

667eP Are breast cancer patients with postoperative seroma at higher risk for lymphedema? [Abstract]

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over six weeks in late 2024, disseminated via Europa Donna Serbia and its member associations. The survey was not conducted within healthcare institutions. Participants were informed about study aims, data protection, and their right to withdraw.

Results: Overall, 69% of respondents returned to work after treatment, while 14% retired. Only 39% wished to remain in their previous position, whereas 61% expressed a preference for transitioning to less demanding work. Flexible working arrangements were identified as crucial: 66% reported that reduced working hours would best support their return, particularly in the post-treatment period. Although 82% expressed willingness to remain professionally active, only 18% felt motivated toward new career achievements. Notably, 57% of respondents were under 50 years of age. Awareness of employment-related rights was low: 21% reported familiarity with labor legislation and 23% with pension and disability insurance regulations.

Conclusions: Return to work after breast cancer represents a major yet under-recognized survivorship challenge. Findings highlight the need for flexible work arrangements, job adaptation, improved employer support, and systematic patient education on labor rights. Stronger intersectoral collaboration between health, labor, and social systems is essential to prevent long-term economic insecurity and to support sustainable survivorship outcomes.

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667eP Are breast cancer patients with postoperative seroma at higher risk for lymphedema?

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Background: Lymphedema and seroma are common complications following breast cancer (BC) surgery. Lymphedema is defined as lymphatic congestion due to a damaged lymphatic system. Diagnosis is challenging and often protracted, treatment is tedious and therapeutic or preventive options are limited. Meanwhile, seroma is a fluid accumulation of unknown origin developing shortly after BC surgery. Despite the prevalence of both conditions, their pathophysiological relationship remains poorly understood. Hence, this study aims to investigate co-occurrence of lymphedema and seroma in BC patients following local treatment.

Methods: BC-related lymphedema and seroma formation have been assessed in patients undergoing surgical BC treatment via a self-developed questionnaire (n=332). Patients were asked to indicate whether lymphedema and seroma have been diagnosed by physicians or self-perceived. Besides, patients were asked to specify the affected body part.

Results: Lymphedema reports were more common among patients reporting seroma than patients without seroma reports (59.5% vs. 11.7%, p<0.001). Binary logistic regression analysis confirmed that, in a multivariate analysis, patient-reported seroma was associated with the highest odds of patient-reported lymphedema (OR 7.964, p<0.001). Additionally, lymphedema localization depended significantly on the seroma region (p<0.001), regarding axillary and breast seroma.

Conclusions: Our findings suggest that seroma may be a relevant risk factor for lymphedema formation in BC patients. As this analysis relies on patient-reported outcomes, potential biases must be considered. In order to reduce this risk, patient-friendly definitions were provided, and additional sensitivity analyses using only physician-diagnosed reports were performed. This confirms the robustness of the study and indicates minimal misconception in the nearly 60%-overlap of seroma patients reporting lymphedema. Further research should focus on identifying potential pathophysiological parallels or differences.

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668eP Do remedial exercises without compression exacerbate breast cancer-related lymphedema? A randomized crossover trial evaluated by ultrasound

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Background: Remedial exercises are designed to repeatedly compress the lymph vessels through rhythmic and repetitive contraction and relaxation of the muscles in the affected area. The aim of the study was to evaluate whether remedial exercises without compression had an acute negative effect on limb volume and soft tissue ultrasound measurements in the breast cancer-related lymphedema (BCRL).

Methods: This randomized cross-over study included 25 women with stage II–III lymphedema. Two experimental conditions were completed, separated by a wash-out period. Lymphedema severity was assessed using bilateral circumferential measurements, and limb volumes (ml) were calculated with the Frustum formula. Ultrasound was performed 10 cm distal to the elbow epicondyles and from the proximal volar forearm. After the first assessment, one set of remedial exercises with/without compression were performed under the supervision of the physiotherapist. The participants were asked to complete an additional three sets of remedial exercises at home within the following 24 hours. At the same time of the next day, in the 24th hour, the patients were evaluated a second time (if there is a compression bandage, after it is removed). In the following wash out period, all participants performed their normal lymphedema management/care strategies. After 3 days, following the 3rd evaluation in the clinic, remedial exercises with/without compression were performed again, and 24 hours later, the 4th evaluation was performed.

Results: There were no significant differences in affected arm volume, interlimb volume difference, or soft-tissue ultrasound measurements from baseline to 24 hours after remedial exercise without compression (p > .05). In contrast, after exercise performed with a compression bandage, the affected arm volume, the interlimb volume difference, and epidermis, dermis, and subcutaneous tissue thicknesses were significantly reduced compared with baseline (p < .001).

Conclusions: Remedial exercises without compression do not acutely worsen lymphedema severity or soft-tissue thickness. These exercises can be performed without compression for short 24-hour periods without risk of exacerbating lymphedema.

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669eP Impact of body mass index on osteoporosis risk in breast cancer patients: North West Cancer Centre experience

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Background: Osteoporosis is a prevalent complication among breast cancer survivors, particularly those undergoing endocrine therapy. Given the known protective effect of adipose tissue on bone mineral density (BMD), potentially reducing osteoporosis risk. This audit aimed to evaluate the relationship between body mass index (BMI) and osteoporosis risk in breast cancer patients.

Methods: A retrospective audit was conducted on 83 female patients with invasive breast cancer treated at the North West Cancer Centre between January and July 2022. Data were extracted from electronic medical records, including demographics, BMI, comorbidities, endocrine therapy, DEXA scan results, and fracture history. T-scores at the hip and spine were recorded at baseline and after 2-3 years. Associations between BMI and BMD status were analyzed, along with treatment patterns and outcomes.

Results: The median age was 66 years. Osteoporosis was identified in 54.2% of patients, osteopenia in 16.9%, and normal BMD in 28.9%. The mean T-score was (-1.01) at the hip and (-1.26) at the spine. The mean BMI was 27.6 ± 4.6. A statistically significant inverse correlation was observed between BMI and osteoporosis prevalence (p = 0.007). Among patients with BMI ≥ 35, only 20% had osteopenia and none had osteoporosis, whereas 76% of those with BMI < 35 had reduced BMD. Fractures occurred exclusively in osteoporotic patients (3.6%). Bisphosphonates were prescribed in 75.9% of cases, predominantly oral agents. Follow-up DEXA scans were