

LATENT CLASS ANALYSIS OF LYMPHEDEMA SYMPTOMS AND PHENOTYPIC CHARACTERIZATION

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Learning Objectives

- The learner will be able to obtain knowledge about the complex cancer-related symptoms and phenotypic characterization.
- The learner will be able to obtain knowledge about latent class analysis for identifying symptom classes.



What is LYMPHEDEMA?

- Accumulation of lymph fluid in the interstitial spaces of the affected limb and areas
- Abnormality of or injuries to the lymphatic system





"With breast cancer, you go in for your treatment, once cancer is under control you are kind of done with it. With lymphedema, you will never be done with it because you are having this big arm, pain, burning, heaviness, and soreness every day. It's something that you have to live with for the rest of your life."

Mr. S, 7 years of lymphedema



Fu, R.M. (2014). Breast cancer-related lymphedema: Symptoms, diagnosis, risk reduction, and management. *World Journal of Clinical Oncology*, 10;5(3):241-7. doi: 10.5306/wjco.v5.i3.241. PMID: 25114841

Lymphedema Symptoms

Cancer Related Symptoms:

- > Subjective phenomenon
- Indicates abnormal changes in body functioning or side effects from cancer treatment.

Fu, M.R. & Rosedale, M. (2009). Breast cancer survivors' experience of lymphedema related symptoms. *Journal of Pain and Symptom Management*, *38*(6), 849-859. PMID: 19819668



Breast Cancer & Lymphedema Symptom Experience Index

The following questions are about today or in the past three month. received breast surgery or radiati	The word				
On which body side was y	our cance				
□Right □Left	1	□Both	II C	9	
Do you have limited movement of your affected?	No 0	A little	How Sev Somewhat	Quite a bit	Very Severe
1. shoulder					
2. elbow					
3. wrist					
4. fingers					
The following questions are about arm), or chest today or in the pas			affected arm, l	and, breast, axi	lla (under
			How Se	vere?	
Have you had?	No 0	A little	Somewhat 2	Quite a bit	Very Severe 4
5. swelling					
6. breast swelling					
7. chest wall swelling					
8. firmness					
9. tightness					
10. heaviness					
11. toughness or thickness of skin					
12. stiffness					
13. tenderness					
14. hotness/increased temperature					
15. redness					
16. blistering					
17. pain					
18. numbness					
19. burning					
20. stabbing					
21. tingling					
22. arm or hand fatigue					
23. arm or hand weakness					
24. pocket of fluid develop					

Purpose of the Study

To determine whether latent class analysis (LCA) would aid in the identification of lymphedema symptom patterns and associations with phenotypic characterization of demographics and clinical factors, physiological outcomes of limb volume and lymph fluid level, and patient-centered outcomes of daily function, social, and affective wellbeing.



Methods

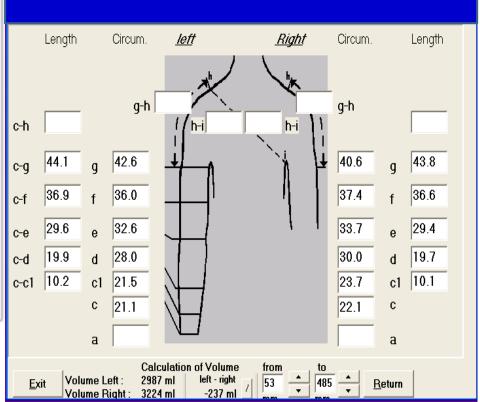
- ➤ A prospective, descriptive and repeated-measure design
- ➤ 140 women at pre-surgery and followed at 4-8 weeks and 12 months post-surgery
- Lymphedema symptoms and patient-centered outcomes of daily function, social, and affective wellbeing were evaluated using a reliable and valid instrument: *The Lymphedema and Breast Cancer Symptom Experience Index (BCLE-SEI)*



Limb Volume Infra-Red Perometer Measurement



Fu, M.R., Axelrod, D., Guth, A., Cartwright- Alcarese, F.,Qiu, Z., Goldberg, J., Kim, J., Scagliola, J., Kleinman, R., Haber, J., & (2014). Proactive approach to lymphedema risk reduction: a prospective study. *Annals of Surgical Oncology, 21*(11), 3481-3498. Online First. DOI: 10.1245/s10434-014-3761-z



Lymph Fluid Level BIOIMPEDANCE ANALYSIS



The Imp XCA, a FDA approved device, uses a single frequency below 30 kHz to measure impedance and resistance of extracellular fluid.

Fu, M.R., Cleland, C.M., Guth, A.A., Kayal, M., Haber, J., Cartwright- Alcarese, F., Kleinman, R., Kang, Y., Scagliola, J., & Axelrod, D. (2013). L-Dex Ratio in Detecting Breast Cancer-Related Lymphedema: Reliability, Sensitivity, and Specificity. *Lymphology*, *46*(2)85-96.



Data Analysis

- ✓ Latent class analysis (LCA) was used to identify classes of lymphedema symptoms
- ✓ Logistic regressions were used to explore the association of latent class of lymphedema symptoms with categorical demographic and clinical variables.
- ✓ ANOVAs and post-hoc pairwise comparison test with a Bonferroni correction for multiple comparisons at the 5% alpha level



Latent class analysis model: Prevalence and lymphedema symptom counts within each class at 12-month post-surgery

Symptoms	Average N=140	Low Symptom Class n=55 (39%)	Moderate Symptom Class n=62 (44%)	Severe Symptom Class n=23 (16%)		
Limited Limb Mobility ^a						
Limited Shoulder Movement	30%	6%	38%	60%		
Limited Elbow Movement	6%	0%	6%	17%		
Limited Wrist Movement	7%	2%	2%	34%		
Limited Arm Movement	28%	0%	33%	75 %		
Arm Firmness	16%	0%	17%	48%		
Arm Tightness	44%	12%	58%	75 %		
Toughness or thickness of skin	10%	2%	5%	43%		
Arm Stiffness	35%	4%	44%	76%		
Arm Hotness	8%	0%	0%	47%		
		Fluid Accumulation	n ^a			
Limited Fingers	7%	2%	3%	30%		
Hand Swelling	16%	5%	10%	54%		
Arm Swelling	23%	2%	19%	77%		
Breast Swelling	30%	12%	38%	49%		
Chest Wall Swelling	16%	2%	17%	42%		
Numbness	43%	29%	44%	72%		
Burning	10%	2%	7%	33%		
Arm Heaviness	34%	0%	44%	80%		
		Pain/Discomfort				
Tenderness	38%	2%	47%	92%		
Blister	2%	0%	0%	9%		
Pain, aching, or soreness	44%	12%	51%	96%		
Stabbing	10%	0%	6%	38%		
Tingling	38%	28%	36%	66%		
Fatigue	22%	0%	27%	56%		
Arm Weakness	29%	4%	32%	77%		
Seroma, pocket of fluid	10%	0%	7%	40%		
Redness	4%	0%	3%	17%		
Symptom Count	5.460	1.162	5.948	14.013		

Association between the Symptom Classes at 12-Month Follow-Up and L-Dex						
Median (IQR)	Low Risk	Moderate Risk	High Risk	P-value		
L-DEX Pre-Surgery	-1.10 (-3.50 - 3.00)	0.35 (-3.00 – 3.20)	-0.50* (-4.20 – 2.30)	0.639		
L-DEX Post-Surgery	-0.40 (-3.50 – 1.80)	1.15 (-2.20 – 5.70)	4.70* (0.60 – 7.80)	0.003; A < C		
L-DEX Follow-Up	-1.00 (-4.80 – 1.90)	0.15 (-2.90 – 3.20)	4.40* (-0.40 -17.40)	0.001; A, B < C		

A (Low), B (Moderate), C (Severe) symptom class pairwise differences between the three classes with a Bonferroni correction at the 5% alpha level.

 $^{*}p < 0.05$ - Repeated measures ANOVA over the three time points

Association between the Symptom Classes at 12-Month Post-Surgery and Lymph Volume (LV) % Change					
Median (IQR)	Low Risk	Moderate Risk	High Risk	P-value	
LV Pre-Surgery	-1% (-3% -2%)	0% (-2% – 2%)	- 1 %*** (- 5 % – 2 %)	0.162	
LV Post-Surgery	0% (-3% – 3%)	1% (-2% – 4%)	3%*** (-2% -7%)	0.064	
LV Follow-Up	-1% (-3% – 3%)	1% (-2% – 5%)	6 %*** (- 1 % – 9 %)	0.001; A < C	

A (Low), B (Moderate), C (Severe) symptom class pairwise differences between the three classes with a Bonferroni correction at the 5% alpha level.

*p < 0.05, ** p < 0.01, *** p < 0.001 — Repeated measures ANOVA over the three time points

Association between Symptom Distress Subscales and the Symptom Classes at 12-Month Post-Surgery

Median (IQR)	Low Symptom	Moderate	Severe Symptom	P-value	
Symptom Distress	Class	Symptom Class	Class		
Impaired Daily Living	0.00 (0.00 –	0.00 (0.00 -	8.00 (2.00 –	0.0001; A < B <	
	0.00)	2.00)	13.00)	С	
Social Distress	0.00 (0.00 –	0.00 (0.00 –	1.00 (0.00 - 3.00)	0.0001; A, B < C	
	0.00)	0.00)			
Emotional Distress	0.00 (0.00 –	1.00 (0.00 -	11.00 (4.00 -	0.0001; A < B <	
	0.00	4.00)	12.00)	С	
Impaired Self-	0.00 (0.00 –	1.00 (0.00 -	2.00 (1.00 – 2.00)	0.0001; A < B <	
Perception	0.00)	1.00)		С	
Sleep Disturbance	0.00 (0.00 –	0.00 (0.00 –	2.00 (0.00 – 3.00)	0.0001; A < B <	
	0.00)	1.00)		С	
Impaired Sexuality	0.00 (0.00 –	0.00 (0.00 –	1.00 (0.00 – 2.00)	0.0001; A, B < C	
	0.00)	0.00)			
Work Outside Home	0.00 (0.00 –	0.00 (0.00 -	1.50 (0.00 – 2.00)	0.0001; A < B <	
	0.00)	1.00)		С	
Days Absent from	0.00 (0.00 –	0.00 (0.00 -	3.50 (0.00 –	0.0001; A < B, C	
Work	0.00)	16.00)	21.00)		

A (Low), B (Moderate), C (Severe) symptom class pairwise differences between the three classes with a Bonferroni correction at the 5% alpha level.

Conclusions

- T Latent class analysis is able to identify three distinct lymphedema symptom classes with lower, moderate and severe symptom class.
- ➤ Identification of symptom classes is a priori for the prediction of clinically elevated high-risk populations for physiologic outcomes of limb volume and lymph fluid level as well as patient-centered outcomes of daily function, social and affective wellbeing.

