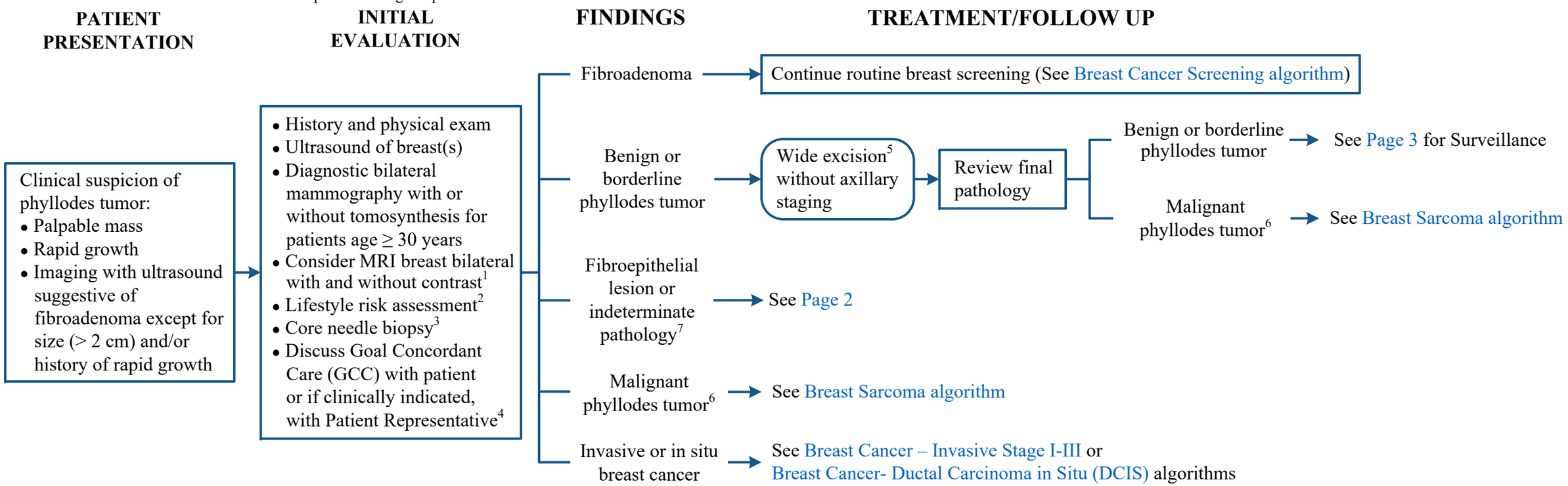
Phyllodes Tumor

Note: Consider Clinical Trials as treatment options for eligible patients.



[1] MRI breast can be helpful when lesions are mammographically or sonographically occult and in patients with dense breast tissue. For patients unable to undergo MRI due to gadolinium hypersensitivity, implants, or claustrophobia, contrast-enhanced mammography and molecular breast imaging are viable alternative imaging options.

[2] See Physical Activity, Nutrition, Obesity Screening and Management, and Tobacco Cessation Treatment algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

[3] Fine needle aspiration will not distinguish fibroadenoma from phyllodes tumor in most cases. In general, core needle biopsy is the preferred method for diagnostic biopsy.

[4] GCC should be initiated by the Primary Oncologist. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to GCC home page (for internal use only).

[5] There is no high level evidence to support a margin width of at least 10 mm and an ideal margin width remains to be determined. Re-excision may need to be considered in relation to factors such as pathological features, tumor-to-breast size ratio, and cosmesis. For benign pathology, re-excision of a negative margin is not recommended regardless of margin width. See Suggested Readings for updated information.

[6] Obtain molecular sequencing if patient is eligible for clinical trials. For patients with malignant phyllodes tumor or stromal overgrowth on pathology review, referral to a multidisciplinary sarcoma center is appropriate. Refer to Breast Sarcoma algorithm.

[7] Recommend review by pathologist experienced in phyllodes tumor and to correlate with imaging findings and physical examination. Core biopsy may not provide definitive evaluation (tumor heterogeneity and inability to assess for infiltrating margins). Review at Sarcoma Soft Tissue Multidisciplinary Conference should be considered for large tumors (> 5 cm) for which preoperative therapies could be indicated pending pathologic diagnosis.

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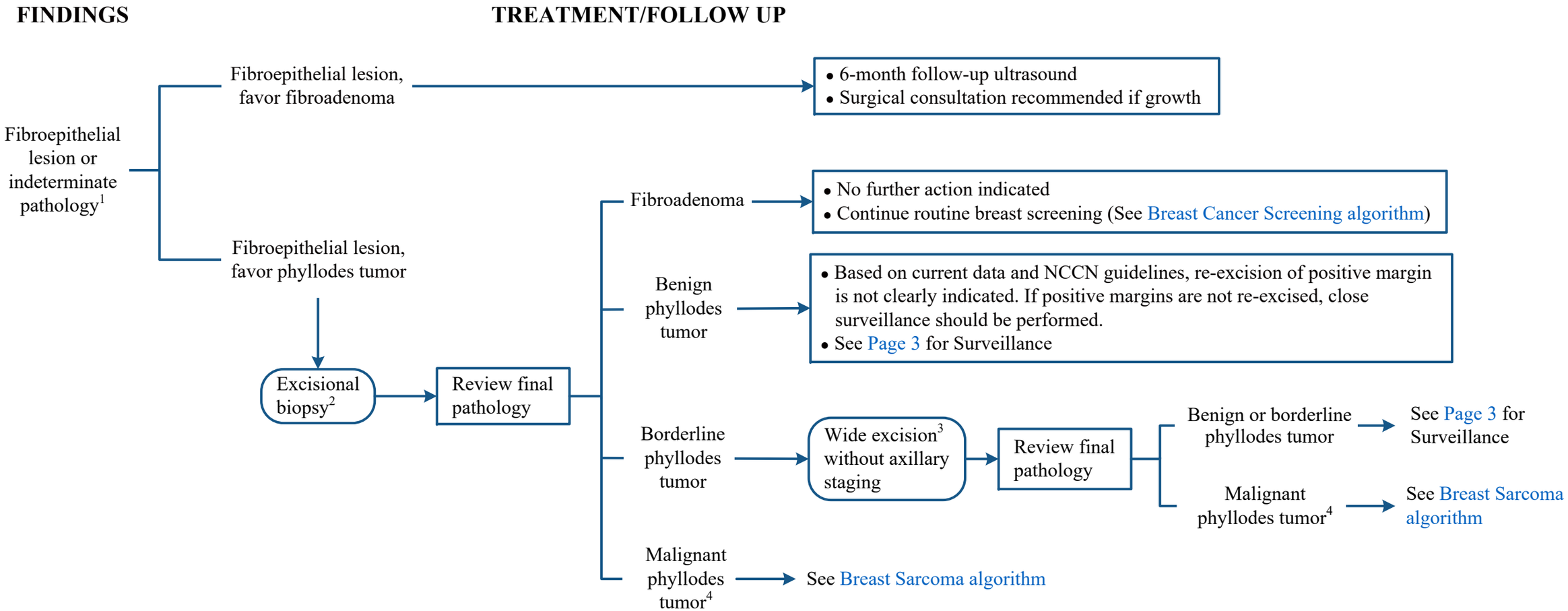

[1] Recommend review by pathologist experienced in phyllodes tumor and to correlate with imaging findings and physical examination. Core biopsy may not provide definitive evaluation (tumor heterogeneity and inability to assess for infiltrating margins). Review at Sarcoma Soft Tissue Multidisciplinary Conference should be considered for large tumors (> 5 cm) for which preoperative therapies could be indicated pending pathologic diagnosis.

[2] Excisional biopsy includes complete mass removal, but without the intent of obtaining widely negative surgical margins

[3] There is no high level evidence to support a margin width of at least 10 mm and an ideal margin width remains to be determined. Re-excision may need to be considered in relation to factors such as pathological features, tumor-to-breast size ratio, and cosmesis. For benign pathology, re-excision of a negative margin is not recommended regardless of margin width. See Suggested Readings for updated information.

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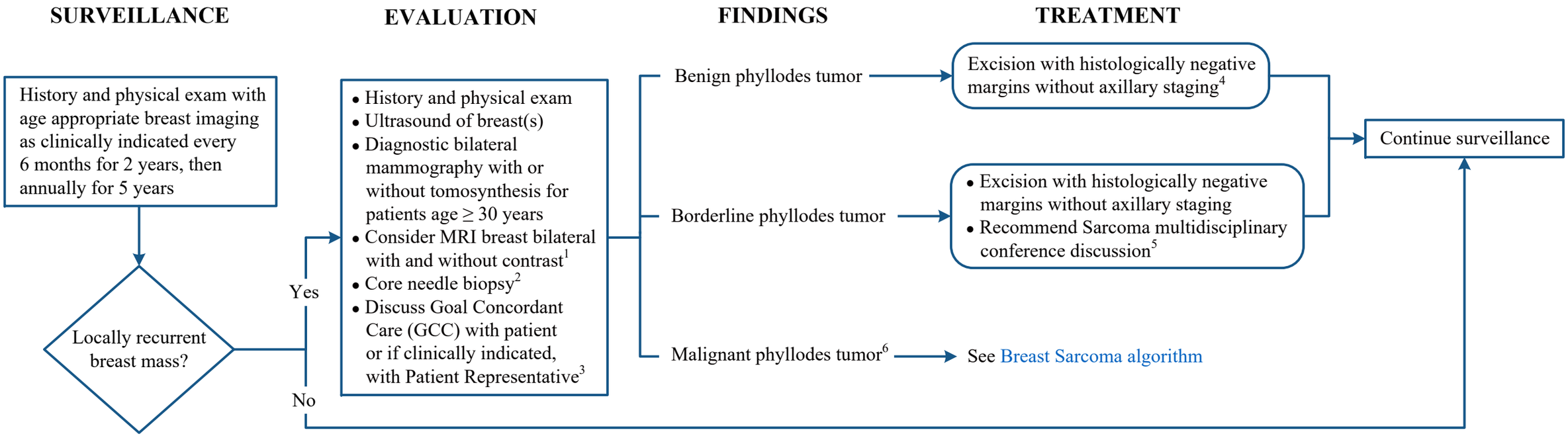

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[4] Based on current data and NCCN guidelines, re-excision of positive margin is not clearly indicated, but should be considered in the setting of recurrent disease

[5] There is no prospective randomized data supporting the use of radiation treatment with phyllodes tumor. Radiation treatment can be considered in specific clinical scenarios where there is elevated risk of recurrence and should be discussed in a multidisciplinary context.

[6] Obtain molecular sequencing if patient is eligible for clinical trials. For patients with malignant phyllodes tumor or stromal overgrowth on pathology review, referral to a multidisciplinary sarcoma center is appropriate. Refer to Breast Sarcoma algorithm.

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SUGGESTED READINGS

Bartels, S. A. L., van Olmen, J. P., Scholten, A. N., Bekers, E. M., Drukker, C. A., Vrancken Peeters, M. T. F. D., & van Duijnhoven, F. H. (2024). Real-world data on malignant and borderline phyllodes tumors of the breast: A population-based study of all 921 cases in the Netherlands (1989-2020). *European Journal of Cancer*, 201, 113924. doi:10.1016/j.ejca.2024.113924

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MD Anderson Institutional Policy #CLN1202 - Advance Care Planning Policy. Advance Care Planning (ACP) Conversation Workflow (ATT1925)

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