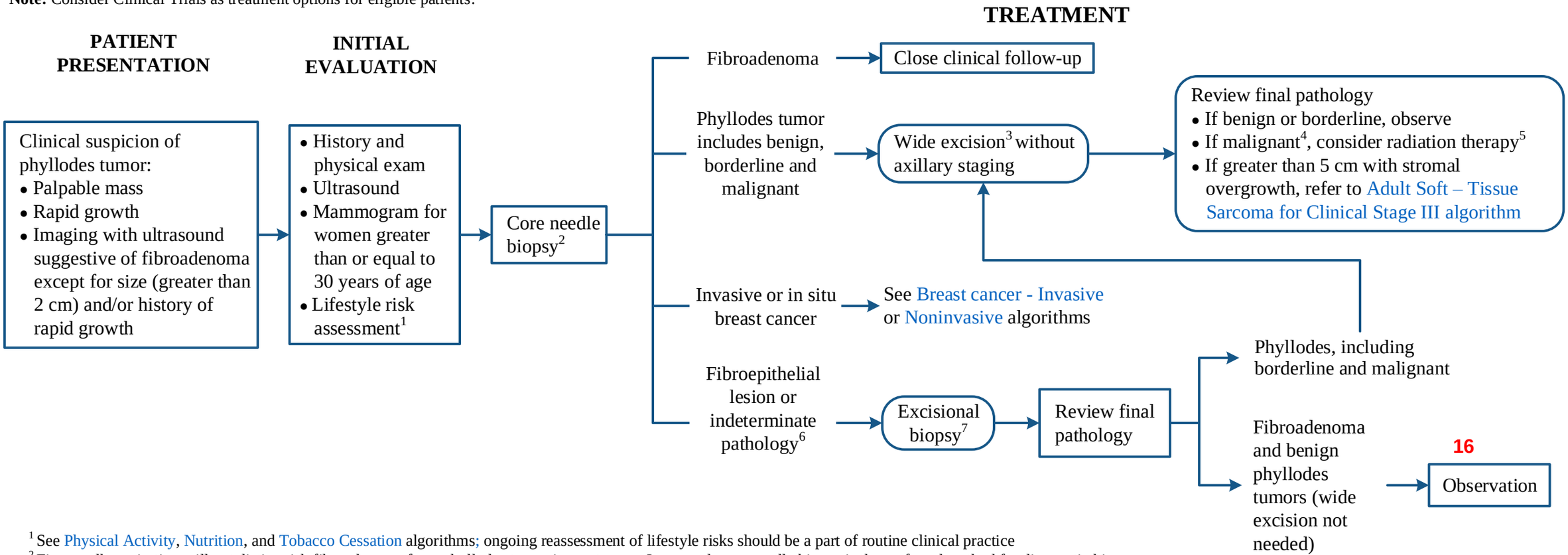
Phyllodes Tumor

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



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

[2] 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.

[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 tumor characteristics, size, and cosmesis. For benign pathology, re-excision of a negative margin is not recommended regardless of margin width. See Suggested Readings for updated information.

[4] 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 Adult Soft - Tissue Sarcoma for Clinical Stage III algorithm.

[5] Radiation is not indicated for benign and borderline phyllodes tumors. Only consider for malignant phyllodes undergoing breast conserving surgery or those patients treated with mastectomy where margins are close or re-excision is not feasible.

[6] 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). Cases are discussed at the Multidisciplinary Clinical Management Conference (CMC) for Benign Breast Lesions for management recommendations.

[7] Excisional biopsy if recommended at CMC. Excisional biopsy includes complete mass removal, but without the intent of obtaining widely negative surgical margins.

Department of Clinical Effectiveness V9
Approved by Executive Committee of the Medical Staff on 09/21/2021

Phyllodes Tumor

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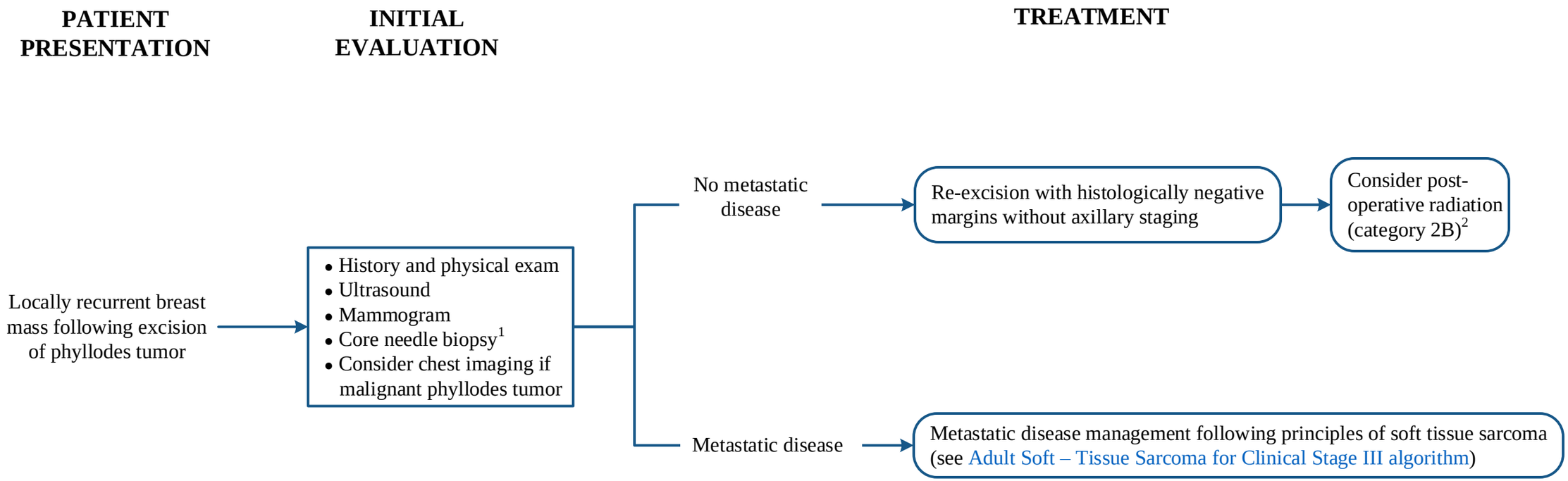

[1] Pathology should be reviewed to assess for fibroadenoma versus phyllodes (phyllodes benign, borderline and malignant)

[2] There is no prospective randomized data supporting the use of radiation treatment with phyllodes tumor. However, in the setting where additional recurrence would create significant morbidity (*e.g.*, chest wall recurrence following salvage mastectomy) radiation therapy may be considered, following the same principles that are applied to the treatment of soft tissue sarcoma. Radiation therapy is considered for malignant phyllodes tumor after wide local excision lesions over 2 cm or after mastectomy for lesions over 5 cm based on the retrospective review of 478 patients analyzed by Pezner, *et al*., 2008.

SUGGESTED READINGS

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