Paget’s 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.

PATIENT PRESENTATION

Clinical suspicion of Paget’s disease

INITIAL EVALUATION

- Clinical breast exam
- Diagnostic bilateral mammogram and breast ultrasound
- Medical photography
- Lifestyle risk assessment

Examination or imaging positive for breast lesion?

Yes

No

Mastectomy with axillary staging or
Excision of breast tumor and excision of Paget’s lesion with or without complete NAC excision to obtain negative margins followed by whole breast radiation

FURTHER EVALUATION

Core biopsy of breast lesion and full thickness skin biopsy of involved nipple areola complex (NAC)

MRI breast

Positive for breast lesion?

Yes

No

Appropriate systemic adjuvant therapy

TREATMENT

- Clinical follow-up
- Re-biopsy if not healing

Breast lesion negative and NAC biopsy negative

Breast Ductal Carcinoma In Situ (DCIS) and NAC Paget’s

Breast invasive and NAC Paget’s

- Individualized care based on clinical indications and risk assessment
- Consider Dermatology consult to evaluate for the causes of skin symptoms and findings

1 Nipple or areola changes such as eczema, ulceration, bleeding, itching
2 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
3 To assess the extent of disease or confirm additional disease consider MRI breast (see Breast Cancer – Invasive algorithm)
4 Mastectomy is always an option with any manifestation of Paget’s disease
5 With Paget’s 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.
6 With Paget’s disease and no associated breast cancer, or with associated DCIS that is 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.
7 With associated breast cancer, treat with appropriate systemic adjuvant therapy (see either Breast Cancer – Noninvasive algorithm or Breast Cancer – Invasive algorithm as appropriate)

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FURTHER EVALUATION

- Breast negative for cancer and NAC biopsy positive for Paget’s
  - Full thickness skin biopsy of involved NAC

- Breast negative for cancer and NAC biopsy negative for Paget’s

TREATMENT

- Mastectomy with or without immediate breast reconstruction can be considered with sentinel lymph node staging
  - or
- Excision of Paget’s lesion with or without NAC to ensure negative margins followed by whole breast radiation. Consider axillary staging.
  - or
- Excision of Paget’s lesion with or without NAC to ensure negative margins. Consider observation without radiation therapy.

- Appropriate systemic adjuvant and/or radiation therapy

- Surveillance
  - Consider Dermatology consult to evaluate for the causes of skin symptoms and findings

- Clinical follow-up
- Re-biopsy if not healing

1 See Breast Cancer – Invasive algorithm
2 Depending on the stage and pathology, see either Breast Cancer – Noninvasive algorithm or Breast Cancer – Invasive algorithm as appropriate
3 For surveillance guidelines see Breast Cancer Screening algorithm
SUGGESTED READINGS


DEVELOPMENT CREDITS

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

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