Comment on “Locally advanced breast implant-associated anaplastic large-cell lymphoma: a combined medical-surgical approach”

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We read with great interest the article from Caputo et al1 entitled “Locally Advanced Breast Implant-Associated Anaplastic Large-Cell Lymphoma: a combined medical-surgical approach.”

The case that the authors had to handle was very tough, and the authors’ approach caught our attention. Nowadays, the standardization of care is a hot topic in medicine, especially dealing with a rare and recently identified disease2. However, a tailor-made multidisciplinary approach is paramount; this concept is not new to plastic reconstructive surgeons who face a lack of established guidelines in several areas of expertise3-8.

Immunotherapy, specifically with brentuximab vedotin (an anti-CD30 antibody-drug conjugate) was approved for first line treatment of peripheral T-cell lymphomas, and according to the guidelines it should be reserved to relapsed or refractory systemic anaplastic large cell lymphoma (ALCL), including the breast implant associated lymphoma9-11.

This case report postulates that there could be a role for neoadjuvant immunotherapy in BIA-ALCL to control disease before surgical resection, particularly in patients with poor general conditions and advanced widespread disease. In those patients, chemotherapy could be extremely harmful (i.e., cardiotoxicity) and prevent or compromise the feasibility of a radical surgery, the cornerstone of BIA-ALCL treatment10.

Effectiveness of the authors’ treatment protocol was evidenced by full resolution of hypermetabolic areas concerning disease and complete histologic response on examination of surgical specimens. On the other hand, we have to mention that those favorable outcomes were also likely influenced by the adjuvant chemotherapy administered following radical surgery (starting 2 weeks post-operatively); furthermore, the lymphoma was locally advanced with no lymph node or more distant involvement.

U.S. Food and Drug Administration recently, and in light of the ECHELON-2 trial12, approved brentuximab vedotin for first line treatment of peripheral T-cell lymphomas; anyway, BIA-ALCL was not taken under consideration during the trial, and the article by Caputo et al1 was the first reporting a neoadjuvant immunotherapy for the treatment of this condition. The greatest strength of immunotherapy is the manageable safety profile when compared to chemotherapy; however, a significant improvement in progression-free survival and overall survival when compared to chemotherapy in the BIA-ALCL clinical settings has yet to be demonstrated.

Further investigations of the role of neoadjuvant immunotherapy for treatment of advanced BIA-ALCL are paramount as we find out more about this uncommon disease. Adherence to recognized BIA-ALCL guidelines ensures patients undergo the most effective treatment available; the guidelines, as the term says, should only guide a well-trained multidisciplinary team and not embed it; a tailor-made treatment plan that takes into account the patient we see beyond the disease should always be advocated.

Conflict of Interest
The Authors declare that they have no conflict of interests.
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References


