

## Clinical Evidence Summary

### *L-Dex® Analysis for Lymphedema*

#### **Body Positional Effects on Bioimpedance Spectroscopy Measurements for Lymphedema Assessment of the Arm**

Koelmeyer, L., Ward, L. C., Dean, C. M., et al.

*Lymphatic Research and Biology*, October 2020, DOI: <https://doi.org/10.1089/lrb.2019.0067>

Study findings support that impedance measurements could be reliably taken using either the U400 or SOZO, representing supine and upright measurement positions, respectively. Impedance measurements taken on U400 and SOZO were highly correlated.

#### **Correlation of L-Dex Bioimpedance Spectroscopy with Limb Volume and Lymphatic Function in Lymphedema**

Coroneos, C. J., Wong, F. C., DeSnyder, S. M., et al.

*Lymphatic Research and Biology*, June 2019, DOI: <https://doi.org/10.1089/lrb.2018.0028>

This study assessed the validity of bioimpedance spectroscopy (BIS) measurements using L-Dex, and found that the L-Dex ratio correlates most closely with the physiologic measures of lymphatic function, and response to surgical intervention, and is the recommended metric when using BIS.

#### **A Prospective Study of L-Dex Values in Breast Cancer Patients Pretreatment and Through 12 Months Postoperatively.**

Ridner, S. H., Dietrich, M. S., Spotanski, K., et al.

*Lymphatic Research and Biology*, October 2018, DOI: <https://doi.org/10.1089/lrb.2017.0070>

This study's findings remained consistent with research supporting an L-Dex value of  $\geq 7$  as indicative of clinical lymphedema, with subclinical lymphedema reasonably occurring at somewhat lower, likely near  $\geq 6.5$ . Furthermore, this study's data supports a modification to the prevention intervention trigger in the parent study from  $\geq 10$  L-Dex unit change to  $\geq 6.5$  L-Dex unit change.

#### **Diagnosis of Upper Limb Lymphedema: Development of an Evidence-Based Approach**

Dylke, E. S., Schembri, G., Bailey, D. C., et al.

*Acta Oncologica*, June 2016, DOI: <http://dx.doi.org/10.1080/0284186X.2016.1191668>

This study used a dermal backflow score determined from lymphoscintigraphy imaging assessment and compared it the measurements taken by bioimpedance spectroscopy (BIS). Findings showed that with mild lymphedema, BIS thresholds are superior to the commonly used thresholds.

#### **L-Dex Ratio in Detecting Breast Cancer-Related Lymphedema: Reliability, Sensitivity, and Specificity**

Fu, M. R., Cleland, C. M., Guth, A., et al.

*Lymphology*, June 2013, PMID: PMC4040962

The L-Dex ratio with a cutoff point of 2 standard deviations successfully discriminated between at-risk breast cancer survivors and those with lymphedema, with 80% sensitivity and 90% specificity. However, clinicians should still integrate other assessment methods (i.e. self-report, clinical observation etc.) for the most accurate lymphedema detection.