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Breast implant-associated anaplastic large cell lymphoma: A newly recognized entity: Diagnosis, outcomes and misconceptions

Roberto N Miranda

The University of Texas, USA

Patients who received breast implants for cosmetic or reconstructive reasons. The lymphoma arises in the capsule around the breast implant and usually presents with effusion, less frequently with a mass, and more rarely with lymphadenopathy. Based on our experience with more than 100 cases, we have developed a pathologic staging that correlates with the risk of lymphadenopathy and clinical outcomes. We have determined that complete surgical resection is the cornerstone of therapy, and in many cases makes the use of chemotherapy unnecessary. We have also evaluated pathogenic mechanisms and assessed epidemiologic evidence that may result in the development and progression of this lymphoma. Therefore, I would like to present my experience with this lymphoma with a focus in the diagnosis, provide a historical perspective and summarize the features that determined the World Health Organization to recognize that this is a distinct clinicopathologic entity. Lastly, I would like to propose a strategy for screening of patients with suspicion of having this lymphoma, a diagnostic algorithm, the pathological handling, sampling, and reporting for this lymphoma.

Biography

Roberto N Miranda has completed his MD at the Universidad Peruana Cayetano Heredia, in Lima, Peru and after emigrating to United States, completed an AP CP Residency at Brown University, fellowship in Hematopathology at Vanderbilt University, and has been Faculty at MD Anderson Cancer Center since 2007, where he is currently working as a Professor in the Department of Hematopathology. He has an interest in T-cell lymphomas and has developed an expertise in breast implant-associated anaplastic large cell lymphoma, a topic on which he has several landmark publications and book chapters, and on which he has lectured nationally and internationally.

Roberto.miranda@mdanderson.org

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