

# Lymphoedema prevention in breast cancer

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|--------------------------|-----------------------------|--|
| <b>Submission date</b>   | <b>Recruitment status</b>   | <input type="checkbox"/> Prospectively registered    |
| 24/09/2008               | No longer recruiting        | <input type="checkbox"/> Protocol                    |
| <b>Registration date</b> | <b>Overall study status</b> | <input type="checkbox"/> Statistical analysis plan   |
| 08/10/2008               | Completed                   | <input checked="" type="checkbox"/> Results          |
| <b>Last Edited</b>       | <b>Condition category</b>   | <input type="checkbox"/> Individual participant data |
| 15/09/2015               | Cancer                      |  |

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### Protocol serial number

ID1124

## Study information

### Scientific Title

Lymphoedema prevention in breast cancer: a simple blind, randomised, prospective clinical trial of the efficacy of early physical therapy

### Study objectives

Physical therapy could be an effective measure to prevent lymphoedema in patients undergoing breast cancer surgery including axillary lymph-node dissection.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Principe de Asturias Hospital's Human Research Ethics Committee approved the study in February 2005

**Study design**

Prospective randomised single-centre controlled single-blinded trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

**Health condition(s) or problem(s) studied**

Breast cancer

**Interventions**

Intervention group:

Physical including a manual lymph-drainage technique, progressive massage of the scar, and progressive active and action-assisted shoulder exercises started in conjunction with functional activities and proprioceptive neuromuscular facilitation without resistance and educational strategy including instruction with printed materials about the lymphatic system, concepts of normal load versus overload, lymphoedema source, the identification of possible precipitating factors, etc.

Control group:

Educational strategy including instruction with printed materials about the lymphatic system, concepts of normal load versus overload, lymphoedema source, the identification of possible precipitating factors, etc.

In order to use the same ES in both groups, a consensus was achieved before starting the study. In both groups patients were taken immediately after hospital discharge to either the EPT or to the CG programs. Both programs consisted of a three-week period with three visits per week. Each participant was assessed pre-operatively prior to randomisation and then post-operatively on hospital discharge (between day 3 and day 5), 4 weeks, and 3, 6 and 12 months after surgery.

This intervention study was conducted as a single-blinded randomised-controlled trial, as the physical therapist performing follow-up assessments remained blinded to the group allocation of the subjects.

**Intervention Type**

Other

**Phase**

Not Specified

### **Primary outcome(s)**

Circumference measurements of the upper limbs using a standard 1 cm wide, at 5 cm intervals from the elbow fold pre-operatively prior to randomisation and then post-operatively on hospital discharge (between day 3 and day 5), 4 weeks, and 3, 6, 12 and 24 months after surgery.

### **Key secondary outcome(s)**

1. Pain, measured using the Visual Analogue Scale (VAS) score (0 = no pain, 10 = unbearable pain) pre-operatively prior to randomisation and then post-operatively on hospital discharge (between day 3 and day 5), 4 weeks, and 3, 6, 12 and 24 months after surgery
2. Range of shoulder abduction using a digital goniometer pre-operatively prior to randomisation and then post-operatively on hospital discharge (between day 3 and day 5), 4 weeks, and 3, 6, 12 and 24 months after surgery

### **Completion date**

15/05/2009

## **Eligibility**

### **Key inclusion criteria**

1. Consecutive women diagnosed with breast cancer and undergoing unilateral surgery with axillary lymph-node dissection at the Principe de Asturias Hospital in Alcala de Henares, Madrid (Spain)
2. Aged 18 to 70 years old

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 years

### **Sex**

Female

### **Key exclusion criteria**

1. Without axillary lymph-node dissection or with bilateral breast cancer (BC)
2. Systemic disease
3. Locoregional recurrence
4. Any contraindication to physical therapy

### **Date of first enrolment**

15/05/2005

**Date of final enrolment**

15/05/2009

## Locations

**Countries of recruitment**

Spain

**Study participating centre**

Universidad de Alcala

Alcala de Henares, Madrid

Spain

28871

## Sponsor information

**Organisation**

The Carlos III Health Institute (Instituto de Salud Carlos III) (Spain)

**ROR**

<https://ror.org/00ca2c886>

## Funder(s)

**Funder type**

Government

**Funder Name**

The Carlos III Health Institute (Instituto de Salud Carlos III) (Spain) (ref: PI071124)

## Results and Publications

**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type

Details

Date created Date added Peer reviewed? Patient-facing?

|  |                               |            |            |    |
|--|-------------------------------|------------|------------|----|
| <a href="#"><u>Results article</u></a>               | results                       | 12/01/2010 | Yes        | No |
| <a href="#"><u>Results article</u></a>               | results                       | 01/02/2015 | Yes        | No |
| <a href="#"><u>Participant information sheet</u></a> | Participant information sheet | 11/11/2025 | 11/11/2025 | No |