



Phyllodes Tumor of the Breast: A Case Series of 53 Patients



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Introduction

Phyllodes tumours (PTs) account for 0.5% to 1.0% of all breast tumours.¹ It's treatment and prognosis is variable, and still up for debate. Given the paucity of data regarding PT in Southeast Asia, the aim of this study was to describe the clinicopathological features of patients who underwent surgical treatment of phyllodes tumour at a single tertiary health care centre in Malaysia.

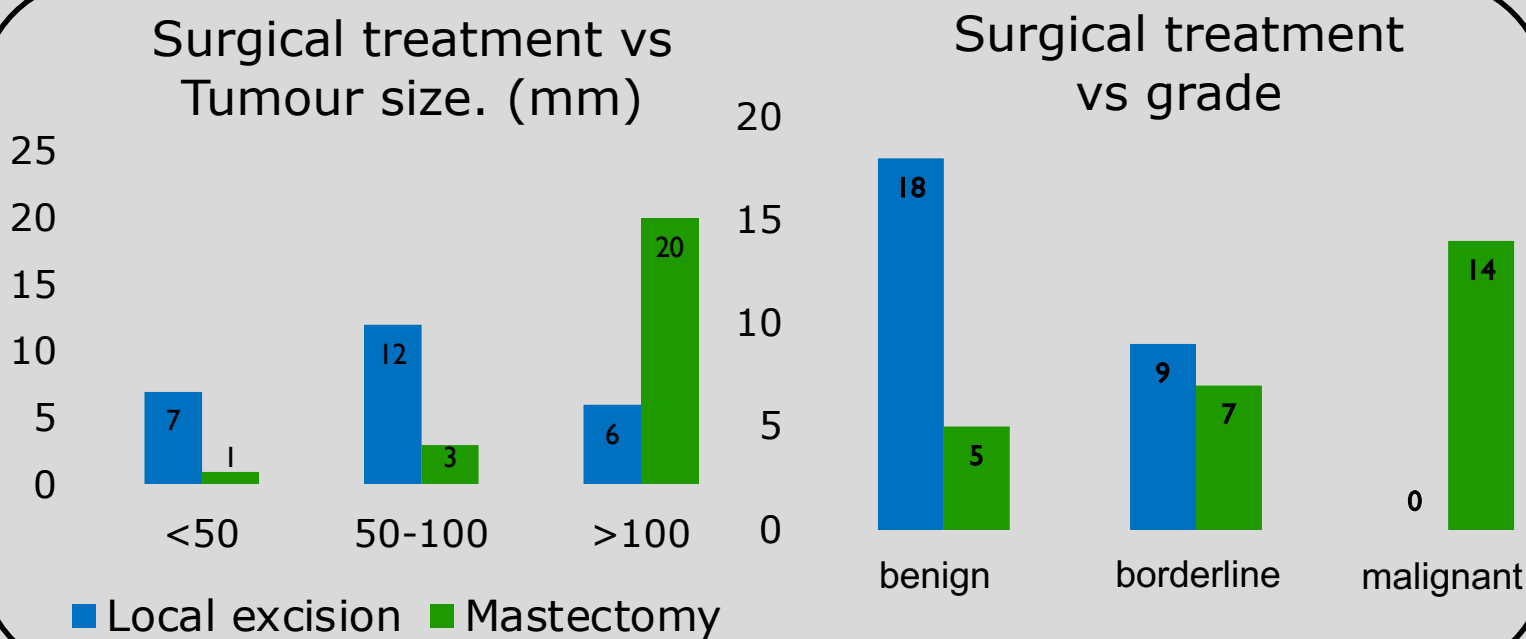
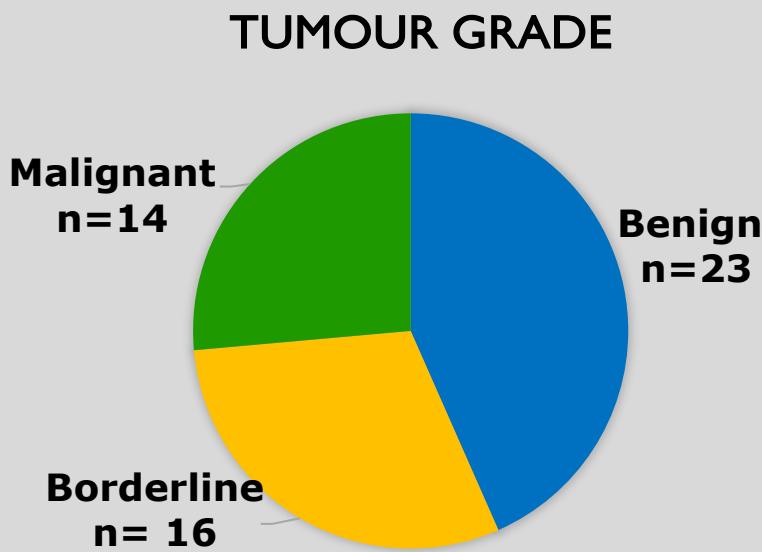
Materials & Methods

We retrospectively reviewed the medical records of 53 patients who had surgical treatment for phyllodes tumour in Hospital Putrajaya between Jan 2020-October 2023. Descriptive analyses of demographics, treatment modalities, and tumour characteristics were conducted. A Pearson chi-square test was used to investigate the relationship between age and tumour size with histological type of PT.

Results

Between 1 January 2020 until 31 October 2023, a total of 53 patients underwent surgery for phyllodes tumour at Hospital Putrajaya. The mean age was 45.3 (22-80 years). The mean tumoral size was 109 mm (28-220). There was a significant correlation between tumour size and histology (p<0.1)

Though there seemed to be a slight increase in age with neoplastic potential, there was no statistically significant correlation between age and histology of phyllodes (p=0.85). 31(58.5%) patients underwent a local excision of tumour, and 22 patients (41.5%) underwent a mastectomy.



9 of our patients underwent radiotherapy (4 borderline and 5 malignant). The 4 cases of borderline phyllodes that underwent radiotherapy had undergone mastectomy and had inadequate margin clearance. Among our cases of malignant phyllodes, 5 (35.7%) of them had metastatic disease at presentation, and 2 patients progressed to metastases during follow up. Our mean follow up was 14.2 months. 47 patients (88.9%) were stable at last follow up and had no disease recurrence. Local recurrence developed in 6 patients, (5 malignant, 1 borderline), giving a local recurrence rate of 35.7% for malignant, 6.25% for borderline, and 0% for benign, respectively.

Discussion

The median age of our study population (45.3 years) is consistent with that described in the literature.² The proportion of tumour grades in our study, is consistent with other studies published². Wide local excision with adequate margin is the first-line surgical treatment of phyllodes tumour, regardless of histological grade. Mastectomy is necessary when the tumour cannot be removed with adequate clearance. 58.5% patients underwent BCS whilst 41.5% of our patients underwent mastectomy. This higher margin of mastectomy in our study could be attributed to the larger tumour size at presentation. We had a mean tumoral size of 109mm (28mm-220mm) in comparison with literature that described mean tumoral sizes between 40 to 90mm². In 4 out of the 6 cases of local recurrence, (66.7%) patients in whom a local recurrence occurred, the width of the resection margin had been less than 10 mm. This elucidates the importance of having an adequate resection margin during initial surgery. The role of adjuvant RT remains debatable despite its common use in patients with positive or close resection margins. All the nine patients that received radiotherapy, was due to inadequate margin clearance of <1cm. None of the patients who underwent radiotherapy developed local recurrence. The role of chemotherapy is also controversial. 2 of our patients underwent palliative chemotherapy for metastatic malignant phyllodes and eventually succumbed to the disease.

Conclusion

This is the first cohort of patients with PT described in Hospital Putrajaya and one of few described in the Malaysia, and it provides helpful insight into the epidemiology, treatment modalities being used, and prognosis of PT in this geographical region. Despite the small sample size of our study population, it remains mostly consistent with the available literature regarding the epidemiology, tumour characteristics, and treatment course of PT.

References

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