

Patient Diagnosis Resource for **PHYLLODES TUMOR**

Your Diagnosis

After completing a thorough lab analysis of your recent biopsy, a specialized doctor called a pathologist reported a diagnosis of phyllodes tumor, which is a rare breast neoplasm (abnormal cellular growth).

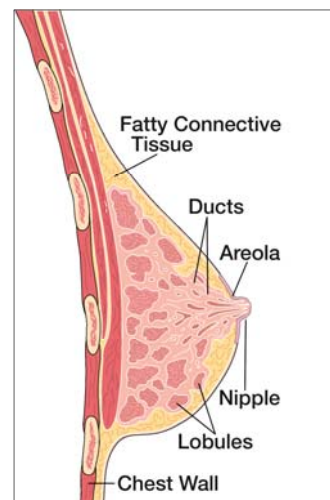
About the Condition

The breast is comprised of 2 main types of tissue — glandular and supportive. The glandular portion includes the lobules, which produce milk in women who are breastfeeding, and the ducts, which carry milk from the lobules to the nipple. The supportive portion includes the fibrous connective tissue and fatty tissue that determine the size and shape of the breast. Any of the tissues of the breast can experience symptom-causing changes, which may be either benign or cancerous.

Phyllodes tumors are made up of both supportive and glandular breast tissue, with an overgrowth of the connective tissue. The tumors are generally felt as distinct, firm, round or oval moveable lumps in the breast. They usually cause no pain and can be relatively large.

The way the tumors' connective tissue cells appear under a microscope determines their classification, which can either be benign (non-cancerous), malignant (cancerous) or borderline (uncertain). About 90% of all phyllodes tumors are benign. Less than 10% are malignant, and very few are classified as borderline.

Rarely — in about 5% of cancerous phyllodes tumor cases — the malignant cells may invade and damage surrounding areas or spread to other locations in the body, or metastasize.



Treatment Options

The usual treatment for malignant phyllodes tumors is surgery; however, they can often recur, or return, after removal. The following treatment possibilities are available:

Wide Local Excision – A wide local excision involves removing the tumor along with a surrounding rim of normal breast tissue to help reduce the chance of recurrence.

Mastectomy – Mastectomy, or surgery to remove the breast, may be performed with or without reconstructive surgery. The most commonly used procedure for phyllodes tumor cases is total mastectomy, which removes the entire breast but none of the axillary (underarm) lymph nodes. Patients considering breast reconstruction should consult with a plastic surgeon who is an expert in the procedure before having a mastectomy.

Unlike some other forms of breast cancer, malignant phyllodes tumors are not treatable via hormone therapy, and they are not as likely to respond to either chemotherapy or radiation therapy.

What You Can Do

You can choose to take an active role in your health and well-being. Learn as much as you can about your condition and have a list of questions ready each time you meet with your doctor. Join a cancer support group, and talk with your family, friends, clergy person or counselor as you feel comfortable. Also, be sure to get enough sleep every night.

Because of the possibility of recurrence, phyllodes tumor patients should be closely followed after surgery, having frequent breast exams and screening mammograms. Be sure to keep all of your doctor's appointments and promptly report any breast changes or new symptoms that develop.

According to the American Cancer Society (ACS) general recommendations for early breast cancer detection, women in their 20s and 30s should have a clinical breast exam by a health professional as part of their regular health exams, preferably every 3 years. The ACS recommends that women age 40 and older have a mammogram and a clinical breast exam each year. Women at an increased risk for breast cancer should talk with their doctors about additional screening possibilities such as starting mammograms at a younger age, having breast ultrasound or MRI testing, or having more frequent exams.

You can also perform a breast self-exam once a month, which has been shown to play a small role in finding breast cancer and is recommended by the ACS for women age 20 and older. These exams help you know how your breasts look and feel normally, so you can more easily notice any unusual changes and report them promptly to your doctor. Talk with your doctor about the best techniques to use during breast self-exam, or visit the American Cancer Society and Susan G. Komen Websites listed below for more details.

Additional Resources

American Cancer Society, 800.227.2345, www.cancer.org
National Cancer Institute, 800.422.6237, www.cancer.gov
Susan G. Komen Breast Cancer Foundation, 800.462.9273, www.komen.org

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