

## What is BIA-ALCL?

Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) is a rare type of lymphoma which has several sub-types. In 2016, the World Health Organisation (WHO) defined this specific type of ALCL as being associated with silicone breast implants. ALCL is a lymphoma and not Cancer of the breast tissue, found in people with breast implants, adjacent to the implant itself and contained within the fibrous capsule. The condition presents usually with a late onset seroma (fluid collection around the implant), and is treated with removal of the implant, and capsulectomy (removal of the scar tissue that forms around all implants), though some cases require chemotherapy. The first case was reported in 1997, yet it is important to note that breast implants have been used since 1962, with current estimations of 5 - 10 million women in the world with breast implants.

## How common is BIA-ALCL?

BIA-ALCL is rare. As of 31 December 2021, the Medicines and Healthcare products Regulatory Agency (MHRA) have received 81 reports of confirmed BIA-ALCL where the surgery occurred in the UK and 6 reports where the surgery occurred outside of the UK. Up to 2018 there were 414 reported cases of BIA-ALCL. The confirmed cases have been found in patients with breast implants that met the WHO diagnostic criteria for BIA-ALCL. The number of confirmed cases has increased by four since the last update in December 2020. In the UK, the Medicines and Healthcare products Regulatory Agency (MHRA) collect all the data

regarding suspected cases and publish regular updates, the latest of which can be linked here: [www.gov.uk/guidance/breast-implants-and-anaplastic-large-cell-lymphoma-alcl](http://www.gov.uk/guidance/breast-implants-and-anaplastic-large-cell-lymphoma-alcl)

The current estimated incidence of BIA-ALCL, based on confirmed cases where surgery occurred in the UK, is 1 per 16,500 implants. For comparison the general incidence of breast cancer in the UK is 1 in 9 and affects women with and without breast implants equally. Cases of BIA-ALCL have occurred between 2-28 years after breast implant insertion with the average time being 8 years.

People with breast implants do not need to have them removed if they do not have any symptoms from this rare form of Cancer. The advice is for patients to check for symptoms such as lumps, swelling or distortions through regular self-examination and to consult their doctor if they have any concerns. All of the information to date suggests that women with breast implants have a very low but increased risk of developing ALCL compared to women who do not have breast implants.

## Smooth or textured implants: the facts

In most of the world including Europe and Australia, the preference is to use textured implants in 90% patients, with only 10% smooth being used. The current breakdown of implant usage in the USA is 87% smooth and 13% textured. This discrepancy is due to the moratorium imposed by the FDA in USA in 1992, which led to US surgeons almost exclusively

using smooth saline and of late, silicone smooth implants; whereas the rest of the world progressively continued to use textured implants.

The key benefit of using textured implants is reduced capsular contracture, the leading cause of breast implant re-operations. As textured implants provide frictional resistance to movement, they also help to stabilise the implant pocket and reduce skin stretch and 'bottoming out' in the lower part of the breast over time. Smooth implants, on the other hand, can feel softer, are more easily placed with smaller incisions, however, they will have greater movement with some drift to the sides of the breast (lateral slip). They tend to settle in the lower part of the breast stretching the lower breast skin envelope.

Though textured implants have predominantly been used in the UK and Europe, the concern for the rare occurrence of BIA-ALCL has started to influence the discussion regarding the use of smooth vs textured implants. You should discuss with your surgeon what is best for your body shape and breast skin envelope.

## What is BIA-SCC?

Both BIA-ALCL and BIA-SCC are extremely uncommon Cancers associated with breast implant capsules. Squamous cell carcinoma (BIA-SCC) is not a breast Cancer, but a Cancer that can arise in the surrounding capsule (scar tissue) of breast implants.

Very few cases of these Cancers have been reported worldwide and as such, there is not enough information available to provide concrete guidance on risk factors or patient management. These cancers are distinct from BIA-ALCL (Breast Implant Associated Anaplastic Large Cell Lymphoma).

Approximately 20 cases of BIA-SCC have been reported on a background of a worldwide population of several tens of millions of women having breast implants. It should be noted that other cases of SCC have been reported in the breast unrelated to breast implants.

Of the cases that have been documented, they presented between 11 and 40 years after the original breast implant surgery. They have occurred with both smooth and textured surface implants, and with both silicone and saline filled implants.

Patients report delayed swelling of the breast (late seroma), pain, redness and often hardness (capsular contracture) of the breast.

If you have any questions or concerns, please contact your surgeon or the hospital where you were treated for advice.

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Please ask if you would like this leaflet in larger print or an alternative format.

Information taken from BAAPS (British Association of Aesthetic Surgeons) & Medicines and Healthcare products Regulatory Agency (MHRA)

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## Breast Implant Associated – Anaplastic Large Cell Lymphoma (BIA-ALCL) and Breast Implant Associated – Squamous Cell Carcinoma (BIA-SCC)

