



## The Australasian College of Cosmetic Surgery

*Raising Standards, Protecting Patients*

# MEDIA RELEASE

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## Blood cancer associated with breast implants not malignant in most cases

In a paper published this week in the *Aesthetic Plastic Surgery Journal*, researchers from the Australasian College of Cosmetic Surgery have shown that the blood cancer that can affect women with breast implants, BIA-ALCL is not destined to become an invasive cancer in most patients.

“This is good news for patients with breast implants,” the lead author and member of the TGA’s Expert Advisory Panel on BIA-ALCL, Dr Daniel Fleming said. “Australia currently has the highest incidence of reported cases of BIA-ALCL and it is estimated that it can occur in up to 1 in 1000 patients. Most patients present with swelling around the breast caused by a collection of fluid called a seroma. In some patients, cancer cells, or cells that look like cancer, are found and the patient is diagnosed as having BIA-ALCL.”

Out of an estimated 35 million women with breast implants worldwide, there have been 12 fatalities reported from BIA-ALCL. “Our research has shown that the abnormal cells in the fluid can disappear on their own,” continued Dr Fleming. “The findings explain why, despite the disease being much less rare than was previously thought, so few patients have gone on to develop a cancer that spreads and makes them ill or worse.”

“It has become clear there are two versions of the disease - a less rare but still uncommon one which presents with the fluid, is not malignant and does not spread, and a much rarer version, typically presenting with a lump, which can spread and without treatment can be fatal.”

It is hoped the new findings will be the start of a change in the way patients with BIA-ALCL are advised. Currently, all patients are told they have cancer and must have their implants and the surrounding membrane removed as a minimum. “At this time, it is important to note that implant and membrane



removal is still the recommended safe treatment for all patients with BIA-ALCL,” said Dr Fleming. “However, this may change and in the meantime it is a very different message to tell a patient she has a condition that is very unlikely to become a cancer and to recommend she have her implants removed just in case, rather than to tell her she has cancer and must have her implants removed.”

“Previously women with early abnormal cervical smear tests were often treated with surgery, but now it is recognised that it is safe to monitor them and in many cases it will clear up on its own. We are not there yet but need to keep working to see if this can be a safe strategy for women with BIA-ALCL,” concluded Dr Fleming.

The Australasian College of Cosmetic Surgery has asked the TGA to reconvene its Expert Advisory Panel to consider if the current guidelines should be updated.

The full paper can be accessed here:

<https://link.springer.com/article/10.1007/s00266-017-1064-z/fulltext.html>

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## **About the Australasian College of Cosmetic Surgery**

The primary goal of the ACCS is to ensure the safe provision of cosmetic medicine and cosmetic surgical procedures to the Australian community through the supply of appropriately trained and certified health care practitioners.

Established in 1999, the ACCS is a not-for-profit, multi-disciplinary fellowship-based college of general surgeons, cosmetic surgeons, plastic surgeons, maxillofacial surgeons, cosmetic physicians, dermatologists, ear nose and throat surgeons, ophthalmologists, general practitioners and other doctors who practice in cosmetic medicine and surgery. The College also admits nurses as affiliate members.

The ACCS is the only medical college which provides education and training leading to fellowship specifically in cosmetic medicine and surgery. Fellows of the College are medical doctors who have completed post-graduate education and training and have demonstrated competency specifically in cosmetic medicine and surgery. To become an ACCS Fellow, doctors must typically complete a minimum 12 years medical and/or surgical education and training.

For additional information about the ACCS, please visit: <http://www.accs.org.au/>