Drug Injury Watch: Breast Implants Lymphoma Cancer: Diagnosis And Treatment Developments

(Posted by Tom Lamb at www.DrugInjuryWatch.com on April 20, 2017)

The medical literature about breast implant-associated ALCL (BIA-ALCL) grew considerably in 2015, and reflected a better understanding of the diagnosis and treatment aspects of this rare form of lymphoma.

In February 2015 this article, "Breast Implant-associated Anaplastic Large Cell Lymphoma: Updated Results from a Structured Expert Consultation Process", was published in *Plastic and Reconstructive Surgery-Global Open*. From the Abstract for this article:

> [A multidisciplinary panel] agreed that (1) this disease should be called "BIA-ALCL"; (2) late seromas occurring >1 year after breast implantation should be evaluated via ultrasound, and if a seroma is present, the fluid should be aspirated and sent for culture, cytology, flow cytometry, and cell block to an experienced hematopathologist; (3) surgical removal of the affected implant and capsule (as completely as possible) should occur, which is sufficient to eradicate capsule-confined BIA-ALCL; (4) surveillance should consist of clinical follow-up at least every 6 months for at least 5 years and breast ultrasound yearly for at least 2 years; and (5) BIA-ALCL is generally a biologically indolent disease with a good prognosis, unless it extends beyond the capsule and/or presents as a mass. They firmly disagreed with statements that chemotherapy and radiation therapy should be given to all patients with BIA-ALCL.

Next, in the March 2015 edition of *Plastic and Reconstructive Surgery*, came this report, "Anaplastic large cell lymphoma occurring in women with breast implants: analysis of 173 cases", which provided this information:

> [Anaplastic large cell lymphoma (ALCL)] lesions first presented as late peri-implant seromas, a mass attached to the capsule, tumor erosion through the skin, in a regional node, or discovered during revision surgery. The clinical course varied widely from a single positive cytology result followed by apparent spontaneous resolution, to disseminated treatment-resistant tumor and death. There was no preference for saline or silicone fill or for cosmetic or reconstructive indications. Where implant history was known, the patient had received at least one textured-surface device.

In October 2015 *Clinics in Plastic Surgery* published "Coming of Age: Breast Implant-Associated Anaplastic Large Cell Lymphoma After 18 Years of Investigation", from which we get this excerpt:

> Breast implant associated anaplastic large cell lymphoma (BIALCL) is a distinct clinical entity that can present in patients receiving either reconstructive or cosmetic breast implants. Presenting symptoms include onset of a delayed (>1 year after implantation) fluid collection, mass of the capsule, or lymphadenopathy. Treatment has progressed in recent years and most commonly includes implant removal and total resection of the tumor, including capsule, mass, and involved lymph nodes.

Given the developments medical researchers have made in understanding this breast implants lymphoma cancer situation, in March 2017 the FDA provided a summary of updated information it had collected in a new document, "Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)".

We continue to monitor the medical literature for articles about the diagnosis and treatment of BIA-ALCL as well as the various theories about how this rare form of lymphoma (blood cancer) develops in some women with breast implants.

[Read this article in full at original source]

Earlier articles by attorney Tom Lamb on the Side Effects Blog:

- Pradaxa And Xarelto May Double The Risk Of Heart Attacks Some Patients
- March 2017 FDA Report: Breast Implants Linked To Lymphoma Blood Cancer
- Appeals Court Reverses Dismissal Of Fosamax - Femur Fracture Lawsuits
- Earlier Pradaxa Settlements Do Not Stop Filing Of New Pradaxa Lawsuits
- Federal Court Invokana MDL In New Jersey With Judge Brian Martinotti

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Attorney Tom Lamb represents people in personal injury and wrongful death cases involving unsafe prescription drugs or medication errors. The above article was posted originally on his blog, **Drug Injury Watch** – with live links and readers' Comments.
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