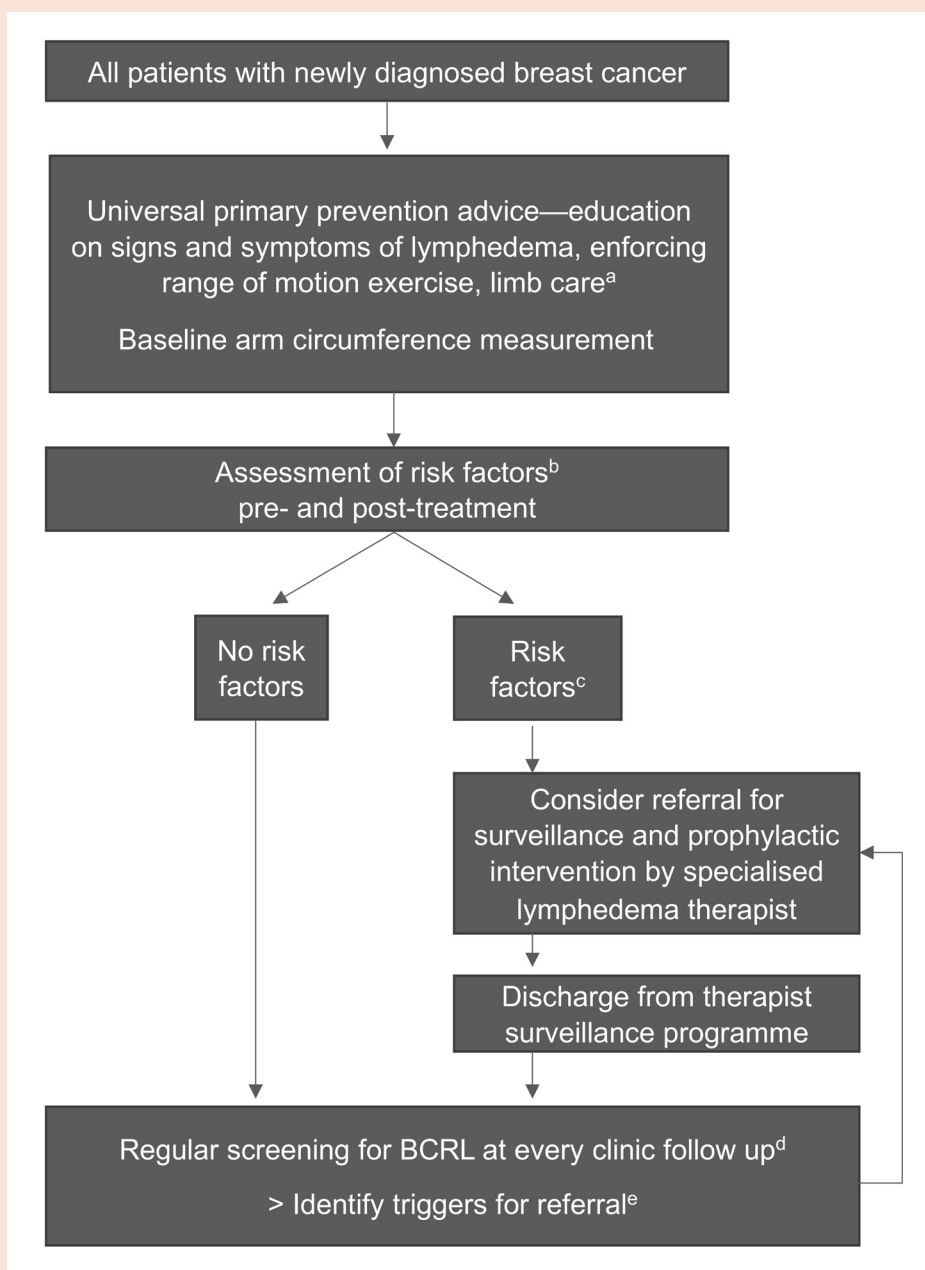


Fig. 1. Our surveillance strategy for breast cancer related lymphedema (BCRL).



^a Universal primary prevention advice:

- 1) Maintain a healthy weight
- 2) Avoid trauma/injury to at-risk limb if possible. However, isolated blood pressure measurement, venipuncture and peripheral intravenous line placement in the ipsilateral arm not affected by lymphedema has not been shown to affect the occurrence of lymphedema
- 3) Regular surveillance of signs and symptoms of BCRL

^b Risk factors:

- 1) Elevated body mass index (BMI ≥ 25)
- 2) Higher pathological stage ($\geq T3$ or $\geq N1$)
- 3) History of axillary clearance
- 4) Chemotherapy

^c Screening for lymphedema signs and symptoms (PESTS):

- 1) Pain
- 2) Elevate the arm (check for fatigue, weakness, restricted range of motion)
- 3) Swelling
- 4) Tightness and altered sensation (including heaviness, numbness)
- 5) Skin changes (including thickening, signs of infection)

^d Screening for confounding conditions:

- 1) Musculoskeletal conditions (e.g. frozen shoulder/osteoarthritis/fracture/carpal tunnel syndrome/others)
- 2) Neurological conditions (e.g. stroke/dystonia/cervical spondylosis/others)
- 3) Fluid retention/third spacing from organ failure
- 4) Vascular causes (e.g. deep vein thrombosis/central vein stenosis/arteriovenous fistula)
- 5) Other treatment associated morbidities
 - a) Chemotherapy-induced peripheral neuropathy (CIPN)
 - b) Aromatase inhibitor-induced musculoskeletal syndrome (AIMS)
 - c) Radiation fibrosis
 - d) Axillary web syndrome/cording/post mastectomy pain syndrome

^e Triggers for referrals to lymphedema therapist:

- 1) Symptomatic without other attributable medical causes
- 2) Number of limb infections ≥ 1 per year
- 3) Arm circumferential measurement difference ≥ 2 cm