



BACKGROUND	MATERIAL AND METHODS	CONCLUSION
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. So far etiology and risk factors associated to BIA-ALCL are only hypothesized. On February 28th 2024, Binita Ashar, Director of the Office of Surgical and Infection Control Devices, Office of Product Evaluation and Quality (OPEQ), released a statement on behalf of the Center for Devices and Radiological Health (CDRH) branch of the FDA, in regards to the publication of the AAPS Consensus paper. While underpinning that prophylactic removal of textured implants is not recommended by the FDA in asymptomatic patients, they agreed that individual patients should primarily discuss possible risks and benefits of preemptive implant removal with their healthcare providers to make an informed decision about their health. On the same day, the ASPS used an external methodologist to independently review the paper from Santanelli di Pompeo et al. and analyze the authors' risk reduction rationale. The relevance of the findings were undermined, due to the fact that no randomization and no control or comparison groups could be found (i.e. controls without BIA-ALCL). Center for Devices and Radiological Health (2024) CDRH’s continued commitment to breast implant safety, U.S. Food and Drug Administration.	Age Adjusted (+/- 5 Years) Case Control (1:4) Study Of 89 BIA-ALCL Cases And 306 Control Patients. All Patients Had At Least 1 Exposition To Implants With A Roughness >10µm (Iso 2018) 80 Variables Were Identified And Analyzed As Risk Factors • Clinical (Personal And Family, Medical And Surgical History) • Demographic (Age, Bmi) • Life-style (Tabagism)	We Confirm No BIA-ALCL Cases With History Of Implants With Roughness Only <10µm ↓ We Could First Demonstrate That BIA-ALCL More Likely Occurs In Patients With Higher Implants Volume, Autoimmune Co-morbidities, Or Cosmetic Indication ↓ While It Occurs Less Likely With Post-oncologic Patients, Chemotherapy, Radiotherapy, Hormone Therapy, Smoking Abstention And In Patients With A History Of One Ore More Implant Replacements
AIM	RESULTS	
1. Case-control Study 2. Determine Specific Factors That Can Be Associated With BIA-ALCL Onset 3. Determine If Textured Implant Removal In Asymptomatic Patients Can Be Considered A Risk Reducing Procedure With A Potentially Protective Effect	• Increased BMI Was Associated With Higher Risk Of BIA-ALCL (OR 1.147, P=0.0001) • Higher Breast Implant Volume Was Associated With Higher Risk Of BIA-ALCL (1.28) • Autoimmune Diseases Such As Hashimoto’s Thyroiditis Was Associated With Increased Risk Of BIA-ALCL (OR 2.5) • If During 1st Implant Replacement Implant Texture Was Switched From Textured To Smooth There Was A 5.17 Times Lower Odds Of BIA-ALCL (1.435,p=0.012)	