



CANADIAN SOCIETY FOR AESTHETIC
PLASTIC SURGERY

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CANADIAN SOCIETY OF
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Dear CSPA Member:

In our role of educating plastic surgeons in Canada, we would like to provide an update on some of the information, as is presently available, on ALCL.

ALCL Update:

1. There is a rare type of ALCL seen in breast implant patients, both aesthetic and reconstructive, called BIA-ALCL (Breast Implant Associated Anaplastic Large Cell Lymphoma)¹.
2. BIA-ALCL most often presents as a delayed seroma and, less commonly, as a solid mass (more aggressive)².
3. Ultrasound is helpful in making the diagnosis and obtaining seroma fluid for cytology and specifically CD 30 staining³.
4. In the cases where the implant is known, there is a higher number of textured implants reported. Affected implants from both manufacturers that distribute in Canada have been seen along with other major implant companies worldwide⁴.
5. Many etiologic theories have been proposed, including:
 - i. Textured implants
 - ii. Silicone particulate
 - iii. Genetic predisposition
 - iv. Chronic inflammation/irritation
 - v. Biofilm

In an effort to expand our knowledge of this uncommon entity, CSAPS will work as an independent to collect data using an international version of the PROFILE (Patient Registry and Outcomes For breast Implants and anaplastic large cell Lymphoma etiology and Epidemiology) Questionnaire. The questionnaire is presently being developed in

collaboration with MD Anderson and will be shared with a separate and distinct subset of Canadian data.

Informed consent discussions may include:

1. Women with breast implants have a very low but increased risk of developing a rare form of lymphoma called Anaplastic Large Cell Lymphoma (ALCL).
2. Main presentation of ALCL is delayed fluid collection.
3. If you have any changes that you are concerned about, see your plastic surgeon.

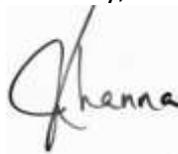
Any further questions may be answered by reading the FAQ from MD Anderson..

I have a suspected case of BIA-ALCL. What should I do?

1. Ultrasound is the first screening test for any significant collection of fluid or an avascular mass⁵.
2. If fluid is present it is recommended to obtain **US guided aspiration** prior to any surgical intervention to obtain the diagnosis. It is **very important** to send the fluid for lymphoma protocol including CD 30 markers, ALK, cytology and C+S. **OF NOTE:** in a significant portion of patients, malignant cells have only been found in the aspirate and not the capsule specimen.
3. It is best to have a confirmed diagnosis pre-operatively and have arranged multidisciplinary oncologic consultation. If the disease is isolated within the capsule with no solid mass, treatment by complete capsulectomy and implant removal may be all that is necessary.
4. Please email/call CSAPS to report your case and we will provide you with a secure link for data entry.

If you have any questions or require any further information, please do not hesitate to contact us.

Sincerely,



Julie Khanna MD, FRCSC
Diplomat of the American
Board of Plastic Surgery
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DISCLAIMER

This document is not intended to define or serve as the standard of medical care. The ultimate judgment regarding the care of a particular patient must be made by the physician in light of all the circumstances. This document should not be construed as a rule, nor should it be deemed inclusive of all proper methods of care or exclusive of other methods of care reasonably directed at obtaining the appropriate results. This document reflects the state of current knowledge at the time of its publication and CSAPS will endeavour to update and revise this document periodically.

REFERENCES

1. Kim, et al. *PRS Global Open*. 2015;3:e296.
2. Miranda, et al. *JCO*. 2014;32(2):114-20.
3. Kim, et al. *PRS Global Open*. 2015;3:e296.
4. Brody GS, et al. *PRS*. 2015;135:695-705.
5. Adrade BE, et al. *Breast Cancer Res Treat*. 2014;147(1):1-14.

ATTACHMENTS:

1. MD Anderson Treatment Algorithm (personal communication with Dr. Mark Clemens, September 2015)
2. BIA-ALCL MD Anderson Cancer Center FAQ
3. PS NEWS Oct/ Nov 2015:8-9