

Phyllodes of the breast

Signs and symptoms, treatment information and support

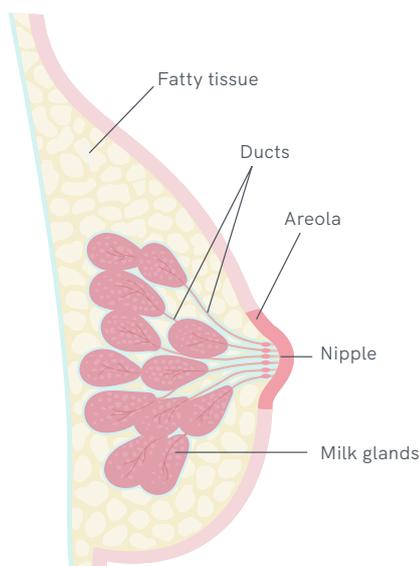
A Sarcoma UK
Factsheet
produced by
the information
and support team

Phyllodes are a rare type of tumour found in the breast. They are sometimes referred to as cytosarcoma or cytosarcoma phyllodes.



What are phyllodes?

Phyllodes are most commonly found in pre-menopausal women aged between 40 and 50 but can occur in women of any age. They can also occasionally occur in men.



There are three types of phyllodes tumour:

- Benign – 50–60% of phyllodes are non-cancerous
- Borderline – these are phyllodes where the cells it's made up of are too abnormal to be benign but may not be cancerous either
- Malignant – between 20–25% of phyllodes are cancerous

Malignant phyllodes are more similar to soft tissue sarcoma than they are to other breast cancers. Unlike other breast cancers, which occur in the milk ducts and the milk glands, soft tissue sarcoma like phyllodes develop in the connective tissues, such as fat or muscle.



Signs and symptoms

Phyllodes can appear as:

- a smooth, hard lump
- a lump which grows quickly over weeks or months
- a bulge
- an abnormal mass on a breast screen

In rare cases, phyllodes can grow through the top layer of skin and develop into an ulcer.



Diagnosis

Phyllodes are rare and can often look similar to other tumours. This makes diagnosing phyllodes difficult. Diagnosis can happen in different ways. GPs and breast screening teams who suspect an abnormal growth will refer to a breast clinic for further tests. A phyllodes tumour may be diagnosed after initial tests by the breast clinic. It may also be diagnosed following surgery, when the tumour can be studied more closely by pathologists.

“GPs and breast screening teams who suspect an abnormal growth will refer to a breast clinic for further tests.”

A phyllodes tumour can be mistaken for commonly occurring fibroadenomas, which are benign lumps occurring in milk glands. In many cases, they can behave in a similar way. However, phyllodes tend to grow quickly and are more common in women in their 40s and 50s. Fibroadenomas occurs more in women in their 20s and 30s.

Your GP may make an urgent breast clinic referral if there are other known factors which indicate a higher risk of cancer. These include age, previous diagnosis and family history. In these circumstances, you should be given an appointment within two weeks.



Types of scans and tests

It's recommended that suspected breast cancer is investigated using three tests. However, not all of these will always be needed. The three tests are:

Physical examination

A specialist will examine your breasts and the lymph nodes in your armpits.

Scan (mammogram or ultrasound)

A mammogram is a breast x-ray. You will be asked to remove all clothes from the top half of your body, including your bra, and each breast will be firmly compressed and x-rayed. This scan often causes discomfort and for some is painful.

An ultrasound uses sound waves to produce an image of your breast tissue using a computer. Gel will be put on your breast and a small hand-held device will be moved across it. This test is painless.

Biopsy

A core biopsy is where a sample of your breast tissue is taken using a needle. Local anaesthetic is given to numb the area beforehand. Another option is fine needle aspiration (FNA), where a tissue sample is taken using a fine needle to withdraw some cells from the area into a syringe.

A small dressing or plaster will be placed over the area afterwards. You may feel discomfort in your breast in the next few days or weeks. Your doctor should be able to give you advice about this.

Your assessment may also include blood tests and a more detailed scan of your body such as an MRI.

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Who will treat me?

Breast tumours are usually treated under specialist breast cancer teams. When malignant phyllodes are suspected or diagnosed, you should also be referred to a sarcoma team. As sarcoma is rare, sarcoma teams are regional and are based at specific sites across the UK. It's very important to make sure that your treatment is shared between both teams as this will ensure you receive the right care.

Both breast cancer and sarcoma teams are made up of a range of specialist health care professionals who will work together to manage your case. Each team is also known as a multidisciplinary team (MDT). Your MDT will include your key worker or clinical nurse specialist, surgeon and other healthcare professionals.

In most cases, surgery and treatment will still be provided by the breast cancer service. However, the sarcoma specialists will advise about the best treatment options.



What treatment is available?

Surgery

Surgery is the main treatment for phyllodes tumours whether benign, borderline or malignant. In most cases, breast conserving surgery or a lumpectomy is carried out. This is the removal of the tumour without removing the entire breast. To prevent the tumour returning, the surgeon will also aim to take out an area of normal tissue around it, which is known as taking a surgical margin. In phyllodes tumours, a wide margin of more than 1cm has been found to be the most effective in preventing a tumour returning. Lymph nodes do not commonly need to be removed, as they might in other breast cancers.

There are some instances where the surgical team may feel a mastectomy is required. A mastectomy is where all breast tissue from a breast is removed. This may be needed in cases of a particularly large or aggressive tumour.

If surgery is likely to result in significant cosmetic changes, your breast team will talk to you about options including reconstruction and prosthesis. Immediate reconstruction is where reconstruction is carried out during the initial operation. Delayed reconstruction is where it occurs months or years later.

Radiotherapy

This treatment uses high-energy radiation beams to destroy cancer cells. Radiotherapy is sometimes used after the surgical removal of borderline or malignant phyllodes tumours. The aim of radiotherapy is to kill off any local cancer cells which remain in the area around the tumour. The rarity of phyllodes tumours means that there is very little evidence as to whether radiotherapy is needed after surgery or not. It is therefore less likely to be used routinely but may be used in cases where a tumour is particularly aggressive, or where they have not been able to remove it with wide surgical margins.

It is better to avoid any potential side effects of radiotherapy if the benefit of the treatment is likely to be very small or none at all. Your medical team will be able to discuss this in more detail when they have all the information available after surgery.

Chemotherapy

Chemotherapy uses drugs to kill cancer cells or control cancer growth. It is not routinely used in the treatment of phyllodes. However, it may be used if a phyllodes tumour has spread to other parts of the body.

Hormone treatment

Current hormone treatments are not effective in the control of phyllodes. Breast cancer cells often have hormone receptors (proteins) and when hormones and other proteins attach to these, this helps the cancer to grow. Hormone therapy works by stopping these hormones from attaching to these receptors. Phyllodes have been shown to have hormone receptors but they do not respond in the same way to this type of therapy. More research is needed in this area.



What happens after I have had my treatment?

After treatment, you will have regular follow-up appointments for several years. You should receive a follow-up schedule from your sarcoma or breast clinical nurse specialist. The usual practice will include:

- A chance to discuss symptoms
- A physical examination to look for any signs of phyllodes returning
- A chest x-ray to look out for any secondary cancers in the lungs



What if my phyllodes comes back?

Phyllodes tumours can sometimes come back in the same area where a previous tumour has been removed. This is called a local recurrence. Recurrence is much less likely when surgery has involved wide surgical margins.

It is useful to check your body and highlight any changes through self-examination. If you are worried that your tumour has recurred, contact your doctor or clinical nurse specialist. They may decide to bring forward the date of your follow up appointment to investigate your concerns.



What if my cancer spreads to another part of my body?

There are cases in which malignant phyllodes spread to other parts of the body. This is described as metastases or secondary cancer. Treatment for secondary cancers may involve surgery, radiotherapy or chemotherapy as appropriate. Your treatment will be assessed on an individual basis.

“There is no right or wrong way to feel or react to diagnosis of phyllodes. You may feel angry, sad or anxious about the future.”



What support is available?

Your feelings

There is no right or wrong way to feel or react to diagnosis of phyllodes. You may feel angry, sad or anxious about the future. You may also have concerns about how the news will affect your loved ones. You may find comfort in talking through your concerns with family members or friends.

Talking to us

Our Support Line offers practical and emotional support and advice to anyone affected by sarcoma.

- Our support line is independent and confidential
- We believe no question is a silly question
- We lend a listening ear
- We can point you in the right direction

You may also find it helpful to talk to your clinical nurse specialist or doctor about your diagnosis; they will be able to answer any questions you may have about your condition. They may also be able to put you in touch with a counsellor for additional support, providing you with a safe, confidential place to talk about your concerns. Your GP will have access to local counselling services who can provide support to people with cancer.

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