

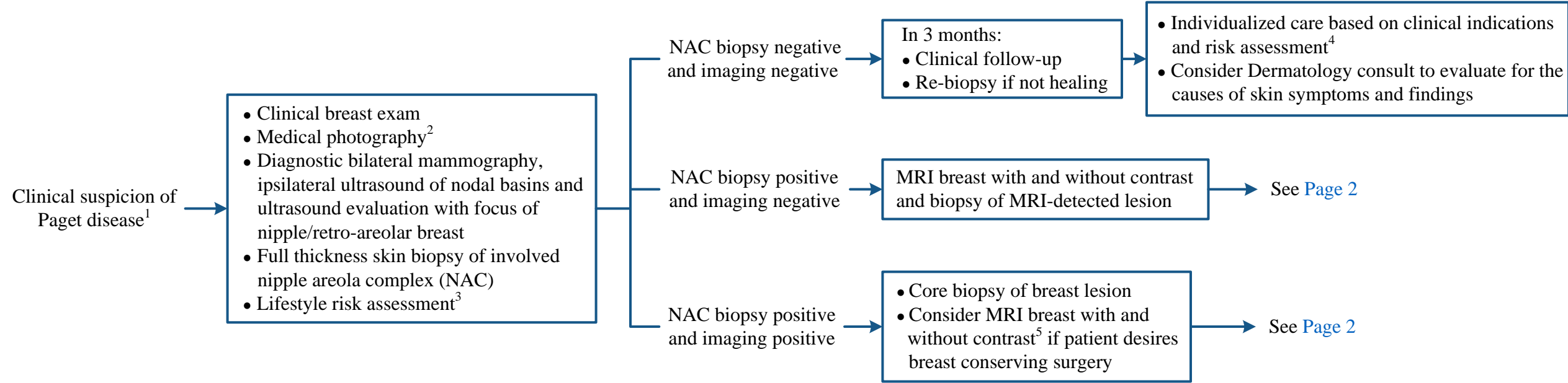
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

**Note:** Consider clinical trials as treatment options for eligible patients.

PRESENTATION

INITIAL EVALUATION

FURTHER EVALUATION AND TREATMENT



<sup>1</sup> Nipple or areola changes such as eczema, ulceration, bleeding, itching  
<sup>2</sup> For medical photography guidelines, refer to General Reference Tool to Determine When to Obtain an Authorization to Use Photographs (#ATT1597)  
<sup>3</sup> See [Physical Activity, Nutrition, Obesity Screening and Management](#), and [Tobacco Cessation Treatment](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice  
<sup>4</sup> For surveillance guidelines, see [Breast Cancer Screening algorithm](#)  
<sup>5</sup> To assess the extent of disease or confirm additional disease, consider MRI breast (see [Breast Cancer – Invasive algorithm](#))

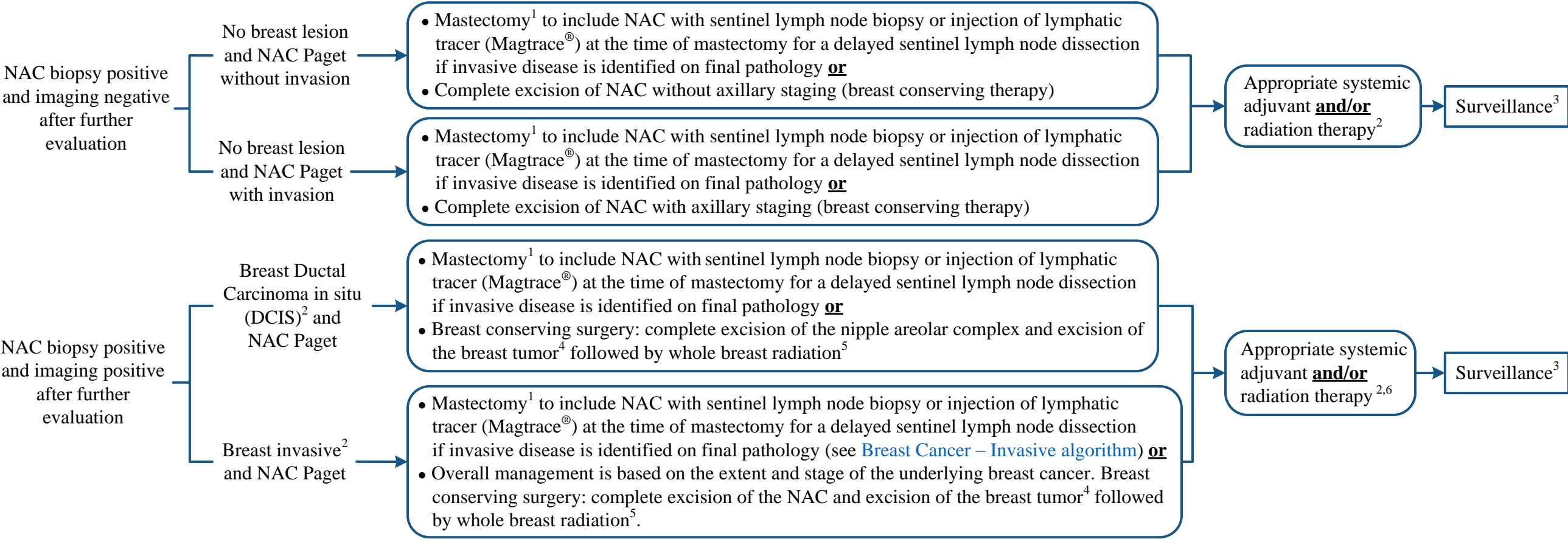
# Paget Disease of Breast

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

**Note:** Consider clinical trials as treatment options for eligible patients.

## TREATMENT

## SURVEILLANCE



<sup>1</sup> Mastectomy is always an option with any manifestation of Paget disease

<sup>2</sup> Depending on the stage and pathology, see either [Breast Cancer – Ductal Carcinoma in Situ \(DCIS\) algorithm](#) or [Breast Cancer – Invasive algorithm](#) as appropriate

- Paget disease with invasion but without underlying carcinoma, see [Breast Cancer – Invasive algorithm](#)
- Paget disease with invasion and with concurrent DCIS, see [Breast Cancer – Invasive algorithm](#)

<sup>3</sup> For surveillance guidelines, see either [Breast Cancer – Ductal Carcinoma in Situ \(DCIS\) algorithm](#) or [Breast Cancer – Invasive algorithm](#). For survivorship guidelines, see either [Survivorship – Noninvasive Breast Cancer algorithm](#) or [Survivorship – Invasive Breast Cancer algorithm](#) as appropriate

<sup>4</sup> The NAC and the peripheral cancer can be excised as separate surgical specimens and do not need to be removed as one contiguous mass. Consider MRI in patients being offered multisite segmental mastectomy based on ACOSOG Z11102 trial results.

<sup>5</sup> With Paget disease and no associated breast cancer, or with associated DCIS, consider omission of radiation therapy (RT) for patients who otherwise meet criteria for omission of RT after conservative resection of DCIS (*i.e.*, lesions < 2.5 cm, margins ≥ 3 mm). Patients with these criteria are also suitable candidates for partial breast irradiation, if technically feasible.

<sup>6</sup> With Paget disease and no associated breast cancer, or with associated DCIS that is estrogen receptor (ER) positive, consider tamoxifen 20 mg per day for 5 years. For post-menopausal women, can also consider anastrozole 1 mg per day for 5 years.

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

## SUGGESTED READINGS

- Boughey, J. C., Rosenkranz, K. M., Ballman, K. V., McCall, L., Haffty, B. G., Cuttino, L. W., ... Partridge, A. H. (2023). Local recurrence after breast-conserving therapy in patients with multiple ipsilateral breast cancer: Results from ACOSOG Z11102 (Alliance). *Journal of Clinical Oncology*, 41(17), 3184-3193. doi:10.1200/JCO.22.02553
- Correa, C., Harris, E. E., Leonardi, M. C., Smith, B. D., Taghian, A. G., Thompson, A. M., ... Harris, J. R. (2017). Accelerated partial breast irradiation: Executive summary for the update of an ASTRO evidence-based consensus statement. *Practical Radiation Oncology*, 7(2), 73-79. doi:10.1016/j.prro.2016.09.007
- Duan, X., Sneige, N., Gullett, A. E., Prieto, V. G., Resetskova, E., Andino, L. M., ... Albarracin, C. T. (2012). Invasive paget disease of the breast: Clinicopathologic study of an underrecognized entity in the breast. *American Journal of Surgical Pathology*, 36(9), 1353-1358. doi:10.1097/PAS.0b013e318259ef7f
- Forbes, J. F., Sestak, I., Howell, A., Bonanni, B., Bundred, N., Levy, C., ... Cuzick, J. (2016). Anastrozole versus tamoxifen for the prevention of locoregional and contralateral breast cancer in postmenopausal women with locally excised ductal carcinoma in situ (IBIS-II DCIS): A double-blind, randomised controlled trial. *The Lancet*, 387, 866-873. doi:10.1016/S0140-6736(15)01129-0
- Karakas, C. (2011). Paget's disease of the breast. *Journal of Carcinogenesis*, 10, 31. doi:10.4103/1477-3163.90676
- Karakatsanis, A., Charalampoudis, P., Pistioli, L., Di Micco, R., Foukakis, T., & Valachis, A. (2021). Axillary evaluation in ductal cancer in situ of the breast: Challenging the diagnostic accuracy of clinical practice guidelines. *The British Journal of Surgery*, 108(9), 1120-1125. doi:10.1093/bjs/znab149
- Karakatsanis, A., Hersi, A.-F., Pistiolis, L., Olofsson Bagge, R., Lykoudis, P. M., Eriksson, S., & Stalberg, P. (2019). Effect of preoperative injection of superparamagnetic iron oxide particles on rates of sentinel lymph node dissection in women undergoing surgery for ductal carcinoma in situ (SentiNot study). *The British Journal of Surgery*, 106(6), 720-728. doi:10.1002/bjs.11110
- Kawase, K., DiMaio, D. J., Tucker, S. L., Buchholz, T. A., Ross, M. I., Feig, B. W., ... Hunt, K. K. (2005). Paget's disease of the breast: There is a role for breast-conserving therapy. *Annals of Surgical Oncology*, 12, 391-397. doi:10.1245/ASO.2005.05.026
- Lee, H. W., Kim, T. E., Cho, S. Y., Kim, S. W., Kil, W. H., Lee, J. E., ... Cho, E. Y. (2014). Invasive Paget disease of the breast: 20 years of experience at a single institution. *Human Pathology*, 45(12), 2480-2487. doi:10.1016/j.humpath.2014.08.015
- Margolese, R. M., Cecchini, R. S., Julian, T. B., Ganz, P. A., Costantino, J. P., Vallow, L. A., ... Wolmark, N. (2015). Anastrozole versus tamoxifen in postmenopausal women with ductal carcinoma in situ undergoing lumpectomy plus radiotherapy (NSABP B-35): A randomised, double-blind, phase 3 clinical trial. *The Lancet*, 387(10021), 849-856. doi:10.1016/S0140-6736(15)01168-X
- MD Anderson Institutional Policy Attachment #ATT1597 – General reference tool to determine when to obtain an authorization to use photographs.
- National Comprehensive Cancer Network. (2024). Breast Cancer (NCCN Guideline Version 6.2024). Retrieved from [https://www.nccn.org/professionals/physician\\_gls/pdf/breast.pdf](https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf).

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*

## DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Breast Center providers at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

### Core Development Team Leads

Kelly Hunt, MD (Breast Surgical Oncology)  
Henry Kuerer, MD, PhD (Breast Surgical Oncology)  
Wendy Woodward, MD (Radiation Oncology)

### Workgroup Members

Beatriz Adrada, MD (Breast Imaging)  
Constance Albarracin, MD, PhD (Pathology)  
Bonnie Boster, PharmD (Pharmacy Clinical Programs)  
Olga N. Fleckenstein, BS♦  
Thoa Kazantsev, MSN, RN, OCN♦  
Jessica Leung, MD (Breast Imaging)  
Eric Strom, MD (Radiation Oncology)  
Nina Tamirisa, MD (Breast Surgical Oncology)  
Gary Whitman, MD (Breast Imaging)

♦Clinical Effectiveness Development Team