

A Multi-hospital Network Analysis Of Long-term Outcomes And Predictors Of Lymphedema Following Immediate Lymphatic Reconstruction And Axillary Lymph Node

Abbas M. Hassan, MD PhD; John P. Hajj, BS; John P. Lewis, BS; Shahnur Ahmed, MD; Carla S. Fisher, MD, MBA; Kandice K. Ludwig, MD; Rachel M. Danforth, MD; R Jason VonDerHaar, MD; Ravinder Bamba, MD; Mary E. Lester, MD; Aladdin H. Hassanein, MD, MMSc
Division of Plastic Surgery, Indiana University School of Medicine, Indianapolis, Ind.



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

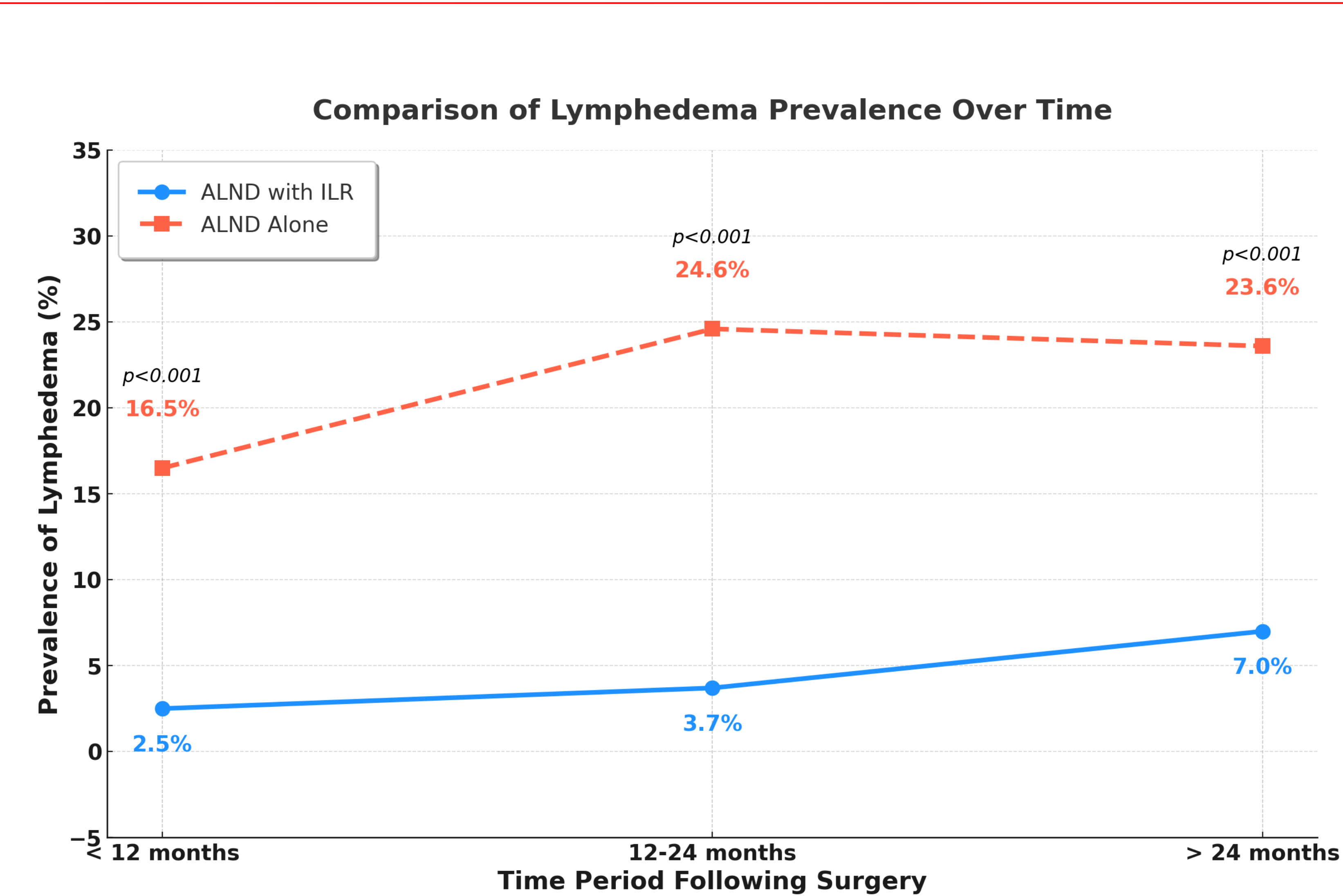
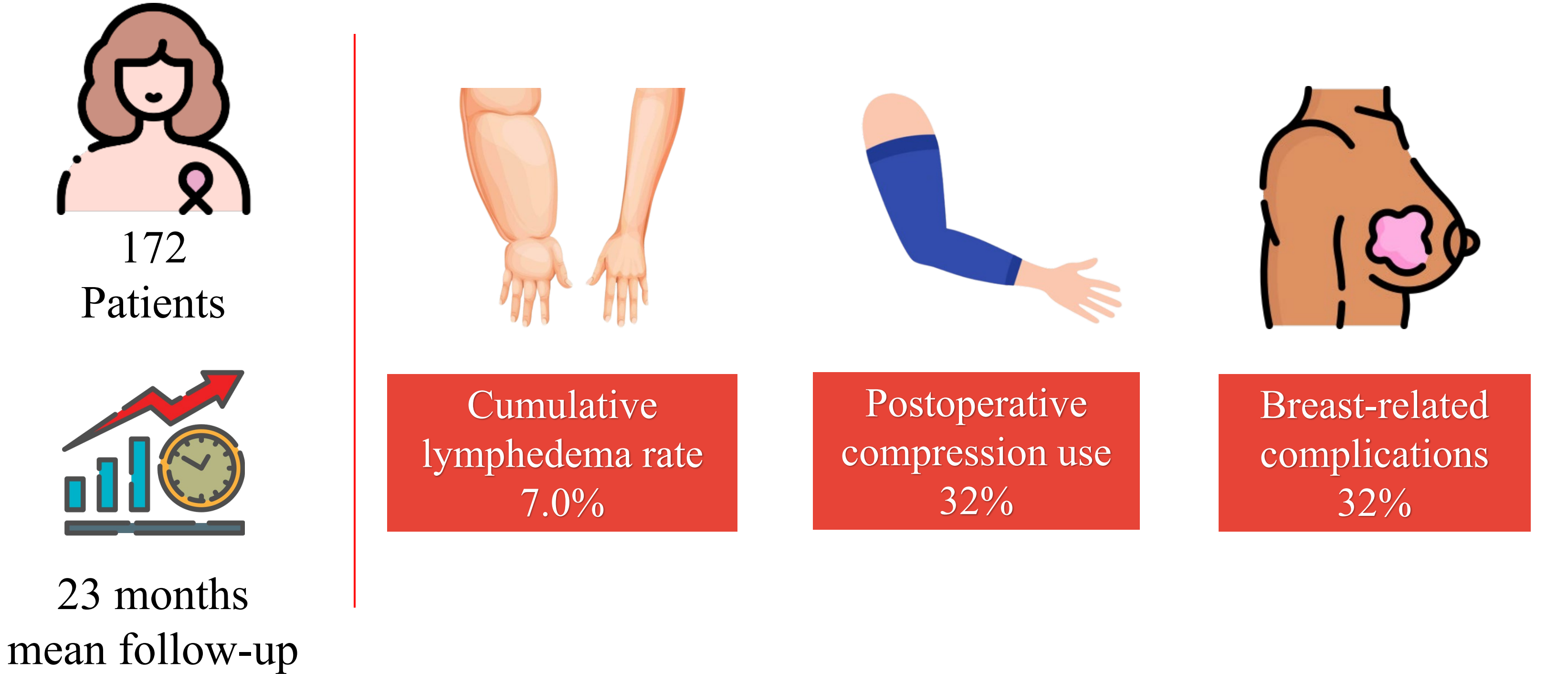
BACKGROUND

- ❑ Breast cancer-related lymphedema (BCRL) is a significant complication affecting quality of life after axillary lymph node dissection (ALND)
- ❑ Lymphatic Reconstruction (ILR) is a prophylactic intervention performed with ALND to potentially reduce BCRL incidence
- ❑ Long-term outcomes and predictors of BCRL after ILR are not fully understood

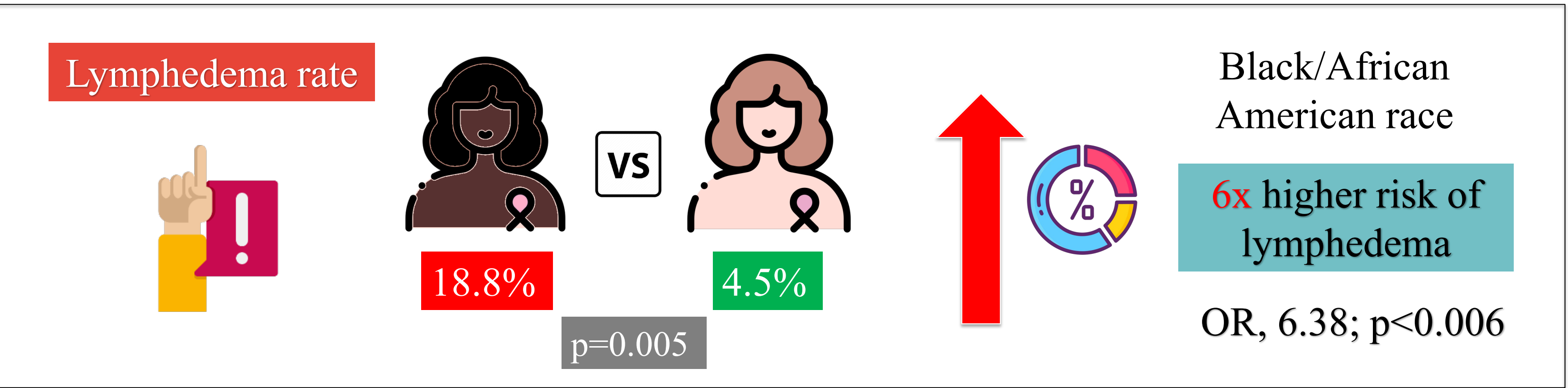
METHODS

- ❑ **Design:** Retrospective cohort study (2017-2024)
- ❑ **Participants:** ILR following ALND patients in a university hospital network.
- ❑ **Primary Outcome:** BCRL prevalence, defined as ≥ 2 cm limb difference at two contiguous points
- ❑ **Secondary Outcomes:** Patient-reported outcomes, complication rates and reoperation

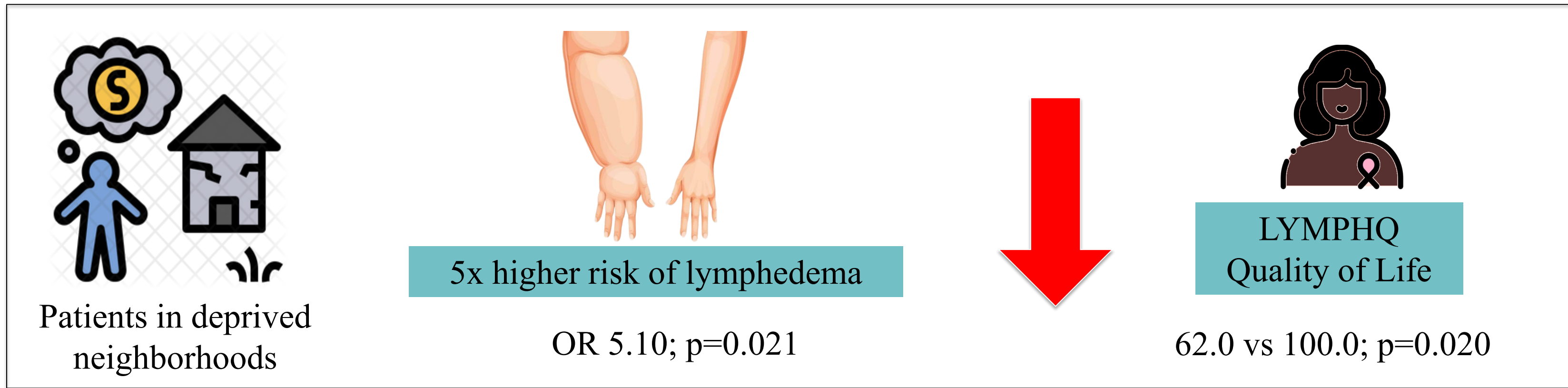
RESULTS



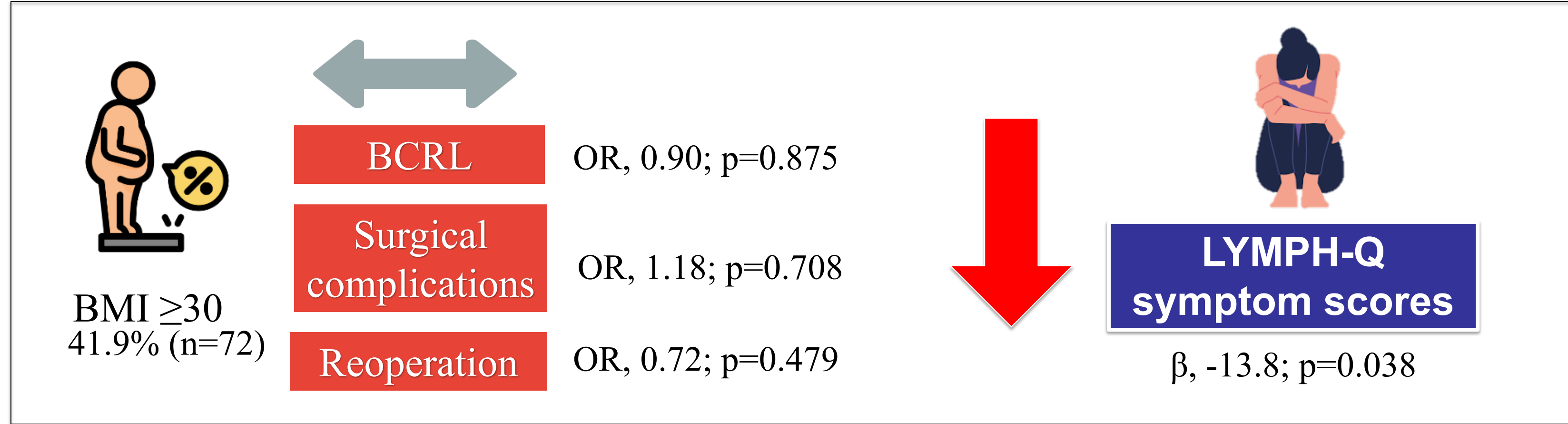
Racial composition



Area Deprivation Index



Obesity



CONCLUSION

- ❑ ILR following ALND demonstrated low BCRL rates compared with ALND alone
- ❑ Black/African American patients have higher risk of BCRL
- ❑ Neighborhood disadvantage increases BCRL risk and is associated with worse patient-reported functional outcomes among Black/African American patients
- ❑ ILR mitigated the risk of BCRL associated with obesity but remained associated with significantly worse patient-reported symptom burden

REFERENCES

