

## Borderline malignant and malignant Phyllodes tumours

### What is a phyllodes tumour?

A phyllodes tumour is a hard lump of tissue that can appear in the supportive tissue (stroma) of the breast. It's thought that it develops naturally as the breast ages and changes.

Once formed a phyllodes tumour may grow quite quickly and quite large. Sometimes this can cause the skin over the area to look red (inflamed).

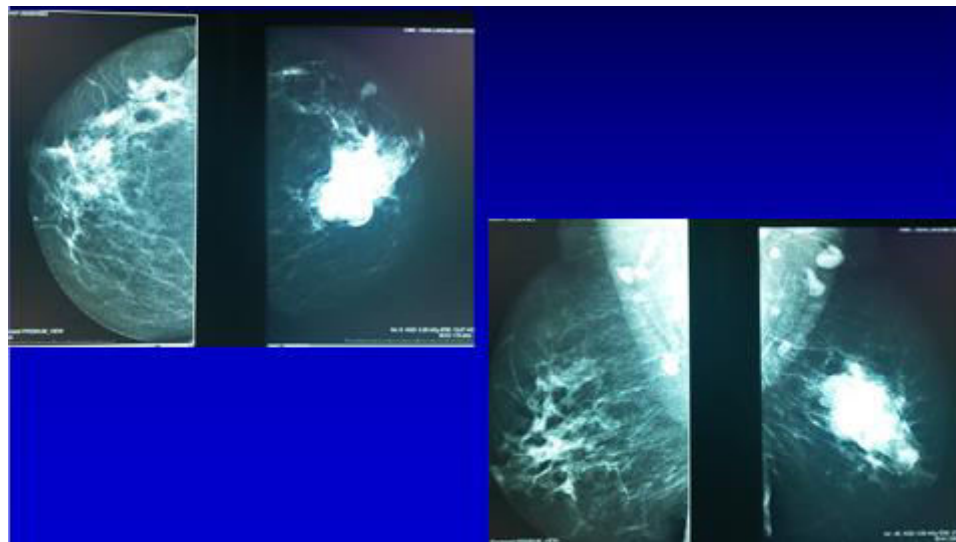
Although they can affect a woman at any time in her life, phyllodes tumours are most common in women between 40 and 50 who haven't yet been through the menopause. It's unlikely that more than one will develop at a time, though it is possible.

Phyllodes tumours are not common and are usually benign (not cancer). However, they can sometimes be malignant (cancer). They are grouped into three types:

- Benign
- Borderline malignant
- Malignant

### How is borderline malignant /Malignant Phylloides tumour diagnosed?

Borderline malignant and malignant phyllodes tumours are rare types of breast cancer. They may be difficult to diagnose because they can be confused with other breast problems such as a fibroadenoma.



Phylloides tumour (Left breast) - Mammogram (CC & MLO views)

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Courtesy: KIMS-USHALAKSHMI Centre for Breast Diseases, Hyderabad

[www.breastcancerindia.org](http://www.breastcancerindia.org)

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Although they can affect people at any age, phyllodes tumours are most common in women between 40 and 50 who haven't yet been through the menopause.

A phyllodes tumour usually becomes noticeable as a quick-growing lump in the breast. A Triple assessment is required – Clinical Breast Examination, Bilateral Mammogram & Ultrasound guided core needle biopsy. Sometimes, an operation may be needed to remove the lump to get a definite diagnosis.



**What is the treatment for borderline malignant /Malignant Phylloides tumour?**

Surgery

Two options

1. Breast-conserving surgery
2. Mastectomy with (or) without breast reconstruction.

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**BREAST CONSERVING SURGERY -  
WIDE LOCAL EXCISION**

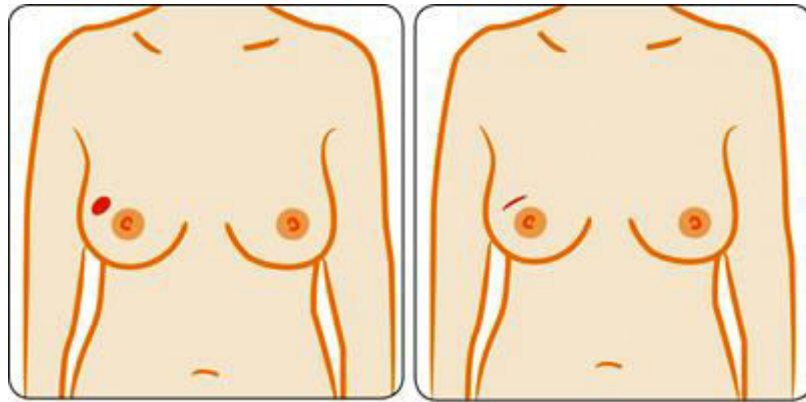


Figure 1      Figure 2

Courtesy: Breast Cancer Care, UK

Figure 1: Position of tumour in breast

Figure 2: Example of position of scar after wide local excision

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The aim of the surgery is to remove the entire tumour with a margin (border) of normal breast tissue around it. It's important to have a **clear margin** of healthy tissue when the lump is removed, as this reduces the risk of the tumour coming back. If a clear margin is not achieved by the initial surgery further surgery is usually recommended.

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### REMOVAL OF BREAST - MASTECTOMY

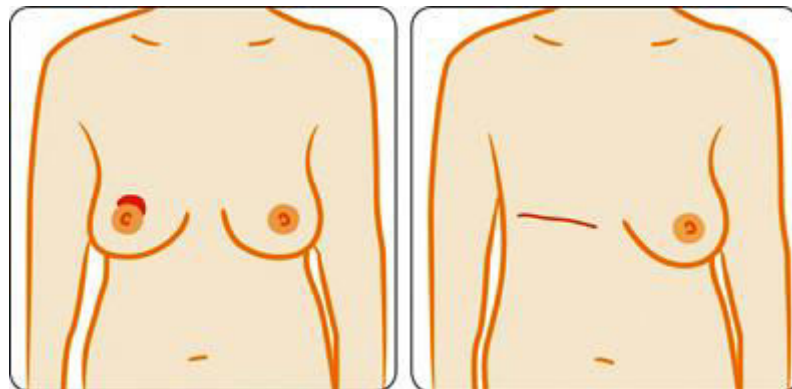


Figure 3      Figure 4

Courtesy: Breast Cancer Care, UK

Figure 3: Position of tumour in breast

Figure 4: Example of position of scar after a mastectomy

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If the tumour is very large occupying a significant proportion of the breast, then a mastectomy is recommended.

Unlike other types of breast cancer, borderline malignant and malignant phyllodes tumours rarely spread to the lymph nodes under the arm (axilla) so these will not be routinely removed during surgery.

**Is any further additional (Adjuvant) treatment required after surgery?**

If the diagnosis is borderline/ malignant phyllodes tumour, no additional treatment is usually required after surgery. However, consultation with Oncologist is essential, if malignant phylloides is diagnosed

Is there a possibility for these tumours to come back or spread?

In most cases, a borderline malignant or malignant phyllodes tumour is successfully treated by surgery. But sometimes the tumour can recur in the breast (known as local recurrence). If this happens, more surgery will usually be offered.

Radiotherapy may also be offered either alone or after surgery.

A malignant phyllodes tumour can spread (metastasise) through the bloodstream to other parts of the body, although in the vast majority of cases this does not happen.

If a malignant phyllodes tumour does spread, an oncologist consultation is vital for further assessment & to determine the best course of treatment