

#### PATIENT & CAREGIVER EDUCATION

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

This information answers some commonly asked questions about breast implant-associated lymphoma (BIA-ALCL).

#### **About BIA-ALCL**

Lymphoma is a type of cancer that affects your immune system and your lymph nodes. If you have breast implants, you may have a very low risk of developing a rare type of lymphoma. It's called breast implant-associated anaplastic large cell lymphoma, or BIA-ALCL. This type of cancer is rare. Most people are treated for it and cured.

BIA-ALCL can grow in the skin, lymph nodes, or scar tissue around your implant.

You or someone you love may have breast implants. If so, learning more about the disease can help you feel better prepared if you decide to talk with a doctor. This is a good place to start.

### Who can get BIA-ALCL?

You can get BIA-ALCL if your breast implants are silicone or saline filled. It happens more often in people who have breast implants that have a textured surface instead of a smooth surface. Still, the chances of you getting BIA-ALCL are low.

You can find out if your implant is textured or smooth by looking at your

Breast Implant ID Card. This will show you the implant manufacturer's website where you can go to find more information. You can also call your doctor's office.

## Signs and symptoms of BIA-ALCL

It's important for you to do a breast exam daily to look for any problems with your implants.

It's also important to schedule regular follow-up appointments with your plastic surgeon. They can check for any signs of BIA-ALCL at these appointments.

Changes in your breasts or breast implants can be signs of BIA-ALCL. You may have these changes in 1 or both of your breasts.

Talk with your healthcare provider if you have any of these things:

- Fluid around your implant. This can cause your breasts to get larger or feel tighter. It can happen many years after your implant placement surgery.
- Changes in how your breast looks. Your breast may be swollen, feel lumpy, or not look the same shape.
- Tumors in your breast skin or tissue. This is a less common sign.
- Enlarged (bigger) lymph nodes in 1 or both of your armpits. This is a less common sign.

These signs do not always mean that you have BIA-ALCL. Other problems, such as a leaking implant, can also cause these signs. If you have any of these symptoms, make an appointment with your doctor.

### **Diagnosing BIA-ALCL**

You may need an imaging scan to look at the scar tissue and fluid around your implant. This can be magnetic resonance imaging (MRI), positron emission tomography (PET scan), or ultrasound.

Your doctor may also test for BIA-ALCL another way. They can take a sample of your breast tissue, scar tissue around your implant, or the fluid around your implants. They will send the sample to a lab.

### **Treatment for BIA-ALCL**

Most people with BIA-ALCL can be treated and cured.

The most common treatment for BIA-ALCL is surgery to remove the implant and the scar tissue around it. This often is the only treatment people need.

Some people may also need chemotherapy or radiation therapy, but this is not as common. If you need to have your implants removed, and have questions about breast reconstruction, talk with your doctor.

### Other resources

We do not know much about BIA-ALCL but researchers are trying to learn more. If you would like more information, call the Plastic and Reconstructive Surgical Service consult line at 212-639-5220. You can also visit a website that offers current information about BIA-ALCL:

#### U.S. Food and Drug Administration (FDA)

bit.ly/2W21lLU

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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