



**Australian Government**  
**Cancer Australia**

# Information about Paget's disease of the nipple



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We celebrate the ongoing connections of Aboriginal and Torres Strait Islander peoples to Country, culture, community, family and tradition and recognise these as integral to health, healing and wellbeing.

Cancer Australia acknowledges great diversity among Aboriginal and Torres Strait Islander peoples, and the contribution of the many voices, knowledge systems and experiences that guide all efforts to create a culturally safe and responsive cancer system that is equitable to all.

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# Information about Paget's disease of the nipple

## What is Paget's disease of the nipple?

Paget's disease of the nipple is a cancer of the nipple.\*

This fact sheet deals with Paget's disease of the nipple, where there is no sign of any other cancer in the breast apart from in the nipple and surrounding area (areola).

Many people with Paget's disease of the nipple also have a breast cancer somewhere else in the same breast. The breast cancer may be an invasive breast cancer or it may be a 'pre-invasive' cancer such as ductal carcinoma in situ, or DCIS or lobular carcinoma in situ, or LCIS.

\* Paget's disease of the nipple should not be confused with Paget's disease of the bone, which is a chronic, not cancerous, disease of bones.

Around 2 out of every 100 cases of breast cancer involves Paget's disease of the nipple. We do not know how many people are diagnosed each year with Paget's disease of the nipple without an underlying invasive breast cancer or DCIS.

## What are the signs and symptoms?

The main sign of Paget's disease of the nipple is a change in the nipple and/or areola, including:

- the nipple area might become hard, lumpy or crusty – it may look like dermatitis or eczema
- the nipple area might appear red or angry-looking
- there may be an ulcer
- the nipple might flatten out, or turn inwards (invert)
- there may be a discharge or bleeding from the nipple
- the area might feel itchy or sore
- there may be a lump in the same breast.

**Figure 1**



Source: Lily Chu, National Naval Medical Center Bethesda

# How is Paget's disease of the nipple diagnosed?

The first step in investigating any breast change is for the doctor to take a medical history and do a physical examination of both breasts.

The next step is a mammogram (X-ray of the breast) and sometimes an ultrasound to look for signs of invasive cancer or DCIS in the breast. Sometimes a Magnetic Resonance Imaging (MRI) of a breast is needed. This is important as Paget's disease of the nipple is often a sign that there is a breast cancer elsewhere in the same breast.

In order to diagnose Paget's disease of the nipple, cells will be removed from the nipple, areola or breast for examination under a microscope. This is called a biopsy and may be done in a number of ways:

- by taking a small scraping of skin from the nipple
- by inserting a fine needle into the breast and removing some cells
- by removing a section of the nipple or areola; this may be done under a local anaesthetic or a general anaesthetic.

The results of the biopsy and other tests are recorded on a pathology report. You may find it useful to keep a copy of the report so that you can refer to it in the future.

## What treatment options are available?

Treatment for Paget's disease of the nipple will depend on how much of the nipple, areola and breast is involved. Every person is different, and the treatments recommended may vary according to individual circumstances. It is important that you ask as many questions as you need to about the treatments recommended for you.

Where Paget's disease of the nipple is the only cancer in the breast, treatment will involve **surgery** and/or **radiotherapy**. If you have an invasive breast cancer or DCIS in the same breast your treatment options may be different and may involve additional treatments depending on the type and extent of that cancer.

Treatment for Paget's disease of the nipple will usually involve surgery to remove the nipple and some surrounding tissue. If the nipple is the only area of the breast affected, it is possible that only the nipple and an area of healthy tissue around it will be removed. This is known as breast conserving surgery and will usually be followed by radiotherapy. Removal of the whole breast (mastectomy) and/or some of the lymph nodes under the armpit may be necessary for some patients.

As the nipple is likely to be removed, there are a number of options to recreate a nipple. These include having a nipple tattoo or having a nipple made from your own tissue.

Radiotherapy uses X-rays (controlled doses of radiation) to destroy cancer cells. Radiotherapy is usually given once a day, 5 days a week for 3–6 weeks. For some people, radiotherapy may be the only treatment required after the biopsy.

## What are the possible side effects of various treatments?

All treatments for breast cancer carry some risk of side effects. Most side effects can be managed and will improve with time. It is important to consider the benefits of treatment and possible side effects when making decisions about treatment. Talk to your doctor about any side effects that are concerning you.

### Side effects of surgery

Side effects of surgery may include pain, discomfort and/or numbness in the breast or in the armpit if lymph nodes have been removed. Some people who have surgery to the armpit may develop lymphoedema (swelling in the arm).

### Side effects of radiotherapy

Common side effects of radiotherapy include tenderness or a feeling of tightness in the treated breast, and changes to the skin of the breast such as redness or swelling – a bit like sunburn. It is also common to feel tired during radiotherapy.

## What follow-up care can be expected?

Once treatment is finished, regular follow-up appointments with your specialist or general practitioner are recommended. Follow-up after treatment for Paget's disease of the nipple usually involves a regular physical examination and an annual mammogram with or without an ultrasound. Other tests such as blood tests or bone scans are not done routinely during follow-up unless there is concern that the cancer has spread outside the breast.

## Support during and after treatment

The experience of a diagnosis of breast cancer is different for everyone. It is usual to feel anxious, frightened or confused. Sharing thoughts and feelings with others can be helpful. Members of your treatment team, friends and family can provide emotional, psychological and practical help. Breast care nurses specialise in caring for women with breast cancer and can be a valuable source of information and support. Talk to doctors, your breast care nurse or other members of the treatment team about any fears or concerns you may have.

The Cancer Council Support line (13 11 20) can advise on the range of support available throughout Australia.

My Journey provides accessible online, high quality, evidence-based information and insights from others diagnosed with breast cancer. Access My Journey via the Breast Cancer Network Australia website <https://www.bcna.org.au/my-journey/>

## Questions to ask the doctor

Some people want to know everything possible about their breast cancer and treatment. Others don't want to know as much. Ask your doctors as many questions as you need to – you may find it useful to write questions down before your next visit.

For more information about management of breast cancer in general see Guide to Best Cancer Care - [Breast cancer](https://www.cancer.org.au/cancercareguides/breast-cancer)  
<https://www.cancer.org.au/cancercareguides/breast-cancer>