

*EDITORIAL***EVOLUTION OF THE 2020 INTERNATIONAL SOCIETY OF LYMPHOLOGY CONSENSUS DOCUMENT PARALLELS ADVANCES IN LYMPHOLOGY: AN HISTORICAL PERSPECTIVE****M.H. Witte, M.J. Bernas**

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In the founding of the International Society of Lymphology in 1966, two pioneering radiologists – Alois Ruttimann of Zurich and Manuel Viamonte of Miami, gathered together in the first International Congress a cadre of clinical and basic science luminaries from around the world with a shared passion for understanding and exploring the neglected lymphatic system. They viewed the lymphatic system not as "lymph nodes held together by strings" (Ruttimann's words) but rather as a vital circulation of extravascular extracellular fluid, an intricate pervasive vasculature, a route of entry of foreign particles into the body, and the center of the immune network. Contemporary seminal texts at that time (M. Földi – Rusznyak and Szabö, Yoffey and Courtice, Kinmonth, and Kampmeier) laid the groundwork for the discipline. Clinical contributions accompanied the expansion of clinical research in the field as conservative treatment of lymphedema and surgical options joined with insights from conventional lymphography and new modes of non-invasive lymphatic imaging. Thoracic duct cannulation and drainage and the notion of thoracic duct

decompression in patients with right heart failure and with cirrhotic ascites opened up the central lymphatic system to physiologic understanding. In 1987, the emergence of the National Lymphedema Network led to the great work of incorporating patients and joining healthcare professionals with researchers and the subsequent proliferation of patient advocacy groups assisting patients and families with general support and also highlighting attention on specific lymphatic disorders particularly the primary lymphedemas and lymphatic malformations. The 1990's witnessed the dawning of molecular lymphology with a focus on lymphatic growth factors and lymphatic development. Beginning in 2000, with the tools of the human genome project available, multiple lymphedema-lymphangiogenesis genes underlying hereditary lymphedema syndromes were discovered – some expected and some surprising – that began to unravel the signaling pathways in lymphatic growth and development and the constellation of disparate clinical findings and lymphatic profiles in affected patients. i.e., genotype-phenotype correlations. In the clinical arena, powerful imaging techniques (MR-guided, ICG lymphography, and lymphangioscintigraphy combined with SPECT-CT) to delineate complex

and deep-seated lymphatic disorders have proliferated along with interventional techniques to treat patients with challenging chylous reflux disorders and lymphatic malformation and open a vista of other approaches such as non-invasive thoracic duct decompression for infants with lymphatic complications from complex congenital heart disease.

Beginning in 1995, the ISL undertook the task of guiding the international community in navigating the rapid advances in lymphology – providing a research agenda and offering the best practices to those caring for or affected by lymphostatic disorders. The 2020 document brings up-to-date the recommendations of the ISL for optimal care and options depending on local conditions and resources to bring the lymphological world together in a global undertaking. Is the 2020 version perfect? Does it include only items with the highest levels of evidence? Does everyone agree with what is written? No to all of these! We view the Consensus Document as a continuously evolving version of the best practices of ISL members worldwide from isolated rural clinics with few resources to sophisticated surgical and rehabilitation centers in the most developed countries. In this 2020 version we have retained the heart of what has been written in earlier versions but have enhanced and modified multiple sections as well as introduced new sections all based on the latest information. Frequently, as the document is discussed in open forums as well as with written comments from the Executive Committee and others there are directly opposing ideas (particularly for specific wording). An example is the inclusion of CDT as a treatment modality. Despite its widespread use

around the world, there still has never been a double-blinded, controlled trial of the therapy. Some purists would argue that this needs to be noted in the document and this is balanced by decades of experience by advanced practitioners. In this case we have chosen to go with the decades of experience. Another point to consider is placing some things in the document that are advances which have not yet reached significance. An example of this is the inclusion in the 2020 version of kinesiotaping. Several members support the inclusion based on published studies in breast cancer patients while others argue that the evidence for validity is not there yet. We have tried to strike the appropriate balance that will encourage innovation and investigation of promising new ideas that may lead to future advances. We expect and hope that members of our Society will send letters to the Editor with comments on the 2020 Consensus Document to be disseminated to all members of our Society to read and review and perhaps suggest incorporation of these comments in the next version of the Document.

REFERENCES

1. The Diagnosis and Treatment of Peripheral Lymphedema: 2020 Consensus Document of the International Society of Lymphology. *Lymphology* 53 (2020), 3-19.

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