

Joint Statement on Breast Implant Associated Squamous Cell Carcinoma and other Breast Implant Associated Lymphomas by the Association of Breast Surgery (ABS), the British Association of Aesthetic Plastic Surgeons (BAAPS), the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS).

This statement is provided jointly by the British Association of Aesthetic Plastic Surgeons (BAAPS), the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) and the Association of Breast Surgery (ABS) to give information on what is known, and recommendations for practice in the United Kingdom following a USA FDA (Food and Drug Administration) Safety Alert on 8th September 2022.¹

The report described a number of cases of extremely uncommon cancers associated with breast implant capsules. The cancers were squamous cell carcinomas (BIA-SCC), and various lymphomas. These were not breast cancers, but cancers that arose in the surrounding capsule (scar tissue) of breast implants.

Very few cases of these cancers have been reported worldwide and as such, there is not enough information available to provide concrete guidance on risk factors or patient management. These cancers are distinct from BIA-ALCL (Breast Implant Associated Anaplastic Large Cell Lymphoma).

Approximately 20 cases of BIA-SCC have been reported on a background of a worldwide population of several tens of millions of women having breast implants. It should be noted that other cases of SCC have been reported in the breast unrelated to breast implants.

Of the cases that have been documented, they presented between 11 and 40-years after the original breast implant surgery. They occurred with both smooth and textured surface implants, and with both silicone and saline filled implants.

Patients reported delayed swelling of the breast (late seroma), pain, redness and often hardness (capsular contracture) of the breast.

Initial recommendations:

For Patients

If you are a patient with breast implants in situ and have concerns, and especially if you develop late onset of swelling, pain, redness or significant hardening around an implant, please note the following advice.

- a) If your implant/s were inserted by the NHS, you should see your GP for advice and, if appropriate, onward referral to your local NHS Breast Care Unit.
- b) If you your implant/s were inserted in the private sector, you should consult your original surgeon or private provider. If the surgeon or the private provider are not still in practice, you should see your GP for advice and, if appropriate, onward referral to your local NHS Breast Care Unit.
- c) If you develop a problem with your breast implant, report this to the MHRA via the [Yellow Card scheme](#).

For Surgeons

If you are a surgeon performing breast implants, now that BIA-SCC and other types of lymphoma has been described in association with breast implants, the three Associations recommend this is included as part of the informed consent process for all patients having surgery involving breast implants. Surgeons should stress to patients that, with the current data, this appears to be an extremely uncommon phenomenon.

Healthcare professionals should report any suspected or actual adverse incidents involving these devices through your healthcare institution's local incident reporting system and/or your national incident reporting authority as appropriate: [England](#), [Scotland](#), [Northern Ireland](#), [Wales](#).

As further data and information comes to light, this guidance and the recommendations will be updated.

References

1. <https://www.fda.gov/news-events/press-announcements/fda-issues-safety-alert-squamous-cell-carcinoma-and-various-lymphomas-scar-tissue-around-breast>

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