

AB215. Management and outcomes of phyllodes tumours – 10-year experience

Azlana Ali Beegan¹, John Mitchell Barry¹, Malcolm Kell¹, Maurice Stokes¹, Angela O'Brien², Siun Walsh¹

¹Breast Surgery Department, Breast Health Unit, ²Department of Radiology, Mater Misericordiae University Hospital, Dublin, Ireland

Background: Phyllodes tumours account for <1% of all primary breast tumours and carry a high risk of local recurrence. There is no consensus regarding acceptable margin width. Our aim was to analyse clinicopathological characteristics, surgical management and outcomes of phyllodes tumours.

Methods: A retrospective review of a prospectively maintained database of patients who underwent surgery for phyllodes tumours in a single tertiary referral centre between 2007 and 2017 was performed. Patient demographics, tumor characteristics, surgical treatment and outcomes were analysed. Tumour margins were classified as positive (0 mm), close (≤ 2 mm) and clear (> 2 mm).

Results: Fifty-seven patients underwent surgical excision of phyllodes tumor. Median age was 37 years (range,

14–91 years). Forty-four (77%) were benign, 4 (7%) borderline and 9 (16%) malignant. Fifty-four patients had breast conserving surgery and 3 mastectomy. Thirty (53%) underwent re-excision of margins. The final margin was clear in 32 (56%), close in 13 (23%) and positive in 12 (21%). During a mean follow-up of 38.5 months (range, 0.5–133 months), 4 (7%) developed local recurrence. Two (5%) of the benign and 2 (22%) of the malignant phyllodes recurred. Two (17%) with positive final margin recurred, compared with 1 (8%) with close and 1 (3%) with clear final margin. Both patients with recurrent benign phyllodes had a positive final margin previously. Of the recurrent malignant phyllodes, 1 previously had a close and 1 a clear final margin.

Conclusions: There are no guidelines for the surgical management and follow-up of phyllodes tumours. This data suggests that patients with malignant phyllodes and positive margins are more likely to develop local recurrence. Larger prospective studies are warranted to steer the development of guidelines.

Keywords: Follow-up; guidelines; margins; phyllodes; recurrence

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