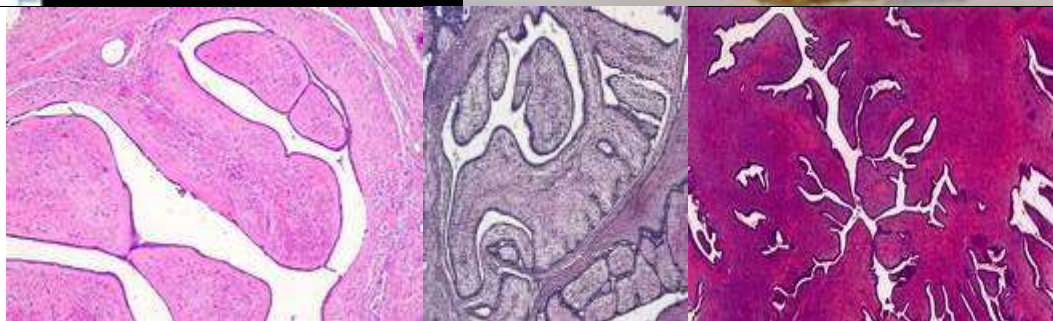


Phyllodes tumours

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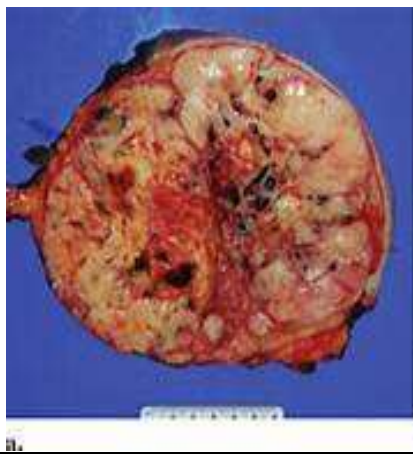
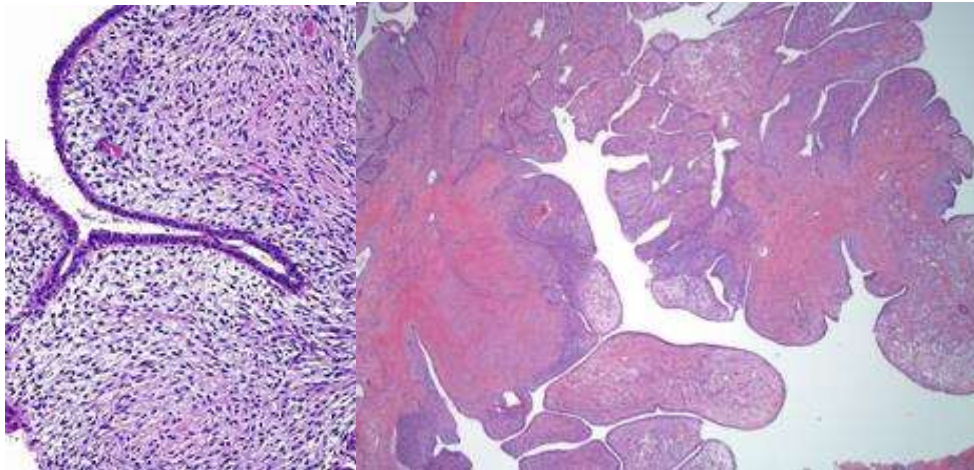
What are phyllodes tumours?

- Phyllodes tumours are rare and most are non-cancerous (benign).
- They are made of a **mixture of cells from connective (fibrous) tissue, and the tissue layer (epithelium) lining the breast.**
- ***The three main types of phyllodes tumour are:***
 - **Benign (non-cancerous)**
 - **Borderline tumours (between non-cancerous and cancerous)**
 - **Malignant (cancerous).**



- In a borderline tumour, the cells are more abnormal than in a benign tumour.
- But the cells are not as abnormal as those in a malignant tumour.
- Treatment will cure most benign and borderline phyllodes tumours.
- After treatment, the outlook for people with a malignant tumour is also usually very good.
- Phyllodes tumours usually only affect one breast.
- But sometimes they affect both breasts.

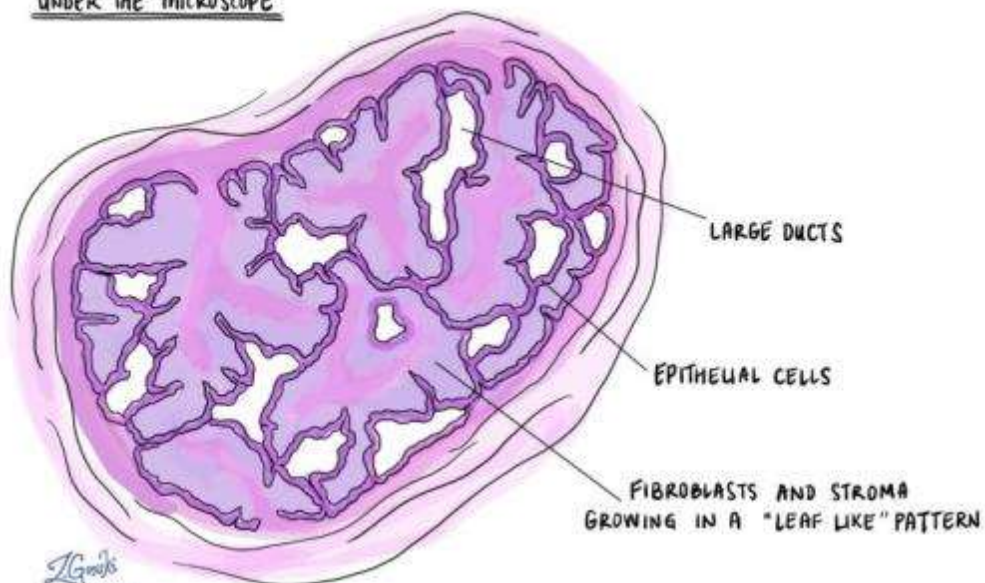
- It is uncommon for phyllodes tumours to spread to other parts of the body.



Symptoms of phyllodes tumours

- The most common symptom is usually a firm, painless lump in the breast.
- The lump may grow quickly, over a few weeks or months.

PHYLLODES TUMOUR UNDER THE MICROSCOPE



Causes of phyllodes tumours

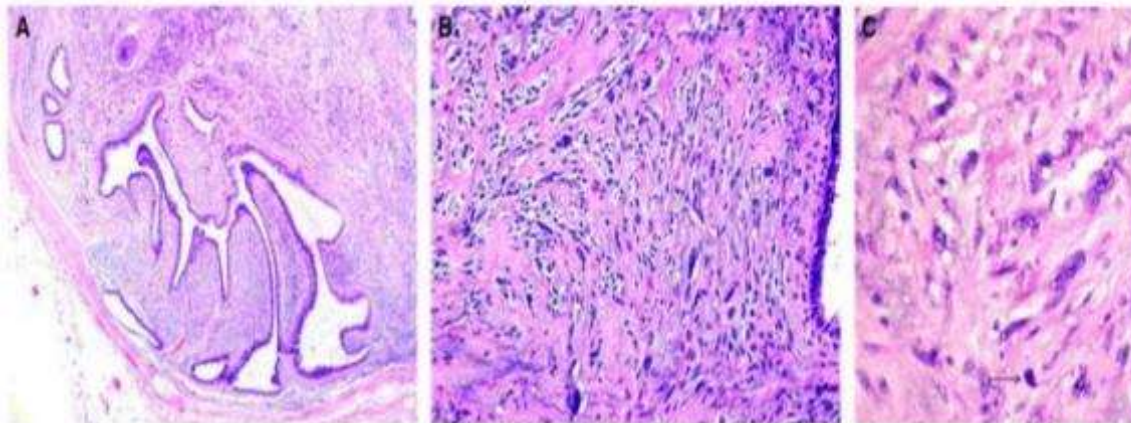
- **We do not know** the exact cause of phyllodes tumours.
- They can affect people of **any age**, but they are more common in **pre-menopausal women aged between 40 and 50**.
- They are also more common in women who have benign breast lumps called fibroadenomas.
- But most women who have fibroadenomas do not develop phyllodes tumours.

Borderline Phyllodes tumour

(A) Rounded pushing contour of the tumour.

(B) Stromal hypercellularity was of moderate degree, accompanied by focally marked nuclear atypia.

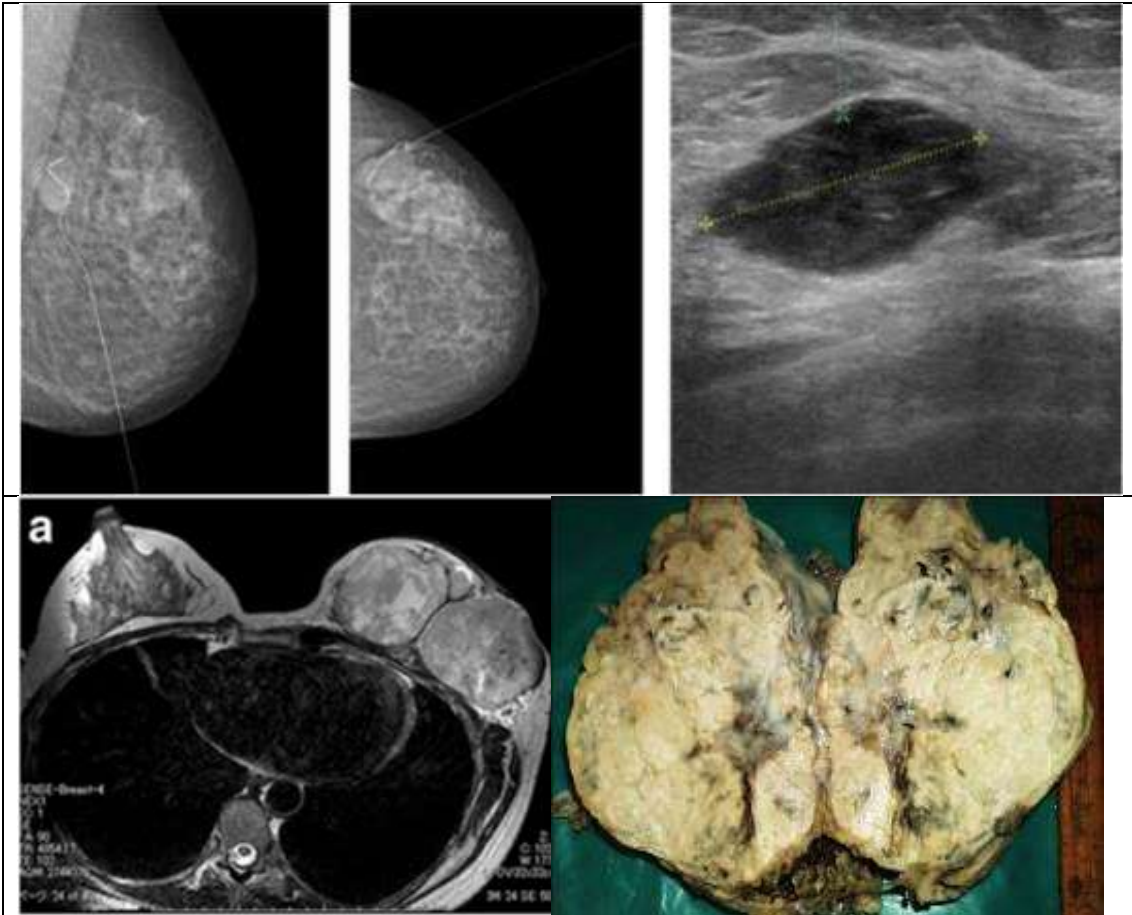
(C) Higher magnification of atypical stromal cells showed hyperchromatic nuclei, prominent nucleoli, and occasional mitoses (arrow).



Diagnosis of phyllodes tumours

The tests you have for phyllodes tumours are the same as for any type of breast cancer. You usually have scans, which include:

- **Mammogram:**
A [mammogram](#) is an x-ray of the breast.
- **Ultrasound scan:**
An [ultrasound scan](#) uses sound waves to produce a picture of the breast tissue and the lymph nodes (glands) in the armpit.
- **Breast biopsy:**
During a [breast biopsy](#), your specialist breast cancer doctor or breast care nurse takes small samples of cells or tissue from your breast.
- The samples are looked at under a microscope to check for cancer cells.



Treatment for phyllodes tumours

- Surgery is the main treatment for phyllodes tumours. It is usually the only treatment you need.
- Rarely, the phyllodes tumour can be cancerous (malignant) and may have spread to other areas. In this case, you may need further treatment. Your cancer doctor will talk to you about what type of treatment you will have.
- Hormonal therapy and radiotherapy, which are often used to treat [breast cancer](#), are not used for phyllodes tumours.
- This is because research shows it has no effect on them.

Surgery

- You will usually have an operation to remove the lump as well as some surrounding healthy tissue.
- This is called [breast-conserving surgery](#). It is sometimes called a lumpectomy or a **wide local excision (WLE)**.
- After your operation, a [pathologist](#) will look at the tissue that was removed under a microscope.
- If there are tumour cells at the edge of the removed healthy tissue, your surgeon will usually recommend another operation.
- They will usually remove more tissue from the area where the tumour is. This reduces the risk of any tumour cells being left behind, and the tumour growing back.
- For some women, the lump may be large in proportion to the rest of the breast. They may be advised to have the [whole breast removed \(mastectomy\)](#).
- If you need a mastectomy, your surgeon may talk to you about options for [breast reconstruction](#).
- This is when a new breast shape is formed.
- Sometimes, you can have breast reconstruction at the same time as mastectomy, or it may be done later.

Chemotherapy

- [Chemotherapy](#) uses anti-cancer drugs (cytotoxic drugs) to destroy cancer cells.
- You only have chemotherapy if the phyllodes tumour is cancerous, and has spread to another part of the body.
- Because phyllodes tumours do not usually spread outside the breast, it is rare to have chemotherapy as a treatment.
- The drugs used to treat malignant phyllodes tumours are the same as those used to treat [soft tissue sarcoma](#).
- This is because the cells that are abnormal in a phyllodes tumour are the same as the cells that are abnormal in soft tissue sarcomas.
- If you do need chemotherapy, it will usually be given into a vein as [an injection or a drip](#) (infusion).
- You will usually have treatment over a period of about 4 to 6 months.
- You may have a combination of two or more [chemotherapy drugs](#).

After phyllodes tumours treatment

- After your treatment you will have **regular check-ups** with the hospital team.
- They will usually ask you about your general health examine your breasts and arrange any necessary tests.
- Sometimes, phyllodes tumours can come back in the same area of breast tissue (known as a local recurrence).
- This risk is higher with malignant tumours.
- If this does happen, your surgeon may advise that you have further surgery.
- This may involve another wide local excision to remove the tumour.
- Or you may need a mastectomy, to remove the whole breast.