

Breast Implant Associated-Anaplastic Large Cell Lymphoma (BIA-ALCL)

Information for Patients

This leaflet provides useful information on Breast Implant Associated-Anaplastic Large Cell Lymphoma (BIA-ALCL). It covers:

- What it is
- Symptoms
- Diagnosis
- Treatment

What is BIA-ALCL?

BIA-ALCL is a rare, highly treatable type of lymphoma that can develop around breast implants.

It develops in patients who have breast implants placed to increase breast size or to reconstruct breasts after surgical removal.

It occurs most frequently in patients who have breast implants with textured surfaces.

The current lifetime risk of BIA-ALCL is estimated to be around 1 in 24,000 implants. When caught early, BIA-ALCL is usually curable.

If you have concerns, contact the team who placed your implants or your GP

What are the symptoms?

Common symptoms include:

- breast swelling
- pain
- one breast being much larger than the other
- a lump in the breast or armpit
- overlying skin rash
- hardening of the breast

It develops typically more than one year after having a breast implant. The average time for developing ALCL is between 7-10 years after having an implant inserted, but breast swelling at any time needs to be investigated.

What should you do if you develop symptoms?

Women who develop any of the symptoms listed above should see their GP and get referred to hospital either to the breast surgeon or plastic surgeon who put in the implant. Over 90% of patients who develop these symptoms and are shown to have fluid around an implant will not have BIA-ALCL.

How is it diagnosed?

Patients with symptoms will initially have an ultrasound scan, and in some cases an MRI (magnetic resonance imaging) scan to check for fluid or lumps around the implant and in the lymph nodes.

If fluid or a mass (lump) is found, patients will have the fluid drained and a biopsy of any mass to test for BIA-ALCL. It is common for women to get collections of fluid in their breast that not related to BIA-ALCL. They often get better just by removing the fluid. Sometimes the implant will need to be replaced. There is no need for testing or screening for BIA-ALCL in women with implants who do not have symptoms.

What to do if you have been diagnosed with BIA-ALCL

Receiving the diagnosis of BIA-ALCL will cause anxiety and frustration but you should know that when caught early, BIA-ALCL is curable in most patients.

There are well proven methods of diagnosis and treatment for this condition.

How is it treated?

When a woman is diagnosed with BIA-ALCL, scans are performed to look at the extent of disease. The extent of any spread determines the stage of the BIA-ALCL, which is important in deciding the most appropriate treatment.

For the majority of patients with BIA-ALCL who only have disease around the implant, surgery is performed to remove the breast implant and the scar capsule around the implant. It may be possible in such women to replace the implant with a different type either at the same operation or later.

Patients with BIA-ALCL that has spread to lymph nodes or beyond may need treatment with chemotherapy under the care of haematology doctors. New effective treatments are available so even if the BIA-ALCL has spread to other areas, which is rare, treatment can be effective at controlling the disease.

What happens after treatment?

After the disease is removed, patients are commonly followed up for two years with imaging tests and six-month appointments. Disease re-occurrence is rare after surgery when the disease is caught early.

What if I'm worried about my implants?

Issues such as discomfort and shape change are common in those with breast implants over time and may have nothing to do with the implants.

Having implants removed may not improve symptoms such as pain.

Where there is no suspicion on ALCL, complete removal of the scar tissue around the implant is not recommended as this results in increased risks of problems such as bleeding and collapsed lung.