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CARE COMPASSION TRUST LEARNING

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

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# Executive Summary

The current breast implant advisory is occurring due to the evolving knowledge of the epidemiology of BIA-ALCL. The Department of Health (DoH) requested a meeting with the Health Service Executive (HSE) and the Health Products Regulatory Authority (HPRA) in August 2019 when Allergan announced a global withdrawal of their BIOCELL macro-textured implants. As this is a relatively newly recognised condition and it takes, on average, eight years to develop, information regarding BIA-ALCL has changed over time.

In May 2019, Mark Magnusson et al placed the risk at 1:3345 in the New Zealand/ Australian population based on registry data. Previous information had placed the risk at 1:64,000 (Medicines and Healthcare products Regulatory Agency (MHRA), 2019), and indeed 1:500,000 (Brody et al., 2015) in earlier publications. In September 2020 a single site study by Nelson et al., revised the estimated the overall incidence of BIA-ALCL at 1.79 per 1000 patients (1 in 559) with textured implants and 1.15 per 1000 textured implants (1 in 871), with a median time to diagnosis of 10.3 years (range, 6.4–15.5 yrs.).

The HSE set up a multidisciplinary Serious Incident Management Team (SIMT) to review the literature and guide the national response. It was clinician-led with representation from the NCCP, Breast and Plastic Surgery, Radiology, Histopathology, the HPRA, QAV and HSE National Acute Operations, including HSE Communications. The Irish Private Hospitals Association were invited to join so they could avail of the group expertise and have access to all the documents developed and guidelines recommended by the group.

Based on the potential risk of 1:3345 in May 2019, it was agreed that individuals with Allergan BIOCELL macro-textured breast implants should be informed of the risk and the signs and symptoms of the condition so that should they develop any of these they would know to seek medical review. The average length of time to presentation with this disease post implant insertion is eight years and although the risk is low and treatment, when diagnosed early, is curative, the risk remains throughout life.

Treatment for this condition is surgical excision of the implant with the cuff of tissue that surrounds it, known as an en-bloc capsulectomy and typically no additional treatment is required. This is similar to the operation that would be required for potential 'risk-reduction' surgery and as such there is currently no International or National recommendation for implant removal surgery for prevention of BIA-ALCL. It is unknown what extent of surgery would be required for meaningful risk reduction. A European Scientific Advisory Group (Scientific Committee on Health Environmental and Emerging Risks (SCHEER), 2019) reviewing all aspects of this condition and the output from this group, although not expected for some time, will contribute to our understanding and help guide future actions.

Following the decision to issue a patient advisory, guidelines for diagnosis and treatment were sent to all relevant clinicians and pathways of care agreed, copied to the Irish Cancer Society to inform them of the appropriate referral pathways in the event they would be contacted, Appendix 8.1-8.5.

- Symptomatic breast patients: attend GP, referral to symptomatic breast clinic. It was agreed that using existing pathways was important as individuals with such symptoms are more likely to have breast cancer than BIA-ALCL, if indeed they have a subsequent cancer diagnosis.

- Asymptomatic breast patients or those with systemic symptoms not typically associated with breast cancer or BIA-ALCL: referral for outpatient appointment with plastic or breast surgeon if requested.

The patient advisory was binary:

- BIOCELL textured implant
- Other implant

In the absence of an implant registry, hospitals at which patients received implants since 1997 were asked to generate and check a patient list and issue the patient letters. Letter templates were provided by the SIMT, Appendix 8.6-8.7. Each cancer centre was asked to nominate a co-ordinator to:

- Co-ordinate the issue of all letters
- Identify telephone helpline operators
- Establish a telephone helpline
- Maintain patients' lists in the event additional information may be required to be communicated as knowledge related to this condition evolves.

It was anticipated that this advisory would generate increased patient attendance at symptomatic breast clinics as individuals were encouraged to self-exam and be breast aware. In addition, a number of individuals may request the opportunity to discuss the condition with their implanting surgeon in the outpatient setting.

In addition to HSE patients, there are individuals who have had implants inserted in the private healthcare setting. Representation from the Irish Private Hospitals Association (IPHA) was invited onto the SIMT to align their response and share developing literature.

A third population, those who had their implants in non-affiliated settings or overseas and communication through the media, the HSE, HPRA and the Irish Association of Plastic Surgeons (IPSA) websites aims to inform them of the risks, advising them to be breast aware and attend their GP if they have concerns that they have symptoms or signs of breast disease. Appendix 8.8

### **BIA-ALCL SIMT Recommendations**

The BIA-ALCL SIMT recommend that an expert advisory group be set up, taking a tripartite approach (DoH, HSE, HPRA) to review and advice on the following:

1. Develop and maintain an implant registry
2. Provide recommendations regarding: types of implants
3. Patient follow-up guidelines
4. Define the management for those requesting explantation.

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# 1 GLOSSARY

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<b>AO</b>	Acute Operations, HSE
<b>BIA ALCL</b>	Breast Implant Associated Anaplastic Large Cell Lymphoma
<b>CCO</b>	Chief Clinical Officer
<b>DOH</b>	Department of Health
<b>EAG</b>	Expert Advisory Group
<b>FAQs</b>	Frequently Asked Questions
<b>GDPR</b>	General Data Protection Regulation
<b>HGs</b>	Hospital Groups (CEOs, COOs, Lead Clinical Directors)
<b>HG COOs</b>	Hospital Group Chief Operations Officers
<b>HIPE</b>	Hospital Inpatient Enquiry system
<b>HPRA</b>	Health Products Regulatory Authority
<b>HPO</b>	Healthcare Pricing Office
<b>HSE</b>	Health Service Executive
<b>IAPS</b>	Irish Association of Plastic Surgeons
<b>ICS</b>	Irish Cancer Society
<b>IPHA</b>	Irish Private Hospitals Association
<b>NCAGL AO</b>	National Clinical Advisor and Group Lead Acute Operation, HSE
<b>NCCP</b>	National Cancer Control Programme
<b>ND AO</b>	National Director Acute Operations
<b>QAV</b>	Quality Assurance and Verification
<b>SIMT</b>	Serious Incident Management Team

## 2 INTRODUCTION; CHRONOLOGY OF EVENTS

Date	Event
05/04/2019	HPRA brief to DOH
17/05/2019	DOH Note of issue
17/07/2019	HPRA brief to DOH
24/07/2019	HPRA brief to DOH
07/08/2019	HPRA brief to DOH
08/08/2019	DOH brief to HSE (Office of the CCO)
08/08/2019	Office of CCO brief to Office of National Quality Assurance and Verification, Office of National Clinical Advisor and Group Lead Acute Operations to address
14/08/2019	DOH meeting with HSE and HPRA (1)
21/08/2019	SIMT meeting (1)
27/08/2019	SIMT meeting (2)
02/09/2019	SIMT meeting (3)
05/09/2019	DOH meeting with HSE and HPRA (2)
11/09/2019	SIMT meeting (4)
16/09/2019	SIMT meeting (5)
18/09/2019	SIMT meeting (6)
23/09/2019	SIMT meeting (7)
24/09/2019	SIMT meeting (8)
03/10/2019	SIMT meeting (9)
03/10/2019	DOH meeting with HSE and HPRA (3)
08/10/2019	NCAGL AO teleconference with breast & plastic surgeons
10/10/2019	ND & NCAGL AO teleconference with HG COOs regarding funding
14/10/2019	SIMT meeting (10)
15/10/2019	NCAGL AO teleconference with plastic surgeon and IPHA
21/10/2019	SIMT meeting (11)
21/10/2019	NCAGL AO teleconference with 8 cancer centre leads
23/10/2019	Helpline workshop teleconference; Office of NCAGL AO and 8 cancer centres
04/11/2019	SIMT meeting (12)
04/11/2019	NCAGL AO teleconference with 8 cancer centre leads
04/11/2019	Helpline workshop teleconference; Office of NCAGL AO and 8 cancer centres
11/11/2019	SIMT meeting (13)
25/11/2019	SIMT meeting (14)
11/12/2019	SIMT meeting (15)
17/12/2019	SIMT meeting (16)
18/12/2019	DOH meeting with HSE and HPRA (4)

## 3 BACKGROUND

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### 3.1 ALLERGAN TEXTURED IMPLANTS

A HSE Serious Incident Management Team (SIMT) was established as an action following a meeting with the Department of Health (DoH) and the Health Products Regulatory Authority (HPRA) on the 14th August 2019. This meeting was arranged by the DoH due to developments with respect to Breast Implant Associated – Anaplastic Large Cell Lymphoma (BIA-ALCL) and the voluntary global withdrawal of the BIOCELL macro and micro-textured implants by Allergan. Allergan BIOCELL implants have not been used in Ireland since December 2018.

BIA-ALCL is an indolent form of Non-Hodgkin's lymphoma which is rare and occurs in individuals with textured breast implants. It is not breast cancer; it is a cancer of the immune system. It was given provisional recognition by the WHO in 2016 and has been subject to increasing scrutiny while information about this condition continues to evolve. Most but not all cases have been associated with Allergan BIOCELL implant and tissue expanders and to date, it has not been described with smooth implants. 80% of cases present with a large and rapidly developing collection of fluid around the implant (seroma), usually unilaterally and treatment is en-bloc surgical excision of the implant and its surrounding tissues (capsulectomy). No adjuvant therapy is typically required and surgical treatment alone is generally curative. The remaining presentations are with a hard lump adjacent to the capsule which may be accompanied by ipsilateral axillary lymphadenopathy. The presentation may require adjuvant chemotherapy; nonetheless cure rates are high with > 90% 5-year survival.

BIA-ALCL presents on average eight years post implant insertion, although the range is wide from one to 20+ years. The commonest symptom is a rapidly developing fluid collection with an increase in breast size, usually unilateral, leading to asymmetry. It may feel firm and be associated with discomfort. Pain is not a consistent feature nor is systemic symptoms as this is primarily a locally occurring problem.

Knowledge about this condition has been progressing rapidly with global collaboration and information exchange. While initially thought to be extremely rare, more recent reports have identified a much higher incidence in textured implants, particularly macro-textured implants. It appears that the more textured the implant the higher the risk, with the Allergan BIOCELL type being reported as having at least six times the risk of some other textured implants, especially those less textured. Reports from the Australia and New Zealand registry suggest this risk is at least as high as 1:3300 in Allergan (previously Inamed/McGhan) BIOCELL implants. In September 2020 a single site study by Nelson et al., revised the estimated the overall incidence of BIA-ALCL at 1.79 per 1000 patients (1 in 559) with textured implants and 1.15 per 1000 textured implants (1 in 871), with a median time to diagnosis of 10.3 years (range, 6.4–15.5 yrs.). Sales data estimates that up to 29,000 of Allergan/Inamed/McGhan BIOCELL implants have been sold in Ireland to date.

BIA-ALCL is a typically curable condition when diagnosed and treated promptly. The HSE SIMT concluded that all individuals with breast implants need to be informed of this condition and its presenting symptoms and signs so individuals with implants may be 'breast aware' and present promptly if they develop any problems. Removal of implants as a preventative measure is not recommended internationally or nationally by medical experts. Such removal would require capsulectomy as well as implant removal (a similar procedure to the treatment) with no absolute guarantee of risk elimination. In addition to being a surgery that requires tissue as well as implant removal, it may leave the reconstruction patient with few options for further reconstruction.



It is important at this juncture to note “breast implant illness”, an entity which is increasingly being recognised. This illness is categorically different and should **NOT** be aligned with the management of BIA ALCL.

### 3.1.1 Project Aim

The HSE asked people with breast implants to be aware of a rare form of cancer called breast implant associated anaplastic large cell lymphoma (BIA-ALCL). This condition is not a breast cancer; it is a cancer of the immune system. Women with breast implants should be aware of any new breast symptoms such as new swelling, lumps, or asymmetry and to seek medical attention if they have symptoms.

### 3.1.2 Immediate Actions

- HSE to establish SIMT for management of BIA ALCL issue for the state as an action following DoH, HPRA meeting of 14/08/2019. Terms of Reference (TOR) for the SIMT; develop a communications plan. HSE established SIMT, Membership; Appendix 8.9.
- It is important to note that the Private Hospitals within the state fall outside of the remit of the HSE. The IPHA were invited to join the HSE SIMT to ensure **all** communication was consistent; however, the HSE does not have authority to either direct or collate any actions to or from the Private Hospitals. Such information should be gathered directly between the IPHA and the DOH.

### 3.1.3 Communication:

- Raise awareness among individuals with implants of rare form of cancer called breast implant associated anaplastic large cell lymphoma (BIA-ALCL).
- Implement media and communication strategy to provide information and support to patients.
- Ensure that people who may have been impacted by the implant are provided with information and support.
- Ensure women with implants who present with any new breast symptoms such as new swelling, lumps, or asymmetry have access to specialist services when required.
- Develop a review pathway for women with concerns around their implant.
- Provide advisory/guidance for primary care physicians with respect to patients presenting with breast-related concerns and who have breast implants.
- Provide advisory/guidance to plastic and breast surgeons, who care for patients with implants, on the diagnosis and management of BIA-ALCL.
- Provide advisory/guidance for radiologists on BIA-ALCL and its diagnostic requirements.
- Provide advisory/guidance for histopathologists on BIA-ALCL and its diagnosis.

### 3.1.4 Implementation:

- Estimate the number of women who may have been impacted by this implant:
  - HSE & HSE-funded hospitals.
  - Hospitals and Clinics affiliated with the Private Hospital association.
  - Non-affiliated or defunct centres and overseas-sourced implants.
- Estimate the impact on existing symptomatic breast clinics.
- Estimate the requirement for breast implant review clinics.
- Make recommendations surrounding future management of breast implants, including breast implant registry.

### **3.1.5 Project Governance:**

- The National Clinical Advisor and Group Lead for HSE National Acute Operations acted as SIMT chair reporting jointly to the Chief Clinical Officer, the National Director for HSE National Acute Operations and the Medicines, Controlled Drugs Unit, DOH.
- The following representation was included on the SIMT, representatives from HPRA, NCCP, Breast and Plastic surgery, Radiology, Histopathology, G.P., Private Hospitals, Acute Operations, the Quality Assurance Directorate, HSE Communications and Acute Operations press office.

## **4 METHODOLOGY**

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### **4.1 COMMUNICATION**

The SIMT agreed communication would issue to patients and their GPs, The Irish Cancer Society, Surgeons, Histopathologists and Radiologists.

- The hospital groups were contacted by email on the 12th Sept and in person at the HG CEO monthly meeting on the 19th (RCSI CEO in absentia).
- Clinician advisory/guidance was sent to breast and plastic surgeons, radiologists, histopathologists and GPs.
- Holding media statement, national letters and FAQs for patients developed. Two letters one for patients with 'BIOCELL' textured implants and one with for those who do not have that type. All patients recommended to be breast aware and informed of the symptoms and signs.
- Individuals who received implants in the private sector will be contacted by their implant surgeon and followed up with them as appropriate.
- Individuals who received their implants abroad or by providers who are no longer in operation in Ireland: these individuals will be informed by the public awareness campaign supported by the HSE, HPRA and IAPS websites.

### **4.2 PATIENT SUPPORT LIAISON SERVICE**

A telephone liaison support service was established through the eight cancer centres. Each cancer centre was asked to nominate a co-ordinator to:

- Co-ordinate the issue of all letters
- Identify telephone helpline operators
- Each Cancer Centre established the telephone helplines: based on caller demand the hours of service and length of time the line was open was left to the discretion of each Cancer Centre. The need to re-open any of these lines will also be left to their discretion.
- Maintain patient's lists in the event additional information may be required to be communicated as knowledge related to this condition evolves.

FAQ's were developed and workshops were delivered to inform the call takers and ensure consistency in the HSE message

### **4.3 POPULATION IDENTIFICATION**

Hospitals were requested to generate and check patient lists through the eight cancer centres.

- A spread sheet was provided and Healthcare Pricing Office (HPO) Hospital Inpatient Enquiry system (HIPE) codes sent out to HIPE managers at the relevant hospitals on the 20th September.
- Databases available to generate patients list include HIPE database, theatre implant registries and theatre operation registries.
- Lists were checked for deceased status and valid address.
- The SIMT agreed to include all patients with breast implants/ expanders inserted since 1997.
- A template was supplied to capture information including implant type.
- Each cancer centre was requested to retain all patient information locally and to only provide the NCCP with the actual patient population numbers in order to comply with General Data Protection Regulation (GDPR).

#### 4.4 DIAGNOSTIC PATHWAY

- Individuals were advised that there is **NO** need for any action if they have no symptoms or signs.
- Individuals who were concerned they may have signs should contact their implanting surgeon.
- Individuals who identify lumps, swellings or rapid onset asymmetry (weeks) should attend their GP and if confirmed on examination, referred to the symptomatic breast clinic **marked urgent and identified as having implants**. If the GP examination is inconclusive, GPs have the option to refer patients to their implanting surgeon at a review clinic, if required; **specifically noting on the referral that it was an implant review**.
- Individuals, who no longer have access to their implanting surgeon, should attend their GP if there are concerned about lumps, swellings or asymmetry. If possible they should find out from the implanting hospital/ service what type of implant they received. As above, the GP may refer to the symptomatic breast service or the local cancer hospital breast/plastic service for review depending on the clinical findings.

#### 4.5 Patient referral pathways

- No symptoms/signs – no action required.
- Cancer centre phone lines made available for queries about their letter and FAQs content.
- Patients requesting clinical review via the telephone helpline who do not have specific signs or symptoms will have their details taken for an implant review clinic.
- Patients with queries who are in the 5-year follow up programme to have queries addressed at their next scheduled clinic.
- Concerned they have symptoms and signs; patients should seek GP review and if supported by history and examination a subsequent referral to symptomatic breast clinic **specifically noting on the referral that it was an implant review**.
- GPs can refer patients to the regional cancer centre for review clinic appointment if examination does not indicate requirement for rapid access clinic and patient requests clinical review.

##### 4.5.1 Symptomatic Breast Clinic

- NCCP continuing gap analysis for maximum capacity.
- Derogation for staffing, Clinics and diagnostics.

##### 4.5.2 Implant Review Clinic

Actions for implant review clinics; these represent an additional service and need to be set up.

- Plastic surgery delivered.

- Diagnostic support.
- In-sourcing / out-sourcing.

#### 4.6 RISK

- Undiagnosed BIA-ALCL leading to late presentation and poor outcome.
- Anxiety amongst individuals with implants.
- Existing clinical pathways at maximum capacity, high risk of access delays due to increased demand.
- BIA-ALCL is a rare, indolent cancer as compared to Breast cancer which is both common and aggressive. There is a clinical concern, given capacity constraints, that higher activity will displace these higher risk patients and result in worse outcomes.
- Low consultant numbers and limited capacity in diagnostics both radiology and histopathology. There is a risk that the provision of review clinics and associated diagnostics will overwhelm the existing services, leading to delays for access to plastic and diagnostic services.

#### 4.7 RISK MITIGATION

- Clear communication supported by phone lines with informed operators at the eight cancer centres. Workshops for phone operators were carried out.
- Patients with symptoms and signs supported by clinical examination and referred to the symptomatic breast clinic: to ensure appropriate referrals to this specialist clinic. This pathway recognises that cancers diagnosed by this pathway are more likely to be the more common breast cancer. It ensures that patients are not diverted away from the appropriate pathway just because they have implants.
- Capacity assessment and the requirements to expand the existing service are currently underway. KPIs will need to be monitored and resourced.
- Patients with implants may have concerns that they wish to discuss with a surgeon and this should be facilitated in a separately organised review clinic. There are a number of much more common benign complications of breast implants; plastic surgeons are best placed to diagnose and manage these.
- Diagnostics; radiology and histopathology will only be requested following consultant examination and in line with clinical advisory/ guidance to ensure appropriate use of these capacity-restrained services.
- Department of Health acknowledge that there will be increased resource requirement to deliver on this patient advisory and review process, and that this project cannot be delivered within existing resources without displacing existing higher risk patients.

#### 4.8 BREAST IMPLANT/ TISSUE EXPANDER POPULATION

- HSE and HSE-funded hospitals = 7,943 (1997 – 2019, coded by 09/19): taken from HIPE database.
- Private hospital association **estimate** = 5,000.
- Non-affiliated/ overseas **estimated** between 5,000 and 18,529 (from international experience, the balance of implants in a population consists of 25% implants for reconstruction, and 75% placed for aesthetic reasons. The proportion of reconstruction: aesthetic implants in the Irish population are unknown. It is assumed in this calculation that all HSE implants are for reconstructive purposes and constitute the 25%).

- Total patient population **estimated** between 17,943 and 31,372.

#### 4.9 ESTIMATED REVIEW POPULATION

- Based on the Australian experience 30% attendance = 5,383 - 9,412.
- Based on the US experience (single centre) 10% attendance = 1,794 - 3,137; note this service provided a follow-up clinic.

#### 4.10 REVIEW CLINICS

- Symptomatic breast clinic.
- 5-year follow-up scheduled review (est. 40% of HSE population = 3,177).
- HSE Plastic surgery review.
- Private hospital review.

It is not possible to estimate the proportion of patients with concerns who will be referred to the symptomatic breast clinics. The majority of patients should be managed by the review clinics. However, all patients referred, irrespective of clinic, will receive a consultant examination and diagnostics as clinically indicated.

#### 4.11 MEDIA QUERIES

Following the initial press release on 09/10/2019, minimal queries have materialised. All were responded to with the same message issued through the cancer centres providing:

- Assurance to patients it is a rare form of lymphoma and no action was required if they did not have symptoms or signs.
- Their respective cancer centre will be in contact with relevant correspondence depending on the implant type.
- Their correspondence would contain a helpline telephone number for them to call and discuss any concerns and receive assurance.

#### 4.12 PROGRESS REPORT AS OF 11/02/2020

<b>Total Number of Implants Identified = 4950</b> <i>(*Total population = patient numbers from HIPE database based on implant procedure. Crosscheck population = patient numbers from HIPE database crosschecked with theatre implant lists &amp; RIP status; also identifies patients that would have multiple procedures but requires one letter)</i>	
<b>Total Number of Allergan BIOCELL Implants</b>	2719
<b>Total Number of non-Allergan BIOCELL Implants</b>	2220
<b>Total Number of Unidentified Implants</b>	11
<b>Total Number of Allergan BIOCELL Letters Issued</b>	2711
<b>Total Number of non-Allergan BIOCELL Letters Issued</b>	2184
<b>Number of Patients Reviewed</b>	Unidentified

- Total Allergan BIOCELL patient population identified = 2711.
- Number of appointments requested to date = 348, indicating a 12.8% attendance.

## 5 FUNDING REQUIREMENTS

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Communication regarding funding was given to all HG COOs during a teleconference with the ND of Acute Operations on 10/10/2019. All final resource requirements should issue to Acute Operations.

### 5.1 DRAFT INITIAL FUNDING SUMMARY ESTIMATES

This estimate was developed based on International data for patients requesting/ requiring clinical review with associated investigations, interventions and follow-up. Its purpose is to inform the funding body (DoH) of the anticipated cost for this project. It was submitted to the DoH in advance of the patient advisory process.

The DoH did not ring-fence funding to support this additionality to breast care services. As all appointments are managed within existing services each patient has been risk assessed according to normal practice and will be allocated an appointment which will not displace current services operating at maximum capacity. The review process is a work in progress, now impacted by the suspension of services during the Covid-19 pandemic.

The draft estimated additionality to provide a review process for this patient cohort independent of existing breast care clinics can be seen in Appendix 8.10.

## 6 SIMT RECOMMENDATIONS

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The BIA-ALCL SIMT recommends that an expert advisory group (EAG) be set up. The DoH will formally request the HSE to establish such a group taking a tripartite approach (DoH, HSE and HPRA) as agreed at the initial meeting on 14/08/2019 to review and advise on the needs for an implant registry, development of policy surrounding patient follow up and management:

### 1. Develop and maintain an implant registry:

- It is unknown as to how many individuals in Ireland have breast implants in situ. It is known that 44,000 have been sold here and that there are individuals who received implants abroad. In Europe 80% of implants are of the textured variety. To date the data on the risk of BIA-ALCL has been most robust around the now withdrawn Allergan BIOCELL macro-textured implants, however, other forms of textured implants are not risk free and more information on the risks will become available as International registries mature.
- There exists an International Registry tool, iCOBRA, and in the event of an Irish Registry being developed it would be prudent to align or adopt the dataset.
- A national registry would allow the collection of population based risk and intervention and would provide the most robust patient safety and quality assurance.

- Participation in such a registry should be mandatory and as such, a condition of sale; policy decision which should evolve from EAG.
  - Preliminary discussions with NOCA indicate:
    - NOCA could take on the management & governance of this register if appropriately funding and look to include associated clinical audit of breast surgery as well.
    - In terms of resources needed:
      - ✓ To develop the register: data collection, validation and reporting tool - between €100k and €250k depending on what is required. Existing NOCA functionality could be utilised e.g. INOR implant scanning, component catalogue & recall.
      - ✓ Annual cost will be somewhere around €300k again depending on scale. – Audit manager, annual IT/ licence costs, central supports (analytical, legal, communications, administration, finance etc.).
2. **Provide recommendations regarding types of implants:**
- As information evolves it will need to be assessed based on the evidence-base and clinical recommendations issued. This will ensure a uniform approach based on best evidence for the whole population.
3. **Patient follow-up guidelines:**
- Reconstruction.
  - Aesthetic.
  - Patients with implants in situ will be living with a risk, evidence based management of that risk needs to be identified and implemented.
4. **Define the management for those requesting explantation:** In the first instance, the HSE has recommended that those who are requesting to have their implants removed despite clinical advice should consider this request for a short period of time before further clinical review and discussion, to allow some time to consider the risks versus perceived benefits. Thus, they have recommended a three-month period, by which time they will be offered a further review by their implanting surgeon.

## 6.1 FINAL NOTES/ACTIONS FROM BIA ALCL SIMT:

- COVID- 19 has had significant impact of scheduled care in the Out-Patient setting. Symptomatic patients will continue to be prioritised and asymptomatic patients will be reviewed in line with typical clinical criteria.
- Consequent to the demands of COVID-19 on the Health Care system a SIMT consensus decided that further communication would not be helpful and that communication to date has been sufficient.
- **Recommendations 1-4 set out by the SIMT herein require a written status update from the DOH directly to the chair of the SIMT. Specifically regarding the establishment of an Expert Advisory Group and the development of an implant register.**
- This SIMT has now stood down following the completion of the agreed actions. This report has been approved by the SIMT members and is absolute.



## 7 REFERENCES

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## 8 APPENDIX

### 8.1 GP ADVISORY

<b>Date:</b>	08/10/2019
<b>To:</b>	All General Practitioners
<b>Cc:</b>	ICGP
<b>From:</b>	Dr Vida Hamilton, NCAGL, Acute Operations
<b>RE:</b>	BIA ALCL – Primary Care Advisory
<b>Reference:</b>	2019 NCCN Consensus Guidelines on the Diagnosis and Treatment of Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) <i>Clemens et al. <a href="#">Aesthet Surg J</a>. 2019 Jan 31;39(Supplement_1):S3-S13. doi: 10.1093/asj/sjy331.</i>

Dear Colleague,

Following on from the HPRAs advisory earlier this year relating to Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL), a rare malignant complication of breast implants, I would like to update you on the current understanding of the disease risks. The Allergan BIOCELL textured-surface implants have been most commonly associated with this disease and the risk associated with these implants is now estimated at 1:3300 (Magnusson et al. *Plast Reconstr Surg*. 2019 May; 143(5):1285-1292). These particular implants have been withdrawn from use in Europe since December 2018 and are now subject to a global withdrawal by the company. Whilst this disease has been described in other less textured implants the risk appears considerably less. No cases have been reported to date with exposure only to smooth implants.

In view of this, the HSE and NCCP are preparing to inform individuals with implants of this condition. The advisory will reassure asymptomatic patients that they do not need to do anything. There is no recommendation nationally or internationally to have implants removed. Patients will be informed that the disease is rare, and advised to contact the hospital only in the setting of a new implant related symptom or if they require clarification on the content of the advisory. As this is a low risk issue, individuals who are still in a 5-year follow-up programme with their surgeon will have this issue discussed with them at their next routine appointment. The Cancer Hospitals will via a dedicated telephone line receive queries and provide reassurance to individuals with concerns and, where appropriate, organise clinical review with the appropriate breast/plastic surgeon. Patients are asked to be breast aware and should they develop symptoms or signs of breast disease to seek medical review.

Individuals who have received implants in the private sector will be contacted by their implant surgeon and followed up with them as appropriate. However, there is a third group of individuals who received their implants abroad or by providers who are no longer in operation in Ireland. These individuals will be informed by the public awareness campaign supported by the HSE, HPRAs and IAPS websites.

The disease typically presents 7-10 years post operatively (range 1 to 40 years) with a peri-implant effusion, or more rarely a peri-implant mass with or without axillary adenopathy. The effusion is typically rapidly developing and unilateral, although cases of bilateral disease have been described, and because of this is usually picked up at the 'seroma' stage and curative treatment is by local en-bloc excision with no adjuvant therapy required. Occasionally with late presentation adjuvant therapy is required but even in these cases treatment outcomes are good. Overall 5-year survival is more than 90%.

You may be consulted for reassurance or by patients who have found an abnormality on self-examination. Given the rare nature of this disease abnormality is more likely to be due to benign complications of breast

implants such as contractures or indeed breast cancer which is much more common than BIA-ALCL. If you are concerned about an abnormality on examination you should refer your patient to the symptomatic breast clinic, marking the referral as urgent and documenting the presence of the implant. If however, there are no obvious concerning clinical findings and the patient requests a further clinical review, where appropriate, onward referral for breast/ plastic surgeon consultation at the local cancer hospital or by their implanting surgeon should be made.

Concerned individuals who have had their implants overseas or by another provider should make every effort to find out from the implanting hospital or provider which type of implant they have received as there is no way to ascertain the type by examination or imaging and the type clearly has an impact on the risk. I have attached the HPRA advisory for further information.

Thank you for your on-going work and care for the population.

Regards

Dr. Vida Hamilton

**National Clinical Advisor and Group Lead – Acute Operations**

## 8.2 HISTOPATHOLOGY ADVISORY

<b>Date:</b>	08/10/2019
<b>To:</b>	Hospital Group CEO, Lead Clinical Directors
<b>Cc:</b>	All Consultant Histopathologists
<b>From:</b>	Dr Vida Hamilton, NCAGL, Acute Operations
<b>RE:</b>	BIA ALCL – Histopathology Advisory
<b>Reference:</b>	<p>Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL): an overview of Presentation and Pathogenesis and Guidelines for Pathological Diagnosis and Management  <a href="https://onlinelibrary.wiley.com/doi/abs/10.1111/his.13932">https://onlinelibrary.wiley.com/doi/abs/10.1111/his.13932</a></p> <p>BRODY, G. S., DEAPEN, D., TAYLOR, C. R., PINTER-BROWN, L., HOUSE-LIGHTNER, S. R., ANDERSEN, J. S., CARLSON, G., LECHNER, M. G. &amp; EPSTEIN, A. L. 2015. Anaplastic Large Cell Lymphoma Occurring in Women with Breast Implants: Analysis of 173 Cases. <i>Plastic and Reconstructive Surgery</i>, 135, 695-705.</p> <p>MAGNUSSON, M., BEATH, K., COOTER, R., LOCKE, M., PRINCE, H. M., ELDER, E. &amp; DEVA, A. K. 2019. The Epidemiology of Breast Implant–Associated Anaplastic Large Cell Lymphoma in Australia and New Zealand Confirms the Highest Risk for Grade 4 Surface Breast Implants. <i>Plastic and Reconstructive Surgery</i>, 143, 1285-1292.</p> <p>MEDICINES AND HEALTHCARE PRODUCTS REGULATORY AGENCY (MHRA). 2019. <i>Guidance: Breast implants and Anaplastic Large Cell Lymphoma (ALCL)</i> [Online].  <a href="https://www.gov.uk/guidance/breast-implants-and-anaplastic-large-cell-lymphoma-alcl#history">https://www.gov.uk/guidance/breast-implants-and-anaplastic-large-cell-lymphoma-alcl#history</a>. [Accessed 18/11/2019].</p> <p>SCIENTIFIC COMMITTEE ON HEALTH ENVIRONMENTAL AND EMERGING RISKS (SCHEER). 2019. <i>Request for a scientific opinion on the safety of breast implants in relation to anaplastic large cell lymphoma</i> [Online].  <a href="https://ec.europa.eu/health/sites/health/files/scientific_committees/scheer/docs/scheer_q_015.pdf">https://ec.europa.eu/health/sites/health/files/scientific_committees/scheer/docs/scheer_q_015.pdf</a> [Accessed 18/11/2019].</p>

Dear Colleague,

As you may know, the HSE plan to write to all individuals who have had breast implants in Ireland (just under 8,000 cases). This is to advise them of the risk, although very low, of breast implant associated ALCL and to provide advice to these individuals. The private hospitals will also write to individuals who have had implants in their hospitals.

As the National Clinical Advisor and Group Lead for Acute Operations, I am writing to all Consultant Pathologists in Ireland to let them know of this initiative. International experience has shown that between 10 and 30% of individuals, on receipt of such information, request a clinical review. This review will be held by a Consultant breast/ plastic surgeon and, where clinically appropriate, diagnostic procedures performed which may result in requests for implant associated specimens for analysis.

HSE, Acute Operations has requested that under the guidance of Prof Cecily Quinn, a guideline for evaluation of these specimens is generated. It is agreed that it would be useful to have an Irish guideline and that this needs to be written in collaboration with the Haematopathologists and be processed through Faculty. Prof Quinn has discussed this with Dr. Richard Flavin at St James Hospital and they both agree that the recently published UK guidelines are practical and are suitable for use until such time as an Irish guideline is produced, if considered necessary.

I attach the relevant references for your information. Further information on this condition is available from the HPRA website. Prof Quinn has highlighted that there are additional costs to the service in terms of medical and scientific time, laboratory reagents for immunohistochemistry and molecular testing where testing is indicated and the HSE is aware that any increase in activity will need to be funded.

This correspondence will also be sent to all pathologists via Faculty. I would also like to take this opportunity to thank you for your on-going work and support in ensuring the health and wellbeing of the population.

Kind regards

Dr. Vida Hamilton

**National Clinical Advisor and Group Lead – Acute Operations**

### 8.3 RADIOLOGY ADVISORY

<b>Date:</b>	08/10/2019
<b>To:</b>	Hospital Group CEO, Lead Clinical Directors
<b>Cc:</b>	All Consultant Radiologists
<b>From:</b>	Dr Vida Hamilton, NCAGL, Acute Operations
<b>RE:</b>	BIA ALCL – Radiology Advisory
<b>Reference:</b>	2019 NCCN Consensus Guidelines on the Diagnosis and Treatment of Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) <i>Clemens et al. <a href="#">Aesthet Surg J.</a> 2019 Jan 31; 39(Supplement_1):S3-S13. doi: 10.1093/asj/sjy331.</i>

Dear Colleague,

As you are no doubt aware, Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) is a recently recognised and rare malignant complication of breast implants. The disease is particularly associated with textured breast implants, typically employed in breast reconstructions. Recent data from Australia and New Zealand (Magnusson et al. *Plast Reconstr Surg.* 2019 May;143(5):1285-1292) suggests the incidence of the disease is higher than previously estimated, occurring in up to 1 in 3300 BIOCELL textured implants. In view of this, the HSE and NCCP are preparing to inform at risk patients and put in place appropriate care pathways for patients requiring assessment, and perhaps ultimately treatment.

The disease typically presents 7-10 years post operatively with a peri-implant effusion, or more rarely a peri-implant mass and/or axillary adenopathy. Patients will be reassured that the disease is rare, and advised to contact the hospital only in the setting of a new implant related symptom or if they request a clinical review. The cancer centres will be employed in this regard. Private hospitals with experience of breast implant work will also provide a service. Only patients with a clinical concern following expert clinical assessment will be referred for imaging, typically ultrasound in the first instance. Ultrasound will assess for large peri implant effusion, a periprosthetic mass or axillary adenopathy. Effusions should be aspirated for cytology, indicating to laboratory staff the clinical concern of BIA-ALCL. Solid lesions should, where possible be subject to core needle biopsy. Equivocal cases may require contrast MRI breast for further work up.

Radiological guidelines have been prepared, adapted from a 2019 NCCN document, which include a diagnostic algorithm, and are included as an attachment to this letter. I trust these are self-explanatory. I appreciate that our clinical services are already stretched. I have emphasized from the outset, that this process cannot divert us from the core work in the symptomatic service in the diagnosis and treatment of breast cancer, which is, of course, an order of magnitude more common than BIA ALCL. The HSE acknowledge this and have undertaken to provide the necessary additional resources to help curtail any impact on frontline clinical work. This remains a work in progress.

I trust that with a measured approach from the HSE, NCCP and with the help of our clinical colleagues in surgery, pathology, oncology and breast care nursing, that the clinical needs of the symptomatic implant population can be met, and that the anticipated small number of patients with this rare disease can be diagnosed and treated accordingly.

Kind regards

Dr. Vida Hamilton

**National Clinical Advisor and Group Lead – Acute Operations**

## Introduction

Breast implant –associated anaplastic large cell lymphoma (BIA-ALCL) is a rare T-Cell Lymphoma associated with breast implants. The entity was first reported in 1997 and was classified as novel lymphoma by the World Health Organisation in 2016. The incidence of BIA -ALCL is equal in both saline and silicone implants, but is more common in textured rather than smooth implants. The incidence is also similar in both cosmetic implants and breast reconstruction. The pathogenesis is unknown but is thought to relate to chronic inflammation leading to malignant transformation of T-lymphocytes that are anaplastic lymphoma kinase (ALK) negative and CD-30 positive. The disease is generally indolent and localised disease has an excellent prognosis following surgical excision. More advanced disease may require systemic chemotherapy or radiation therapy, or stem cell transplantation. A multidisciplinary approach is essential to management. Radiology plays a key role in the diagnosis and staging of BIA-ALCL.

## Clinical Presentation

BIA-ALCL most commonly presents with a large spontaneous peri-prosthetic fluid collection, which occurs at least one year, and on average 7-10 years post-surgical placement of a textured implant. There have been no confirmed cases of the disease in patients who have only received smooth devices. 8-12% of cases have an associated palpable mass. 4-12% have associated lymphadenopathy. Skin rash, and capsular contracture occur less commonly (<5%) as do systemic symptoms such as pyrexia. Differential diagnosis includes implant rupture, though this is usually not associated with an increase in breast size. Infection and trauma should also be considered and are much more common causes of this clinical presentation than BIA-ALCL. These should be excluded.

## Radiology Evaluation

Breast ultrasound should form the initial evaluation to assess for peri-implant fluid, breast masses and loco-regional lymph nodes. Most implants have a small quantity of surrounding fluid visible (5-10 mls) and this should not be worked up in an otherwise asymptomatic patient. MRI Breast, with contrast, may be of benefit if ultrasound is equivocal. Mammography is of limited value in assessing patients in whom BIA-ALCL is suspected.

Fluid should be aspirated under ultrasound guidance. At least 50mls should be obtained and sent for cytology, CD-30 immunohistochemistry and flow cytometry. Masses, and morphologically locoregional nodes should be subject to ultrasound- guided core needle biopsy. The clinical details and the suspicion of BIA-ALCL should be clearly stated to the pathology and cytology service in the referral documentation. Other malignancies and benign processes that mimic BIA-ALCL must be excluded.

## Pre-operative staging

Confirmed cases of BIA-ALCL should be discussed in a multidisciplinary setting to include breast surgery, radiology, pathology, medical oncology, plastic surgery and breast care nursing. Pre-operative staging with FDG-PET is recommended to demonstrate FDG avid capsular masses, chest wall involvement and nodal disease. The study may also aid surgical planning. Utilising the established Ann Arbor classification, most patients will be stage IE (83-84%) or stage IIE (10-16%) at diagnosis. A TNM staging system has also been proposed and has been adopted by the NCCP. See the tables below.

T Stage	
<b>T1</b>	Confined to effusion or layer on luminal side of capsule
<b>T2</b>	Early capsule infiltration
<b>T3</b>	Cell aggregates or sheets invading capsule
<b>T4</b>	Lymphoma infiltrate beyond the capsule

N Stage	
<b>N0</b>	No lymph node involvement
<b>N1</b>	One regional lymph node (+)
<b>N2</b>	Multiple regional lymph nodes (+)

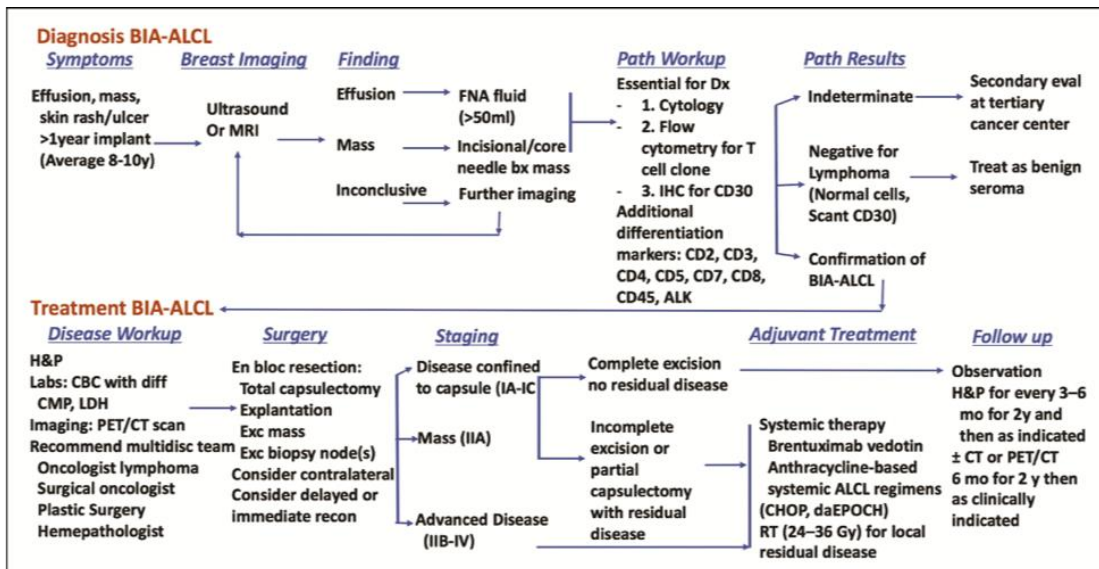
M Stage	
<b>M0</b>	No distant spread
<b>M1</b>	Spread to other organs/distant sites

TNM	Group Stage
<b>T1 N0 M0</b>	IA
<b>T2 N0 M0</b>	IB
<b>T3 N0 M0</b>	IC
<b>T4 N0 M0</b>	IIA
<b>T1-3 N1 M0</b>	IIB
<b>T4 N1-2 M0</b>	III
<b>T any N any M1</b>	IV

### Disease Surveillance

Follow up surveillance is by history and physical exam 3 to 6 monthly for 2 years. The role of imaging in post-operative surveillance is unclear. The NCCP has proposed CT or PET –CT 6 monthly for 2 years, and based on symptoms thereafter.

### Appendix



**Figure 1.** Breast implant-associated anaplastic large cell lymphoma disease algorithm. Current evidence-based algorithm. Taken from Clemens et al 2019.

#### References

2019 NCCN Consensus Guidelines on the Diagnosis and Treatment of Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)

Clemens et al. *Aesthet Surg J.* 2019 Jan 31; 39(Supplement\_1):S3-S13. doi: 10.1093/asj/sjy331.

Breast implant-associated anaplastic large cell lymphoma: Clinical and imaging findings at a large US cancer centre. *Breast J.* 2019 Jan; 25(1):69-74. doi: 10.1111/tbj.13161. Epub 2018 Dec



## 8.4 SURGICAL ADVISORY

<b>Date:</b>	08/10/2019
<b>To:</b>	All Consultant Breast and Plastic Surgeons
<b>From:</b>	Dr Vida Hamilton, NCAGL, Acute Operations
<b>RE:</b>	BIA ALCL – Surgical Advisory
<b>Reference:</b>	Clemens et al. <b>2019 NCCN Consensus Guidelines on the Diagnosis and Treatment of Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)</b> <i>Aesthetic Surgery Journal</i> , Volume 39, Issue Supplement 1, March 2019, Pages S3–S13, <a href="https://doi.org/10.1093/asj/sjy331">https://doi.org/10.1093/asj/sjy331</a>

Dear Colleagues

As Breast and Plastic Surgeons, I am sure you are all aware of the recent developments with Breast Implant Associated – Anaplastic Large Cell Lymphoma (BIA-ALCL). This specific type of ALCL is different to other types of ALCL with a much better prognosis and is generally treated surgically. It is a type of Non-Hodgkin's Lymphoma (T-Cell) arising around the breast implant and the capsule. It is not a breast cancer. This is a rare, long-term complication occurring in women who have had breast implants. While only described in 2011 and given provisional WHO recognition as a distinct type of ALCL in 2016, knowledge about it has been progressing extremely rapidly with global collaboration and information exchange.

While initially thought to be extremely rare, more recent reports have identified a much higher incidence in textured implants, particularly macrot textured implants. It appears that the more textured the implant the higher the risk, with the Allergan BIOCELL type being reported as having at least 6 times the risk of some other textured implants, especially those less textured. Reports from Australia and elsewhere suggest this risk is at least as high as 1:3300 in Allergan (previously Inamed/McGhan) BIOCELL implants and 1:2800 in polyurethane foam implants such as Silimed. However, the numbers were very small for the polyurethane foam implants in this study and they are not subject to a withdrawal. This new information has led to BIOCELL implants been withdrawn in France (and therefore the EU) and more recently in Australia and USA, leading to Allergan now withdrawing their BIOCELL range worldwide. It is estimated that up to 29,000 of Allergan/Inamed/McGhan BIOCELL implant have been sold in Ireland to date. In October 2019, other implants were withdrawn from use in Australia; further information is available from the HPRA website. No cases related to the sole use of smooth implants have been reported to date.

BIA-ALCL usually presents with relatively sudden swelling around the implant, typically unilateral but may be bilateral, or the development of a new lump around the capsule or breast. Systemic symptoms at presentation are rare. The average time to development is 8-10 years after implantation (range 1 – 20+ years). Women with breast implants are advised to be aware of any new breast symptoms such as new swelling, lumps, or asymmetry and to seek medical attention if they have symptoms. The HSE is advising patients to attend their implanting surgeon, GP, plastic surgeon or breast surgeon. GPs have been advised that women presenting with symptoms supported by examination should be referred to a rapid access breast clinic noting the presence of the implant. Patients with symptoms or concerns without physical signs may be reassured or referred to a review by their implanting surgeon or the cancer centre if reconfigured.

This advice will be issued in the form of a letter to patients treated in HSE-funded hospitals and by Private Hospitals Consultants or Management. It will be supported by information to the general public so that individuals who had their implants placed outside of these settings can be informed. This information is also supported by the HSE, HPRA and IAPS websites and the cancer centres will provide a telephone number which will be included in their patient letters.

BIA-ALCL generally has a good response to treatment, which is usually surgical. In the majority (80%) of presentations the disease is in a slowly developing early phase on presentation usually as a late seroma within the capsule around the breast implant. BIA-ALCL can be found in cytology from the seroma, confined to the capsule around the breast, invading through the capsule (usually as a hard lump) and can spread to draining lymph nodes or systemically in a minority of cases of late presentation. It is treated with surgical removal of the implant with the surrounding capsule (capsulectomy) and no other treatment is usually required. A small number of individuals who present with more advanced disease may need more aggressive treatment but even in these cases the outcomes are good. Overall 5 year survival is around 90% if treated appropriately. Early presentation and treatment greatly improves prognosis.

Consensus guidelines have helped create treatment standardization for BIA-ALCL at all stages of disease. In the USA, in NCCN guidelines on BIA-ALCL are recognized by the FDA as well as the American Plastic surgery organisations (ASPS, ASAPS) to help physicians and patients understand the disease and provide reliable diagnosis and treatment. A multidisciplinary team approach is essential for the management of this uncommon malignancy. Similar approaches are being taken in Australia, Canada, the UK and other European countries.

I would like to take this opportunity to thank you for your on-going work in supporting the health and wellbeing of the population.

Kind regards

Dr. Vida Hamilton

**National Clinical Advisor and Group Lead – Acute Operations**

## 8.5 HPRA ADVISORY FOR CLINICIANS



### Breast Implant Associated Anaplastic Large Cell Lymphoma – Supporting Information

#### Introduction

BIA-ALCL is a rare type of non-Hodgkin's Lymphoma, occurring in individuals who have breast implants. It was given World Health Organisation (WHO) provisional recognition as a type of ALCL in 2016.

The US Food and Drug Administration (FDA) collects medical device vigilance data via its Medical Device Reporting (MDR) System. From analysis of their medical device reports, the FDA have reported that, of the 573 cases of BIA-ALCL, 481 cases are associated with Allergan BIOCELL implants and that, of the 13 deaths attributed to BIA-ALCL where the manufacturer was known, 12 of the cases were associated with Allergan BIOCELL implants. The FDA have estimated that the risk of BIA-ALCL associated with Allergan BIOCELL implants is approximately 6 times the risk of other textured implants.

The most common presentation of BIA-ALCL is a large spontaneous periprosthetic fluid collection occurring at least one year, and on average 7-10 years, following breast implant surgery. Up to 24% of patients may present with an associated palpable mass and up to 12% may have lymphadenopathy. Less commonly described (<5% of cases) are local and systemic symptoms including skin rash and fevers 1.

#### Implant Surface Texturing and BIA-ALCL

Breast implants may have a range of surface textures of an increasing degree of texturing; these are commonly known as smooth, micro textured, macro textured or Polyurethane Foam Coated. There are a number of different systems that can be used to categorise the surface texture of breast implants, including standard ISO14607. In general, average surface roughness can vary significantly between implants from different manufacturers. The degree of texturing is thought to affect the ability to successfully position the implant and to reduce the risk of contracture of the capsule over time. Higher average surface roughness may be associated with lower rates of capsular contracture and implant malposition.

The risk of developing BIA-ALCL appears to be related to the degree of surface texturing, with higher rates of the disease seen in individuals with macrotextured or polyurethane foam coated surfaces. A range of breast implants with different degrees of surface texturing have been used in Ireland.

BIOCELL is a proprietary surface texturing technique based on salt elution, to produce a macrotextured surface. Allergan implants with a BIOCELL surface had been commonly used in Ireland prior to a European recall of these implants in December 2018. The BIOCELL surface was used in a range of Allergan breast implants including:

- Natrelle Inspira Textured (But not Natrelle Inspira Smooth implants),
- Natrelle 410 and 510
- Tissue Expanders

Please note that these implants may have been previously marketed under the brand names 'McGhan' or 'Inamed'. For a full list of implants affected by the December 2018 recall, please see the Field Safety Notice on the HPRA website.

Other breast implants may have a different risk of developing BIA-ALCL and the risk appears to be related to the degree of surface texturing on the breast implant. Implants with a lesser degree of surface texturing appear to have a less common association with BIA-ALCL. A range of breast implants with different degrees of surface texturing have been used in Ireland. In reports made to medical device regulators worldwide, the majority of cases of BIA-ALCL have been seen in Allergan BIOCELL implants. A recent journal article estimated there is one case of BIA-ALCL for every 3,345 of these specific implants used 2.

### **Reporting cases of BIA-ALCL to the HPRA**

As part of its role of monitoring the safety of medical devices on the market in Ireland, the HPRA maintains a vigilance reporting system which receives reports from users, members of the public and manufacturers, in relation to medical device issues. It is important to report all cases of BIA-ALCL to the HPRA, to help us make informed decisions on the safety of these devices. We would encourage you to report any case of BIA-ALCL that you have encountered and the following data would greatly aid the follow-up of these cases (Please note patient identifying information is not required on this reporting portal):

- Device details (Manufacturer and Model, Surface Texture of the implant)
- Implantation date details (Initial, Revision and Explantation if applicable)
- Diagnostic specifics of the ALCL (including CD30 and ALK status)
- Details of any previous implants
- Clinical Symptoms and Management to date

The portal for reporting these cases, and any medical device incident, can be found on our website. Please contact us if you have any further queries about this information notice.

### **Breast Implant Illness**

Some individuals who have breast implants may describe systemic symptoms such as joint pain, rashes, memory loss, 'brain fog' or other symptoms. These symptoms and what causes them are not well understood at this time. Some individuals and some health researchers have used the term 'Breast Implant Illness' to refer to the experiencing of these symptoms in association with having breast implants. There is on-going research to try to understand these symptoms and their origin.

It is very important that individuals with breast implants, and the healthcare professionals who look after them, are aware that 'Breast implant illness' and BIA-ALCL are different conditions with different symptoms, treatment options and outcomes.

1. Clemens, MW. Et al, 2019 NCCN Consensus Guidelines on the Diagnosis and Treatment of Breast Implant Associated Anaplastic large Cell Lymphoma *Aesthetic Surgery Journal* 2019, Vol 39(S1) S3–S13.
2. The Epidemiology of Breast Implant–Associated Anaplastic Large Cell Lymphoma in Australia and New Zealand Confirms the Highest Risk for Grade 4 Surface Breast Implants. Magnusson M. et al. *Plast. Reconstr. Surg.* 143: 1285, 2019.

## 8.6 ALLERGAN BIOCELL LETTER

### Information for patients with Allergan 'BIOCELL' breast implants

Dear ,

I am writing to you with some advice for patients with breast implants. I would like you to be aware of the signs and symptoms of a rare condition called Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL).

BIA-ALCL is a **rare** cancer of the immune system. If it is diagnosed and treated early, this cancer has a very good recovery rate. It is not breast cancer.

BIA-ALCL has been diagnosed in a small number of women worldwide and, although rare, it is mostly associated with highly textured breast implants; in particular the Allergan BIOCELL textured implant. This implant has not been used in Ireland since December 2018.

#### **About your implant:**

Our records show that you **have** this type of 'BIOCELL' surfaced implant/ tissue expander. I know this is worrying but let me reassure you that this complication is rare and that you do not need to have your implants removed.

International experts have reviewed all of the information about this condition and they explain that not only is it rare but when it does occur it responds very well to treatment. Only a small number of cases of BIA-ALCL have been seen across the world.

I am asking you to be aware of the signs and symptoms of this condition so that you can seek medical review should you need to.

#### Signs and Symptoms of BIA-ALCL

- **Swelling:** Early symptoms of BIA-ALCL include a new and distinct swelling of the breast; you would notice this as a substantial change in the size of the affected breast which comes on rapidly over several days or weeks. This breast might feel tense or firm.
- **Lump:** More rarely it presents with a lump beside the implant which may or may not be associated with lumps or glands in the armpit on the same side.

It is important to note that fluid can collect around your breast implant for other reasons that are not BIA-ALCL, including as part of the healing process after surgery.

#### **What to do:**

It is always good advice to be breast aware. This means checking your breasts from time to time, and knowing what is normal for you so that if any unusual changes occur, you will recognise them. For more information on checking your breasts, please see [www.hse.ie/breastimplants](http://www.hse.ie/breastimplants).

If you are currently a patient in our hospital's 5-year follow-up programme we will discuss the signs and symptoms with you at your next appointment if you have further questions.

If you would like to talk to our hospital team about this, please call us on XXXXXXX 9am-5pm, Monday- Friday.

If you need further information or have concerns please contact us and we will be happy to help you.

Yours sincerely

---

Hospital Manager

### **Fact Sheet**

#### **What is Breast Implant Associated Anaplastic Large Cell Lymphoma or BIA- ALCL?**

BIA-ALCL is a rare form of cancer that can occur in people with breast implants or who have had breast tissue expanders. It is mainly associated with implants or expanders with the 'BIOCELL' textured surface. This condition is not breast cancer. BIA-ALCL is a cancer of the immune system, or 'lymphoma'.

BIA-ALCL is a relatively new form of cancer. In 2016, the World Health Organisation recognised the link between textured breast implants and this condition. There has been more awareness of this condition over the past number of years as it has been studied.

#### **What causes this cancer?**

It is not known why BIA-ALCL occurs. 'BIOCELL' textured implants are most commonly associated with this cancer. The average time from implant to the cancer appearing is 8 years, but this can range from 1 to 20 or more years.

#### **What action has been taken to reduce the risk from this cancer?**

These implants have not been used in Ireland since December 2018. This advice letter is being sent to people who have had breast implants and tissue expanders. This is to make sure people are aware of the condition and to reassure people that the risk is low.

#### **What are the symptoms?**

##### **Common symptoms include:**

Swelling in the area of the implant that occurs over days or weeks

New unevenness between the sizes of breasts due to the swelling of one, which may feel firm

##### **Less common symptoms:**

A hard lump beside or near the implant

Lumps in the armpit on the same side of the lump near the implant

#### **I have these symptoms - what should I do?**

If you notice any of these symptoms, please contact the hospital on the number provided in this letter or your GP if your implant provider is no longer available.

**I don't have symptoms - what should I do?**

If you have no symptoms, you do not need to do anything. However, you should as always be breast aware and check your breasts regularly.

**How do I check my breasts?**

Checking your breasts means knowing what is normal for you. This way, if any unusual changes occur, you will recognise them. For more information and a guide to checking your breasts, please visit [www.hse.ie/breastimplants](http://www.hse.ie/breastimplants).

**Will I need to have my implant removed?**

International medical experts have reviewed all the information about this condition and they do not recommend that people should have their implants removed except as part of the treatment for the condition in the rare instance that it occurs.

**Where to go for more information**

If you need more information, you can contact our hospital team on the number in this letter. We can help if you are unclear about any of the information provided.

This information is also available on [www.hse.ie/breastimplants](http://www.hse.ie/breastimplants). We will update this page as new information becomes available.

The Health Product Regulatory Authority Ireland recently published information on this subject you may also find useful: [www.hpra.ie/homepage/medical-devices/special-topics/breast-implants](http://www.hpra.ie/homepage/medical-devices/special-topics/breast-implants)

The Irish Association of Plastic Surgeons has also issued patient information [www.plasticsurgery.ie/news](http://www.plasticsurgery.ie/news)

## 8.7 NON-ALLERGAN BIOCELL LETTER

### Information for patients without Allergan 'BIOCELL' breast implants

Dear ,

I am writing to you with some advice for patients with breast implants. I would like you to be aware of the signs and symptoms of a rare condition called Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL).

BIA-ALCL is a **rare** cancer of the immune system. If it is diagnosed and treated early, this cancer has a very good recovery rate. It is not breast cancer.

BIA-ALCL has been diagnosed in a small number of women worldwide and, although rare, it is mostly associated with highly textured breast implants; in particular the Allergan BIOCELL textured implant. This implant has not been used in Ireland since December 2018.

#### **About your implant:**

Our records show that you do **NOT** have this type of 'BIOCELL' surfaced implant/ tissue expander.

However, I am still asking you to be aware of the signs and symptoms of this condition as BIA-ALCL is a relatively new form of cancer and evidence is still emerging on the links between implants and BIA-ALCL.

#### Signs and Symptoms of BIA-ALCL

- Swelling: Early symptoms of BIA-ALCL include a new and distinct swelling of the breast; you would notice this as a substantial change in the size of the affected breast which comes on rapidly over several days or weeks. This breast might feel tense or firm.
- Lump: More rarely it presents with a lump beside the implant which may or may not be associated with lumps or glands in the armpit on the same side.

It is important to note that fluid can collect around your breast implant for other reasons that are not BIA-ALCL, including as part of the healing process after surgery.

#### **What to do:**

It is always good advice to be breast aware. This means checking your breasts from time to time, and knowing what is normal for you so that if any unusual changes occur, you will recognise them. For more information on checking your breasts, please see [www.hse.ie/breastimplants](http://www.hse.ie/breastimplants).

If you are currently a patient in our hospital's 5-year follow-up programme we will discuss the signs and symptoms with you at your next appointment if you have questions.

If you would like to talk to our hospital team about this, please call us on xxxxxx 9am-5pm, Monday- Friday.

If you need further information or have concerns please contact us and we will be happy to help you.

Yours sincerely

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General Manager

### Fact Sheet

#### **What is Breast Implant Associated Anaplastic Large Cell Lymphoma or BIA- ALCL?**

BIA-ALCL is a rare form of cancer that can occur in people with breast implants or who have had breast tissue expanders. It is mainly associated with implants or expanders with the 'BIOCELL' textured surface. This condition is not breast cancer. BIA-ALCL is a cancer of the immune system, or 'lymphoma'.

BIA-ALCL is a relatively new form of cancer. In 2016, the World Health Organisation recognised the link between textured breast implants and this condition. There has been more awareness of this condition over the past number of years as it has been studied.

#### **What causes this cancer?**

It is not known why BIA-ALCL occurs. 'BIOCELL' textured implants are most commonly associated with this cancer. The average time from implant to the cancer appearing is 8 years, but this can range from 1 to 20 or more years.

#### **What action has been taken to reduce the risk from this cancer?**

These implants have not been used in Ireland since December 2018. This advice letter is being sent to people who have had breast implants and tissue expanders. This is to make sure people are aware of the condition and to reassure people that the risk is low.

#### **What are the symptoms?**

##### **Common symptoms include:**

Swelling in the area of the implant that occurs over days or weeks

New unevenness between the sizes of breasts due to the swelling of one, which may feel firm

##### **Less common symptoms:**

A hard lump beside or near the implant

Lumps in the armpit on the same side of the lump near the implant

#### **I have these symptoms - what should I do?**

If you notice any of these symptoms, please contact the hospital on the number provided in this letter or your GP if your implant provider is no longer available.

#### **I don't have symptoms - what should I do?**

If you have no symptoms, you do not need to do anything. However, you should as always be breast aware and check your breasts regularly.

#### **How do I check my breasts?**

Checking your breasts means knowing what is normal for you. This way, if any unusual changes occur, you will recognise them. For more information and a guide to checking your breasts, please visit [www.hse.ie/breastimplants](http://www.hse.ie/breastimplants).

**Will I need to have my implant removed?**

International medical experts have reviewed all the information about this condition and they do not recommend that people should have their implants removed except as part of the treatment for the condition in the rare instance that it occurs.

**Where to go for more information**

If you need more information, you can contact our hospital team on the number in this letter. We can help if you are unclear about any of the information provided.

This information is also available on [www.hse.ie/breastimplants](http://www.hse.ie/breastimplants). We will update this page as new information becomes available.

The Health Product Regulatory Authority Ireland recently published information on this subject you may also find useful: [www.hpra.ie/homepage/medical-devices/special-topics/breast-implants](http://www.hpra.ie/homepage/medical-devices/special-topics/breast-implants)

The Irish Association of Plastic Surgeons has also issued patient information [www.plasticsurgery.ie/news](http://www.plasticsurgery.ie/news)

## 8.8 HSE MEDIA RELEASE 09/10/2019

The HSE is asking patients with breast implants to be aware of the signs and symptoms of a rare form of cancer called breast implant associated anaplastic large cell lymphoma (BIA-ALCL). This condition is not a breast cancer; it is a cancer of the immune system.

BIA-ALCL is rare with a low risk to people with breast implants. In addition, when diagnosed and treated early it has a very good recovery rate. It has been diagnosed in only a small number of people worldwide. Most cases of BIA-ALCL have been in patients with implants or who have had tissue expanders manufactured by Allergan with a surface called BIOCELL. These implants and expanders have not been used in Ireland since December 2018.

Public and private hospitals in Ireland are currently identifying patients who have had implant surgery in their hospitals. They will be writing directly to people who have breast implants or have had tissue expanders to advise them of the signs and symptoms and to offer advice and guidance.

Dr Vida Hamilton, HSE National Clinical Advisor and Group Lead, Acute Operations said: 'The purpose of the letter is to inform people about this condition, and to ensure that individuals with implants are familiar with the symptoms and signs so they know when they should go and get a check-up. If you have no symptoms or signs there is no need for any action on your part.'

International medical experts have reviewed all the information about this condition and they do not recommend that people should have their implants removed except as part of the treatment for the condition in the rare instance that it occurs.

The letters and the information on the websites, advise all individuals to be breast aware; describing the signs and symptoms to be on the lookout for and what to do if you find a swelling or lump.'

The HSE is also advising individuals who have had implants provided in other private clinics in Ireland or overseas to be aware of the signs of BIA-ALCL and to contact their operating surgeon or hospital if they have any concerns.

If you cannot contact the hospital or surgeon and you are displaying any of the signs or symptoms you should go to your GP.

### Signs and Symptoms of BIA-ALCL

- **Swelling:** Early symptoms of BIA-ALCL include a new and distinct swelling of the breast; you would notice this as a substantial change in the size of the affected breast which comes on rapidly over several days or weeks. This breast might feel tense or firm.
- **Lump:** More rarely it presents with a lump beside the breast implant which may or may not be associated with lumps or glands in the armpit on the same side.

It is important to note that fluid can collect around your breast implant for other reasons that are not BIA-ALCL, including as part of the healing process after surgery.

### What to do:

- The HSE advises everyone to be breast aware - this means checking your breasts regularly and knowing what is normal for you so that if any unusual changes occur, you will recognise them.
- Women aged 50-67 should also attend Breast Check, the national breast screening programme, when an appointment is offered.
- If you are currently a patient in our hospital's 5-year follow-up programme we will discuss the signs and symptoms with you at your next appointment if you have questions.
- If you are scheduled to have breast implant surgery please discuss the risks and benefits with your surgeon to ensure you are making an informed decision.
- If you are concerned that you have a breast lump or swelling, please contact the hospital in which you had your surgery or your GP.

- For more information, please visit [www.hse.ie/breastimplants](http://www.hse.ie/breastimplants)

## 8.9 SIMT MEMBERSHIP

Name	Title	Name	Title
<b>Dr Vida Hamilton</b>	National Clinical Advisor and Group Lead for Acute Operations	<b>Prof Arnold Hill</b>	Head of School of Medicine\Professor of Surgery
<b>Ciaran Browne</b>	General Manager, Acute Operations	<b>Dr. Jerome Coffey</b>	Director, National Cancer Control Programme
<b>Elaine Brown</b>	Project Manager, Office of National Clinical Advisor and Group Lead for Acute Operations	<b>Maeve Cusack</b>	General Manager for Surgical Oncology, National Cancer Control Programme
<b>Keivan Jackson</b>	PA to National Clinical Advisor and Group Lead for Acute Operations	<b>Brian Kneafsey</b>	Consultant Plastic surgeon
<b>Eamon Fitzgerald</b>	Chairman Private Hospitals Association to 01/10/2019	<b>Dr Josh Keaveny</b>	Chairman Private Hospitals Association from 01/10/2019
<b>Mary Shore</b>	Private Hospitals Association	<b>Dr Éilís Fitzgerald</b>	Consultant Plastic Reconstructive & Aesthetic Surgeon
<b>Dr David Hanlon</b>	National Clinical Advisor and Group Lead for Primary Care	<b>James Gilroy</b>	Medical Officer, Medical Devices, HPRA
<b>Patrick Lynch</b>	National Director, Quality Assurance and Verification	<b>Tom Melvin</b>	Clinical Manager, Medical Devices, HPRA
<b>Finola Cashman</b>	Senior Administrative Officer, Quality Assurance and Verification Team	<b>Dr Ronan McDermott</b>	Consultant Radiologist
<b>Ciara NiRuaire</b>	Head of Press and Medical Communications Division HSE	<b>Dr Cecily Quinn</b>	UCD Clinical Professor, Consultant Histopathologist
<b>Ann Martin</b>	HSE Communications Client Director Acute Operations		

## 8.10 DRAFT INITIAL FUNDING SUMMARY ESTIMATES

	Total Review Population (30% attendance)	Estimated Clinics Required	Estimated Consultant Radiologist Time (hrs)	Estimated Consultant Breast Surgeon Time (hrs)	Estimated Consultant Plastic Surgeon Time (hrs)	Estimated Nurse Time (hrs)	Estimated Administration Time (hrs)	Estimated Number of Aspirations	Estimated Number MRI
HSE	2,223 (inc 5yr follow-ups)	222	1,667	1,112	1,112	2,594	1,667	222	1,112
Private Hospital	1,500	150	1,125	750	750	1,750	1,125	150	750
Extraneous	1,500	150	1,125	750	750	1,750	1,125	150	750
Total	5,223	522	3,917	2,612	2,612	6,094	3,917	522	2,612
		10 pts/ rev clinic	45 mins/ pt	30 mins/ pt	30 mins/ pt	70 mins/ pt	45 mins per/	10% aspiration	50% MRI

	Consultant Radiologist Cost	Breast Surgeon Time Cost	Plastic Surgeon Time Cost	Nurse Time Cost	Administration Time Cost	Aspiration Cost	MRI Cost	Total
HSE	€241,751	€161,168	€161,168	€194,513	€66,690	€55,575	€466,830	€1,105,943
Private	€163,125	€108,750	€108,750	€131,250	€45,000	€37,500	€315,000	€746,250
Extraneous	€163,125	€108,750	€108,750	€131,250	€45,000	€37,500	€315,000	€746,250
Total	€568,001	€378,668	€378,668	€457,013	€156,690	€130,575	€1,096,830	€2,598,443