

Ask the Doctor: March 2018:

Breast Implants: Is There a Cancer Risk?

I. Introduction:

A question that I am frequently asked by my patients is...“**are breast implants safe**”. For the most part the answer is a simple yes, but like almost every subject I deal with in my practice there are caveats to this answer. One of the important cautions is a rare form of cancer that has been recently reported on in the medical literature. Patients with implants or who are considering breast implants should be aware of the risk of developing this rare cancer.

This “new” cancer is called **anaplastic large cell lymphoma (ALCL)**. It is a rare cancer that is categorized as a Non-Hodgkin lymphoma. It can occur in any part of the body and when detected early in its development it is usually curable. The first case of ALCA associated with a breast implant was reported in 1997. Since then, the FDA has identified 359 individuals who have been diagnosed with ALCL.

This cancer starts in the fibrous capsule that surrounds the breast implant. (note: fibrous capsule is a normal response to the implant). Over time, the cancer grows and can invade the surrounding breast tissue.

The most common presenting symptom is swelling of the breast. The swelling is associated with the accumulation of fluid around the implant (commonly referred to as a seroma). It can also present as a new breast lump or a new area of focal pain. They are also found in asymptomatic women undergoing routine implant exchange.

II. Take home message:

- The first take-home message is that breast implants associated with **ALCL are rare**.

A recent review of documented cases in the United States from 1997 to 2015 determined that the incidence was two per 1 million women with a textured breast implant. The risk is slightly lower for women who have

smooth implants. Thus, the overall risk of women with implants developing this type of cancer would be approximately 1 in 250,000.

- This rare cancer is curable if detected early. The key to early detection is to report any change in the breast including: swelling, new pain or new lump. The best approach to doing regular self-exam is to watch our BSE video and **sign-up for the monthly reminders** (see link to BeAware website).
- In addition to self-exam, women must be willing to undergo appropriate screening with yearly mammograms starting at age 40. In addition, women with dense breasts should have a screening ultrasound in addition to their mammogram. Women with a strong history of breast or ovarian cancer should be followed in a high-risk clinic.

Women Under 40:

- Consider screening before age 40 for women with concerns or a family history of breast cancer.
- Yearly screening ultrasound of the breast is safe and relatively inexpensive. Ultrasound is very effective in detecting a hidden mass in asymptomatic women. Women under 40 with breast implants should consider yearly screening ultrasound.
- New guidelines from the FDA recommend that women with silicone implants get an MRI three years after getting implants, and every two years after that. Note that these guidelines were directed to women with gel filled implants because of concern for silicon leakage. Women with saline implants should discuss the FDA's approach to screening with their doctor.

Bottom line:

Anaplastic large cell lymphoma is a very rare cancer. With early detection, cure is highly probable. Following the above guidelines insures early detection of ALCL.

The end: