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OUTCOME AND PROGNOSTIC FACTORS OF PHYLLODES TUMOR OF THE BREAST: A RARE CANCER NETWORK STUDY

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**ABSTRACT BODY:****Purpose/Objective:** Phyllodes tumor (PT) is a rare fibroepithelial neoplasm of the breast. The management of PT of the breast has been surgery, ranging from simple excision to radical mastectomy. The role of radiation therapy (RT) remains unclear. The aim of this study was to evaluate the outcome and identify prognostic factors for local control and survival.**Materials/Methods:** Data from 291 women with PT of the breast treated between 1971 and 2003 were collected. Median age was 42 years (12-87). Median tumor size was 3 cm (1-30 cm). Tumors were benign in 176 (60%), borderline in 53 (18%), and malignant in 62 (22%) cases. Axillary dissection was performed in 41 patients. Surgery consisted of wide excision in 235 (80%), and mastectomy in 56 (20%) cases. Close or microscopically positive margins were observed in 60 (20%) patients. Twenty patients had secondary surgery. Thirty-seven (13%) patients received adjuvant RT (median 50 Gy in 25 fractions). Six patients had supraclavicular and mammary nodal irradiation, and 4 patients received RT to the axilla. A boost of 10-20 Gy was delivered to the tumor bed in 13 patients. Chemotherapy was administered only in 10 patients.**Results:** At the end of treatment, 39 (13%) patients had a residual tumor, and 239 (85%) achieved a complete response (CR). After a median follow-up of 60 months, 56 (19%) patients relapsed, and 259 (89%) were alive without evidence of disease. Thirteen (4.4%) developed distant metastases. The 5-

and 10-year disease-free survival (DFS), overall survival (OS), and locoregional relapse rate (LRR) were 96% (+/-1) and 92% (+/-8), 96% (+/-3) and 93% (+/-6), and 20% (+/-3) and 31% (+/-4), respectively. Univariate analyses are shown on the Table. When considering benign tumors, the addition of RT did not influence the outcome. Conversely, in the malignant and borderline group, RT increased significantly the 10-year DFS (69% for RT vs. 34% for no RT,  $p = 0.03$ ) and LRR (12% for RT vs. 65% for no RT,  $p = 0.0003$ ). Moreover, without RT, mastectomy was better than wide excision (DFS: 72% vs. 29%,  $p = 0.001$ ; and LRR: 15% vs. 69%,  $p < 0.0001$ ). Multivariate analysis revealed four favorable independent prognostic factors for local control: benign histology, CR after treatment, mastectomy, and association of RT. For DFS, the four favorable independent factors were benign histology, absence of tumor necrosis, CR after treatment, and mastectomy.

**Conclusions:** In this large retrospective study of phyllodes tumor of the breast, we identified four independent prognostic factors for local control and survival, and showed that patients in CR after treatment have better outcome. While benign tumors have a good prognosis after surgery alone, adjuvant RT is recommended in the management of malignant and borderline tumors. Moreover, histologic criteria of the tumors, such as tumor necrosis, number of mitosis, and cellular atypia have to be taken into account for therapeutic decision.

Parameters	10-year LRR	p-value	10-year DFS	p-value
Age (<=52 vs. >52)	27% vs. 43%	0.22	71% vs. 52%	0.03
Menopause (yes vs. no)	39% vs. 29%	0.87	54% vs. 69%	0.34
Tumor size (<=3 vs. >3 cm)	29% vs. 34%	0.41	63% vs. 68%	0.27
Histology (benign vs. others)	16% vs. 49%	<0.0001	83% vs. 45%	<0.0001
Number of mitosis (<=5 vs. >5)	26% vs. 45%	0.0008	72% vs. 49%	<0.0001
Tumor necrosis (yes vs. no)	52% vs. 47%	0.43	31% vs. 72%	0.0001
Stromal overgrowth (yes vs. no)	26% vs. 34%	0.65	79% vs. 74%	0.34
Cellular atypia (yes vs. no)	22% vs. 42%	0.003	75% vs. 53%	0.001
Complete remission (yes vs. no)	26% vs. 54%	<0.0001	70% vs. 45%	0.0003
Surgery (wide excision vs. mastectomy)	35% vs. 16%	0.007	63% vs. 74%	0.23
Clear margins (yes vs. no)	28% vs. 32%	0.45	66% vs. 67%	0.25
Radiation Therapy (yes vs. no)	10% vs. 34%	0.04	71% vs. 64%	0.84

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