## **BRACELET Study: Breast Recovery After Axillary Node Clearance: Evaluating Limbs with** E-Technology

## Imperial College London

## R.M. Kwasnicki<sup>1,2</sup> N. Khan<sup>1</sup>, A. Cairns<sup>2</sup>, D.R. Leff<sup>1,2</sup>

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<sup>1</sup>Department of Surgery & Cancer, Imperial College London

<sup>2</sup>Imperial College Healthcare NHS Trust, St. Mary's Hospital, Praed Street, London W2 1NY, United Kingdom

**INTRODUCTION** METHOD National Research Ethics Service Approval (Ref: 15/LO/1038) and registration with clinicaltrials.gov (NCT 03635723). Prospective Observational Study · Upper limb morbidity is common in breast and axillary surgery but rarely measured objectively. · Gross activity STUDY PROTOCOL levels. Wearable Activity Monitors (WAMs) capture continuous WAMs worn 1 measurements of body movement in a free-living WAMs worn Difference in week environment. up to 2 weeks preoperative movements postoperative Preoperative Written on both wrists Patient between arms. DASH, EQ-5D Information Consent completed, AIM Sheet given in obtained. patient details DASH, ED-5D Correlations **Breast Clinic** Proforma filled questionnaires recorded between completed 1-Investigate the use of WAMs to provide objective data regarding activity and week functional recovery in patients undergoing breast and axillary postoperatively OoL surgery. questionnaires. Figure 2. Wearable Activity Monitors, WAMs (AX3, Axivity, UK.) Figure 1. Flow chart showing time line of study methods including outline of patient activities CONCLUSIONS RESULTS Statistical plateau Feasibility of WAMs Total at day 7 (p<0.05). DAY 1 Characteristics -R -I had to quantify post-op (N=20) recovery in upper limb Mean Age, (yrs.) (StD) 64 (14) function after Difference 0:1 breast/axillary surgery Sex Ratio (M:F) between operated Operated Control Mean BMI (SD) 27 (5) and non-operated DAY 2 Expansion in Handedness Ratio (R:L) 19:1 activity arm More meaningful patient cohort with Stage of Cancer (n, %): reduced from comparisons of both pre- and postpost-op morbidity Stage 0 1 (5) 25% to 17% over op data would + platform for Stage 1 10 (50) test period. allow subgroup personalised 3 (15) comparisons Stage IIA and IIB DAY 3 rehabilitation between different 6 (30) Stage IIIA-IV Post-op activity strategies operation types Cancer Type (n, %) returned to 83% Ductal Carcinoma In-situ 1 (5) relative to the Figure 5. Venn diagram displaying study conclusions and potential application with outlining of future steps Invasive Ductal Carcinoma 13 (65) pre-operative DAY A 6 (30) Invasive Lobular Carcinoma baseline by day Type of Breast Surgery (n. %): ACKNOWLEDGEMENTS 10. Mastectom 7 (35) This work is independent research funded by the National Institute for 9 (45) Breast conserving surger levels Activity Health Research (NIHR) Imperial Biomedical Research Centre (BRC). Reconstruction 2 (10) DAY 5 2 3 4 5 6 7 8 9 10 11 12 13 14 correlated well 1 The views expressed in this publication are those of the authors and not 12 (60) SLNB with prenecessarily those of the NHS, the NIHR or the Department of Health. Postoperative Day 5 (25) Axillary Node Clearance (n.%) operative **Operation Laterality Ratio** Figure 3. Disparity between recovery in operated vs control arm movement activity over 2 7:9:4 (R=0.66, p<0.05) weeks postoperatively. (N.B: All patients right handed except for 1, 7:9:4 R:L:BL operation **CONTACT INFORMATION** (R:L:BL) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 and post-Adjuvant Therapy (n,%) 13 (65) operative quality Richard M Kwasnicki PhD MRCS - rmk107@imperial.ac.uk Figure 4. Variation between right and left sides can be seen for a patient who Table 1. Baseline Demographics of Analysed of life surveys Mr Daniel R Leff PhD FRCS d.leff@imperial.ac.uk underwent left wide local excision and sentinel node biopsy post-operative Study Population day 1 to 5. Dominant hand is right. (R=0.62, p=0.06). T: @imperialSandC / @DrRMKwasnicki / @DanielRLeff