Excision of Breast Fibroepithelial Lesions: When is it still necessary?

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Introduction

- Fibroepithelial lesions (FEL) range from benign fibroadenoma (FA) to malignant phyllodes tumor (PT).
- It is difficult to distinguish FA from PT on core needle biopsy (CNB) due to overlapping histological features.
- At times of histological ambiguity, pathologists may add a comment of concern to FEL, “cannot rule out PT” (?PT).
- FA over 3cm in size has been routinely excised to avoid missing PT. However, there is no literature support for this cut off.
- Primary objective is to assess whether the 3cm size cut off is justified and identify a low risk group that can be spared surgery. Second objective is to look for risk factors for upstaging to PT among all cases of FEL.

Methods

- Chart review performed on a prospective database to identify patients with FEL on CNB between 2009-2018.
- Data including demographics, clinical presentation, reason for excision, radiology and pathology reports were collected
- Multivariable and univariable logistics regression analysis was done to identify upstage risk factors to PT.
- Tumor size was assessed based on upstage

RESULTS

A) Fibroadenoma

B) Enlarging Fibroadenoma

C) FEL cannot rule out PT

Discussion

- All 28 cases of FA that upstaged to PT were enlarging.
- We did not see any upstage in FA lesions smaller than 20mm and none of FA cases upstaged to malignant PT.
- Age and family history of adenocarcinoma of breast were not predictive of upstage to PT among FA cases.
- FA lesions smaller than 40mm and if enlarging smaller than 25mm did not upstage to PT in 95% of cases.
- The overall upstage rate of ?PT on CNB to PT was 36.9% and this is in keeping with the current literature that reports upstages in 18-42% range
- Tumor size is not a reliable predictor of upstage among ?PT cases.

CONCLUSION

- Our data does not support routine excision of FAs at 3 cm.
- We now recommend excision of FELs if there is concern for PT on CNB, if FA are > 4 cm or enlarging FA > 2.5 cm and to address symptoms.

References


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