Clinical suspicion of phyllodes tumor:
- Palpable mass
- Rapid growth
- Large size (>3 cm)
- Imaging with ultrasound suggestive of fibroadenoma except for size and/or history of growth

CLINICAL PRESENTATION WORKUP FINDINGS TREATMENT

Fibroadenoma → Observe

Phyllodes tumor includes benign, borderline, and malignant

Wide excision\(^c\) without axillary staging\(^d\)

Invasive or in situ cancer → See appropriate guidelines

Fibroadenoma or indeterminate

Excisional biopsy\(^a\)

See findings above

Core needle biopsy\(^b\)

Phyllodes tumor includes benign, borderline, and malignant

Wide excision\(^c\) without axillary staging\(^d\)

Invasive or in situ cancer → See appropriate guidelines

\(^a\)Excisional biopsy includes complete mass removal, but without the intent of obtaining surgical margins.

\(^b\)FNA or core biopsy may not distinguish a fibroadenoma from a phyllodes tumor in some cases. The sensitivity of core biopsy for the diagnosis of phyllodes tumor is greater than that of FNA biopsy, but neither core biopsy nor FNA biopsy can always differentiate phyllodes tumors from fibroadenomas. In cases with clinical suspicion for phyllodes tumor, excision of the lesion may be needed for definitive pathologic classification.

\(^c\)Wide excision means excision with the intention of obtaining surgical margins ≥1 cm. Narrow surgical margins are associated with heightened local recurrence risk, but are not an absolute indication for mastectomy when partial mastectomy fails to achieve margin width ≥1 cm.

\(^d\)There are no prospective randomized data supporting the use of radiation treatment with phyllodes tumors. However, in the setting where additional recurrence would create significant morbidity (eg, chest wall recurrence following mastectomy), radiation therapy may be considered following the same principles that are applied to the treatment of soft tissue sarcoma.

**Note:** All recommendations are category 2A unless otherwise indicated.

**Clinical Trials:** NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.
Phyllodes Tumor Recurrence

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| Locally recurrent breast mass following excision of phyllodes tumor | - History and physical exam  
- Ultrasound  
- Mammogram  
- Tissue sampling\(^b\) (histology preferred)  
- Consider chest imaging (x-ray or CT, CT contrast optional) | No metastatic disease | Re-excision with wide margins without axillary staging  
Consider post-operative radiation (category 2B)\(^e\) |
| | | Metastatic disease | Metastatic disease management following principles of soft tissue sarcoma  
(See NCCN Guidelines for Soft Tissue Sarcoma) |

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