Appendix. Cancer treatment-related lymphedema

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Search strategy

Ovid

Database(s): EBM Reviews - Cochrane Central Register of Controlled Trials February 2019, EBM Reviews - Cochrane Database of Systematic Reviews 2005 to March 27, 2019, Embase 1974 to 2019 March 29, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to March 29, 2019 Search Strategy:

#	Searches	Results
1	exp Neoplasms/rt, su [Radiotherapy, Surgery]	1391485
2	(cancer* or neoplasm* or neoplastic or paraneoplas* or tumor* or tumor* or neoplasia* or "section 16" or leukemia* or carcinoma* or lymphoma* or Astrocytoma* or glioma* or adenoma* or carcinoid* or Sarcoma* or ostesarcoma* or histiocytoma* or craniopharyngioma* or ependymoma* or chordoma* or "Chronic Myeloproliferative Disorder*" or craniopharyngioma* or "Mycosis Fungoide*" or "Sézary Syndrome*" or Esthesioneuroblastoma* or melanoma* or retinoblastoma* or histocytoma* or "gestational trophoblastic disease*" or histiocytos* or burkitt* or Macroglobulinemia* or Mesothelioma* or neuroblastoma* or Papillomatos* or paraganglioma* or "pheochromocytoma* multiple myeloma*" or blastoma* or Rhabdomyosarcoma* or nonmelanoma* or metasta*).ti,ab,hw,kw.	9341523
3	exp Radiotherapy/	648747
4	exp surgical procedures, operative/	7468924
5	(Brachytherap* or irradiat* or operat* or radiation* or "radio therap*" or "radio treatment*" or radiolog* or radiotherap* or radiotreatment* or reconstruction* or repair* or resect* or roentgen* or rontgen* or surg* or "x ray*").ti,ab,hw,kw.	10191551
6	3 or 4 or 5	13342834
7	1 or (2 and 6)	3626644
8	exp Lymphedema/	30546
9	("bigfoot disease*" or elephantiases or elephantiasis or "lymph edema*" or "lymph oedema*" or "lymphatic edema*" or "lymphatic filariases" or "lymphatic filariases" or "lymphatic oedema*" or lymphoedema* or lymphoedema* or "lymphostatic edema*" or "lymphostatic oedema*" or "lymphostatic verrucoses" or "lymphostatic verrucoses" or "milroy disease" or "milroy disease" or "milroy meige disease" or "milroy meiges disease" or "milroys disease" or "mossy feet" or "mossy foot*" or podoconioses or podoconiosis).ti,ab,hw,kw.	38766
10	0 8 or 9	39158
1	1 7 and 10	11153
12	2 exp DISEASE SURVEILLANCE/	24791
1.	3 (exam or examination* or exams or "patient report outcome*" or "patient reported outcome*" or PROM or surveillance).ti,ab,hw,kw.	2779044
14	4 exp Massage/	19943

15 ("manual lymph drainage" or "manual lymphatic drainage" or massag*).ti,ab,hw,kw.	38848
16 exp exercise/	505444
17 exp exercise therapy/	127546
(aerobics or anaerobics or bicycling or biking or "endurance training" or exercis* or "fitness training" or isometrics or "physical exertion" or "physical activit*" or "resistance training" or running or "strength training" or swimming or walking or weightlifting).ti,ab,hw,kw.	1432369
19 exp Stockings, Compression/	4050
20 exp compression therapy/	8299
21 ("circ aid" or circaid or compression or unna or unnas).ti,ab,hw,kw.	284949
22 or/12-21	4419563
23 11 and 22	2910
24 exp evidence based medicine/	1145422
25 exp meta analysis/	258169
26 exp Meta-Analysis as Topic/	57039
27 exp "systematic review"/	301029
28 exp Guideline/ or exp Practice Guideline/	522025
29 exp controlled study/	6680981
30 exp Randomized Controlled Trial/	1020185
31 exp triple blind procedure/	204
32 exp Double-Blind Method/	439387
33 exp Single-Blind Method/	79905
34 exp latin square design/	361
35 exp Placebos/	388945
36 exp Placebo Effect/	11206
37 exp comparative study/	3128292
38 exp intervention studies/	39732
39 exp Cross-Sectional Studies/	586142
40 exp Cross-Over Studies/	138371
41 exp Cohort Studies/	2429563

42 exp longitudinal study/	377741
43 exp retrospective study/	1496634
44 exp prospective study/	1090455
45 exp clinical trial/	2198408
46 clinical study/	156767
47 exp case-control studies/	1149203
48 exp confidence interval/	164691
49 exp multivariate analysis/	514350
((evidence adj based) or (meta adj analys*) or (systematic* adj3 review*) or guideline* or (control* adj3 study) or (control* adj3 trial) or (randomized adj3 study) or (randomized adj3 trial) or (randomized adj3 study) or (randomised adj3 trial) or "pragmatic clinical trial" or (doubl* adj blind*) or (doubl* adj mask*) or (singl* adj blind*) or (singl* adj mask*) or (tripl* adj blind*) or (tripl* adj mask*) or (trebl* adj blind*) or (trebl* adj mask*) or "latin square" or placebo* or nocebo* or multivariate or "comparative study" or "comparative survey" or "comparative analysis" or (intervention* adj2 study) or (intervention*	

adj2 trial) or "cross-sectional study" or "cross-sectional analysis" or "cross-sectional survey" or "cross-sectional design" or "prevalence study" or "prevalence analysis" or "disease frequency survey" or crossover or "cross-over" or cohort* or "longitudinal study" or "longitudinal survey" or "longitudinal analysis" or "longitudinal evaluation" or longitudinal* or ((retrospective or "ex post facto") adj3 (study or survey or analysis or design)) or retrospectiv* or "prospective study" or "prospective survey" or "prospective analysis" or prospective or "concurrent study" or "case control study" or "case base study" or "case referent study" or "case referent study" or "case referent study" or "case comparison study" or "matched case control" or "multicenter study" or "multi-center study" or "odds ratio" or "confidence interval" or "change analysis" or ((study or trial or random* or control*) and compar*)).mp,pt.

51 or/24-50

52 23 and 51

limit 52 to ("all adult (19 plus years)" or "young adult (19 to 24 years)" or "adult (19 to 44 years)" or "young adult and adult (19-24 and 19-44)" or "middle 53 age (45 to 64 years)" or "middle aged (45 plus years)" or "all aged (65 and over)" or "aged (80 and over)") [Limit not valid in CCTR,CDSR,Embase; records 1546 were retained]

- limit 53 to (adult <18 to 64 years> or aged <65+ years>) [Limit not valid in CCTR,CDSR,Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher; records were retained]
- 55 limit 52 to ("all infant (birth to 23 months)" or "all child (0 to 18 years)" or "newborn infant (birth to 1 month)" or "infant (1 to 23 months)" or "preschool child (2 to 5 years)" or "child (6 to 12 years)" or "adolescent (13 to 18 years)") [Limit not valid in CCTR,CDSR,Embase; records were retained]
- 56 limit 55 to (embryo or infant or child or preschool child <1 to 6 years> or school child <7 to 12 years> or adolescent <13 to 17 years>) [Limit not valid in 227

	CCTR,CDSR,Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher; records were retained]	
57	7 56 not 54	12
58	3 52 not 57	1670
59	("case study" or "case series" or "clinical series" or "case studies" or (case adj3 report)).mp,pt.	3146591
60	0 58 not 59	1603
61	limit 60 to (editorial or erratum or note or addresses or autobiography or bibliography or biography or blogs or comment or dictionary or directory or interactive tutorial or interview or lectures or legal cases or legislation or news or newspaper article or overall or patient education handout or periodical index or portraits or published erratum or video-audio media or webcasts) [Limit not valid in CCTR,CDSR,Embase,Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher; records were retained]	20
62	2 from 61 keep 1-3	3
63	6 (60 not 61) or 62	1586
64	remove duplicates from 63	1130

Scopus

- TITLE-ABS-KEY(cancer* or neoplasm* or neoplastic or paraneoplas* or tumor* or tumor* or neoplasia* or "section 16" or leukemia* or carcinoma* or lymphoma* or Astrocytoma* or glioma* or adenoma* or carcinoid* or Sarcoma* or ostesarcoma* or histiocytoma* or craniopharyngioma* or ependymoma* or chordoma* or "Chronic Myeloproliferative Disorder*" or craniopharyngioma* or "Mycosis Fungoide*" or "Szary Syndrome*" or Esthesioneuroblastoma* or melanoma* or retinoblastoma* or histocytoma* or "gestational trophoblastic disease*" or histiocytos* or burkitt* or Macroglobulinemia* or Mesothelioma* or neuroblastoma* or Papillomatos* or paraganglioma* or "pheochromocytoma* multiple myeloma*" or blastoma* or Rhabdomyosarcoma* or nonmelanoma* or metasta*)
- 2 TITLE-ABS-KEY(Brachytherap* OR irradiat* OR operat* OR radiation* OR "radio therap*" OR "radio treatment*" OR radiolog* OR radiotherap* OR radiotreatment* OR reconstruction* OR repair* OR roentgen* OR rontgen* OR surg* OR "x ray*")
- TITLE-ABS-KEY("bigfoot disease*" OR elephantiases OR elephantiasis OR "lymph edema*" OR "lymph oedema*" OR "lymphatic edema*" OR "lymphatic filariases" OR "lymphatic filariasis" OR "lymphatic oedema*" OR lymphoedema* OR lymphoedema* OR lymphoedema* OR "lymphostatic edema*" OR "lymphostatic oedema*" OR "lymphostatic verrucosis" OR "microcrystal disease*" OR "milroy disease" OR "milroy meige disease" OR "milroy meiges disease" OR "milroy disease" OR "mossy feet" OR "mossy foot*" OR podoconioses OR podoconiosis)
- 4 TITLE-ABS-KEY(exam or examination* or exams or "patient report outcome*" or "patient reported outcome*" or PROM or surveillance)
- 5 TITLE-ABS-KEY("manual lymph drainage" OR "manual lymphatic drainage" OR massag*)
- TITLE-ABS-KEY(aerobics or anaerobics or bicycling or biking or "endurance training" or exercis* or "fitness training" or isometrics or "physical exertion" or "physical activit*" or "resistance training" or running or "strength training" or swimming or walking or weightlifting)
- 7 TITLE-ABS-KEY("circ aid" OR circaid OR compression OR unna OR unnas)
- TITLE-ABS-KEY((evidence W/1 based) or (meta W/1 analys*) or (systematic* W/3 review*) or guideline* or (control* W/3 study) or (control* W/3 trial) or (randomized W/3 study) or (singl* W/1 blind*) or (singl* W/1 blind*) or (tripl* W/1 blind*) or (tripl* W/1 mask*) or (trebl* W/1 blind*) or (trebl* W/1 blind*) or (trebl* W/1 blind*) or (trebl* W/2 study) or "latin square" or placebo* or nocebo* or multivariate or "comparative study" or "comparative survey" or "comparative analysis" or (intervention* W/2 trial) or "cross-sectional study" or "cross-sectional analysis" or "cross-sectional survey" or "disease frequency survey" or "disease frequency survey" or "disease frequency survey" or "cross-over" or cohort* or "longitudinal study" or "longitudinal survey" or "longitudinal evaluation" or longitudinal* or ((retrospective or "expost facto") W/3 (study or survey or analysis or design)) or retrospectiv* or "prospective study" or "prospective survey" or "prospective analysis" or prospective or "case control study" or "case base study" or "case referent study" or "case referent study" or "case referent study" or "case comparison study" or "matched case control" or "multicenter study" or "multi-center study" or "odds ratio" or "confidence interval" or "change analysis" or ((study or trial or random* or control*) and compar*))
- 9 1 and 2 and 3 and (4 or 5 or 6 or 7) and 8
- TITLE-ABS-KEY(newborn* or neonat* or infant* or toddler* or child* or adolescent* or paediatric* or pediatric* or girl or girls or boy or boys or teen or teens or teenager* or preschooler* or "pre-schooler*" or preteen or preteens or "pre-teen" or "pre-teens" or youth or youths) AND NOT TITLE-ABS-KEY(adult or adults or "middle aged" OR elderly OR geriatric* OR "old people" OR "old person*" OR "older people" OR "older person*" OR "very old")

- 11 9 and not 10
- 12 TITLE-ABS-KEY("case study" OR "case series" OR "clinical series" OR "case studies" OR (case W/3 report))
- 13 11 and not 12
- 14 DOCTYPE(ed) OR DOCTYPE(bk) OR DOCTYPE(er) OR DOCTYPE(no) OR DOCTYPE(sh)
- 15 13 and not 14
- 16 INDEX(embase) OR INDEX(medline) OR PMID(0* OR 1* OR 2* OR 3* OR 4* OR 5* OR 6* OR 7* OR 8* OR 9*)
- 17 15 and not 16

Figure S1. Risk of lymphedema (other interventions)

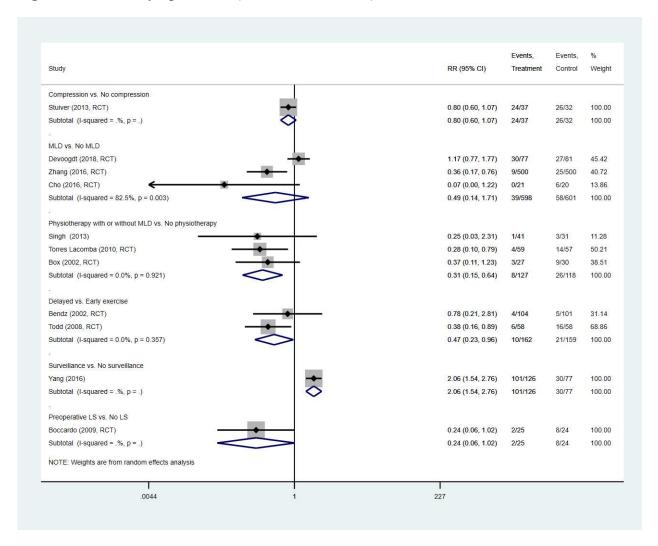


Figure S2. Change in physical activity

(Data are standardized. Higher SMD means improvement in the intervention group)

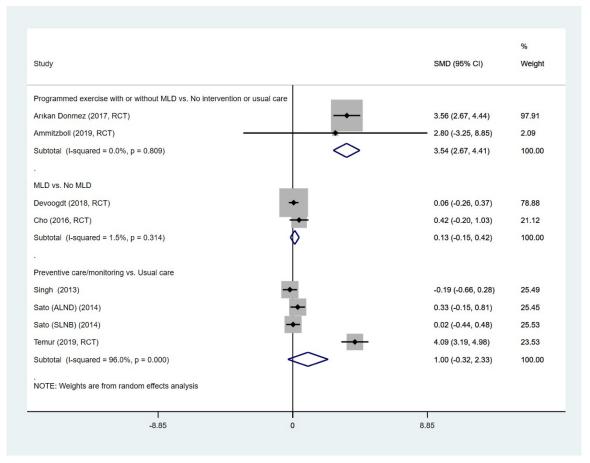


Figure S3. Grip strength

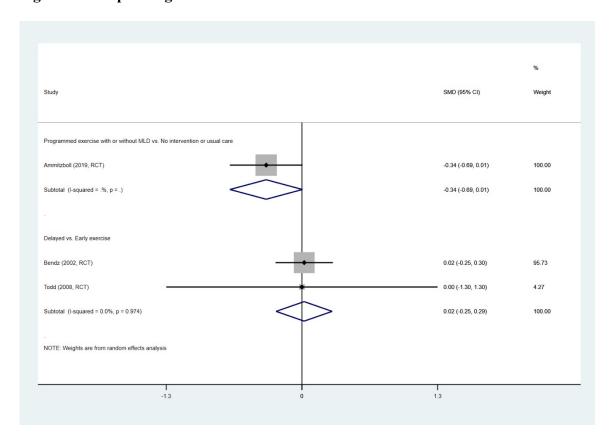
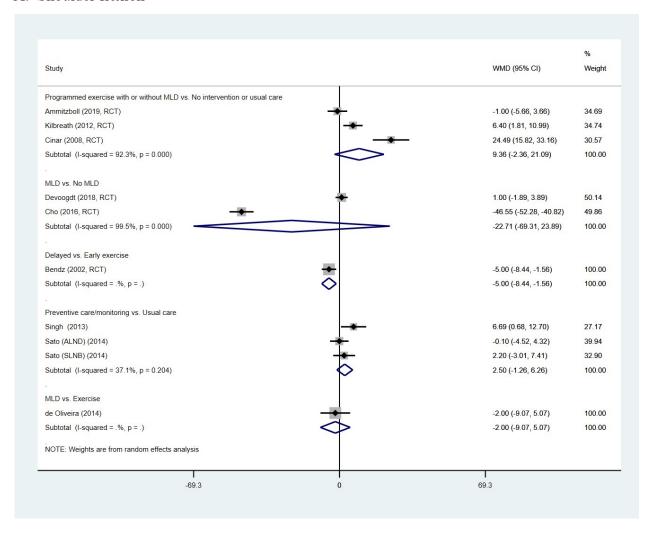
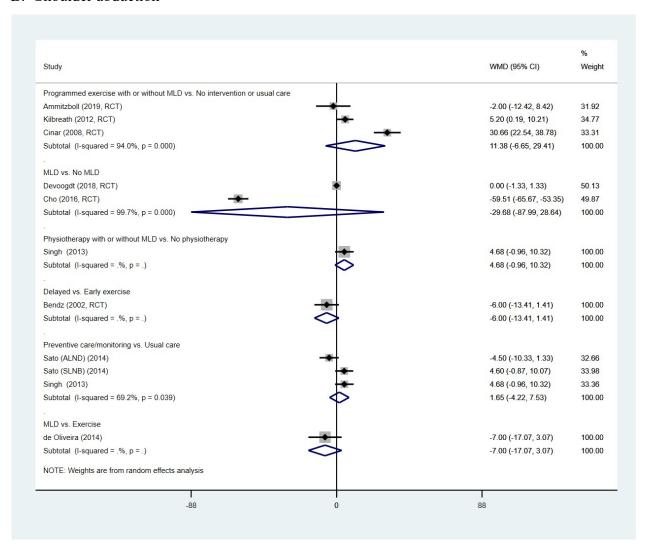


Figure S4. Range of motion

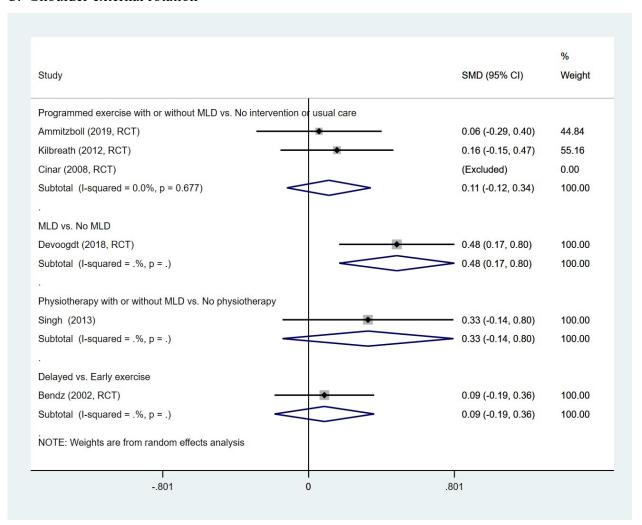
A. Shoulder flexion



B. Shoulder abduction



C. Shoulder external rotation



D. Shoulder horizontal extension

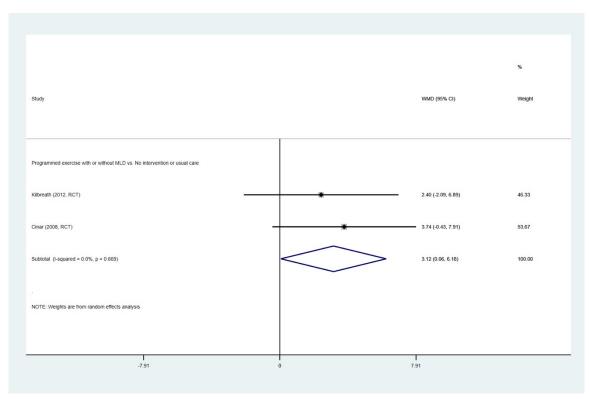


Figure S5. Risk of bias assessment for randomized clinical trials

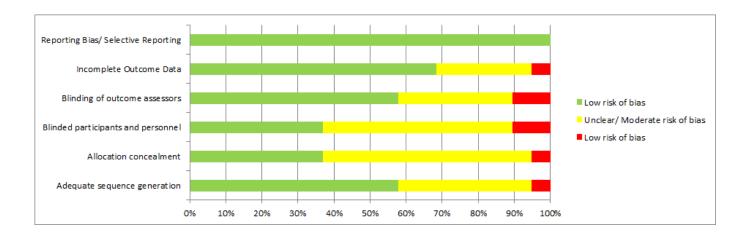


Figure S6. Risk of bias assessment for observational studies and non-randomized clinical trials

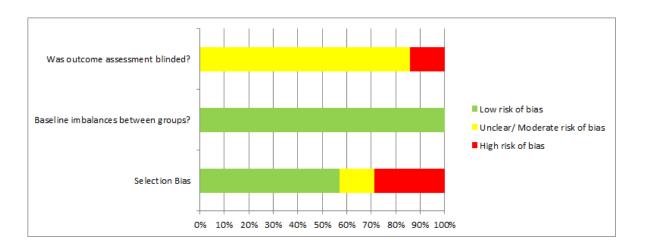


Table S1. Protocol of cancer related lymphedema guideline and systematic review

Population of interest	Intervention	Comparison	Outcomes	Study designs available to answer this question	Timing
Adult patients who have had cancer surgery and/or radiation and are at risk for lymphedema	Prospective surveillance, timing Prospective surveillance components/assessment (objective measurements, PROM and clinical examination)	No surveillance	1. Development of lymphedema 2. Missed work or cost of coming in for prospective surveillance 3. # of patients referred to lymphedema specialist (surrogate for development of lymphedema)	Comparative observational studies RCT	Months
Adult patients with cancer who are at risk for extremity/trunca l lymphedema	Prophylactic massage of scar tissue (by patient) Preventive exercises Prophylactic use of compression garments	No treatment or an alternative intervention	1. Development of persistent vs transient stage of lymphedema 2. Change in physical activity 3. Functional impairments (ROM, grip)	Comparative observational studies RCT	Months

Table S2. Characteristics of studies in the meta-analysis by comparison

A. Compression vs. No compression

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Stuiver,	RCT	80 (41/39)	59/58	49/59	NR	Melanoma/Ur	Surgery with inguinal	NR	Compression	Patient	12	Risk of lymphedema:
2013						ogenital	lymph node dissection		stockings	education		lower limb/genital,
(Stuiver et						Cancer						defined as a 10% or
al., 2013)						Intervention:						greater increase from
						22/18, control:						baseline in volume of the
						23/17						proximal or distal half of
												the thigh or the lower leg,
												using the standardized
												Kühnke's method of
												surface measurement

B. MLD vs. No MLD

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Cho, 2016	RCT	41 (21/20)	46.6/50.7	0	NR	Breast cancer	All patients received surgery and some	Stage	Manual lymph drainage	Physical therapy (PT)	1	1. Risk of lymphedema: ≥3 % volume increase
(Cho et al.,							patients also received	I: intervention:5	(MLD)+physic	uiciupy (1 1)		from baseline in the
2016)							chemotherapy or	(23.8), control:12 (60)	al therapy (PT)			affected upper limb
							radiation.	III: intervention:16				2. Volume change: arm
							Chemotherapy-	(76.2), control:8				volume calculated from
							Intervention:9 (42.9),	(40).				circumference
							control:11 (55).					measurements taken at 4-
							Radiotherapy-					cm intervals from the
							intervention:21 (100),					dorsum of the wrist to the
							control:19 (95).					axilla
												3. Change in physical
												activity: EORTC QLQ-
												C30 and DASH
												4. Functional impairment-
												range of motion: shoulder
												flexion/ abduction

Devoogdt,	RCT	160 (79/81)	55.8/54.5	1/1	26.6/26.2	Breast cancer	Surgery-	Tumor size:	Manual lymph	No MLD	12	1. Risk of lymphedema :
2011							Mastectomy:	pT0: intervention: 1,	drainage			(1) ≥200 mL increase in
(Devoogdt							Intervention: 52,	control: 0;	(MLD)			arm volume up to the
et al., 2011)							Control: 56;	pT1: intervention:				reference point 16 cm
							Breast conserving:	21, control: 26;				proximal to the olecranon
							Intervention: 27,	pT2: intervention:				by water displacement
							Control: 25.	38, control:39;				(2) ≥2 cm increase in arm
							Radiotherapy- IMC	pT3: intervention:				circumference at the
							and medial	13, control: 12;				olecranon and 4, 8, 12, 16,
							supraclavicular:					and 20 cm above and
							Intervention: 69,	pT4: intervention: 6,				under the olecranon
							Control: 67.	control: 4.				(3) using author
							Radiotherapy- axilla:					developed questionnaire
							Intervention: 8,					2. Volume change : arm
							Control: 5.					volume change
							Chemotherapy:					3. Change in physical
							Intervention: 50,					activity: SF-36 (QoL:
							Control: 58.					physical health)
							Neo-adjuvant					
							chemotherapy:					
							Intervention: 14,					
							Control: 14.					
							Trastuzumab:					
							Intervention: 14,					
							Control: 7.					
							Endocrine treatment:					
							Intervention: 55,					
							Control: 66.					

Downsalt	RCT (the	160 (79/81)	55.8/54.5	1/1	26.6/26.2	Drangt carres	All patients received	Only for types a sign	Manual lymph	No MLD	60	1. Risk of lymphedema:
Devoogdt, 2018	same trial	100 (79/81)	33.6/34.3	1/1	20.0/20.2	Breast cancer		Only for tumor size and node stage.	drainage	NO MILD	UU .	defined as
							surgery and some					
(Devoogdt	as						patients also received	Tumor size, n (%)	(MLD)			$(1) \ge 200 \text{ ml}/\ge 2 \text{ cm}$
et al., 2018)	Devoogdt,						chemotherapy or	pT0: intervention:1				increase of absolute arm
	2011)						radiation.	(1) control:0 (0)				volume difference
							Radiotherapy-	pT1: intervention:21				compared with pre-
							intramammary chain,	(27) control:26 (32)				surgical value by water
							medial	pT2: intervention:38				displacement
							supraclavicular:	(48) control:39 (48)				$(2) \ge 2$ cm increase of arm
							intervention:69 (87),	pT3: intervention:13				circumference difference
							control:67 (83); axilla:	(17) control:12 (15)				of olecranon at two
							intervention:8 (10),					adjacent measurement
							control:5 (6).	pT4:				points compared with pre-
							Chemotherapy-	intervention: 6 (8)				surgical value
							all: intervention:50	control:4 (5)				$(3) \ge 5\% / \ge 10\%$ increase
							(63), control:58 (72);	Lymph node stage,				of relative arm volume
							neo-adjuvant:	n (%)				difference compared with
							intervention:14 (18),	pN0:				pre-surgical value by
							control:14 (17).	intervention:23 (29)				water displacement
							taxane-based:	control:25 (31)				
							intervention:45 (57),	pN1:				(4) ≥5% increase of
							control:46 (57).	intervention:36 (46)				relative arm volume
							control.40 (37).	control:39 (48)				difference compared with
								pN2:				pre-surgical value by
												water displacement
								intervention:11 (14)				(persistent)
								control:9 (11)				2. Volume change :
								pN3: intervention:9				absolute change in
								(11) control:8 (10)				difference in arm volume
												3. % volume change:
												relative change in
												difference in arm
												Volume
												Volume

												4. Change in physical activity: physical function (Lymph-ICF) and physical health (SF-36) 5. Functional impairment- range of motion: shoulder flexion/abduction/external rotation/internal rotation
Zhang, 2016 (Zhang et al., 2016)	RCT	1000(500/500)	NR	0	NR	Breast cancer	Surgery	Tumor-node-metastasis staging: I+II: control:211, intervention:197; III: control:289, intervention:303.	Self-manual lymph drainage (MLD) and exercise	Exercise	12	1. Risk of lymphedema: by measuring upper limb circumferences on the surgical side compared with that of the contralateral side 2. Functional impairment- range of motion: number of patients achieving 180 degrees of shoulder abduction in 6 months

C. Physiotherapy with or without MLD vs. No physiotherapy

Box, 2002 RCT 65 (32/33) 53.03/59 0 Median Breast cancer Surgical Proced	1770				
(Box, Reul- Hirche, Bullock- Saxton, & Furnival, 2002) CLE&AD: control:51.5, intervention:46. MRM: control: intervention:53. Radiotherapy control:48.5, interevention:65 Chemothera control:21. interevention:	; 8.5, 6.	Treatment group: received the Physiotherapy Management Care Plan (PMCP), including principles for lymphoedema risk minimization and early management of this condition when it was	Control group: only received an exercise instruction booklet	24	Risk of lymphedema: defined by (1) an increase of ≥200 ml from the preoperative (VOL (OA-UOA) _{TA}). Arm volumes (VOL) were measured by water displacement. (2) an increase of ≥5 cm from the preoperative (CIRC (OA-UOA)TA) (3) MFBIA ratio: number with ratio <95% lower reference limit (4) MFBIA % change: number with >10%

Box, 2002- 2 (Box et al., 2002)	RCT (the same trial as Box, 2002)	65 (32/33)	53.03/59	0	Median 24.3/27.2	Breast cancer	Surgical Procedure CLE&AD: control:51.5, intervention:46.9; MRM: control: 48.5, intervention:53.1. Radiotherapy control:48.5, interevention:65.6. Chemotherapy: control:21.2, interevention:43.8.	NR	Treatment group: Received the Physiotherapy Management Care Plan (PMCP), including principles for lymphoedema risk minimization and early management of this condition when it was identified.	Control group: only received an exercise instruction booklet	24	1. Change in physical activity: measured by compliance with the exercise protocol, which is associated with different patterns of recovery for all movements except external rotation. 2. Functional impairment-range of motion: shoulder abduction
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Sing	gh,	Quasi	72 (41/31)	55.1/62.8	0	27.1/27.0	Breast cancer	All patients received	Cancer stage	Clinical care	No clinical care	7	1. Risk of lymphedema: a
201	.3 R	Randomise						surgery and some	DCIS or Stage 1:	pathway:	pathway:		2 cm increase in upper
(Sing	h et	d						patients also received	intervention:2 (4.9),	preoperative	preoperative		extremities circumference
al., 20								chemotherapy or	control:2 (6.5);	education,	education alone		between adjacent points,
								radiation.	Stage II:	prospective			compared with pre-
								Adjuvant radiation:	intervention:14	monitoring,			surgical value
								intervention: 22	(34.1), control:10	and early			2. Change in physical
								(53.7), control: 14	(32.2);	physiotherapy			activity: evaluated by
								(45.2);	Stage III:				Disabilities of Arm,
								Adjuvant	intervention:19				Shoulder and Hand
								chemotherapy:	(46.3), control:13				(DASH)
								intervention: 16 (39),	(41.9);				3. Functional impairment-
								control:16 (32.3).	Unknown:				range of motion: shoulder
									intervention: 6				flexion/abduction/external
									(14.6), control:6				rotation
									(19.4).				
									(17.7).				

Torres	RCT	120 (60/60)	52.9/52.9	0	27.9/26.2	Breast cancer	Surgery-	NR	Physiotherapy	Educational	12	1. Risk of lymphedema:
Lacomba,	(ISRCTN9						Quadrantectomy:		program,	strategy		≥2cm increase in the
2010	5870846)						Intervention: 24,		including			circumference of any two
(Torres							Control: 26;		manual lymph			adjacent points compared
Lacomba et							Modified mastectomy:		drainage,			with measurements in the
al., 2010)							Intervention: 23,		massage of scar			other arm
							Control: 20;		tissue, and			2. % volume change:
							Lumpectomy:		progressive			change in volume ratio
							Intervention: 13,		active and			
							Control: 14.		action assisted			
							Postoperative therapy-		shoulder			
							Radiotherapy:		exercises. Also			
							intervention:44,		received the			
							control:49;		educational			
							Chemotherapy:		strategy.			
							interevntion: 50,					
							control: 45;					
							Hormonal therapy:					
							Intervention: 39,					
							Control: 33					

D. Delayed vs. Early exercise

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Bendz,	RCT	205 (101/104)	58/58	0	NR	Breast cancer	All patients received	NR	Delayed	Early shoulder	24	1. Risk of lymphedema:
2002							surgery and some		shoulder	exercise		volume on the operated
(Bendz &							patients also received		exercise			side >10% increased
Fagevik							radiation. Mastectomy					compared with the non-
Olsen,							only: intervention:31,					operated side
2002)							control:22;					2. % volume change: the
							Incl. radiotherapy:					arm volume measured
							intervention:5,					voluminometrically
							control:7.					3. Functional impairment-
							Quadrant resection					grip : grip strength
							only: intervention:20,					measured with
							control:23;					Vigortmeter
							Incl. radiotherapy:					4. Functional impairment-
							intervention:45					range of motion : shoulder
							control:52.					flexion/abduction/external
												rotation/internal rotation

7	Todd, 2008	RCT	116 (58/58)	56.5/57.2	0	27.5/28.4	Breast cancer	Surgery: wide local	Grade I	Intervention	Control group	12	1. Risk of lymphedema:
,	(Todd et							excision or	intervention: 8,	group (Delayed	(Early		defined by a limb volume
	al., 2008)							mastectomy, including	control: 8;	mobilisation):	mobilisation):		difference of 200 ml or
								axillary lymph node	Grade II	arm exercises	commenced an		more compared with the
,								dissection	intervention: 24,	and shoulder	exercise		contralateral arm,
									control: 27;	movement	programme that		measured using volume
									Grade III	restricted to	incorporated		displacement
									intervention: 26,	below shoulder	exercises above		2. Functional impairment-
									control: 23.	level for the	shoulder level		grip : grip strength using a
									-	first 7 days	within 48		hand-held Jamar®
										after surgery.	hours.		dynamometer
													3. Functional impairment-
													range of motion : shoulder
													abduction

E. Preventive care/monitoring vs. Usual care

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Sato, 2014	Non-	149 (90/59)	ALND:52	0	NR	Breast cancer	All patients received	Stage 0: ALND	Educational	Routine care	3	1. Volume change: upper
(Sato et al.,	randomize		.9				surgery and some	intervention:0.0,	program:			arm/forearm girth
2014)	d		SLNB:54.				patients also received	control:6.7; SLNB	monitoring arm			2. Change in physical
	controlled		3/				chemotherapy or	intervention:25.5,	function and			activity: evaluated by
	trial		ALND:52				radiation.	control:44.8.	exercises			Disabilities of Arm,
			.1				Radiotherapy: ALND	Stage I: ALND				Shoulder and Hand
			SLNB:53.				intervention:69.2,	intervention:7.7,				(DASH)
			7				control:83.3; SLNB	control:20.0; SLNB				3. Functional impairment-
							intervention:58.8,	intervention:54.9,				grip : grip strength
							control: 51.7.	control:48.3.				4. Functional impairment-
							Chemotherapy,	Stage II: ALND				range of motion : shoulder
							molecular targeting	intervention:43.6,				flexion/abduction/horizont
							therapy: ALND	control:50.0; SLNB				al extension
							intervention:79.5,	intervention:17.6,				
							control:86.7; SLNB	control:6.9.				
							intervention:11.8,	Stage III: ALND				
							control:24.1.	intervention:41.0,				
								control:23.3; SLNB				
								intervention:2.0,				
								control:0.0.				
								Stage IV:ALND				
								intervention:7.7,				
								control:0.0; SLNB				
								intervention:0.0,				
								control:0.0.				

Quasi	70 (41/21)										
	72 (41/31)	55.1/62.8	0	27.1/27.0	Breast cancer	All patients received	Cancer stage	Clinical care	No clinical care	7	1. Risk of lymphedema: a
Randomise						surgery and some	DCIS or Stage 1:	pathway:	pathway:		2 cm increase in upper
d						patients also received	intervention:2 (4.9),	preoperative	preoperative		extremities circumference
						chemotherapy or	control:2 (6.5);	education,	education alone		between adjacent points,
						radiation.	Stage II:	prospective			compared with pre-
						Adjuvant radiation:	intervention:14	monitoring,			surgical value
						intervention: 22	(34.1), control:10	and early			2. Change in physical
						(53.7), control: 14	(32.2);	physiotherapy			activity: evaluated by
						(45.2);	Stage III:				Disabilities of Arm,
						Adjuvant	intervention:19				Shoulder and Hand
						chemotherapy:	(46.3), control:13				(DASH)
						intervention: 16 (39),	(41.9);				3. Functional impairment-
						control:16 (32.3).	Unknown:				range of motion: shoulder
											flexion/abduction/external
							(14.6), control:6				rotation
							(19.4).				
RCT	61 (30/31)	47.6/45.6	0	>25: 19;	Breast cancer	Surgery: modified	Stage 1	Intervention	Control group	6	Volume change : lateral
				<24.9: 11/		radical mastectomy	intervention: 2,	group: Provided			epicondylitis (10 cm
				>25: 19;		and breast-conserving	control: 2;	training and			above/below), forearm
				<24.9: 12		surgery	Stage 2	given a training			(wrist joints 10 cm below)
								booklet			and metacarpophalangeal
							•	describing			2. Change in physical
							,	"exercise,			activity: physical
								massage and			functioning domain of
								prevention			EORTC QLQ-30
							control: 13.	methods"			
	d	d	d	d	RCT 61 (30/31) 47.6/45.6 0 >25: 19; <24.9: 11/ >25: 19;	RCT 61 (30/31) 47.6/45.6 0 >25: 19; Sreast cancer <24.9: 11/ >25: 19;	d patients also received chemotherapy or radiation. Adjuvant radiation: intervention: 22 (53.7), control: 14 (45.2); Adjuvant chemotherapy: intervention: 16 (39), control:16 (32.3). RCT 61 (30/31) 47.6/45.6 0 >25: 19; Breast cancer Surgery: modified radical mastectomy and breast-conserving	A	A	patients also received chemotherapy or radiation. Adjuvant radiation: intervention: 14 (4.9), prosperative education, prospective intervention: 14 (32.2); (33.7), control: 14 (32.2); Stage III: intervention: 19 (46.3), control: 13 (41.9); control: 16 (32.3). RCT 61 (30/31) 47.6/45.6 0 >255: 19; Stage 3 (34.9) control: 2; stage 3 (34.9) control: 16, control: 16; Stage 3 (34.9) control: 16; Stage 3 (34.9) control: 16;	patients also received chemotherapy or radiation. Adjuvant radiation: Adjuvant radiat

F. MLD vs. Exercise

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
de Oliveira,	Non-	96 (48/48)	55.6/56.7	0	28/29.1	Breast cancer	Surgery:	Surgical staging:	Manual	Exercise	2	1. Volume change: hand,
2014	randomize						Patey Modified	I: MLD: 0, exercise:	lymphatic			wrist, arm and forearm
(de Oliveira	d						Radical Mastectomy:	1;	drainage			2. Functional impairment-
et al., 2014)	controlled						MLD: 17, exercise:	II: MLD: 9,	(MLD)			range of motion: shoulder
-	trial						27;	exercise: 17;				flexion/abduction
							Madden MRM: MLD:	III/IV: MLD: 34,				
-							25, exercise:19;	exercise: 28.				
-							Halsted RM:					
							MLD: 1, exercise: 0;					
-							Neoadjuvant chemo:					
							MLD: 29, exercise:					
							22.					

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G. Surveillance vs. No surveillance

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Yang, 2016	Comparati	707 (390/317)	47.6/48.6	0	24.3/23.3	Breast cancer	All patients received	Histopathologic	Surveillance	Standard care	60	Risk of lymphedema:
(Yang et	ve						surgery and some	stage:	program for			defined by reference to the
al., 2016)	observation						patients also received	I(%):intervention:10	lymphedema			guidelines of the
	al study						chemotherapy or	9 (28.0 %),	management			International Society of
							radiation.	control:92 (29.0 %);	(SLYM)			Lymphology (ISL)
							Radiotherapy-	II(%):intervention:2				consensus document
							Not done:	15 (55.0 %),				
							intervention:47 (12.0	control:168 (53.0				
							%), control:41 (12.9	%);				
							%);	III(%):intervention:				
							Breast only:	66 (17.0 %),				
							intervention:211 (54.0	control:57 (18.0 %).				
							%), control:174 (54.9					
							%);					
							Breast and SCRT:					
							intervention:140 (36.0					
							%), control:102 (32.2					
							%).					
							Chemotherapy-					
							Doxetaxel:					
							intervention:280 (71.9					
							%), control:223 (70.3					
							%).					

H. Preoperative LS vs. No LS

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Boccardo, 2009	RCT	49 (25/24)	53.4/54.6	0	27.3/29.9	Breast cancer	Surgical Procedure (n) CLE & AD:	NR	Preventive protocol (PG):	Control group (CG)	24	1. Risk of lymphedema: a difference of over 200 ml
(Boccardo et al., 2009)							intervention:12, control:13;		Preoperative upper limb lymphscintigra			from preoperative VOL measurements VOL (OA- UOA) [operated arm=OA;
							MRM & AD: intervention:13, control:11.		phy (LS), principles for			unoperated arm=UOA)] 2. % volume change: arm
							All inluded patients received radiotherapy.		lymphedema risk			volumes (VOL) were assessed using water
									minimization, and early			displacement and measured to the nearest 5
									management of this condition			ml
									when it was identified.			

Table S3. Certainty of evidence of the studies included in the meta-analysis

		Programmed exe	ercise with or withou	t MLD vs. No intervention or usual care
Outcomes	Studies,	Ef	fect	Certainty in evidence
	Design	RR, WMD or	Risk Difference	
	(patients)	SMD (95%CI), I-		
		squared		
Development of	7 studies, 5 RCTs (791, events 159)	0.56 (0.35, 0.89), 59.8%	93 fewer per 1,000 (137 fewer to 23 fewer)	Low, rated down due imprecision* and inconsistency
lymphedema	5 RCTs (among the 7 studies, 706, events 106)	0.77 (0.54, 1.10), 0%	40 fewer per 1,000 (79 fewer to 17 more)	Low, rated down twice due to imprecision*
Change in	2 studies, 2	3.54 (2.67, 4.41),		Moderate, rated down due to imprecision*
physical activity	RCTs (210)	0%		Moderate, rated down due to imprecision
Grip strength	1 study, 1 RCT (129)	-0.34 (-0.69, 0.01)		Low, rated down due to imprecision*
ROM – Shoulder	3 studies, 3	9.36 (-2.36,		Very low, rated down twice due to imprecision* and inconsistency*
flexion	RCTs (347)	21.09), 92.3%		very low, rated down twice due to imprecision and inconsistency
ROM – Shoulder	3 studies, 3	11.38 (-6.65,		Very low, rated down twice due to imprecision* and inconsistency*
abduction	RCTs (347)	29.41), 94%		voly low, ration down times and to improdiction and inconcionary
ROM – Shoulder external rotation	2 studies, 2 RCTs (290)	0.11 (-0.12, 0.34), 0%		Low, rated down twice due to imprecision*
ROM – Shoulder horizontal extension	2 studies, 2 RCTs (217)	3.12 (0.06, 6.18), 0%		Low, rated down due to imprecision* and risk of bias#
			Compression vs	s. No compression
Outcomes	Studies,	Ef	fect	Certainty in evidence
	Design	RR, WMD or	Risk Difference	
	(patients)	SMD (95%CI), I-		
		squared		
Development of lymphedema	1 study, 1 RCT (69)	0.80 (0.60, 1.07)	163 fewer per 1,000 (325	Very low, rated down twice due to imprecision* and risk of bias#

			fewer to 57 more)						
			MI D vs	. No MLD					
Outcomes	Studies,	Ef	fect	. 110 11125	Certainty in evidence				
	Design	RR, WMD or	Risk Difference						
	(patients)	SMD (95%CI), I-							
		squared							
Development of lymphedema	3 studies, 3 RCTs (1,199, events 97)	0.49 (0.14, 1.71), 82.5%	49 fewer per 1,000 (83 fewer to 69 more)	Very low, rated down	n twice due to imprecision*, inconsistency ⁺ and risk of				
Change in	2 studies, 2	-0.09 (-1.01,		Very low, rated down	n twice due to imprecision*, inconsistency* and risk of				
physical activity	RCTs (173)	0.83), 85%		bias [#]					
ROM – Shoulder	2 studies, 2	-22.71 (-69.31,		Very low, rated down	n twice due to imprecision*, inconsistency* and risk of				
flexion	RCTs (199)	23.89), 99.5%		bias [#]					
ROM – Shoulder	2 studies, 2	-29.68 (-87.99,		Very low, rated down twice due to imprecision*, inconsistency* and risk of					
abduction	RCTs (199)	28.64), 99.7%		bias [#]					
ROM – Shoulder external rotation	1 study, 1 RCT (158)	0.48 (0.17, 0.80)		Low, rated down due	e to imprecision*				
	, ,	Physio	therapy with or witho	out MLD vs. No phys	siotherapy				
Outcom	nes	Studies, Design	Effe		Certainty in evidence				
		(patients)	RR, WMD or SMD (95%CI), I- squared	Risk Difference					
Development of ly	mphedema	3 studies, 2 RCTs (245)	0.31 (0.15, 0.64), 0%	152 fewer per 1,000 (187 fewer to 79 fewer)	Moderate, rated down due to imprecision*				
ROM – Shoulder a	bduction	1 study, 0 RCT (72)	4.68 (-0.96, 10.32)		Very low, rated down twice due to imprecision*				
ROM – Shoulder e	external	1 study, 0 RCT (72)	0.33 (-0.14, 0.80)		Very low, rated down twice due to imprecision*				
			Delayed vs.	vs. Early exercise					
Outcom	nes	Studies, Design	Effe	ect	Certainty in evidence				

	(patients)	RR, WMD or SMD (95%CI), I- squared	Risk Difference				
Development of lymphedema	2 studies, 2 RCTs (321, events 31)	0.47 (0.23, 0.96), 0%	70 fewer per 1,000 (102 fewer to 5 fewer)	Low, rated down due to risk of bias#			
Grip strength	2 studies, 2 RCTs (297)	-0.03 (-0.31, 0.26)		Very low, rated down due to imprecision* and risk of bias#			
ROM – Shoulder flexion	1 study, 1 RCT (205)	-5.00 (-8.44, -1.56)		Low, rated down due to imprecision* and risk of bias#			
ROM – Shoulder abduction	1 study, 1 RCT (205)	-6.00 (-13.41, 1.41)		Very low, rated down twice due to imprecision* and risk of bias#			
ROM – Shoulder external rotation	1 study, 1 RCT (205)	0.09 (-0.19, 0.36)		Very low, rated down twice due to imprecision* and risk of bias#			
		Preventive care/mor	nitoring vs. Usual ca	ire			
Outcomes	Studies, Design	Effe	ect	Certainty in evidence			
	(patients)	RR, WMD or SMD	Risk Difference				
		(95%CI), I-					
		squared					
Change in physical activity	3 studies, 1 RCTs (282)	1.00 (-0.32, 2.33), 96%		Very low, rated down twice due to imprecision* and inconsistency ⁺			
ROM – Shoulder flexion	2 studies, 0 RCT (221)	2.50 (-1.26, 6.26), 37.1%		Very low, rated down twice due to imprecision*			
ROM – Shoulder abduction	2 studies, 0 RCT (221)	1.65 (-4.22, 7.53), 69.2%		Very low, rated down twice due to imprecision*			
		MLD vs	. Exercise				
Outcomes	Outcomes Studies, Design		ect	Certainty in evidence			
	(patients)	RR, WMD or SMD (95%CI), I- squared	Risk Difference				
ROM – Shoulder flexion	1 study, 0 RCT (89)	-2.00 (-9.07, 5.07)		Very low, rated down twice due to imprecision*			

ROM – Shoulder abduction	1 study, 0 RCT (89)	-7.00 (-17.07, 3.07)		Very low, rated down twice due to imprecision*			
		Surveillance vs	s. No surveillance				
Outcomes	Studies, Design	Effe	ect	Certainty in evidence			
	(patients)	RR, WMD or SMD	Risk Difference				
		(95%CI), I-					
		squared					
	1 -t 0 DOT		413 more per				
Development of lymphedema	1 study, 0 RCT	2.06 (1.54, 2.76)	1,000 (210 more	Very low, rated down due to imprecision*			
	(203)		to 686 more)				
		Preoperative	e LS vs. No LS				
Outcomes	Studies, Design	Eff	ect	Certainty in evidence			
	(patients)	RR, WMD or SMD	Risk Difference				
		(95%CI), I-					
		squared					
Development of lymphedema	1 study, 1 RCT (49)	0.24 (0.06, 1.02)	253 fewer per 1,000 (313 fewer to 7 more)	Very low, rated down due to imprecision* and risk of bias#			

^{*}Imprecision: without known thresholds, we rated down once for either events < 300 or 95% CI including appreciable benefits and harm (binary outcomes), and patients number < 500 or 95% CI crossing 0 (continuous outcomes).

For non-RCT, using Newcastle-Ottawa quality assessment scale and evaluating according to the two most important domains that may cause bias: the "representative of patients, reported as a consecutive sample of patients" and "comparability of patients".

Both RCT and non-RCT are evaluated as following: 2 domains of low risk – low risk

1 low risk plus 1 high risk or unclear/ two unclear - unclear

1 unclear plus 1 high risk / two high risk – high risk

When > 50% of studies are RCTs and no inconsistency, we started at high quality; otherwise started at low.

 $^{^{+}}$ Inconsistency: without known thresholds, we rated down for $l^2 > 50\%$ (binary outcomes) and > 75% (continuous outcomes).

^{*}Risk of bias: For RCT, using Cochrane Collaboration Risk of Bias tool and evaluating according to the two most important domains that may cause bias: the "Random sequence generation" and "Blinding of outcome assessment";

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Table S4. Characteristics of included studies comparing Progressive resistance training (RRT) vs Usual care

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Ammitzbol	RCT	158 (82/76)	53/52	0	26.5/26.6	Breast cancer	Radiation+surgery (all	Histologic stage of	Progressive	Usual care	12	Change in physical
1, 2019 ¹	(NCT0251						patients) / some	malignancy, No.	resistance			activity: physical
	8477)						patients from each	(%)	training (PRT)			functioning with QLQ C-
							group also received	1: Control:16 (21)				30 assesing QoL
							chemotherapy	Intervention:12 (15)				
							Adjuvant: Control: 45	2 :Control:35 (46)				
							(59%) Intervention: 48	Intervention:48 (59)				
							(59%)	3 :Control:18 (24)				
							Neoadjuvant: Control:	Intervention:15 (18)				
							21 (28%) Intervention:					
							25 (30%)					

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Ammitzbol	RCT	158 (82/76)	53/52	0	26.5/26.6	Breast cancer	Radiation+surgery (all	Histologic stage of	Progressive	Usual care	12	1. Risk of lymphedema:
1, 2019 ²	(NCT0251						patients) / some	malignancy, No.	resistance			>3% increased interlimb
	8477)						patients from each	(%)	training (PRT)			volume difference
							group also received	1: Control:16 (21)				2. % Volume change in
							chemotherapy	Intervention:12 (15)				interlimb volume
							Adjuvant: Control: 45	2 :Control:35 (46)				difference
							(59%) Intervention: 48	Intervention:48 (59)				3. Functional impairment-
							(59%)	3 :Control:18 (24)				grip : grip strength-
							Neoadjuvant: Control:	Intervention:15 (18)				ipsilateral/ contralateral
							21 (28%) Intervention:					side
							25 (30%)					4. Functional impairment-
												range of motion:
												ipsilateral/ contralateral
												shoulder flexion,
												ipsilateral/ contralateral
												shoulder abduction,
												ipsilateral/ contralateral
												shoulder external rotation

Table S5. Characteristics of included studies comparing Compression vs No compression

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Stuiver,	RCT	80 (41/39)	59/58	49/59	NR	Melanoma/Ur	Surgery with inguinal	NR	Compression	Patient	12	Risk of lymphedema:
2013 ³						ogenital	lymph node dissection		stockings	education		lower limb/genital,
						Cancer						defined as a 10% or
						Intervention:						greater increase from
						22/18, control:						baseline in volume of the
						23/17						proximal or distal half of
												the thigh or the lower leg,
												using the standardized
												Kühnke's method of
												surface measurement

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Table S6. Characteristics of included studies comparing Manual lymph drainage (MLD) vs No MLD

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Cho, 2016 ⁴	RCT	41 (21/20)	46.6/50.7	0	NR	Breast cancer	All patients received surgery and some patients also received chemotherapy or radiation. Chemotherapy- Intervention:9 (42.9), control:11 (55). Radiotherapy- intervention:21 (100), control:19 (95).	Stage I: intervention:5 (23.8), control:12 (60) III: intervention:16 (76.2), control:8 (40).	Manual lymph drainage (MLD)+physic al therapy (PT)	Physical therapy (PT)		1. Risk of lymphedema: ≥3 % volume increase from baseline in the affected upper limb 2. Volume change: arm volume calculated from circumference measurements taken at 4- cm intervals from the dorsum of the wrist to the axilla 3. Change in physical activity: EORTC QLQ- C30 and DASH 4. Functional impairment- range of motion: shoulder flexion/abduction

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Devoogdt,	RCT	160 (79/81)	55.8/54.5	1/1	26.6/26.2	Breast cancer	Surgery-	Tumour size:	Manual lymph	No MLD	12	1. Risk of lymphedema:
20115							Mastectomy:	pT0: intervention: 1,	drainage			(1) ≥200 mL increase in
							Intervention: 52,	control: 0;	(MLD)			arm volume up to the
							Control: 56;	pT1: intervention:				reference point 16 cm
							Breast conserving:	21, control: 26;				proximal to the olecranon
							Intervention: 27,	pT2: intervention:				by water displacement
							Control: 25.	38, control:39;				(2) ≥2 cm increase in arm
							Radiotherapy- IMC	pT3: intervention:				circumference at the
							and medial	13, control: 12;				olecranon and 4, 8, 12, 16,
							supraclavicular:	pT4: intervention: 6,				and 20 cm above and
							Intervention: 69,	control: 4.				under the olecranon
							Control: 67.					(3) using author
							Radiotherapy- axilla:					developed questionnaire
							Intervention: 8,					2. Volume change : arm
							Control: 5.					volume change
							Chemotherapy:					3. Change in physical
							Intervention: 50,					activity: SF-36 (QoL:
							Control: 58.					physical health)
							Neo-adjuvant					
							chemotherapy:					
							Intervention: 14,					
							Control: 14.					
							Trastuzumab:					
							Intervention: 14,					
							Control: 7.					
							Endocrine treatment:					
							Intervention: 55,					
							Control: 66.					

Devoogdt,	RCT (the	160 (79/81)	55.8/54.5	1/1	26.6/26.2	Breast cancer	All patients received	Only for tumor size	Manual lymph	No MLD	60	1. Risk of lymphedema:
2018 ⁶	same trial						surgery and some	and node stage.	drainage			defined as
	as						patients also received	Tumour size, n (%)	(MLD)			$(1) \ge 200 \text{ ml} / \ge 2 \text{ cm}$
	Devoogdt,						chemotherapy or	pT0: intervention:1				increase of absolute arm
	2011)						radiation.	(1) control:0 (0)				volume difference
							Radiotherapy-	pT1: intervention:21				compared with pre-
							intramammary chain,	(27) control:26 (32)				surgical value by water
							medial	pT2: intervention:38				displacement
							supraclavicular:	(48) control:39 (48)				$(2) \ge 2$ cm increase of arm
							intervention:69 (87),					circumference difference
							control:67 (83); axilla:	pT3: intervention:13				of olecranon at two
							intervention:8 (10),	(17) control:12 (15)				adjacent measurement
							control:5 (6).	pT4:				points compared with pre-
							Chemotherapy-	intervention: 6 (8)				surgical value
							all: intervention:50	control:4 (5)				$(3) \ge 5\% / \ge 10\%$ increase
							(63), control:58 (72);	Lymph node stage,				of relative arm volume
							neo-adjuvant:	n (%)				difference compared with
							intervention:14 (18),	pN0:				pre-surgical value by
							control:14 (17).	intervention:23 (29)				water displacement
							taxane-based:	control:25 (31)				(4) ≥5% increase of
							intervention:45 (57),	pN1:				relative arm volume
							control:46 (57).	intervention:36 (46)				difference compared with
							, ,	control:39 (48)				pre-surgical value by
								pN2:				water displacement
								intervention:11 (14)				(persistent)
								control:9 (11)				2. Volume change :
								pN3: intervention:9				absolute change in
								(11) control:8 (10)				difference in arm volume
												3. % volume change :
												relative change in difference in arm
												Volume

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Zhang,	RCT	1000(500/500)	NR	0	NR	Breast cancer	Surgery	Tumor-node-	Self-manual	Exercise	12	4. Change in physical activity: physical function (Lymph-ICF) and physical health (SF-36) 5. Functional impairment-range of motion: shoulder flexion/abduction/external rotation/internal rotation 1. Risk of lymphedema:
2016 ⁷								metastasis staging: I+II: control:211, intervention:197; III: control:289, intervention:303.	lymph drainage (MLD) and exercise			by measuring upper limb circumferences on the surgical side compared with that of the contralateral side 2. Functional impairment- range of motion: number of patients achieving 180 degrees of shoulder abduction in 6 months

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Zimmerma	RCT	67 (33/34)	60.3/58.6	0	25.6/24.3	Breast cancer	Breast conserving	Stage I: MLD: 12	Manual	No MLD, but	6	1. Risk of lymphedema:
nn, 2012 ⁸							therapy-MLD: 20,	(36%), control: 11	lymphatic	with self-		defined as >5% volume
							control: 20;	(32%);	drainage	drainage		difference between the
							Modified	Stage II: MLD: 15	(MLD)			upper limbs
							mastectomy:-MLD:	(46%), control: 16				2. Volume change:
							13, control: 14;	(47%);				ipsilateral upper limb
							Endocrine therapy-	Stage III: MLD: 6				
							MLD: 14, control: 19;	(18%), control: 7				
							Chemotherapy-MLD:	(21%).				
							13, control: 15;					
							Radiotherapy-MLD:					
							22, control: 25.					

Table S7. Characteristics of included studies comparing Manual lymph drainage (MLD) vs Exercise

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
de Oliveira,	Non-	96 (48/48)	55.6/56.7	0	28/29.1	Breast cancer	Surgery:	Surgical staging:	Manual	Exercise	2	1. Volume change: hand,
20149	randomize						Patey Modified	I: MLD: 0, exercise:	lymphatic			wrist, arm and forearm
	d						Radical Mastectomy:	1;	drainage			2. Functional impairment-
	controlled						MLD: 17, exercise:	II: MLD: 9,	(MLD)			range of motion: shoulder
	trial						27;	exercise: 17;				flexion/abduction
							Madden MRM: MLD:	III/IV: MLD: 34,				
							25, exercise:19;	exercise: 28.				
							Halsted RM:					
							MLD: 1, exercise: 0;					
							Neoadjuvant chemo:					
							MLD: 29, exercise:					
							22.					

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Oliveira,	Comparati	106 (53/53)	NR	0	NR	Breast cancer	All patients received	Clinical Stage	Manual	Active exercise	30	Functional impairment-
201810	ve						surgery and some	I: exercise:1 (2.0)	lymphatic	(AE)		range of motion: shoulder
	observation						patients also received	MLD:0 (0.0)	drainage			flexion/abduction
	al study						chemotherapy or	II: exercise:17	(MLD)			
							radiation.	(34.0) MLD:9				
							Neoadjuvant	(18.0)				
							chemotherapy:	III/IV: exercise:32				
							exercise:24 (45.3),	(64.0) MLD:43				
							MLD:36 (67.9);	(82.0)				
							Adjuvant	Surgical Stage				
							chemotherapy:	I: exercise:2 (3.8)				
							exercise:8 (36.4),	MLD:1 (1.9)				
							MLD:18 (62.1);	II: exercise:20				
							Radiotherapy:	(37.7) MLD:11				
							exercise:16 (72.7),	(20.8)				
							MLD:26 (86.7).					
								III/IV: exercise:31				
								(58.5) MLD:41				
								(77.4)				

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Table S8. Characteristics of included studies comparing Exercise vs No exercise

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Anderson, 2012 ¹¹	RCT	104 (52/52)	NR	0	NR	Breast cancer	Surgery- Lumpectomy only: Control: 25, Intervention: 23; Mastectomy: Control: 24, Intervention: 28. N/A Control: 3, Intervention: 1. Chemotherapy- Control: 31, Intervention: 31; Tamoxifen: Control: 23, Intervention: 26. Radiation therapy: Control: 36, Intervention: 31.	Stage I: intervention 25, control 26; II: intervention 19, control 21 III: intervention 8, control 4 N/A: intervention 0, control 1.	Exercise	Usual care	18	Volume change: mean arm volume change
Donmez, 2017 ¹²	RCT	52 (25/27)	48.6/49.5	0	NR	Breast cancer	Surgery (either MRM: Modified Radical Mastectomy or PS: Breast Protective Surgery)	NR	Physical activity program (PAP) and simple lymphatic drainage (SLD)	Usual care	1.5	1. Volume change: 5cm, 10cm, 15cm, 20cm over arm/forearm and mean metacarpophalangeal (MCP) circumference 2. Change in physical activity: DASH (self-rated questionnaire that measures upper extremity disability and symptoms)

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Cinar, 2008 ¹³	RCT	57 (27/30)	52.6/51.1	0	28.7/27.7	Breast cancer	Modified radiocal mastectomy 100%. Radiatiotherapy-Intervention: 10, Control: 14. Chemotherapy-Intervention: 23, Control: 29.	NR	Exercise: 15 sessions of individual rehabilitation program and continued with home-based physical activity program for 8 weeks	Control: only received a form including the exercises, which could be performed by themselves	6	1. Risk of lymphedema 2. Volume change: midpoint of the third metacarpophalangeal joint and the ulnar styliod process (0 point) and at 10, 20, 30, and 40 cm proximally from the ulnar styloid process were marked, the circumferences at each marked point were summed to determine the total value and to calculate the difference between the operated and unoperated arm. 3. Functional impairment- range of motion: shoulder flexion/abduction/internal rotation/external rotation/adduction/extensi on

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Corrado,	Comparati	30 (15/15)	55.8/54.7	0	NR	Breast cancer	Surgery: modified	NR	Home exercise	No exercise	3	Risk of lymphedema:
201814	ve						radical mastectomy		program			defined as ≥4 cm the
	observation						and axillary lymph					difference between the
	al study						node dissection					sum of the 2
							(ALND). Completed					measurements among the
							active breast cancer					affected and the
							treatment with					unaffected arm, evaluated
							chemotherapy and					by measuring the arm
							radiation therapy.					circumference 10 cm
												above and 10 cm below
												the olecranon with a
												standard measuring tape

Kilbreath,	RCT	160 (81/79)	53.5/51.6	0	26.2/26.5	Breast cancer	Surgery (100%)	Intervention-	Exercise	No exercise	6	1. Risk of lymphedema:
201215	(Australian	,					Mastectomy:	Stage (I/II/III) (%)				defined as
	Clinical						Intervention: 48%,	17:44:38				(1) arm volume ≥10%,
	Trials						Control: 47%;					derived from
	Registry,							Control-				circumferential
	ACTRN01						Axillary node	Stage (I/II/III) (%)				
	260600005						dissection:	19:37:44				measurements
	0550)						Intervention: 62%,					(2) >2 cm in 2 or more
	0330)						Control: 58%.					measures of interlimb
							Chemotherapy:					circumference difference,
							Taxane (Pacli or					measured at 10-cm
							Docetaxel)					intervals from the ulnar
							Intervention: 0,					styloid to 40 cm
							Control: 5;					proximally on both arms
							Anthracycline					(3) exceeds Bioimpedance
							Intervention: 27%,					Spectroscopy ratio,
							Control: 27%;					determined by dividing
							Taxane and					the impedance from the
							anthracycline					nonaffected limb by that
							Intervention: 40%,					from the affected limb and
							Control: 39%.					this ratio was compared to
												previously established cut-
							Other Intervention:					offs: a ratio ≥1.139 when
							1%, Control: 3%.					surgery was on the
							Radiotherapy (%)					dominant side and a ratio
							Intervention: 79%,					≥1.066 when surgery was
							Control: 76%.					on the non-dominant side
												was indicative of
												lymphedema
												2. Functional impairment-
												range of motion: shoulder
												forward flexion/
												abduction/ horizontal

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
												extension/ external rotation
Kilbreath, 2013 ¹⁶	RCT (Australian Clinical Trials Registry, ACTRN01 260600005 0550)	160 (81/79)	53.5/51.6	0	26.2/26.5	Breast cancer	Surgery (100%) Mastectomy: Intervention: 48%, Control: 47%; Axillary node dissection: Intervention: 62%, Control: 58%. Chemotherapy: Taxane (Pacli or Docetaxel) Intervention: 0, Control: 5; Anthracycline Intervention: 27%, Control: 27%; Taxane and anthracycline Intervention: 40%, Control: 39%. Other Intervention: 1%, Control: 3%. Radiotherapy (%) Intervention: 79%, Control: 76%.	Intervention- Stage (I/II/III) (%) 17:44:38 Control- Stage (I/II/III) (%) 19:37:44	Exercise	No exercise	15	Risk of lymphedema: ipsilateral upper limb, swelling was determined using bioimpedance spectroscopy with reference to previously established cut-offs for lymphedema

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Kilgour, 2008 ¹⁷	RCT	27 (16/11)	50.6/49.1	0	NR	Breast cancer	All patients received modified radical mastectomy and axillary node dissection.	NR	Home based exercise	Usual care	14 days	1. Volume change: circumferential tape measurements of the forearm at 5 and 10 cm below the distal border of the lateral epicondyle of the humerus 2. Functional impairment- grip: grip strength using hand-grip dynamometry 3. Functional impairment- range of motion: shoulder flexion/abduction/external rotation using goniometric techniques

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Sagen, 2009 ¹⁸	RCT	204 (104/100)	54/55	0	NR	Breast cancer	Surgery- Breast ablation: Intervention: 46, Control: 51; Breast conserving: Intervention: 57, Control: 49. Radiotherapy- supraclavicular nodes: Intervention: 47, Control: 40. Radiotherapy-breast: Intervention: 78, Control: 73. Chemotherapy- Intervention: 42, Control: 38.	Histology grade 1: intervention: 25, control: 19; 2: intervention: 54, control: 56; 3: intervention: 24, control: 24.	Exercise: no activity restriction and supervised physical therapy program	No exercise: activity restriction and usual care	24	1. Risk of lymphedema: 10% increase in Voldiff between the affected arm and the control arm 2. Volume change: (1) difference between the volume of the affected arm and the volume of the control arm using the Simplified Water Displacement Instrument (SWDI) (2) change of affected arm volume
Schmitz, 2010 ¹⁹	RCT (NCT0019 4363)	154 (77/77)	54/56	0	27.5/28.6	Breast cancer	All patients had surgery with at least 2 lymph nodes removed. Chemotherapy: Intervention: 56, Control: 53; Radiation: Intervention: 59, Control: 58.	Cancer stage: Ductal carcinoma in situ- intervention: 1, control: 0; 1- intervention: 43, control:43 2- intervention: 8, control: 6; 3- intervention: 25, control: 28.	Weight lifting	No exercise	12	1. Risk of lymphedema: defined by ≥ 5% increase in arm swelling, measured by water displacement 2. Change in physical activity: International Physical Activity Questionnaire (IPAQ), total physical activity (TPA) in MET-min/week

	Study Label Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Sis	sman,	Comparati	55 (45/10)	NR	Totally	NR	Breast cancer	Surgery-Modified	Stage I: 7	Exercise	No exercise	6	Risk of lymphedema:
20	12^{20}	ve			2%			radical mastectomy:	Stage II: 25				measured 7.5 cm over and
		observation						53;	Stage III: 20				7.5 cm below the elbow
		al study						Breast-conserving	Stage IV: 3				and the two arms were
								surgery:2.					compared, defined as >
								Radiotherapy 50 Gy in					1.5 cm arm circumference
								25 days: 25					measurements

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Table S9. Characteristics of included studies comparing Delayed exercise vs Early exercise

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Bendz,	RCT	205 (101/104)	58/58	0	NR	Breast cancer	All patients received	NR	Delayed	Early shoulder	24	1. Risk of lymphedema:
2002 ²¹							surgery and some		shoulder	exercise		volume on the operated
							patients also received		exercise			side >10% increased
							radiation. Mastectomy					compared with the non-
							only: intervention:31,					operated side
							control:22;					2. % volume change: the
							Incl. radiotherapy:					arm volume measured
							intervention:5,					voluminometrically
							control:7.					3. Functional impairment-
							Quadrant resection					grip : grip strength
							only: intervention:20,					measured with
							control:23;					Vigortmeter
							Incl. radiotherapy:					4. Functional impairment-
							intervention:45					range of motion : shoulder
							control:52.					flexion/abduction/external
												rotation/internal rotation

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Todd, 2008 ²²	RCT	116 (58/58)	56.5/57.2	0	27.5/28.4	Breast cancer	Surgery: wide local excision or mastectomy, including axillary lymph node dissection	Grade I intervention: 8, control: 8; Grade II intervention: 24, control: 27; Grade III intervention: 26, control: 23.	Intervention group (Delayed mobilisation): arm exercises and shoulder movement restricted to below shoulder level for the first 7 days after surgery.	Control group (Early mobilisation): commenced an exercise programme that incorporated exercises above shoulder level within 48 hours.	12	1. Risk of lymphedema: defined by a limb volume difference of 200 ml or more compared with the contralateral arm, measured using volume displacement 2. Functional impairment- grip: grip strength using a hand-held Jamar® dynamometer 3. Functional impairment- range of motion: shoulder abduction

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Table S10. Characteristics of included studies comparing Physiotherapy vs No physiotherapy

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Box, 2002 ²³	RCT	65 (32/33)	53.03/59	0	Median 24.3/27.2	Breast cancer	Surgical Procedure CLE&AD: control:51.5, intervention:46.9; MRM: control: 48.5, intervention:53.1. Radiotherapy control:48.5, interevention:65.6. Chemotherapy: control:21.2, interevention:43.8.	NR	Treatment group: received the Physiotherapy Management Care Plan (PMCP), including principles for lymphoedema risk minimisation and early management of this condition when it was identified.	Control group: only received an exercise instruction booklet	24	Risk of lymphedema: defined by (1) an increase of ≥200 ml from the preoperative (VOL (OA-UOA) _{TA}). Arm volumes (VOL) were measured by water displacement. (2) an increase of ≥5 cm from the preoperative (CIRC (OA-UOA)TA) (3) MFBIA ratio: number with ratio <95% lower reference limit (4) MFBIA % change: number with >10% decrease from the OA/UOA ratio

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Box, 2002 ²⁴	RCT (the	65 (32/33)	53.03/59	0	Median	Breast cancer	Surgical Procedure	NR	Treatment	Control group:	24	1. Change in physical
	same trial				24.3/27.2		CLE&AD:		group:	only received		activity: measured by
	as Box						control:51.5,		Received the	an exercise		compliance with the
	2002)						intervention:46.9;		Physiotherapy	instruction		exercise protocol, which is
							MRM: control: 48.5,		Management	booklet		associated with different
							intervention:53.1.		Care Plan			patterns of recovery for all
							Radiotherapy		(PMCP),			movements except
							control:48.5,		including			external rotation.
							interevrntion:65.6.		principles for			2. Functional impairment-
							Chemotherapy:		lymphoedema			range of motion: shoulder
							control:21.2,		risk			abduction
							interevention:43.8.		minimisation			
									and early			
									management of			
									this condition			
									when it was			
									identified.			

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Torres Lacomba, 2010 ²⁵	RCT (ISRCTN9 5870846)	120 (60/60)	52.9/52.9	0	27.9/26.2	Breast cancer	Surgery- Quadrantectomy: Intervention: 24, Control: 26; Modified mastectomy: Intervention: 23, Control: 20; Lumpectomy: Intervention: 13, Control: 14. Postoperative therapy- Radiotherapy: intervention: 44, control: 49; Chemotherapy: interevntion: 50, control: 45;	NR	Physiotherapy program: including manual lymph drainage, massage of scar tissue, and progressive active and action assisted shoulder exercises. Also received the educational strategy.	Educational strategy	12	1. Risk of lymphedema: ≥2cm increase in the circumference of any two adjacent points compared with measurements in the other arm 2. % volume change: change in volume ratio
							Hormonal therapy: Intervention: 39, Control: 33					

Table S11. Characteristics of included studies comparing Surveillance, education, or clinical care vs No intervention or standard care

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Boccardo,	RCT	49 (25/24)	53.4/54.6	0	27.3/29.9	Breast cancer	Surgical Procedure (n)	NR	Preventive	Control group	24	1. Risk of lymphedema: a
2009 ²⁶							CLE & AD:		protocol (PG):	(CG)		difference of over 200 ml
							intervention:12,		Preoperative			from preoperative VOL
							control:13;		upper limb			measurements VOL (OA-
							MRM & AD:		lymphscintigra			UOA) [operated arm=OA;
							intervention:13,		phy (LS),			unoperated arm=UOA)]
							control:11.		principles for			2. % volume change: arm
							All inluded patients		lymphedema			volumes (VOL) were
							received radiotherapy.		risk			assessed using water
									minimization,			displacement and
									and early			measured to the nearest 5
									management of			ml
									this condition			
									when it was			
									identified.			

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Sato,	Non-	149 (90/59)	ALND:52	0	NR	Breast cancer	All patients received	Stage 0: ALND	Educational	Routine care	3	1. Volume change: upper
2014 ²⁷	randomize		.9				surgery and some	intervention:0.0,	program:			arm/forearm girth
	d		SLNB:54.				patients also received	control:6.7; SLNB	monitoring arm			2. Change in physical
	controlled		3/				chemotherapy or	intervention:25.5,	function and			activity: evaluated by
	trial		ALND:52				radiation.	control:44.8.	exercises			Disabilities of Arm,
			.1				Radiotherapy: ALND	Stage I: ALND				Shoulder and Hand
			SLNB:53.				intervention:69.2,	intervention:7.7,				(DASH)
			7				control:83.3; SLNB	control:20.0; SLNB				3. Functional impairment-
							intervention:58.8,	intervention:54.9,				grip: grip strength
							control: 51.7.	control:48.3.				4. Functional impairment-
							Chemotherapy,	Stage II: ALND				range of motion: shoulder
							molecular targeting	intervention:43.6,				flexion/abduction/horizont
							therapy: ALND	control:50.0; SLNB				al extension
							intervention:79.5,	intervention:17.6,				
							control:86.7; SLNB	control:6.9.				
							intervention:11.8,	Stage III: ALND				
							control:24.1.	intervention:41.0,				
								control:23.3; SLNB				
								intervention:2.0,				
								control:0.0.				
								Stage IV: ALND				
								intervention:7.7,				
								control:0.0; SLNB				
								intervention:0.0,				
								control:0.0.				

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Singh, 2013 ²⁸	Quasi Randomise d	72 (41/31)	55.1/62.8	0	27.1/27.0	Breast cancer	All patients received surgery and some patients also received chemotherapy or radiation. Adjuvant radiation: intervention: 22 (53.7), control: 14 (45.2); Adjuvant chemotherapy: intervention: 16 (39), control:16 (32.3).	Cancer stage DCIS or Stage 1: intervention:2 (4.9), control:2 (6.5); Stage II: intervention:14 (34.1), control:10 (32.2); Stage III: intervention:19 (46.3), control:13 (41.9); Unknown: intervention: 6 (14.6), control:6 (19.4).	Clinical care pathway: preoperative education, prospective monitoring, and early physiotherapy	No clinical care pathway: preoperative education alone	7	1. Risk of lymphedema: a 2 cm increase in upper extremities circumference between adjacent points, compared with pre- surgical value 2. Change in physical activity: evaluated by Disabilities of Arm, Shoulder and Hand (DASH) 3. Functional impairment- range of motion: shoulder flexion/abduction/external rotation
Temur, 2019 ²⁹	RCT	61 (30/31)	47.6/45.6	0	>25: 19; <24.9: 11/ >25: 19; <24.9: 12	Breast cancer	Surgery: modified radical mastectomy and breast-conserving surgery	Stage 1 intervention: 2, control: 2; Stage 2 intervention: 16, control: 16; Stage 3 intervention: 12, control: 13.	Intervention group: Provided training and given a training booklet describing "exercise, massage and prevention methods"	Control group	6	1. Volume change: lateral epicondylitis (10 cm above/below), forearm (wrist joints 10 cm below) and metacarpophalangeal 2. Change in physical activity: physical functioning domain of EORTC QLQ-30

Study Label (Author, Y)	Design*	Number of Patients (total, arm1/ arm 2)	Age in yr (mean, arm 1/ arm 2)	% Males	BMI (mean, arm 1/ arm 2)	Cancer type	Cancer treatment received	Cancer severity	First Arm (Intervention)	Second Arm (Control)	Follow up (Months)	Outcomes Reported
Yang,	Comparati	707 (390/317)	47.6/48.6	0	24.3/23.3	Breast cancer	All patients received	Histopathologic	Surveillance	Standard care	60	Risk of lymphedema:
2016 ³⁰	ve						surgery and some	stage:	program for			defined by reference to the
	observation						patients also received	I(%):intervention:10	lymphedema			guidelines of the
	al study						chemotherapy or	9 (28.0 %),	management			International Society of
							radiation.	control:92 (29.0 %);	(SLYM)			Lymphology (ISL)
							Radiotherapy-	II(%):intervention:2				consensus document
							Not done:	15 (55.0 %),				
							intervention:47 (12.0	control:168 (53.0				
							%), control:41 (12.9	%);				
							%);	III(%):intervention:				
							Breast only:	66 (17.0 %),				
							intervention:211 (54.0	control:57 (18.0 %).				
							%), control:174 (54.9					
							%);					
							Breast and SCRT:					
							intervention:140 (36.0					
							%), control:102 (32.2					
							%).					
							Chemotherapy-					
							Doxetaxel:					
							intervention:280 (71.9					
							%), control:223 (70.3					
							%).					

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