

 The Implant Related Mortality Risk And The Rationale For Prophylactic Explantation Of Patients At High Risk Of BIA-ALCL 		
BACKGROUND The World Consensus Conferences on Breast Implant–Associated Anaplastic Large Cell Lymphoma (BIA-ALCL), held in 2019, 2020 and 2021, aimed to raise awareness of this cancer. The Scientific Committee on Health, Emerging and Environmental Risks (SCHEER) of the European Commission on 2021 issued a final opinion claiming a causal relationship between all textured breast implants and BIA-ALCL, with a moderate weight of evidence, and higher risk in individuals with intermediate-to-high surface roughness implants (according to ISO-14607:2018). Several surgical risks have been referred to BIs surgery, with mortality being the most relevant. So far, the latter has been calculated only generically for aesthetic surgery or for cosmetic breast surgery procedures, but not specifically for BI surgeries. Because of poor knowledge of risks and benefits, the prophylactic explantation of BI at high-risk for BIA-ALCL have not yet been clearly determined, leaving the decision in the hands of plastic surgeons during patients’ consultation. The understanding of specific Breast Implant Surgery Mortality rate, combined with other indicators, may assist patients and surgeons in the decision-making process, clarifying the impact of an additional BI procedure on a population already exposed to several procedures during their life for less important indications, such as implant rupture or displacement, capsule contracture etc.	MATERIAL AND METHODS Establish Breast Implant Surgery Mortality (BISM) Time frame 8 years (2012-2019) Retrospective Observational Cohort Study BISM Was Calculated As The Rate Of Perioperative Mortality Among 99,690 Patients Who Underwent Breast Implant Surgery For Oncologic (57369) And Non-oncologic (42321) Indication Review Of Literature For Breast Implant Epidemiology Systematic Literature Review of Pubmed, Embase, Web of Science and Scopus 54 (out of 1277) Manuscripts Presented Epidemiologic Data BIA-ALCL Occurrence Risk and Mortality 1148 BIA-ALCL Cases and 35 Deaths	CONCLUSION RATIONALE Prophylactic Procedures Are Not Advocated By The FDA Or National Regulatory Authorities, Not Because BI Are Considered Safe, But Because Of Lack Of Evidence Demonstrating That Explant Risk Is Inferior To BIA-ALC Risk, And That The Explant Might Mitigate The Occurrence. Our Study Is The First To Demonstrate That Breast Implant Surgery Mortality Risk Is ZERO Patients With Breast Implants Undergo One/More Revisional Surgeries (5) During Their Lifetime A Prophylactic Indication Cannot Be Excluded On The Basis Of The Potential Mortality Risk Alone  We Conclude That In Patients At High-risk With Textured Implants Or Pro Cancerogenic Germline Mutations It Can Be Reasonable To Consider A Prophylactic Explantation, Anticipating One Possible Future Procedure.
AIM 1. Assess Perioperative Mortality in Patients who Underwent Aesthetic or Reconstructive Breast Implant surgery 2. Determine Mean Age of First Breast Implant Placement, Breast Implant Lifespan, and Overall Women Life Expectancy 3. Determine BIA-ALCL Prevalence and Death Incidence Among BIA-ALCL Cases	RESULTS Breast Implant Related Surgery Mortality Over An 8 Years Time Frame Was 0 : 99690 Mean Age of 1st Breast Implant Positioning is 40 years Implant Life Span is 9.34 years Mean Women Life Expectancy is 85.4 years Deaths To BIA-ALCL Cases Ratio 35 : 1148	