

*EDITORIAL***CONSENT, ASSENT, AND DISSENT –
2016 ISL CONSENSUS DOCUMENT**

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In this issue, we are publishing the 2016 version of the International Society of Lymphology's Consensus Document on the Diagnosis and Treatment of Peripheral Lymphedema (1). This latest revision encompasses over 175 suggestions, corrections, additions, and deletions primarily from a day long discussion at the International Congress of Lymphology in Rome (2013) and an afternoon session at the San Francisco International Congresses of Lymphology (2015) but also from many other comments submitted to the Journal/Society since the last document was published in 2013 (2). Clear evidence is still lacking in most areas, and there will always be controversies and disagreements about the document. This is to be expected and welcomed. In careful distinction between consent and assent in the English language, one can understand that "assent" means to agree whereas "consent" is to allow, and this document is truly a consent document where assent is not specifically given. We also have members who clearly dissent from particular sections and those who only want a one page guide or, on the other hand, prefer a massive tome with hundreds of references for each main point. We are driven to keep the document as short as possible and with no specific referenced articles or individually named procedures or commercial products. The many changes

have been reviewed and revised by an array of members of our Society, and we are thankful to all of them for their efforts and comments (and apologize for not being able to incorporate or accept all the suggestions). The document reflects how much is still unknown about the "best" methods to employ, in which patients, and under what circumstances. There are many factors to consider in such a document particularly since our international opinions and policies can apply uniquely to local areas (even down to particular words used in the document), and the patients can themselves present with an even wider spectrum of phenotypes to be addressed. Will we ever find "one" optimal treatment regimen? I would propose that this will be unlikely. However, the basic principles underlying diagnosis and treatments should be clear to all and should form the structure and underpinning of the various approaches. A document such as the current one can never truly be finished, and it awaits the next changes and evolution the future will bring. Please read, nod in agreement, cringe, criticize, but above all react and suggest further changes for the next version because this Consensus Document belongs to the whole of the International Society of Lymphology representing practitioners and basic scientists from 42 countries and the community beyond.

REFERENCES

1. The Diagnosis and Treatment of Peripheral Lymphedema: The 2016 Consensus Document of the International Society of Lymphology. *Lymphology* 49 (2016), 170-184.
2. The Diagnosis and Treatment of Peripheral Lymphedema: 2013 Consensus Document of the International Society of Lymphology. *Lymphology* 46 (2013), 1-11.

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