

DATA ABSTRACTION FORM FOR TREATMENT STUDIES

Author: _____ RefID: _____ Data Abstractor: _____

<u>Type of Treatment</u>
<u>Study Design</u>
<u>Sample Size</u> Intervention: Control:
<u>Inclusion/Exclusion criteria</u>
<u>Criteria used to start treatment</u>
<u>Time of treatment initiation</u>
<u>Time of lymphedema onset</u>
<u>Criteria used to stop therapy</u>
<u>Provider of treatment</u> Details of qualifications/professional training
<u>Comparators in study</u> Are they consistent with usual care?

<p><u>Parameters of treatment</u> (i.e intensity, duration, frequency and setting-home vs. clinic)</p> <p>Intervention Group:</p> <p>Control Group:</p>
<p><u>Patient outcomes</u></p>
<p><u>Was the treatment shown to be effective?</u></p>
<p><u>Length of follow-up in study</u></p>
<p><u>How long were benefits of the treatment maintained?</u></p>
<p><u>Did any harms from the treatment occur?</u></p>