ILF-COM: Results from France
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Aim of ILF-COM
The ILF-COM is an international, multi-sponsored project that aims to address the lack of clarity about outcome measures for people with lymphoedema and related disorders.

The strategy included a scoping systematic review, a qualitative study to explore reimbursement issues faced by the medical device industry, and an international survey.

Current challenges in lymphoedema care in France
❖ Outcome measures are needed in France
❖ Nurses do not treat patients with chronic oedema, only wounds
❖ Access and availability of specialist care required in France

Methods of dissemination
1. Dissemination through industrial partner websites:
   ❖ Thuasne
   ❖ 3M France
   N = 166 respondents

2. Dissemination through the patient support groups, medical associations and health care communities:
   ❖ Partenariat Français du Lymphoédeème (PFL)
   ❖ Association Mieux Vivre son Lymphoédeème (AVML)
   ❖ French Society of Vascular Medicine (SFVM)
   ❖ National Society of Lymphology (SFL)
   ❖ European Society of Vascular Medicine (ESVM)
   ❖ Others
   N = 851 respondents

Results
The survey in France was completed by 1,017 respondents which accounts for 12.7% of the whole survey. Respondents were made up from patients (56%) and professionals/medical device industry (44%).

The top 3 most important outcomes were: limb volume, quality of life and mobility (fig 5). The top 3 most successful treatment outcomes were perceived as: limb volume or oedema stable, quality of life improved and patient able to self-manage (fig 6).

France had the highest proportion of medical practitioners completing the questionnaire in any country due to a number of reasons:
❖ The dissemination strategy engaged the medical community directly
❖ Key medical opinion leaders can positively influence the medical community to take part in such initiatives
❖ Physiotherapists are the main group of therapists providing treatment for Lymphoedema in France
❖ Nurses do not provide care for this group but do treat people with wounds which explains the low response from this group

Conclusions
Figure 1 shows the distribution of professional respondents, 58% of those were medical doctors.

In total, 33% respondents work at a public organisation, 72% work at a private organisation (some work at both). Only 8.6% of respondents worked at a lymphoedema specialist service (fig 3).

Over a half of respondents (51.8%) indicated that chronic oedema outcomes are measured sometimes or not at all (fig 4).

Limb volume or oedema increased, uncontrolled symptoms and patient unable to adhere to treatment were perceived as factors indicating ineffective or failing treatment (fig 7).

The most important factors that could improve the adoption of chronic oedema measures were: increased professional knowledge, reimbursement of treatment, and access to specialist chronic oedema services.