Phyllodes Tumor

Clinical suspicion of phyllodes tumor:
- Palpable mass
- Rapid growth
- Imaging with ultrasound suggestive of fibroadenoma except for size (greater than 2 cm) and/or history of rapid growth

INITIAL EVALUATION

- History and physical exam
- Ultrasound
- Mammogram for women greater than or equal to 30 years of age
- Lifestyle risk assessment

If benign or borderline, observe
If malignant, consider radiation therapy
If greater than 5 cm with stromal overgrowth, refer to Adult Soft Tissue Sarcoma for Clinical Stage III algorithm

TREATMENT

Fibroadenoma
- Core needle biopsy
- Close clinical follow-up

Phyllodes tumor includes benign, borderline and malignant
- Wide excision without axillary staging
- Review final pathology
  - If benign or borderline, observe
  - If malignant, consider radiation therapy
  - If greater than 5 cm with stromal overgrowth, refer to Adult Soft Tissue Sarcoma for Clinical Stage III algorithm

Invasive or in situ breast cancer
- See Breast cancer - Invasive or Noninvasive algorithms

Phyllodes, including borderline and malignant
- Excisional biopsy
- Review final pathology
  - If benign or borderline, observe
  - If malignant, consider radiation therapy
  - If greater than 5 cm with stromal overgrowth, refer to Adult Soft Tissue Sarcoma for Clinical Stage III algorithm

Fibroepithelial lesion or indeterminate pathology
- Observation

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

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.
Locally recurrent breast mass following excision of phyllodes tumor

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

Re-excision with histologically negative margins without axillary staging

Consider post-operative radiation (category 2B)

Metastatic disease management following principles of soft tissue sarcoma (see Adult Soft Tissue Sarcoma for Clinical Stage III algorithm)

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SUGGESTED READINGS


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