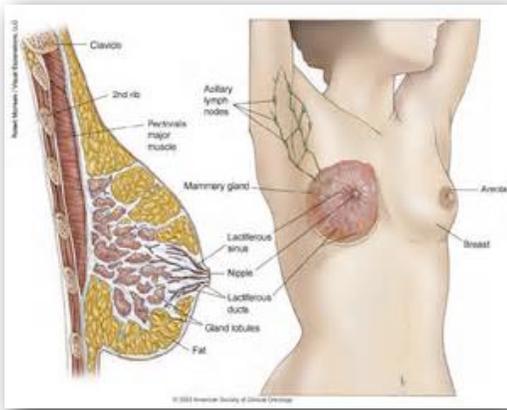


TREATMENT OF PHYLLODES TUMORS OF THE BREAST



Phyllodes Tumors of the breast are rare, accounting for less than 1% of all breast tumors. The name "phyllodes," which is taken from the Greek language and means "leaflike," refers to that fact that the tumor cells grow in a leaflike pattern. Other names for these tumors are phylloides tumor and cystosarcoma phyllodes. Phyllodes tumors tend to grow quickly, but they rarely spread outside the breast.

Although most phyllodes tumors are benign (not cancerous), some are malignant (cancerous) and some are borderline (in between noncancerous and cancerous). All three kinds of phyllodes tumors tend to grow quickly, and they require surgery to reduce the risk of a phyllodes tumor coming back in the breast (local recurrence).

Phyllodes tumors can occur at any age, but they tend to develop when a woman is in her 40s. Benign phyllodes tumors are usually diagnosed at a younger age than malignant phyllodes tumors. Phyllodes tumors are extremely rare in men.

Whether phyllodes tumors are benign, borderline, or malignant, the treatment is the same: surgery to remove the tumor, along with at least 1 centimeter of surrounding healthy breast tissue. Some doctors feel that an even wider margin of healthy tissue should be removed. This approach is sometimes called "wide excision."

Wide excision is important because studies have shown that when wide excision is not done, phyllodes tumors are more likely to recur (come back) in the same area of the breast. This is true whether the tumor is benign or malignant.

If you had a phyllodes tumor removed with excisional biopsy, you may need to have surgery again to achieve these wide margins around the tumor. This can mean having a lumpectomy, or in some cases, mastectomy. If your phyllodes tumor was benign, you and your doctor may feel comfortable watching the area closely instead of operating again. In most cases, though, more surgery is recommended.

Possible surgical procedures to achieve wide excision for phyllodes tumors are:

- **Lumpectomy:** The surgeon removes the tumor (the "lump") and at least 1 cm of normal tissue surrounding it. If the phyllodes tumor is very large and/or the breast is small, it may be too difficult to do a wide excision and preserve enough healthy breast tissue to achieve a natural look. In this case, your doctor may recommend mastectomy
- **Partial or segmental mastectomy:** The surgeon removes the portion of the breast that contains the phyllodes tumor.
- **Total or simple mastectomy:** The surgeon removes the entire breast, but nothing else (such as lymph nodes or muscle).

If you feel strongly about having a lumpectomy rather than mastectomy, your doctor may agree to remove a smaller margin of healthy tissue. However, a margin of less than 1 cm does increase the risk of recurrence later. You and your doctor can work together to decide what's best for your situation.

Phyllodes tumors rarely spread to the underarm lymph nodes, so in most cases it is not necessary to remove any of them.

Malignant phyllodes tumors are rare. In cases of malignant phyllodes tumors that have not spread outside the breast, radiation may be used. If a malignant phyllodes tumor has metastasized to other parts of the body, treatment would include chemotherapy.



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