Patients with breast cancer-related lymphedema need your support.

How to identify patients and improve their lymphedema-related outcomes.

Tactile MEDICAL®

Breast cancer-related lymphedema is a common and underdiagnosed condition.

Breast cancer-related lymphedema (BCRL) is common and clinical presentation has evolved.
Even with advances in cancer treatment, 30% of breast cancer survivors will develop lymphedema in the arm after axillary lymph node dissection (ALND).[1] Meanwhile, research shows an even higher incidence (closer to 50%) in the breast and trunk, particularly after breast-conserving treatment.[2]

Breast cancer-related lymphedema is underdiagnosed.
Many patients still face challenges in receiving a diagnosis and appropriate treatment, despite prospective surveillance being recognized as the ideal model of screening for early intervention and management of lymphedema.

Most patients are not getting the right support at key areas of their cancer journey:[3]

REPORTED NOT RECEIVING EDUCATIONAL MATERIALS ON LYMPHEDEMA	86%	**Pre-oncologic care**
REPORTED NEVER BEING QUESTIONED ABOUT LYMPHEDEMA	77%	**During cancer treatment**
DIAGNOSED BY SOMEONE OTHER THAN ONCOLOGY TEAM	50%	**After cancer treatment**

Early intervention is key.

- Before swelling is even visible, symptoms can be bothersome to patients and should be discussed. This is the ideal time to intervene to prevent progression into later stages when lymphedema is irreversible.
- As lymphedema progresses, patients may present with increased volume changes, increased skin thickness, further progression of fibrosis, and infection.
- Patients report that BCRL is one of the most distressing and debilitating complications of breast cancer treatment.

Su R.
Cancer survivor living with lymphedema
READ MORE ON PAGE 10

Out of all the issues survivors face, why focus on lymphedema?

Women report lymphedema impacting their quality of life (QoL) in the following ways:

PHYSICAL
- Swelling
- Decreased range of motion
- Pain
- Cellulitis
- Fibrosis
- Difficulty with activities of daily living[4]

PSYCHOSOCIAL
- Anxiety
- Depression
- Fear
- Poor body image
- QoL
- Persistent reminder of their cancer journey[5]

ECONOMIC
- Increased total healthcare costs
- Increased out-of-pocket costs
- Lost wages[5]

Effective self-management of BCRL is essential for improving patient outcomes.

Cancer and its treatment affects the lymphatic system in multiple ways.

Every patient with breast cancer is at risk of developing lymphedema.[6-11]

Surgery
- Lymph node dissection increases risk for lymphedema

Chemotherapy
- Fluid retention
- Decreased propulsion rate of lymphatic system due to taxane-based chemo

Tumor
- Presence of tumor affects lymphatic fluid movement

Lymphedema

Radiation
- Lymph nodes become fatty/fibrotic
- Decreases the lymphatic system's ability to repair itself
- Skin thickening, stiffness, and scarring can compress lymphatic vessels[3]

Lymphedema is progressive, so treating it early is critical.

1. Latent/subclinical
- No evident swelling
- Impaired lymphatic transport results in symptoms: heaviness, tightness, discomfort, etc.

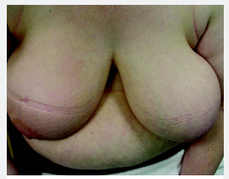
2. Reversible
- Early accumulation of high protein fluid
- Pitting may occur
- Swelling intermittent or subsides with elevation

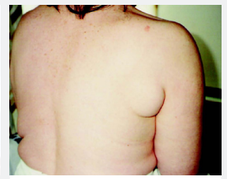
3. Irreversible
- Swelling evident and does not fully resolve with elevation
- Fibrosis develops
- Pitting is evident initially but eventually prevented by fibroadipose tissue

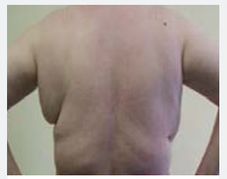
4. Late stage
- Further skin changes may include increased skin thickness, further fat deposition, fibrosis, or warty overgrowths

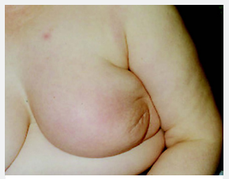
Why lymphedema is so common in the breast and trunk:

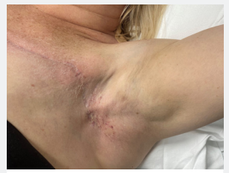
With advances in breast cancer screening and treatment, many patients undergo breast-conserving surgery, sentinel lymph node biopsy, and external beam radiation. While this trend toward less intensive axillary management of cancer decreases the risk of arm lymphedema, patients remain at risk of breast and trunk lymphedema.


Breast swelling

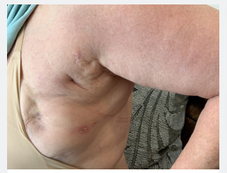

Edema in posterior axilla

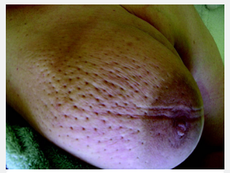

Back asymmetry

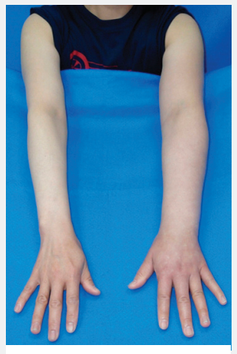

Hyperpigmentation


Fibrosis


Scarring


Axillary fullness

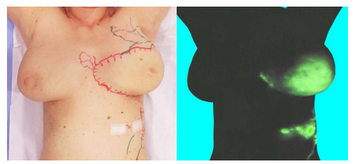

Peau d'orange

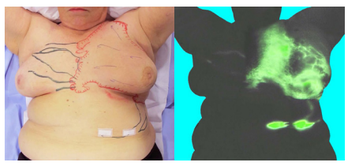

Arm swelling, limited movement in arm and hand, finger stiffness

There is currently no gold standard to assess for breast, chest, or trunk lymphedema.

These indocyanine green images show patients with breast lymphedema experiencing dermal backflow of lymphatic fluid in their breasts.[1,2] Lymphatic fluid includes water, proteins, and toxins, and if allowed to remain over time, the risk of infection increases, and fibrosis develops, reducing function.


Control participant demonstrating bilateral linear drainage to ipsilateral axilla regions


BCRL participant demonstrating collateral lymphatic drainage of breast to clavicular and parasternal regions


BCRL participant demonstrating collateral lymphatic drainage of breast to clavicular and contralateral axilla regions

Here's how to add lymphedema screening to your practice:

Patient-reported symptoms are instrumental in diagnosing BCRL.
In addition to considering risk factors, early identification can be made through symptom screening. A symptom screening tool is a great way to easily assess for symptoms associated with lymphedema and to educate patients on new or changing symptoms to report to their healthcare team for prompt treatment.[13,14]

Arm symptoms

- ☐ Arm swelling
- ☐ Arm heaviness
- ☐ Arm firmness
- ☐ Increased arm temperature
- ☐ Seroma formation (fluid buildup under the surface of the skin)
- ☐ Arm tightness
- ☐ Limited arm movement
- ☐ Tingling in affected arm
- ☐ Arm aching
- ☐ Limited finger movement
- ☐ Limited elbow movement
- ☐ Limited wrist movement
- ☐ Limited shoulder movement
- ☐ Stiffness in the affected arm
- ☐ Burning in the affected arm
- ☐ Arm redness
- ☐ Numbness in the affected arm
- ☐ Tenderness in the affected arm
- ☐ Pain in the affected arm

Trunk symptoms

***Note:** Differences in bra fit, including indentation at bands/straps or changes in band and cup size, are common indicators of truncal swelling.*

Breast, chest, and collarbone area:

- ☐ Swelling or puffiness
- ☐ Heaviness or fullness
- ☐ Tightness or firmness
- ☐ Dimpled hair follicles on breast; orange peel appearance

Side and axilla (armpit):

- ☐ Swelling or puffiness
- ☐ Heaviness or fullness
- ☐ Tightness or firmness
- ☐ Feeling of a "ball" preventing arm from resting at side
- ☐ Feeling of a cord pulling with motion

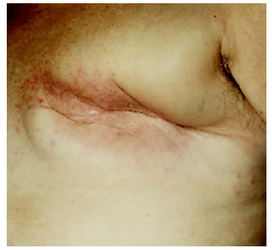
Shoulder and back:

- ☐ Swelling or puffiness
- ☐ Heaviness or fullness
- ☐ Tightness or firmness
- ☐ Limited range of motion
- ☐ Pain

Request our BCRL symptom screener.

Which patients are at highest risk for BRCL?

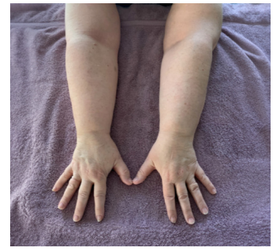
Patients with the following risk factors have a greater chance at developing lymphedema.[1,15,16] Make sure to keep a close eye on patients who:



Have received radiation therapy

Have exhibited even mild swelling one month after surgery

Have a BMI over 30 prior to cancer treatment



Have undergone taxane-based chemotherapy

More complimentary resources for your practice.

Our resources can broaden your understanding of lymphedema and how to help more patients suffering from this debilitating condition.

Knowledge Center

Access online continuing education courses crafted by experts

Medical Education

Register for upcoming events, and watch previously recorded webinars

Breast Cancer Clinician Kit

Request educational materials which empower you, your clinic, and your patients to understand breast cancer-related lymphedema

Consider both in-clinic therapy and pneumatic compression for comprehensive lymphedema treatment.

The National Comprehensive Cancer Network (NCCN) Survivorship Guidelines recommend treating lymphedema early with in-clinic therapy and to consider pneumatic compression for ongoing home management.[17] This referral combination provides your patients with consistent care to help prevent disease progression.

The guidelines emphasize the significance of early detection and diagnosis of lymphedema, and notes that stages 0 and 1 are reversible, while stages 2 and 3 become considerably less responsive to treatment.

Hands-on treatment with certified lymphedema therapist

A trained therapist will provide education and individualized therapy to reduce pain, improve function, and reduce swelling through manual lymph drainage and multilayer bandaging, if needed.

Hands-on treatment

At-home treatment using the Flexitouch® Plus

Convenient at-home treatment from the Flexitouch Plus advanced pneumatic compression system enables effective daily treatment for ongoing symptom management.

Flexitouch Plus advanced pneumatic compression system

> “The Flexitouch… helps me manage my lymphedema, and that makes me feel physically and emotionally more in control.”
>
> – MARLENE S.

How the Flexitouch Plus system works.

The Flexitouch system is an at-home pneumatic compression therapy clinically proven to stimulate lymphatic function and reduce swelling of the hand, arm, and upper body.[12]

Each ComfortEase™ garment contains air chambers connected to a programmable controller and offers more comprehensive treatment coverage, added comfort, and an optimized fit. When activated, these chambers sequentially inflate and deflate, creating gentle waves of pressure designed to mimic manual lymphatic drainage (MLD).

CONVENIENT
Helps drive better outcomes by making treatment readily available at home.

CONSISTENT
Enables repeatable results that do not rely on patient technique or ability.

COMFORTABLE
Feels like a soothing massage, supporting greater self-care adherence.

CONNECTED
Pairs with Kylee™ to capture valuable insights for more informed clinical decisions.

LEARN MORE ON PAGE 11

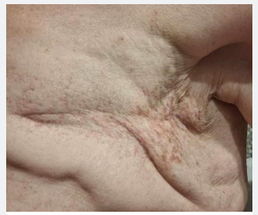
Prescribe the Flexitouch Plus today.

Flexitouch Plus is clinically proven to provide effective treatment.

79% reduction in cellulitis episodes[18]	Reduced limb volume and weight compared to self MLD[19]	**90%** patient satisfaction[20]
Systemically stimulated the lymphatic system[21]	**95%** maintained or reduced limb volume[20]	**37%** reduction in lymphedema-related costs[18]

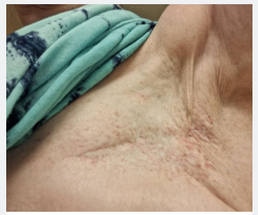
View more clinical evidence.

Real clinical outcomes, real patient results.



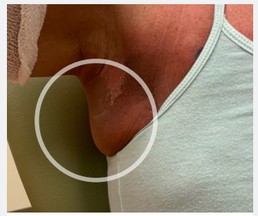
Before

Su R., 14 years post-radiation and mastectomy



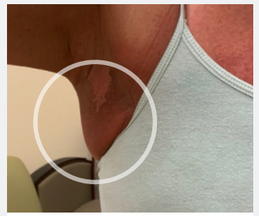
After

Su R., 2 months of prescribed Flexitouch Plus treatment



Before

Axillary swelling



After

Reduced swelling after one Flexitouch Plus treatment

"Lymphedema is with me. It's my new friend that is going to stay with me for the rest of my life. But with Flexitouch, I'm able to manage my new friend."

– SONYA M.

Kylee allows your patients to share their progress during visits.

Kylee is a free mobile app designed to help you focus on positive patient outcomes. With Kylee, your patients can:

LEARN

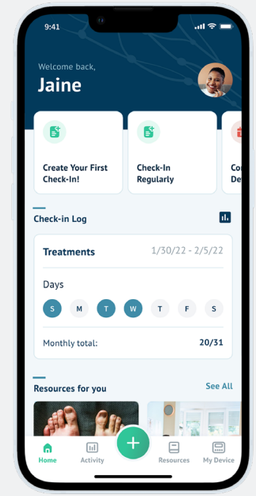
about lymphedema from valuable educational resources.

TRACK

key metrics so you can monitor your patients' progress.

SHARE

photos, measurements, and more, allowing you to make informed treatment decisions.



Download Kylee from Apple App and Google Play stores.

"Kylee has videos, information, education, and support … I love her!"

– KEN S.

Tactile Medical is a leader in developing and marketing at-home therapies for people suffering from underserved, chronic conditions including lymphedema, lipedema, chronic venous insufficiency and chronic pulmonary disease by helping them live better and care for themselves at home.

LEARN MORE AT TACTILEMEDICAL.COM

Individual results may vary.

Indications/contraindications: Indications, contraindications, warnings, and instructions for use can be found in the product labeling supplied with each device.

Caution: Federal (U.S.) law restricts this device to sale by or on the order of a licensed healthcare practitioner.

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Patient photo consent on file at Tactile Medical. Arm lymphedema image: DocHealer CC-SA 4.0.

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HEALING RIGHT AT HOME