Phyllodes Tumor

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

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

PATIENT PRESENTATION

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

Core needle biopsy

Fibroadenoma
- Observation

Phyllodes tumor includes benign², borderline and malignant⁴,⁵
- Wide excision³ without axillary staging

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

Fibroepithelial lesion or indeterminate pathology²
- Excisional biopsy³

TREATMENT

Review final pathology
- If benign or borderline, observe
- If malignant, consider radiation therapy⁴,⁵,⁶
- If greater than 5 cm with stromal overgrowth, refer to Adult Soft – Tissue Sarcoma for Clinical Stage III Algorithm

Fibroadenoma, including benign, borderline and malignant
- Observation

Excisional biopsy³

Review final pathology

- If mastectomy is performed and margins negative, do not recommend XRT
- If mastectomy was performed and margins were concerning/close, tumor involved the fascia or chest wall, or tumor was very large (greater than 5 centimeters), consider XRT to chest wall
- If partial mastectomy only is performed, consider adjuvant XRT to breast, especially if margins are less than 1 cm

¹ Fine needle aspiration will not, and core biopsy may not, distinguish fibroadenoma from phyllodes tumor in most cases (tumor heterogeneity may not allow for a definitive diagnosis as some phyllodes arise in a background of fibroadenoma)
² It is recommended that the review of the pathology material be performed by a pathologist who is experienced in phyllodes tumor
³ If initially excised with negative margin, wide local excision not required
⁴ There is no prospective randomized data supporting the use of radiation treatment (XRT) with phyllodes tumor. If the phyllodes tumor of the breast is benign or borderline histology, radiation therapy not routinely recommended after excision.
⁵ For patients with malignant phyllodes tumor on pathology review, refer to Adult Soft - Tissue Sarcoma for Clinical Stage III algorithm
⁶ If the tumor has malignant features (i.e., stromal overgrowth, cellular atypia, high number of mitoses) radiotherapy can be considered as follows:
Locally recurrent breast mass following excision of phyllodes tumor

**INITIAL EVALUATION**

- History and physical exam
- Ultrasound
- Mammogram
- Core needle biopsy\(^1\)
- Consider chest imaging if malignant phyllodes tumor

**TREATMENT**

- No metastatic disease
  - Re-excision with histologically negative margins without axillary staging
  - Consider post-operative radiation (category 2B)\(^2\)

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

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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. Radiotherapy 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


Phyllodes Tumor

This practice consensus algorithm is based on majority expert opinion of the Breast Faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following medical, radiation and surgical oncologists.

DEVELOPMENT CREDITS

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