About this leaflet

Benign phyllodes tumour was written by Breast Cancer Care’s clinical specialists, and reviewed by healthcare professionals and members of the public.

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Benign phyllodes tumour

This leaflet tells you about benign phyllodes tumours. It explains what a phyllodes tumour is, and how it is diagnosed and treated.

Breast Cancer Care doesn’t just support people affected by breast cancer. We also highlight the importance of early detection and answer your questions about breast health. Our publications and website provide up-to-date, expert information on breast conditions and looking after your breasts.

If you have a breast cancer or breast health query contact our Helpline on 0808 800 6000 or visit www.breastcancercare.org.uk
**Introduction**

Phyllodes tumours are not common and are usually benign (not cancer). However, they can occasionally be malignant (cancer). They are grouped into three types:
- benign
- borderline malignant
- malignant.

This leaflet is for anyone with a benign phyllodes tumour. If you have a borderline malignant phyllodes tumour or a malignant phyllodes tumour your specialist will discuss the most suitable treatment with you. You can also see our Phyllodes tumours: malignant and borderline malignant booklet.

A benign phyllodes tumour can come back after it’s been removed, although this is unusual. In very rare cases it may become a borderline malignant or malignant type.

**What is a phyllodes tumour?**

**The breast**

Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple), which are surrounded by glandular, fibrous and fatty tissue. Phyllodes tumours are smooth, firm lumps of tissue that occur in the supportive tissue of the breast. Once formed, a phyllodes tumour may grow fairly quickly and can grow quite large (many are between 40–50mm in size). This can sometimes cause the skin over the area to look red (inflamed).

Although phyllodes tumours can affect a woman at any time in her life, they’re most common in women between 40 and 50 who haven’t yet been through the menopause. It’s unlikely that more than one will develop at a time, though it’s possible. Phyllodes tumours can also develop in men although this is extremely rare.

**How is it diagnosed?**

A phyllodes tumour usually becomes noticeable as a quick-growing lump in the breast. Once you have been seen and examined by your GP (local doctor), you’ll be referred to a breast clinic where you’ll be given a consultation with a doctor or specialist nurse. This involves looking at and feeling the breast tissue of both breasts when you are sitting and lying down.

You may then have further tests. These will include one or more of the following:
- a mammogram (breast x-ray)
- an ultrasound scan
- a fine needle aspiration (FNA)
- a core biopsy.

Using more than one test makes the breast assessment more thorough. Having a clinical examination, mammogram/ultrasound and FNA/core biopsy of the breast is known as a triple assessment.

An FNA uses a fine needle and syringe to take a sample of cells for analysis. A core biopsy uses a larger needle to get a sample of tissue from the area of concern. Because tissue is taken rather than cells (as in an FNA), it gives more detailed information. A local anaesthetic is usually given before a core biopsy. The samples are then sent to the laboratory to be looked at under a microscope.

You can read more about these tests in our Your breast clinic appointment booklet.

Sometimes your doctor may also recommend you have a magnetic resonance imaging (MRI) scan which uses magnetism and radio waves to produce a series of cross-sectional images of the inside of the breast.

Benign phyllodes tumours can be difficult to diagnose because they can be confused with other breast problems, such as a fibroadenoma. For more information about fibroadenomas, see our Fibroadenoma leaflet. Sometimes doctors cannot be sure of the diagnosis, even after triple assessment.

Therefore you may need an operation to remove the lump, so that the whole area can be examined by a pathologist to get a definite diagnosis. You can call our free Helpline on 0808 800 6000 (Text Relay 18001) if you’d like more information about any tests you may be having.

**Treatment and follow-up**

Phyllodes tumours are always treated with surgery. Your specialist will talk to you about the type of surgery you need.

The aim of the surgery is to remove the entire tumour with a margin (border) of normal breast tissue around it. It’s important to have a clear margin of healthy tissue when the lump is removed, as this reduces the risk of the tumour coming back. If a clear margin is not achieved by the initial surgery then further surgery is usually recommended.

The size of the tumour may sometimes mean that mastectomy (removal of all the breast tissue) is recommended. If this is the case you will usually be offered breast reconstruction at the same time. If you would like more information see our Breast reconstruction booklet. There is no evidence that any other treatments, such as radiotherapy or drug treatments are of benefit.

Because phyllodes tumours can sometimes return, your specialist may want you to have regular follow-up appointments – usually once a year, although this will vary from hospital to hospital. If your tumour comes back, you’ll need to have further surgery. Your specialist will advise you what operation will be best if this happens.

**What does this mean for you?**

You may be anxious about being diagnosed with a benign phyllodes tumour. Even though you may feel relieved that it’s a benign condition, you may still worry about it coming back. This is rare, but it is advisable to go to any follow-up appointments you’re offered. It’s also important to continue to be breast aware and go back to your GP if you notice any other changes. You can find out more about being breast aware in our Your breasts your health: throughout your life booklet.

If you’d like any further information or support, call our free Helpline on 0808 800 6000 (Text Relay 18001).