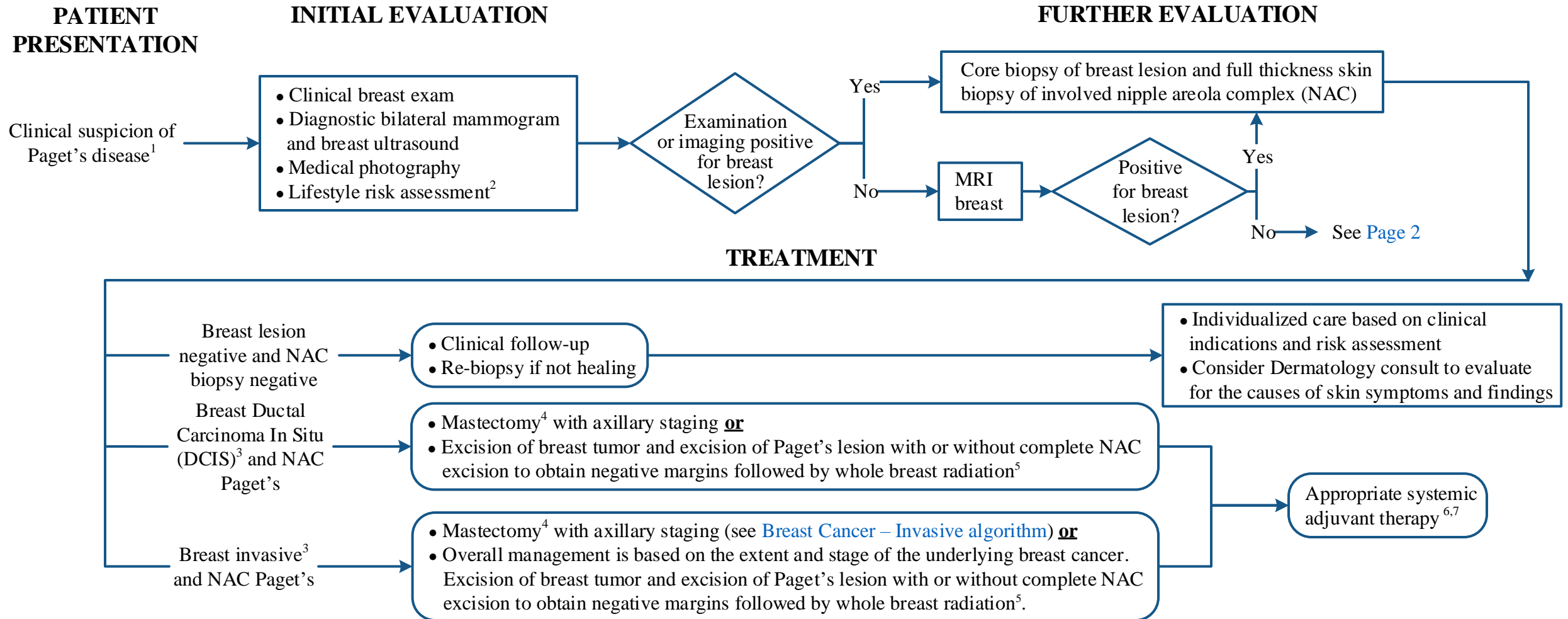


Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional 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.



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 1mg per day for 5 years.

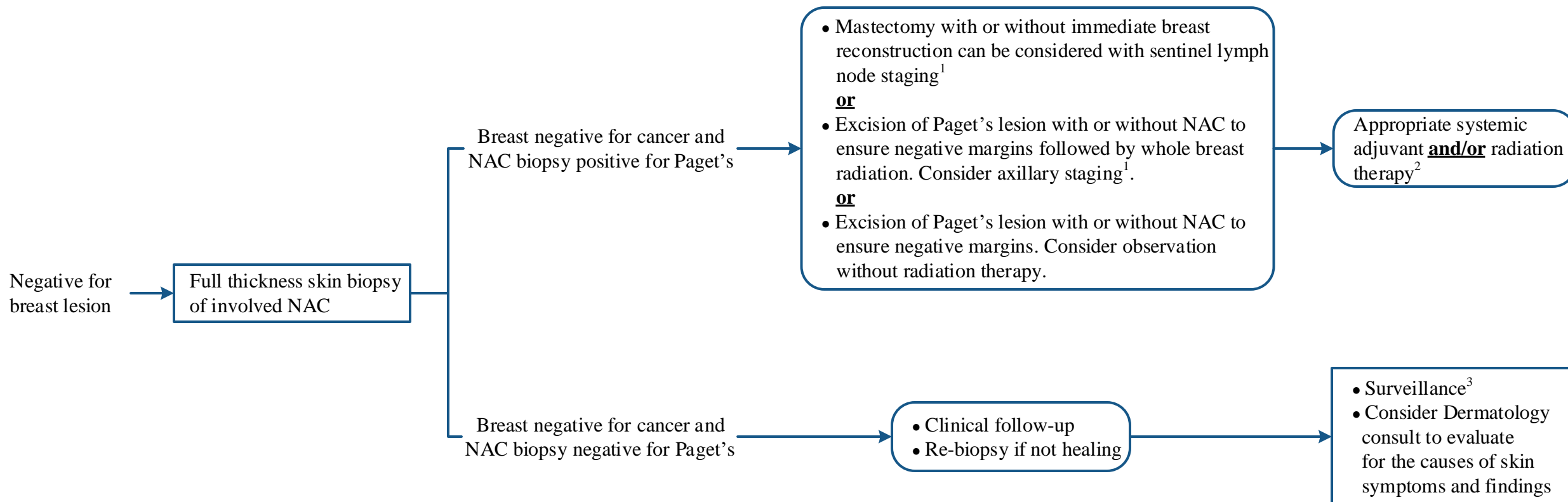
⁷ With associated breast cancer, treat with appropriate systemic adjuvant therapy (see either [Breast Cancer – Noninvasive algorithm](#) or [Breast Cancer – Invasive algorithm](#) as appropriate)

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

FURTHER EVALUATION

TREATMENT



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](#)

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SUGGESTED READINGS

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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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