

## APPENDICES

Table 3 Literature matrix. Full list of articles analyzed for the literature review.

	<b>Author/ Date</b>	<b>Theoretical Framework</b>	<b>Research Question/ Hypotheses</b>	<b>Methodology</b>	<b>Key results</b>	<b>Conclusions / Implications for future</b>
1.	(Ahmed et al. 2008)	Health-related quality of life (HRQOL) assessed by using a validated Medical Outcomes Study short Form-36.	The impact of lymphedema or related arm symptoms on health-related quality of life (HRQOL) in breast cancer survivors has not been examined using a large population-based cohort.	Self-report data for lymphedema, arm symptoms, and HRQOL in 2004 and data for cancer diagnosis, treatment, and behavioral and health characteristics between 1986 and 2003.	Both women with diagnosed lymphedema and women with arm symptoms without diagnosed lymphedema had substantially lowered HRQOL compared with BrCa survivors without lymphedema or arm symptoms. Lymphedema had an impact on HRQOL several years after diagnosis (mean, 8.1 years).	Clinical trials are needed to determine what interventions can improve lymphedema and impact HRQOL for breast cancer survivors.
2.	(Beaulac et al. 2002)	Quality of life assessed by using the functional assessment of Cancer Therapy-Breast (FACT-B) Scale.	Women who experience breast cancer-related lymphedema have a measurable reduction in quality of life compared with	Retrospective cohort study exploring the association between lymphoedema and quality of life	Women with lymphedema scored significantly lower on 4 of the 5 subsections than women without lymphedema,	Lymphoedema occurs and its impact should not be underestimated.

			women without lymphedema		even after adjusting for other factor influencing quality of life.	
3.	(Bergenmar, Johansson & Sharp 2014)	Health-related quality of life (HRQOL).	To examine patients' perceptions of received information and satisfaction with information after completion of adjuvant radiotherapy (RT) for breast cancer.	Self-report questionnaires (EORTC QLQ-C30 and QLQ-INFO25).	Patients satisfied with information scored significantly higher on global health status and emotional functioning and reported less fatigue. Positive associations were found between "satisfaction with information" and HRQoL.	The need for patient-centered information in general and that extra attention should be paid to younger women and patients undergoing combined treatment.
4.	(Nielsen, Gordon & Selby 2008)	The evidence-base for breast cancer-related lymphoedema risk reduction advice.	Risk reduction advice is scant and contradictory, with most studies in the area limited by small numbers, retrospective design and other methodological inadequacies.	Literature review.	Current advice has the capacity to profoundly alter quality of life following treatment for breast cancer.	Further research is required to provide more evidence for the content, to identify optimal methods of precautionary education delivery and to determine the effect of the advice on the patient's quality of life and perception of recovery.
5.	(Petrek, Pressman		Lymphedema, along	Review	For many women,	A solid research base

	& Smith 2000)		with other QOL issues, is perceived as less worthy of research funding.		lymphedema is a debilitating and visible condition that acts as a daily reminder of the health care system's failure to educate them appropriately and to respond effectively to their condition.	is needed to treat modalities for the reduction of risk of lymphedema. Improvement is needed in patient education, clinical response to symptoms of lymphedema and health care policy.
6.	(Ridner 2005)	Patient education	Compare recalled pretreatment lymphedema education before and after the 1998 ACS call; compare recalled lymphedema pretreatment education between women with and without breast cancer treatment-related lymphedema; and identify breast cancer survivors perceived sources of lymphedema education.	Self-report survey	Offering well designed, quality pretreatment lymphedema education in a manner that is tolerable to patients and family members during the stressful period of initial diagnosis of breast cancer may diminish breast cancer survivor's dissatisfaction with educational information received about lymphedema.	Healthcare professionals must be aware of who is Currently providing the limited amount of pretreatment lymphedema education given to patients and of where patients are going to obtain lymphedema information. Nurses in particular need to know that even though they ranked as one of the highest actual providers of such information in this study they, even

						more so than surgeons, were not viewed as potential sources of lymphedema education. It is apparent that healthcare providers must be well versed about breast cancer treatment-related lymphedema and communicate this knowledge to patients on a consistent basis
7.	(Ridner 2005)	Quality of life	To compare QOL and symptoms between breast cancer survivors who have developed and undergone treatment for chronic lymphedema with those who have not developed lymphedema.	Cross-sectional, mixed methods design. Quantitative and qualitative (QOL) data was reviewed.	Compared with those without lymphedema, breast cancer survivors with lymphedema reported poorer QOL.	Current lymphedema treatments, although beneficial, may not provide complete relief of symptoms associated with lymphedema and complementary interventions are needed.
8.	(Ridner 2009)	Psycho-social impact on life	Provide an overview of the psycho-social impact of lymphedema on the	Research review	It is likely that people who perceive their self-care treatment is helping may show	It is important to recognize that the patients with lymphedema have

			lives of individuals who suffer from this condition.		improved physical and emotional health	underlying psychosocial issues. Healthcare providers may need to allow for longer patient visits when seeing them in clinical practice settings. Patients with lymphedema require routine assessment for psycho-social problems. Referrals to social workers, family therapists, vocational counselors, psychiatric professionals, nutritionists, and personal exercise coaches or trainers may be needed.
9.	(Ridner, Dietrich & Kidd 2011)	Self-care and quality of life	Examine breast cancer treatment-related lymphedema self-care education, self-care practices, and perceived self-care barriers, burdens, and benefits. We also explored the associa-	A cross-sectional design was used to obtain data about lymphedema self-care education, self-care practices, perceived self-care barriers, burdens, and benefits, symptoms	Those with more symptoms spent more time on self-care activities and had a poorer QOL.	A multidisciplinary approach to lymphedema management, including self-care education and monitoring, is likely needed to improve QOL in this population.

			tions among self-care education, practices, symptoms, and quality of life (QOL)	and QOL.		
10.	(Taghian et al. 2014)	Quality of life	To review various aspects of breast-cancer related lymphedema including measurement techniques, definitions, risk factors, and specifically, impact on physical, psychological, and emotional well-being of women treated for breast cancer	Review	Lymphedema affects many important aspects of a woman's life, including physical, psychological and emotional well-being.	Early education and early screening of lymphedema for breast cancer patients