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Lessons from ASCO: A Look at Surgery for Early Breast Cancer

Announcer:
You're listening to *Project Oncology* on ReachMD. On this episode, sponsored by Lilly, we're going to hear from Dr. Kelly Hunt, who's the Professor and Chair of the Department of Breast Surgical Oncology in the Division of Surgery at The University of Texas MD Anderson Cancer Center. Dr. Hunt will be presenting at the upcoming 2021 American Society of Clinical Oncology Annual Meeting, and her talk is titled, "From Desmoid and Phyllodes to UPS: A One-Size-Does-Not-Fit-All Approach to Surgery." Here's Dr. Hunt now giving us a sneak preview of what she'll be talking about at the conference.

Dr. Hunt:
So in the session on breast sarcomas, I'm going to be talking about desmoid tumors and phyllodes tumors. And we're going to be covering many aspects of these different types of tumors, including epidemiology, diagnosis, staging, and the histology-specific considerations in the overall management of these tumor types. So desmoid tumors and phyllodes tumors both present a very broad spectrum of biologic behaviors.

Phyllodes tumors are often defined as being benign, indeterminant or borderline, or malignant. And they're really classified based on the histologic examination by the pathologist. So the pathologist looks for features such as stromal overgrowth, also looks at the mytotic count, the stromal atypia, and also whether the borders are well defined or more infiltrative in nature. So all of these features help to define that classification of the phyllodes tumor. And then our treatment is based on that classification. And so that may be just a surgical excision alone for a benign phyllodes tumor. Or it may incorporate surgery, chemotherapy, and radiation for a patient that presents with a malignant phyllodes tumor. And so these features are really sometimes difficult to define based on the initial core needle biopsy that's obtained for diagnosis, and sometimes will actually require surgical excision for definitive diagnosis and classification.

Desmoid tumors also have a very broad spectrum of biologic behavior. And they're classically thought to be benign tumors; however, they can be very locally aggressive. While they don't metastasize, they can recur locally, even after complete excision. And so it's very important to understand whether the desmoid tumor is originating within the breast parenchyma, or whether it's actually originating from the fascia of the chest wall musculature. So sometimes a patient will feel a breast mass, but actually the tumor's originating from the chest wall behind the breast. And so that may be considered in terms of how we manage the treatment of that desmoid tumor. Sometimes when they're small tumors, they might just require surgical excision alone. But when patients present with very large tumors, we often consider systemic therapy, especially before any surgical management. This can help us to reduce the tumor size. And sometimes we'll even see regression of desmoid tumors, and they might not require treatment with systemic therapy or surgery. So again, very different biologic behaviors for the individual patient.

So in determining the management of these different tumor types, as I said, the pathologist is extremely important in helping us to understand the features of that tumor. The breast imaging specialists are also critical with diagnostic mammography, MRI of the breast, and ultrasound in certain situations. And then systemic imaging may also be needed to look for distant metastatic disease in the case of a malignant follow his tumor.

Once we have all of that imaging and pathology information, the multidisciplinary team can determine the best treatment plan for the patient. And that includes the surgical oncologist, the medical oncologist, and the radiation oncologist. And we all have to devise a treatment plan based on that biologic behavior of the tumor.

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