

# Diagnostic Evaluation Based on NCCN Guidelines

Breast Implant Associated – Anaplastic Large Cell Lymphoma (BIA-ALCL) is a malignancy associated with breast implants that presents as a delayed seroma greater than 1 year after implantation. It can be seen in primary and revisionary breast augmentations as well as breast reconstructions. It can also present as a breast mass, and if so, should be worked up by a breast oncologist. When faced with a patient presenting with a delayed breast seroma, consider the following diagnostic evaluation based on NCCN guidelines:

**EDUCATE** the patient about existence and symptoms of BIA-ALCL during preoperative consultation and include in informed consent discussion

**SUSPECT** the possibility of BIA-ALCL in patients with delayed seromas greater than one year from implantation, particularly those with a textured device implanted at some time in their history.

**PERFORM** a thorough physical examination including the contralateral breast and assessing for lymphadenopathy.

**IMAGE** the breast including regional lymph node basins with an ultrasound evaluating for fluid and/or mass.

**ASPIRATE** the fluid either in clinic or through interventional radiology. Place the fluid in a sterile specimen cup with NO FORMALIN. Send the specimen Fresh for immediate evaluation. It can be refrigerated but after 3 days the specimen is no longer viable.

**SEND** the fluid for CD30 immunohistochemistry and cell block cytology and aerobic and anaerobic cultures

**ASK** the pathologist to assess and rule out BIA-ALCL. If positive, the pathologist will

further test for flow cytometry for a single T cell clone, as well as ALK translocation to differentiate BIA-ALCL from systemic ALCL. ALK translocation is negative in all cases of BIA-ALCL.

**DISCUSS** the diagnostic workup results with the patient, obtain a preoperative PET/CT scan for workup of systemic disease, and formulate a treatment plan.

**COORDINATE** next appropriate steps in management, with consideration for consultations to lymphoma oncology and surgical oncology to facilitate a multidisciplinary approach. Advanced cases may benefit from referral to a high volume tertiary cancer center.

**TREATMENT** with total capsulectomy, removal of implants, and excision of involved lymph nodes. Chemotherapy for advanced disease and radiation therapy for unresectable disease per NCCN guidelines.

**REPORT** all confirmed cases to the PROFILE registry, [www.thepsf.org/PROFILE](http://www.thepsf.org/PROFILE)

**FOLLOW** the patient closely and **ASK** for help from local or national experts on the treatment of BIA-ALCL when questions arise.

[Check Link](#)

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