

BREAST IMPLANTS AND BREAST CANCER:

An Increasingly Common Scenario

Dr Michael Yunaev, Oncoplastic Breast, General and Cosmetic Surgeon

MBBS, FRACS, MS Breast Surgery, BmedSci (Hons), MPH



Breast Implants and Breast Cancer are the two most prominent subjects of discussion in the world of Breast.

Breast Implants are the most common aesthetic procedure performed worldwide, with 1,5 million procedures performed in 2016, according to ISAPs (1), with ever-increasing number performed year upon year. Breast Cancer is the most common malignancy in women, affecting 1 in 8 women in their lifetime.

More and more women that I encounter in my practice have breast cancer and also have had breast implants inserted at some point previously.

This sometimes can lead to a challenging discussion with our patients, which can centre on questions of causation of cancer, implant preservation and treatment and monitoring with implants in situ.

Recently, a new retro-prospective study (this is the best level of evidence available so far) has been published in Journal of PRS (4). It and other studies before it looked at some of these questions and this makes for an opportune time to review what we know about them.

DOCTOR, DID MY IMPLANTS CAUSE MY BREAST CANCER?

To date there is no evidence of any kind to support an increased risk of breast cancer in women with breast implants. This applies to both saline and silicone implants and has been recently reviewed in 2 large meta-analyses of large observational cohorts(2,3).

This must be differentiated from another entity, known as ALCL (Anaplastic Large Cell Lymphoma), which is a very rare type of Lymphoma, thought to be associated with some Breast Implants, particularly those that are heavily textured on their outer coat and therefore illicit a stronger immune response.

This condition presents often several years after the implants have been in place and if detected early, is completely curable, by implant and capsule removal.

DO IMPLANTS GET IN THE WAY OF BREAST CANCER DIAGNOSIS?

The recent study in PRS (4), has shown that this is not true, with most cancers in this group picked up at an earlier stage and size than in the control group, most being identified with clinical examination and/or MRI, and some with mammogram.

Mammogram detection was lower than in control group due to implants covering some of the breast tissue, even with displacement views, however, overall detection of cancers by all means was actually better than for women without implants, resulting in lower risk of nodal metastases and smaller sized tumours on presentation.

IS IT HARD TO BIOPSY POTENTIAL CANCERS IN PATIENTS WITH BREAST IMPLANTS?

In the recent study mentioned above(4), the group of patients with implants were more likely to have a surgical biopsy, than a needle biopsy performed by a radiologist. In the absence of definitive diagnosis of malignancy the approach is to preserve the implants if possible, leading to higher rate of surgical biopsies.

This factor usually depends on the location of the lesion, the amount of native breast tissue over the implant, the position of implant in relation to pectoralis muscle, the expertise of the radiologist and the type of implant (for instance saline vs highly cohesive silicone implants).

WHAT ARE THE TREATMENT OPTIONS AVAILABLE FOR THESE PATIENTS AND HOW ARE THEY DIFFERENT?

The treatment protocols for managing breast cancer in these patients are the same as for other patients, with main approaches centred on breast conserving procedures, with or without oncoplastic techniques or mastectomy with or without reconstruction.

These patients are often body aesthetic conscious and therefore they tended to steer towards mastectomy with reconstruction (in the study above(4)), thus potentially avoiding breast conservation with radiotherapy in most cases of early breast cancer.

It is well known that breast implants and radiotherapy are a bad mix and resulting capsular contractures can be a problem of their own, therefore patients steered away from radiotherapy if they preferred to keep implants in situ through their treatment.

In summary, this new study adds to the weight of pre-existing evidence to reassure and support decision-making process in management of these now very typical patients.

References:

1. <https://www.isaps.org/wp-content/uploads/2017/10/GlobalStatistics2016.pdf>
2. Lavigne E, Holowaty EJ, Pan SY, et al Do breast implants adversely affect prognosis among those subsequently diagnosed with breast cancer? Findings from an extended follow-up of a Canadian cohort. *Cancer Epidemiol Biomarkers Prev.* 2012;21:1868-1876.
3. Noels EC, Lapid O, Lindeman JH, Bastiaannet E Breast implants and the risk of breast cancer: A meta-analysis of cohort studies. *Aesthet Surg J.* 2015;35:55-62.
4. Spear, Scott, L., M.D.†; Nahabedian, Maurice, Y., M.D.; Feldman, Elizabeth, D., M.D., et al Breast Cancer following Augmentation Mammoplasty: A Case-Control Study, *PRS* 2018, 141: 833-840



Dr Michael Yunaev

Oncoplastic Breast, General and Cosmetic Surgeon
MBBS, FRACS, MS Breast Surgery, BmedSci (Hons), MPH

Dr Michael Yunaev is an Oncoplastic Breast, General and Cosmetic Surgeon. He provides patients with a Comprehensive Breast Surgery Service.

Areas of interest include:

- Breast Cancer Surgery, including Oncoplastic Surgery
- Breast Cancer Reconstruction
- Aesthetic Breast Surgery, including Augmentation/Reduction/Lifts
- Male Gynaecomastia and Cancer Surgery
- Abdominoplasty
- Mummy Makeovers
- Liposuction/Fat Grafting
- General Surgery (Hernia/Gall Bladder/Skin Cancer)



St Luke's Clinic: Hemsley House, 20 Roslyn Street, Potts Point NSW 2011
Norwest Private Hospital: Suite G5B, 9 Norbrik Drive, Bella Vista NSW 2153
St Jude Street Specialist Centre: 21 St Jude Street, Bowral NSW 2576
The Chris O'Brien Lifehouse: 119 -143 Missenden Rd, Camperdown NSW 2050
Sydney Specialist Suites: 670B Darling St, Rozelle NSW 2039

p: (02) 9819 7449
f: (02) 9356 0460
e: info@bbclinic.com.au
w: bbclinic.com.au