



Submitted by: Sheila H. Ridner, PhD, RN, FAAN

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Date of Request: October 31, 2018

NCCN Guidelines® Panel: Survivorship

On behalf of Vanderbilt University School of Nursing, I respectfully request the NCCN Survivorship Guideline Panel to review the enclosed data to support the request to specify the frequency of lymphedema assessment in cancer patients at risk for lymphedema.

Specific Changes: Request to modify SLYMPH-3 from "Inquire at each visit about:" to "Assess for signs of post-treatment lymphedema at intervals of every 3 months for the first three years, every 6 months for years 4 and 5 and annually thereafter."

FDA Status: N/A – no technology or drug included in this application

Rationale: A recent publication from a multisite (e.g. Vanderbilt University, MD Anderson, Mayo Clinic and University of Kansas Cancer Center), randomized controlled trial led by Vanderbilt University School of Nursing, showed that frequent monitoring of patients, at least every 3 months, especially in the first year following treatment is required and a second recent study by McDuff et al (Massachusetts General Hospital) demonstrated that in their cohort of 2,171 women the greatest risk was within the first 3 years following surgery but for patients with sentinel lymph node biopsy and regional lymph node radiation the risk peaked between 36 and 48 months.

Citation of Articles: The following articles are submitted in support of this proposed change.

1. Ridner, S.H., et al., A Prospective Study of L-Dex Values in Breast Cancer Patients Pretreatment and Through 12 Months Postoperatively. *Lymphat Res Biol*, 2018.
2. McDuff, S.G.R., et al., Timing of Lymphedema Following Treatment for Breast Cancer: When Are Patients Most At-Risk? *Int J Radiat Oncol Biol Phys*, 2018.

Sincerely,

A handwritten signature in cursive script that reads "Sheila H. Ridner".

Enclosures:
Referenced literature