

Guideline report on the S2k guideline 'Diagnostics and therapy of lymphoedema'

**(Registry no. 058-001 of the Association of the Scientific
Medical Societies in Germany – Arbeitsgemeinschaft der
Wissenschaftlichen Medizinischen Fachgesellschaften e.V., AWMF)**

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Responsible professional societies

Association of German-Speaking Lymphologists (Gesellschaft Deutschsprachiger Lymphologen, GDL)

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1 Applicability and purpose

1.1 Reason for selecting this guideline topic and objective

Reason for selecting this guideline topic

Lymphoedema is a chronic disease that may strongly impair the quality of life of patients and their participation in private, professional and social life (see text and literature references of the working groups 1, 4 and 7). The prevention, diagnosis and therapy of this disease necessitate multi-disciplinary and multi-professional cooperation.

A distinction has to be made between primary and secondary lymphoedema. The incidence of primary lymphoedema at birth is 1:6,000, and its prevalence among the under 20-year olds is 1:87,000. In industrialised countries, the incidence of secondary lymphoedema ranges between 0.13% and 2.00%, and women are significantly more often affected than men. The number of affected patients increases with age. The most common cause of secondary lymphoedema in industrialised countries is malignant tumours and their treatment. Furthermore, lymphoedema is induced and aggravated by obesity (see text and literature references of working group 1).

So far, only one S1 guideline on lymphoedema has been available (AWMF registry no. 058-001), and this guideline required an extension. The guideline group decided to upgrade the S1 guideline towards S2k. Because of the large number of medical disciplines involved in the treatment of patients with lymphoedema, special emphasis was placed on the methodological element of consensus-seeking.

Target orientation of the guideline

The current status of the treatment of lymphoedema should be described by means of diagnostics, conservative treatment, surgical therapy and primary prevention measures. According to the generally accepted international definition, the current guideline serves as a 'scope for actions and decision-making', but deviations may be possible in justified circumstances. The guideline was designed to help implement therapeutic targets that are mainly aimed at increasing quality of life and participation in social life by reducing the extent of lymphoedema or by achieving complete recovery from lymphoedema.

1.2 Targeted patient group and service sector

The target group are patients of both sexes and all age groups diagnosed with lymphoedema or suspected lymphoedema. The guideline describes outpatient and inpatient treatment.

1.3 Addressees

The guideline is aimed at representatives of all professional groups and medical disciplines involved in the diagnostics, therapy and primary prevention of lymphoedema (in alphabetical order): angiology, dermatology, gynaecology, internal medicine, lymphology, nuclear medicine, paediatrics and adolescent medicine, palliative medicine, phlebology, physical medicine, physiotherapy, plastic surgery, radiology, rehabilitation medicine, senology and surgery.

The guideline is also meant to provide information to the representatives of general practitioners and otorhinolaryngologists as well as to affected patients and service providers (health insurances).

2 Composition of the guideline group

2.1 Organisation of the guideline group

The organisational structure of the guideline group is depicted in an organisational chart (Appendix 1). The guideline group consists of the Steering Committee, the Secretaries General, the methodological advisor as well as the leaders and members of the respective working groups. The responsibilities of the individual groups and persons were clearly defined (Appendix 2).

The Steering Committee was responsible for strategic decisions and for securing the financing of the guideline. Further responsibilities were the determination of the number and composition of the working groups, the development and monitoring of the timeline as well as the review and final approval of each chapter of the guideline. The Steering Committee also serves as a representative of the guideline towards associations, professional societies and health insurances.

The Secretaries General were in charge of communicating with the working groups and of listing the professional societies and members of the involved working groups. Similar to the role of a central organisation office, the Secretaries General were also responsible for organising the meetings and compiling the minutes of the meetings. Another important responsibility was maintaining the internet-based guideline portal containing all important documents, which could be accessed by each member of the guideline group.

As a certified guideline representative of the Association of the Scientific Medical Societies in Germany, the methodological advisor coordinated the development process from the methodological perspective, moderated the consensus conference, supported the leaders of the working groups in the preparation of their respective chapters and wrote the guideline report.

Seven working groups were formed, who were responsible for the following topics: definition and epidemiology, basic diagnostics, advanced diagnostics, conservative therapy, surgical therapy, primary prevention and psychosocial aspects. The leaders of the workings groups coordinated activities within the working groups and involved their members in different projects (generating clinical questions, searching the literature, drafting text modules and editing the full text).

2.2 Professional societies

The update of the guideline 'Diagnostics and therapy of lymphoedema' was initiated by the Board of the Association of German-Speaking Lymphologists (GDL) and the Board of the German Society of Lymphology (DGL). A major concern of the initiators was to ideally involve not only all relevant expert groups but also representatives of each of the three German-speaking countries Germany, Austria and Switzerland. Overall, 32 professional societies were involved in the development and consensus process of the guideline: 22 societies from Germany, 7 from Austria and 3 from Switzerland. Appendix 3 gives an overview of the respective professional societies and their representatives.

2.3 Patients

In order to take into account the point of view of patients, patient representatives were included in the development of the guideline, in the vote of recommendations and in the composition of the guideline text. Publication of a patient version that can be easily understood by lay people is in the planning stage.

3 Methodological accuracy

3.1 Formulation of key questions

The initial aim of formulating key questions was to meet the ideals of the PICO format (**P**opulation, **I**ntervention, **C**ontrol and **O**utcome). Each working group had the task to formulate PICO questions. In the course of this process, it became clear that formulating PICO questions in the context of lymphology was rather difficult because establishing a direct link to published studies was frequently impossible. For this reason, key questions were formulated in the sense of clinical questions that step-by-step reflect the diagnostic and therapeutic course of the treatment of patients with lymphoedema. Overall, 33 key questions were formulated by the working groups (see text of the guideline).

3.2 Application of already existing guidelines

To develop the current 2Sk guideline, the following guidelines were taken into account:

Poage E, Singer M, Armer J, Poundall M, Shellabarger MJ. Demystifying lymphedema: development of the lymphedema putting evidence into practice card. Clin J Oncol Nurs. 2008 Dec;12(6):951-64. doi: 10.1188/08.CJON.951-964. Update in: Clin J Oncol Nurs. 2014;18 Suppl:68-79. PubMed PMID: 19064389.

International Society of Lymphology. The diagnosis and treatment of peripheral lymphedema: 2013 Consensus Document of the International Society of Lymphology. Lymphology. 2013 Mar;46(1):1-11. Review. PubMed PMID: 23930436.

Lipoedema Guidelines in the Netherlands 2014

<https://diseasetheycallfat.tv/wp-content/uploads/2015/08/Dutch-lipoedema-guideline-2014.pdf>

Compression hosiery in upper body lymphoedema, 2009

http://www.woundsinternational.com/media/issues/264/files/content_8796.pdf

Crest Guidelines for the Diagnosis, Assessment and Management of Lymphoedema, February 2008

http://healthinequalities.thehealthwell.info/node/6511?&content=resource&member=4660&catalogue=none&collection=none&tokens_complete=true

The Diagnosis and Treatment of Lymphedema Position Statement of the National Lymphedema Network, Feb. 2011

<http://www.lymphnet.org/pdfDocs/position.papers/Diagnosis.Treatment.pdf>

Lee BB, Andrade M, Antignani PL, Boccardo F, Bunke N, Campisi C, Damstra R, Flour M, Forner-Cordero I, Gloviczki P, Laredo J, Partsch H, Piller N, Michelini S, Mortimer P, Rabe E, Rockson S, Scuderi A, Szolnoky G, Villavicencio JL; International Union of Phlebology. Diagnosis and treatment of primary lymphedema. Consensus document of the International Union of Phlebology (IUP)-2013. *Int Angiol.* 2013 Dec;32(6):541-74. PubMed PMID: 24212289.

International Consensus - Best Practice for the Management of Lymphedema, 2006

http://www.woundsinternational.com/media/issues/210/files/content_175.pdf

3.3 Systematic literature search

As an S2k guideline, the development of this guideline did neither involve a systematic literature search nor the generation of evidence tables. Nevertheless, the members of the individual working groups aimed at including the current literature into the recommendations and texts. Working group 5 conducted a literature search with the aid of a medical librarian using the following keywords and word combinations: lymph node transplantation, lymph node grafting, lymph, venous anastomosis, lymphatic venous anastomosis, lymph vessel transplantation, lymphatic vessel grafting, liposuction, lymphedema, resection, elephantiasis, lymphological surgery, lymphology, comparative study, controlled study, evidence based medicine, practice guideline, systematic review, review, meta-analysis, clinical trial, evaluation studies, validation studies, guideline and practice guideline. This literature search yielded 211 hits.

Working group 4 conducted a systematic literature search by means of the databases PEDro, Medline and Cochrane using the following PICO question: 'Compared to standard therapies (C), what physiotherapeutic measures (I) are most effective in terms of reducing oedema (O) in the treatment of primary and secondary lymphoedema (P)?'. This literature search yielded 24 randomised controlled studies and 17 systematic reviews.

Because of their professional experience, the experts of the other working groups were familiar with the current status of research and completed or updated their knowledge by means of PubMed searches.

All working groups had access to the vast collection of literature of the Földi Clinic, comprising several tens of thousands of articles on lymphology and lymph research published over the past 50 years.

3.4 Meetings of the working groups

At the first meeting in Wolfsberg in the region of Carinthia in Austria in 2005, the participants acknowledged the need to further develop the existing guideline on lymphoedema. This initial meeting was followed by 16 further meetings of the working groups with changing members. The meetings – which took place at different locations in Germany and Austria (Appendix 4) – served to formulate clinical questions and recommendations as well as to exchange literature and general information. Additionally, the leaders of the working groups met with the methodological advisor to promote team work.

3.5 Consensus conference

The consensus conference took place in Munich on 19 and 20 November 2016. The date had been agreed upon by all working groups. Each elected official of the professional societies involved had been informed about the scheduled date of the consensus conference three months previously and had been asked to participate or send a representative in case of being unable to attend. One month before the consensus conference, each elected official had been sent the updated texts of the working groups, the 33 recommendations to be put to the vote as well as the instructions on the voting process.

The consensus conference was based on the methodology of an NIH Consensus Conference:

- Presentation of the recommendation,
- Short explanation and discussion,
- Where applicable, acceptance of proposed amendments, and
- Vote.

For this process, a maximum period of 15 minutes was planned for each recommendation. The participants were instructed on this process by means of an introductory lecture. The moderator particularly emphasised the strict adherence to the timetable to enable the approval of all recommendations within the given timeframe. Each professional society had one vote, which was executed by its elected official.

According to the methodological guidelines of the Association of the Scientific Medical Societies in Germany (AWMF), the following consensus scores were applied:

Strong consensus	Acceptance by > 95% of participants
Consensus	Acceptance by > 75-95% of participants
Majority consensus	Acceptance by > 50-75% of participants
No consensus	Acceptance by < 50% of participants

Of the 32 elected officials invited, 30 participated in the consensus conference; 2 elected officials were unable to attend the meeting at short notice and submitted their votes in writing. Thus, all professional societies participated in both the development of the guideline and the final consensus conference.

Each of the 33 recommendations was voted on within the available timeframe of the consensus conference; therefore, no subsequent Delphi rounds were necessary. 28 of the 33 recommendations were approved by strong consensus and 5 by consensus (Appendix 5). No dissenting opinion was filed.

4 External review and approval

4.1 Pilot test

The key elements of the guideline have corresponded to the standards in diagnostics and therapy for many years. Complex decongestive therapy (CDT) is routinely conducted at all lymphological centres. The Wolfsberg algorithm on basic diagnostics has been successfully applied for many years and is available to all interested persons. Therefore, no separate pilot test was planned.

4.2 External review

The Steering Committee, the Secretaries General, the methodological advisor and the members of the working groups checked, commented on, corrected and approved all texts of the guideline. The German Society of Paediatric Surgery (DGKCH, Professor Wessel) also commented on the guideline. The guideline was submitted to the Association of the Scientific Medical Societies in Germany for external review.

4.3 Approval by professional societies

The complete finalised extended versions of the S2k guideline and the guideline report were submitted for approval to all involved professional societies. Each of the 32 professional societies involved have approved the final versions.

5 Editorial independence

5.1 Financing of the guideline

Core financing was secured by the Association of German-Speaking Lymphologists and co-financing by the German Society of Lymphology. Travel expenses were paid for by the professional societies involved. Free use of facilities for meetings of the working groups was organised by the responsible persons on-site.

5.2 Disclosure and management of potential conflicts

The risk of undue influence by individual interests was counteracted by the pluralistic composition of the panel, the structured manner of consensus-building and the inclusion of a neutral methodologist. All leaders and members of the working groups and each elected official had to fill in the conflict of interest form of the Association of the Scientific Medical Societies in Germany (Appendix 6). Most members of the guideline group stated no conflict of interest; only one expert stated to be biased to some extent and thus refrained from voting on the recommendations on medical compression stockings. Because no recommendation solely concentrating on this topic was formulated, no specific steps needed to be taken. The recommendations were formulated in a product-neutral manner.

6 Dissemination and implementation

6.1 Concept of dissemination and implementation

The complete finalised extended version of the S2k guideline is available for download as a PDF file at the home pages of the Association of the Scientific Medical Societies in Germany, the Association of German-Speaking Lymphologists and the German Society of Lymphology. A

short version of the guideline, also in the English language, is intended to be published in medical journals. The guideline is to be introduced at conferences of the professional societies involved in this project. Furthermore, the guideline is planned to be printed as a booklet or supplement and will become part of the medical instructions of lymphatic drainage therapists and physicians practising lymphology.

6.2 Materials supporting the implementation of the guideline

The algorithm on basic diagnostics (Wolfsberg algorithm) is available as a pocket edition. The guideline is also planned to be published as a pocket edition, and a guideline for patients is in the planning phase.

6.3 Discussion of possible organisational and financial barriers regarding the implementation of the guideline recommendations

Recommendation no. 5 of working group 2 addresses the required core competence in basic diagnostics. The guideline group discussed the necessity to improve medical education and training, which is going to be especially emphasised in the distribution and implementation of the guideline. The current catalogue of medication is also presenting a challenge. The Steering Committee is going to actively participate in the discussion process on health policies with regard to the updated guideline.

7 Period of validity and updating procedure

7.1 Date of the last content-related revision and status

The S2k guideline 'Diagnostics and therapy of lymphoedema' will be valid for five years.

7.2 Updating procedure

The guideline group has made it its task to conduct own clinical studies on issues that have been insufficiently investigated so far. For this reason, an internal study group consisting of members of the guideline panel will be established. The guideline group will monitor new scientific findings. If necessary, the Association of German-Speaking Lymphologists and the German Society of Lymphology will update individual thematic issues ahead of schedule and

publish these issues as an addendum. Contact person with regard to the update is michael.oberlin@foeldiklinik.de (see contact address on page 1).

7.3 Relevant research questions

Already at the early stages of guideline development, the guideline group aimed at identifying research questions that should play a key role in future lymphological research. The results of such studies should be used for the further development of the guideline. Therefore, after the vote on the 33 recommendations of the S2k guideline, the nominal group technique (NGT) was used for the topic 'Relevant research questions in lymphology'. Each person voting on the S2k guideline also participated in the NGT.

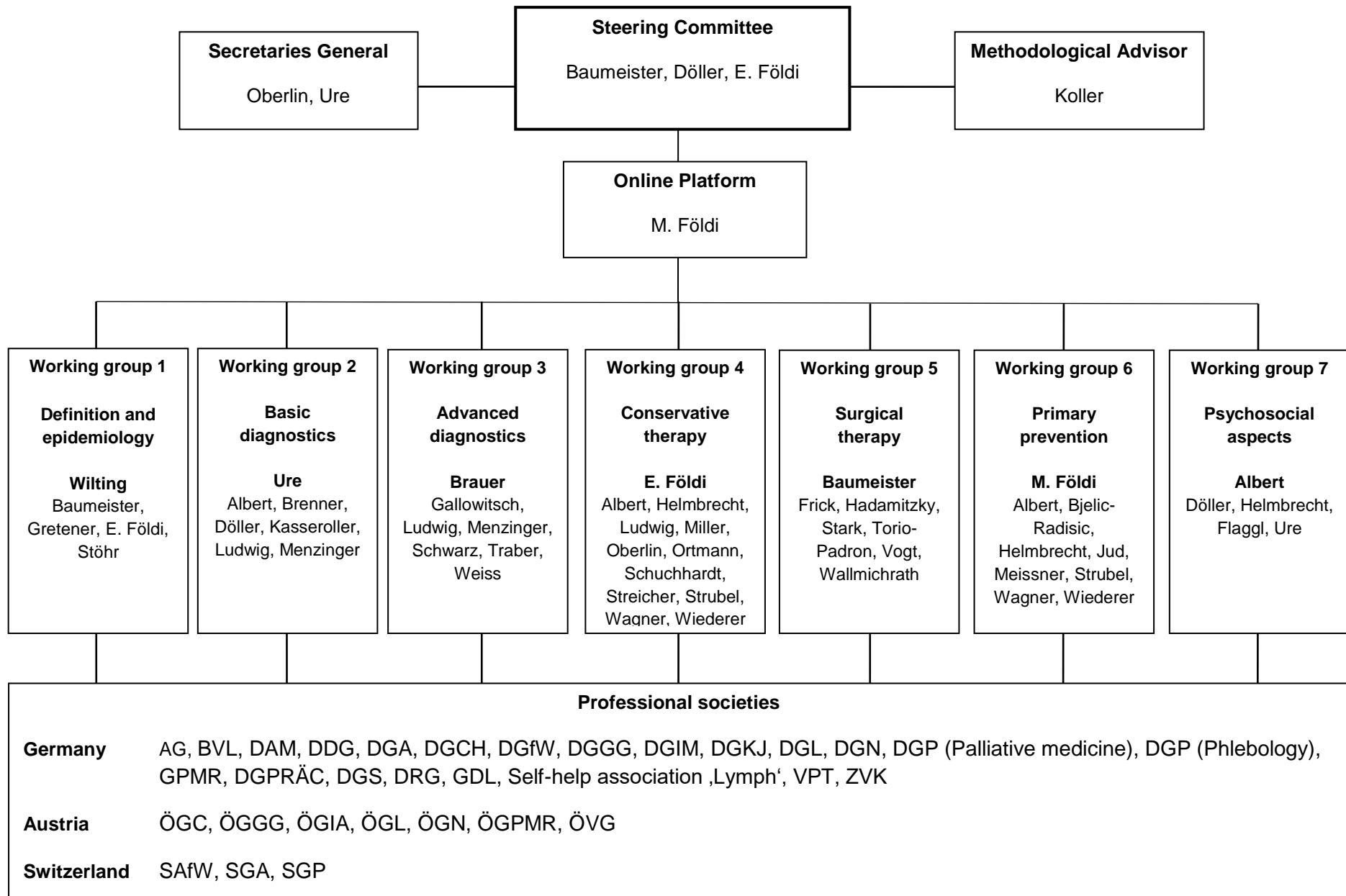
Many different topics were proposed in the *Round Robin*. In the ensuing debate, special attention was paid to the following topics: The epidemiology of lymphoedema, the documentation of the therapeutic process with the aid of a standardised tool, short-term results vs. long-term results and the impact of therapy on everyday life and the ability to work.

The Steering Committee intends to establish a working group with a focus on the implementation of lymphological research and the development of appropriate concepts.

Appendices

1. Organisational structure
2. Responsibilities
3. Professional societies and elected officials
4. Meetings of the working groups
5. Voting result
6. Conflict of interest

Appendix 1: Organisational structure of the S2k guideline ‘Diagnostics and therapy of lymphoedema’, AWMF registry no. 058-001



Appendix 2: S2k guideline 'Diagnostics and therapy of lymphoedema'

Position	Responsibilities
Steering Committee E. Földi R. Baumeister W. Döller	Overall responsibility for the development process and the content of the guideline Securing the financing of the guideline Development and monitoring of the timeline Representation of the guideline before committees, professional societies and health insurances
Secretaries General M. Oberlin Ch. Ure	Executive body of the Steering Committee Keeping membership records updated Monitoring the allocation of members to the working groups Monitoring the progress of the working groups Convening meetings Monitoring the organisation of the meetings Responsibility for the minutes of the meetings
Methodological Advisor M. Koller	Interface between the Steering Committee, the Secretaries General and the Association of the Scientific Medical Societies in Germany Central contact for the Steering Committee, the Secretaries General, the leaders of the working groups and the Association of the Scientific Medical Societies in Germany in all areas of guideline development Methodological instruction Monitoring compliance to methodological criteria Moderating meetings Moderating the consensus process Writing the methodological report Revising all guideline documents
IT representative M. Földi	Programming and maintaining the online platform Providing access to the online platform to members Monitoring platform traffic Supporting members in uploading texts
Leaders of the working groups 1. Wilting 2. Ure 3. Brauer 4. E. Földi 5. Baumeister 6. M. Földi 7. Albert	Compiling instructions Generating questions Motivating members Presenting (interim) results at meetings
Members of the working groups According to the membership list/ organisational chart	Content-related assistance in preparing documents and articles Review of literature
Elected officials of the professional societies according to written designation	Exercising their voting right in the consensus process on behalf of the professional society

Appendix 3: Professional societies and elected officials

Society	Abbreviation	Surname	First name
Anatomical Society (Anatomische Gesellschaft)	AG	Wilting	Jörg
Professional Association of Lymphologists (Berufsverband der Lymphologen eV)	BVL	Schrader	Klaus
German Society of Dermatology (Deutsche Dermatologische Gesellschaft)	DDG	Miller	Anya
German Society for Angiology/Vascular Medicine (Deutsche Gesellschaft für Angiologie / Gesellschaft für Gefäßmedizin e.V.)	DGA	Ludwig	Malte
German Society of Gynecology and Obstetrics (Deutsche Gesellschaft für Gynäkologie und Geburtshilfe)	DGGG	Jud	Sebastian
German Society of Pediatrics and Adolescent Medicine (Deutsche Gesellschaft für Kinder- und Jugendmedizin)	DGKJ	Rößler	Jochen
German Society of Physical and Rehabilitation Medicine (Deutsche Gesellschaft für Physikalische Medizin und Rehabilitation)	DGPMR	Reißhauer	Anett
German Society of Plastic, Reconstructive and Aesthetic Surgeons (Deutsche Gesellschaft der Plastischen, Rekonstruktiven und Ästhetischen Chirurgen)	DGPRÄC	Baumeister	Rüdiger
German Society of Surgery (Deutsche Gesellschaft für Chirurgie e.V.)	DGCH	Hadamitzky	Catarina
German Society of Internal Medicine (Deutsche Gesellschaft für Innere Medizin)	DGIM	Oberlin	Michael
German Society of Lymphology (Deutsche Gesellschaft für Lymphologie)	DGL	Schuchhardt	Christian
German Society of Nuclear Medicine (Deutsche Gesellschaft für Nuklearmedizin)	DGN	Weiss	Mayo
German Society for Palliative Medicine (Deutsche Gesellschaft für Palliativmedizin)	DGP	Meissner	Markus

Society	Abbreviation	Surname	First name
German Society of Phlebology (Deutsche Gesellschaft für Phlebologie)	DGP	Földi	Etelka
German Society of Senology (Deutsche Gesellschaft für Senologie e.V.)	DGS	Albert	Ute-Susann
German Society for Wound Healing and Wound Treatment (Deutsche Gesellschaft für Wundheilung und Wundbehandlung)	DGfW	Strubel	Gerson
German Society of Radiology (Deutsche Röntgengesellschaft)	DRG	Brauer	Wolfgang Justus
Professional Association of Physiotherapists in Germany (Deutscher Verband für Physiotherapie)	ZVK	Streicher	Eva
German-speaking Working Group for Peripheral Nerve and Vascular Microsurgery (Deutschsprach. Arbeitsgemeinschaft f. Mikrochirurgie der Peripheren Nerven u. Gefäße)	DAM	Frick	Andreas
Society of German-Speaking Lymphologists (Gesellschaft Deutschsprachiger Lymphologen)	GDL	Földi	Martha
Self-help organisation ‚Lymph‘ (Lymphselbsthilfe e.V.)		Helmbrecht	Susanne
Austrian Society of Surgery (Österreichische Gesellschaft für Chirurgie)	ÖGC	Döller	Walter
Austrian Society of Lymphology (Österreichische Gesellschaft für Lymphologie)	ÖGL	Brenner	Erich
Austrian Society of Physical Medicine and Rehabilitation (Österreichische Gesellschaft für Physikalische Medizin und Rehabilitation)	ÖGPMR	Wiederer	Christian
Austrian Society of Gynaecology and Obstetrics (Österreichische Gesellschaft für Gynäkologie und Geburtshilfe)	ÖGGG	Bjelic-Radisic	Vesna
Austrian Society for Internal Angiology (Österreichische Gesellschaft für Internistische Angiologie)	ÖGIA	Ure	Christian
Austrian Society of Nuclear Medicine and Molecular Imaging (Österreichische Gesellschaft für Nuklearmedizin u. Molekulare Bildgebung))	ÖGN	Schwarz	Thomas

Society	Abbreviation	Surname	First name
Austrian Union of Vascular Medicine (Österreichischer Verband für Gefäßmedizin)	ÖVG	Menzinger	Gabriele
Hellenic Society of Wound Healing (Schweizerische Gesellschaft für Wundbehandlung)	SAfW	Gretener	Silvia
Swiss Society of Angiology (Schweizerische Gesellschaft für Angiologie)	SGA	Wagner	Stephan
Swiss Society of Phlebology (Schweizerische Gesellschaft für Phlebologie)	SGP	Traber	Jürg
Swiss Association of Physiotherapy (Verband Physikalische Therapie)	VPT	Ortmann	Hans

Appendix 4: Meetings of the working groups

Date	Location	Number of participants
2005 06 18-19	Wolfsberg	16
2005 10 07	Bochum	7 (Lymphologica 2005)
2009 05 23	Klagenfurt	Lymphologica 2009
2010 12 04	Göttingen	Executive Committee meeting GDL
2011 07 23	Munich	4
2012 02 25	Hinterzarten	13
2013 10 03-05	Marktoberdorf	16 (Lymphologica 2013)
2014 07 06	Walchsee	7
2014 10 05	Halle	14
2015 01 17-18	Munich	19
2015 04 11-12	Munich	15
2015 07 11-12	Munich	15
2015 10 03-04	Titisee	16 (Lymphologica 2015)
2016 01 16-17	Munich	17
2016 06 25-26	Munich	17
2016 11 19-20	Munich	Consensus conference

Appendix 5: Voting result (the representatives of 32 professional societies were entitled to vote)

Recommendation	Consent	%	No.
Working group 2 (Basic diagnostics)			
1	32	100	
2	32	100	
3	32	100	
4	32	100	
5	32	100	
Working group 3 (Advanced diagnostics)			
1	32	100	
2	31	96.9	
3	30	93.8	
4	31	96.9	
5	26	81.3	
Working group 4 (Conservative therapy)			
1	32	100	
2	32	100	
3	32	100	
4	32	100	
5	32	100	
6	32	100	
7	31	96.9	
8	32	100	
Working group 5 (Surgical therapy)			
1	30	96.9	
2	30	96.9	
3	28	93.8	
4	31	93.8	
5	31	87.5	
Working group 6 (Primary prevention)			
1	32	100	
2	32	100	
3	31	96.9	
4	32	100	
5	32	100	
6	32	100	
7	32	100	
8	32	100	
9	32	100	
10	32	100	
Total			
Strong consensus		>95%	28
Consensus		>75-95%	5
Majority consensus		>50-75%	0
No consensus		<50%	0

Appendix 6: Conflict of interest

			1	2	3	4	5	6	7	8	9	
Surname	First name	Abbreviation	Advisor/ consultant to a business	Receipt of honoraria from a business	Financial grants for research projects	Ownership interests	Stocks or shares	Personal relations	Member of professional society	Political or academic affiliation	Current employer for the past 3 years	Overall evaluation of conflict of interest
Albert	Ute-Susann	DGS	no	Onkoziert	West-German Study Group Ltd.	no	no	no	DGGG, DGS, DKG, Association of Gynaecologists	no	UKGM/MR, KHNW/ Frankfurt	no
Baumeister	Rüdiger	DGPRÄC	no	1-2 courses of instruction per year	no	no	no	no	GDL, DGL, DGPRÄC	no	Ludwig Maximilian University Munich	no
Bjelic-Radisic	Vesna	ÖGGG	no	Roche, Amgen, Novartis, Johnson	no	no	no	no	ÖGGG, ÖGS	no	MedUni Graz	no
Brauer	Wolfgang Justus	DRG	no	Lymphological Training Ltd.	no	no	no	no	DGL, GDL, ISL, DRG, DGN	no	Practice for Radiology and Nuclear Medicine, Dr. Ch. Przetak, Freiburg	no
Brenner	Erich	ÖGL	no	no	no	no	no	no	ÖGL, GFMLV	no	MedUni Innsbruck	no
Döller	Walter	ÖGC	no	University of Graz, Phlebology training	no	no	no	no	GDL, ÖGC	no	KABEG	no
Földi	Etelka	DGP	no	no	no	no	no	no	DGP	no		no
Földi	Martha	GDL	no	BSN Jobst, Medi	no	no	no	no	GDL	no	Földi Clinic	no
Frick	Andreas	DAM	no	no	no	no	no	no	DAM	no		no
Gretener	Silvia	SAFW	no	no	no	no	no	no	SAFW	no	Angiology Oberaargau	no
			1	2	3	4	5	6	7	8	9	

Surname	First name	Abbreviation	Advisor/ consultant to a business	Receipt of honoraria from a business	Financial grants for research projects	Ownership interests	Stocks or shares	Personal relations	Member of professional society	Political or academic affiliation	Current employer for the past 3 years	Overall evaluation of conflict of interest
Hadamitzky	Catarina	DGCH	Stanford Univ.	Company medi	Research by private donations, Stanford University	Patent Biobridge	no	no	DGCh	no	Helios Clinics Hildesheim	no
Helmbrecht	Susanne		no	no	no	no	no	no	Self-help 'Lymph'	no	Invalided since 2005	no
Jud	Sebastian	DGGG	no	no	no	no	no	no	DGGG	no	University Hospital Erlangen	no
Ludwig	Malte	DGA	no	no	no	no	no	no	BDI, DGA, DEGUM	no	Benedictus Hospital Tutzingen	no
Meissner	Markus	DGP	no	no	no	no	no	no	DDG	no	University Hospital Frankfurt	no
Menzinger	Gabriele	ÖVG	Wr. Compression School Lohmann & Rauscher	no	no	no	no	no	Austrian Society of Phlebology, ÖGL	no	Self-employed	no
Miller	Anya	DDG	no	Galderma, Novacor, medi, Zorn, Bauerfeind Eurocom Viavital TICONmed, BSN-Jobst	no	no	no	no	DGL, GDL, DGP, DDG	no	Self-employed	no
Oberlin	Michael	DGIM	no	Földi School, BSN-Jobst, Medi, JUZO	no	no	no	no	BDI, DGfW, DGIM, GDL, ISL	no	Földi Clinic	no
Ortmann	Hans	VPT	no	no	no	no	no	no	VPT	no	Self-employed	no

			1	2	3	4	5	6	7	8	9	
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Surname	First name	Abbreviation	Advisor/ consultant to a business	Receipt of honoraria from a business	Financial grants for research projects	Ownership interests	Stocks or shares	Personal relations	Member of professional society	Political or academic affiliation	Current employer for the past 3 years	Overall evaluation of conflict of interest
Reißhauer	Anett	DGPMR	no	Product-neutral course of instruction JUZO, mundipharma	Self- measurement of the extremities 30.000€	no	no	no	DGPMR, Association of Rehabilitation Physicians	no	Charité	no
Rößler	Jochen	DGKJ	Pierre Fabre	Pierre Fabre	no	no	no	no	DGKJ, NlpD, ISSVA	no	University Hospital Freiburg	no
Schrader	Klaus	BVL	no	JUZO, Bayer, LEO Pharma	no	no	no	no	BVL	no	Self-employed	no
Schuchhardt	Christian	DGL	no	Instruction of medical supply stores and makers of compression stockings, medical instruction	no	no	no	no	DGL, GDL	no	Retired	Yes, abstention in the vote on medical compression stockings
Schwarz	Thomas	ÖGN	no	no	no	no	no	no	ÖGN, GDL,, European Society of Nuclear Medicine	no	KAGES	no
Streicher	Eva	ZVK	no	no	no	no	no	no	AG MLDE in the ZVK	no		no
Strubel	Gerson	DGFW	Bristol Meyer Squibb	JUZO, Bero, medi	no	no	no	no	DGFW, DGA, DGL, GDL, German Association of Lymphologists	no	Hirslanden Clinic St. Anna Luzern	no
Traber	Jürg	SGP	no	no	Company Salzmann CHF 15.000	no	no	no	SGP	no	Vein Clinic Bellevue	no

			1	2	3	4	5	6	7	8	9	
Surname	First name	Abbreviation	Advisor/ consultant to a business	Receipt of honoraria from a business	Financial grants for research projects	Ownership interests	Stocks or shares	Personal relations	Member of professional society	Political or academic affiliation	Current employer for the past 3 years	Overall evaluation of conflict of interest
Ure	Christian	ÖGIA	no	Company Servier, medical Training	no	no	no	no	GDL, ÖGIA	no	KABEG	no
Wagner	Stephan	SGA	Roundtable Lymphology Healthworld Switzerland	Presentations at conventions, courses of instruction at hospitals	no	Shares of pharma- ceutical companies	no	no	SGA	no	Reha Clinic Bad Zurzach	no
Weiss	Mayo	DGN	no	no	no	no	no	no	DGN	no	LMU	no
Wiederer	Christian	ÖGPMR	no	no	no	no	no	no	ÖGPMR, ÖGL	no	Clinic Kurpark Baden, KURHAUS Bad Gleichenberg	no
Wiltig	Jörg	AG	no	no	no	no	no	no	Society of Anatomy, ISL, DGL, GLD	no	University Hospital Göttingen	no
Bartkowski	Rolf	Co-author of chapter 1 Definition and epidemiology	DGUV	DGUV	no	no	no	no	DGCH, BDC, DGfW, DKG	no	Self-employed	no

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The AWMF records and publishes the guidelines of the professional associations with the greatest possible care - yet the AWMF can not assume any responsibility for the accuracy of the content. **Especially dosage information of the manufacturer must always be considered!**

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