEGREE OF BOTHER FROM LYMPHOEDEMA	Moderate or severe	Minimal	Total
FQ1	82 (26%)	229 (74%)	311
FQ2	79 (27%)	211 (73%)	290
FQ3	73 (28%)	188 (72%)	261

Advantages of study

- Large and representative
- Continual tracking of lymphoedema status over the four years rather than just an initial questioning of the presence of lymphoedema

Disadvantages of study

- Self-reporting was used as the means to determine whether the participants had lymphoedema or not
- However there is no general consensus in other and previous lymphoedema studies as to how it should be measured/gauged and self-reporting has been found to be a sensitive measure of the impact of lymphoedema

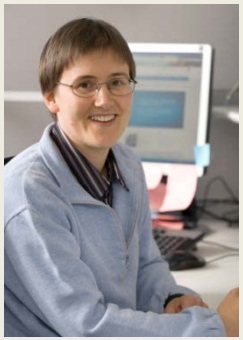
What's next?

- The health care system should take on board the news that the development of lymphoedema in breast cancer survivors is a dynamic process
- Health care providers should look into informing patients properly on the surgery and treatment performed on them

Thanks to……



- Professor Robin Bell



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