

MANAGEMENT OF FIBROADENOMAS

- Fibroadenomas are benign fibroepithelial breast lesions composed of both stromal and epithelial elements¹
- More common in pre-menopausal women¹
- As many as 10% of women may have fibroadenomas and, of them, 10-15% may have multiple fibroadenomas (in either breast)¹
- The natural history suggests that about 50% of fibroadenomas will resolve spontaneously, 25% will not change and 25% will get bigger¹
- Very few fibroadenomas presenting as a palpable lump (0.58%) are likely to have atypia, in-situ or invasive malignancy within or adjacent to the lesion²
- Even if a fibroadenoma increases in size it is very unlikely to contain a malignancy in the epithelial component or be an undiagnosed phyllodes tumour (2.4%)². Fibroadenomas that increase in size may warrant re-biopsy and should not automatically be surgically excised²
- Core biopsy is safe and reliable for diagnosis (if concordant with clinical presentation and imaging characteristics)³
- Distinguishing cellular fibroadenomas from benign phyllodes tumours histologically can be difficult, and is not possible in some cases⁴

DIAGNOSIS:

- History and examination as for any discrete breast lump
- Mammography, if age appropriate, and ultrasound examination
- Biopsy of lesion if aged 25 and above, or indeterminate clinical/ radiological features (examination score 3/ mammogram score 3/ ultrasound scan score 3)

CONSERVATIVE TREATMENT:

If imaging and pathological features are concordant with the diagnosis of benign fibroadenoma the patient can be reassured and discharged.

EXCISION:

Surgical excision / vacuum assisted excision (VAE) as per local protocols is recommended in the following scenarios:

- Cellular fibroepithelial lesion (difficult to histologically distinguish between a fibroadenoma and phyllodes tumour). Many units would recommend open surgical excision rather than VAE for these lesions
- Rapidly growing lesion, despite biopsy indicating benign fibroadenoma.
- Persistent discomfort and pain from a fibroadenoma is a relative indication to consider surgical excision, the patient should be warned that excision of the lesion does not guarantee relief of symptoms

continued...

SUMMARY STATEMENT: MANAGEMENT OF FIBROADENOMAS

Authors:	Karina Cox and the Clinical Practice & Standards Committee of the Association Breast Surgery
Produced:	January 2019
Version:	1

REFERENCES

1. Greenberg R, Skornick Y, Kaplan O. Management of breast fibroadenomas. *J Gen Intern Med* 1998; 13: 640-645.
2. Sanders LM, Sara R. The growing fibroadenoma. *Acta Radiologica Open* 2015; DOI: 10.1177/2047981615572273.
3. Jacobs TW, Chen Y-Y, Guinee DG, Eby PR, Thike AA, Vohra P et al. Phyllodes Tumor (PT) Subsequent to a Diagnosis of Fibroadenoma (FA) on Breast Core Needle Biopsy (CNB): Frequency and Characteristics. The 103rd Annual Meeting of the United States and Canadian Academy of Pathology. March 2014, San Diego CA, USA.
4. Tan BY, Acs G, Apple SK, Badve S, Bleiweiss IJ, Brogi E et al. Phyllodes tumours of the breast: a consensus review. *Histopathology* 2016; 68: 5-21