

1

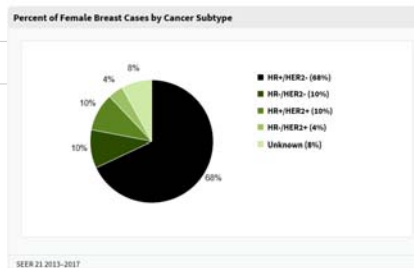
Breast Statistics from NCI

Age-Adjusted Rate of New Breast Cases per 100,000 Women,
SEER 21 2013–2017

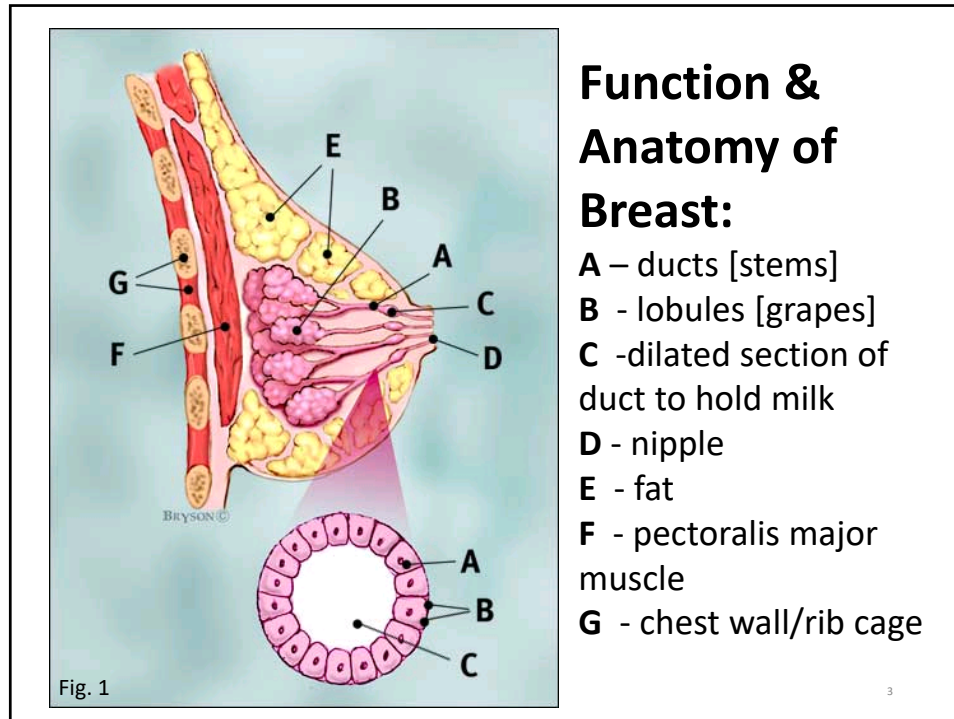
Subtype	New Cases
HR+/HER2-	87.0
HR-/HER2-	13.0
HR+/HER2+	13.3
HR-/HER2+	5.5
Unknown	9.7
Total	128.5

There are four main female breast cancer subtypes, including the following in order of prevalence:

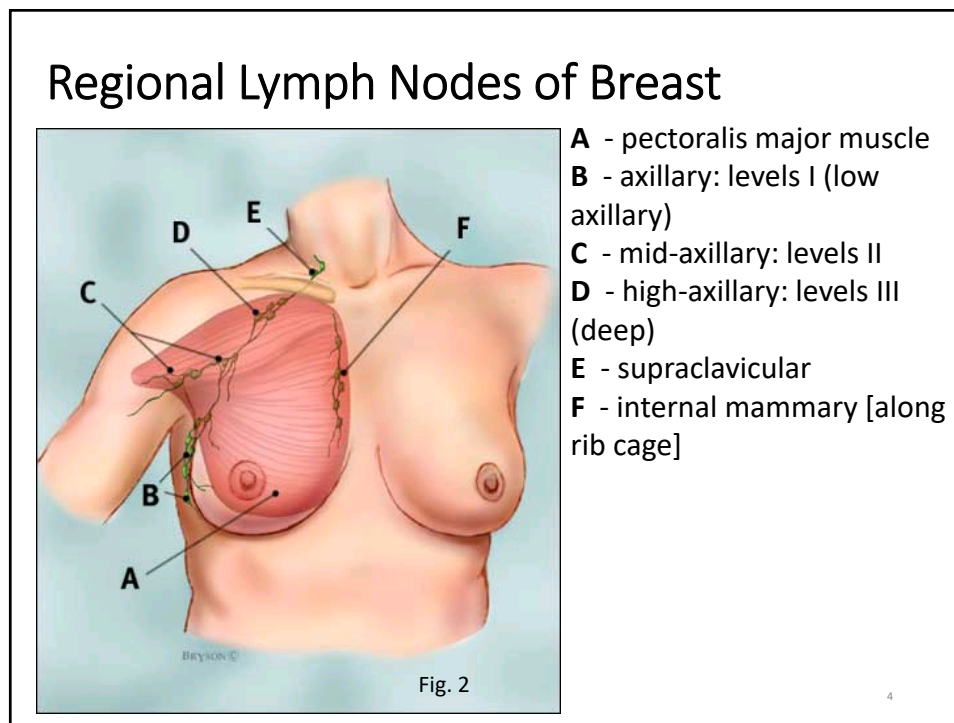
- HR+/HER2- ("Luminal A")
- HR-/HER2- ("Triple Negative")
- HR+/HER2+ ("Luminal B")
- HR-/HER2+ ("HER2-enriched")



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Regional Lymph Nodes

Axillary LNs, **Level I**

- Low axillary
- Intramammary (within breast tissue)

Axillary LNs **Level II**

- Mid Axillary, interpectoral, Rotter's node

Axillary LNs **Level III {not typically removed}**

- High axillary, apical, infraclavicular

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Primary Site Coding

C50.0	• Nipple
C50.1	• Central portion of breast
C50.2	• UIQ
C50.3	• LIQ
C50.4	• UOQ
C50.5	• LOQ
C50.6	• Axillary tail of breast
C50.8	• Overlapping lesion breast
C50.9	• NOS, multi-focal

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Solid Tumor Rules: Table 1

Breast Equivalent Terms and Definitions C500-C506, C508-C509 (Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)			
Terms and Descriptive Language	Site Term and Code	Terms and Descriptive Language	Site Term and Code
Areolar Nipple Paget disease <u>without</u> underlying tumor <i>Note:</i> Paget with underlying tumor is coded to the quadrant of breast in which the underlying tumor is located	Nipple C500	Inferior inner Inferior medial Lower inner quadrant (LIQ) Lower medial Superior lateral Superior outer Upper lateral Upper outer quadrant (UOQ)	Lower inner quadrant of breast C503 Upper outer quadrant of breast C504
Above nipple Area extending 1 cm around areolar complex Behind the nipple Below the nipple Beneath the nipple Central portion of breast Cephalad to nipple Infra-areolar Lower central Next to areola NOS Next to nipple Retroareolar Subareolar Under the nipple Underneath the	Central portion of breast C501	Inferior lateral Inferior outer Lower lateral Lower outer quadrant (LOQ) Axillary tail of breast Tail of breast NOS Tail of Spence 12:00 o'clock 3:00 o'clock 6:00 o'clock 9:00 o'clock Inferior breast NOS Inner breast NOS Lateral breast NOS Lower breast NOS Medial breast NOS Midline breast NOS Outer breast NOS <i>Observation section of breast</i>	Lower outer quadrant of breast C505 Axillary tail of breast C506 Overlapping lesion of breast C508 <i>Note: This is a <u>single</u> tumor which overlaps quadrants/subsites.</i>
Terms and Descriptive Language	Site Term and Code		
Superior inner Superior medial Upper inner qua Upper medial	¾ or more of breast involved with tumor Diffuse (tumor size 998) Entire breast Inflammatory without palpable mass Multiple tumors in different subsites (quadrants) within the same breast	Breast NOS C509 <i>Note:</i> Used for: • Non-contiguous multiple tumors in different quadrants/subsites of same breast OR • Unknown/unable to identify in which quadrant/subsite the tumor is located (Example: Outpatient biopsy with no quadrant identified. Patient lost to follow-up.) • Inflammatory carcinoma; diffuse tumor	

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"Clock" Positions, Quadrants and ICD-O Codes of the Breast

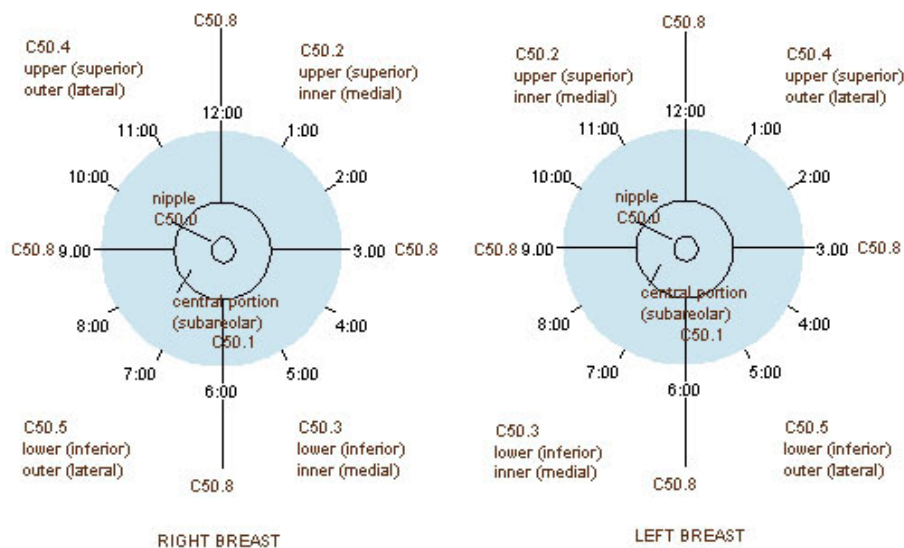


Fig. 3

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Coding Subsites

Priority order when conflicting information

- 1. Operative report
- 2. Path report
- 3. Mammogram (ultrasound)
- 4. Physical Exam
- Code subsite with invasive tumor.
- Code subsite of multifocal tumors in one quadrant (not C50.9)

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Coding Subsites

- Code **C50.8** when:
 - Single** tumor large enough to cover two or more subsites and unknown where originated
 - Single** tumor located at 12, 3, 6, or 9 o'clock position
- Code **C50.9** when:
 - Multiple** tumors (2 or more) in at least two quadrants of breast.

SEER Appendix C

<https://seer.cancer.gov/manuals/2018/appendixc.html>

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Coding Laterality

- Laterality must be coded for all subsites
- Breast primary with pos nodes and no breast mass found:
 - Code laterality to the side with pos nodes

SEER Appendix C coding guidelines

<https://seer.cancer.gov/manuals/2018/appendixc.html>

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BREAST: EOD

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EOD Primary Tumor

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Notes:

1. Changes such as dimpling of skin, tethering and nipple retraction are caused by tension of Cooper's ligament(s), not by actual skin involvement. They do not alter the classification.
2. Adherence, attachment, fixation, induration, and thickening are clinical evidence of extension to skin or subcutaneous tissue; assign **code 200**.
3. "Fixation, NOS" is involvement of pectoralis muscle; assign **Code 200**.
4. For clinical description of inflammation, erythema, edema, peau d'orange, or other terms describing skin changes **without stated dx of inflammatory carcinoma**, assign **code 400**.

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In Situ

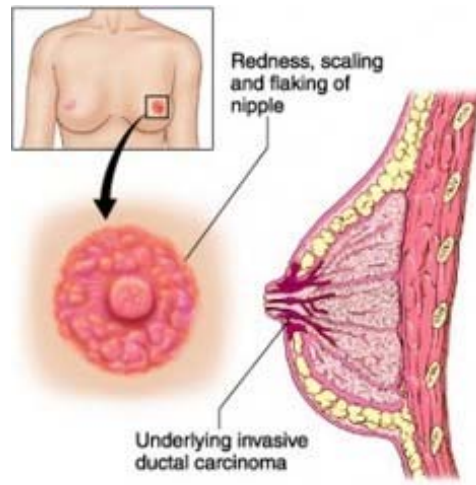
Code Description

000	In situ; noninfiltrating; intraepithelial Intraductal without infiltration Lobular neoplasia, gr 3 (LIN3)
050	Paget disease of nipple WITHOUT underlying tumor
070	Paget disease of nipple WITH underlying DCIS tumor
SS18	In Situ

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Paget Disease of Nipple



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Invasive

Code	Description
100	Any size tumor Confined to breast tissue and fat including nipple and/or areola Localized, NOS EXCLUDES: skin invasion of breast, nipple and areola (see code 200)
SS18	Localized

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Invasive

Note 2
Note 3

Code Description

200 Any size tumor
Attachment or fixation to pectoral muscle(s) or underlying tumor {note 2}
Deep fixation {note 3: fixation nos}
Invasion of: Pectoral fascia or muscle(s), subcutaneous tissue
Local infiltration of dermal lymphatics adjacent to primary tumor involving skin by direct extension
Skin infiltration of primary breast including skin of nipple and/or areola

SS18 Regional

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Invasive

Note 4

Code Description

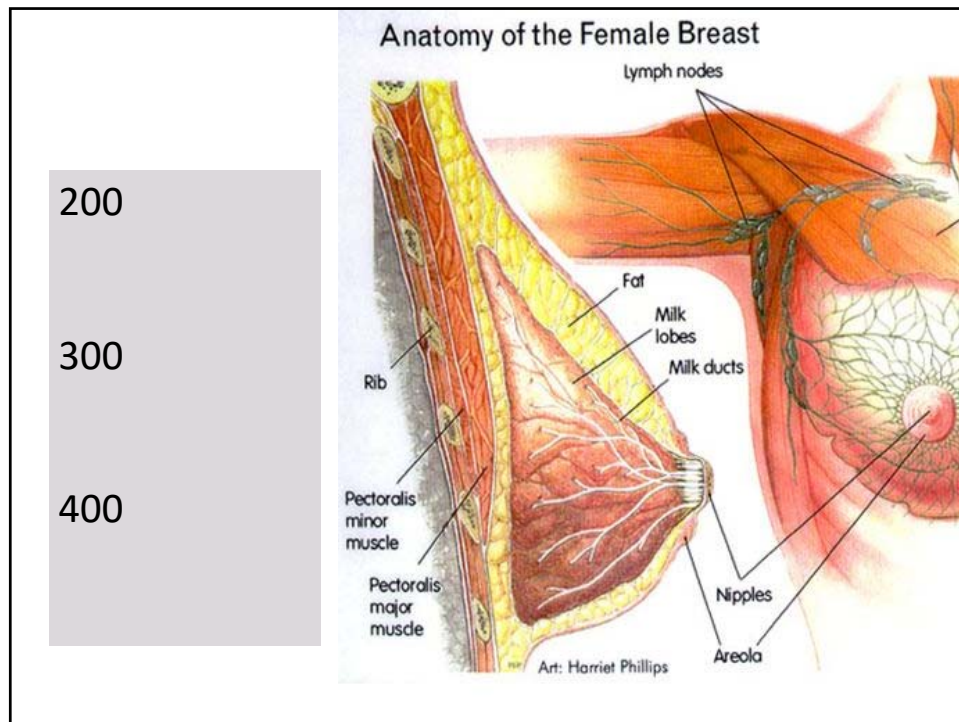
300 Invasion of (or fixation to)
Chest wall, Intercostal or serratus anterior muscle(s), Ribs.

400 Extensive skin involvement {note 4}
WITHOUT stated dx of inflammatory carcinoma
WITH or WITHOUT dermal lymphatic invasion
See list of terms*

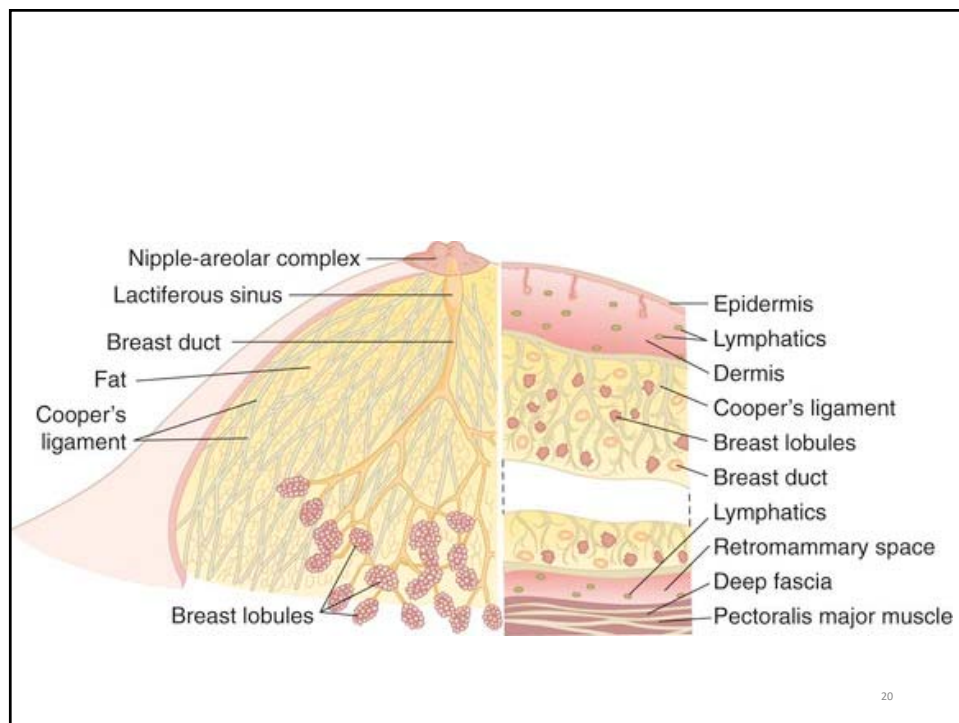
SS18 Regional

18

18



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Invasive

Code Description

450	Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, edema, peau d'orange, etc. involving $\leq 1/3$ (33%) of skin of breast or % not stated WITH or WITHOUT dermal lymphatic infiltration <ul style="list-style-type: none"> • En cuirasse • Satellite nodule(s) • Skin edema • Ulceration of skin of breast
500	300 + (400 or 450)
SS18	Regional

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Invasive

Code Description

600	Diagnosis of inflammatory carcinoma Same details but involving $> 1/3$ (33%) or more of skin of breast.
700	Stated as "inflammatory carcinoma" with no other information
800	No evidence primary tumor
999	Unknown; extension not stated; not documented
SS18	Codes 600-700 Regional

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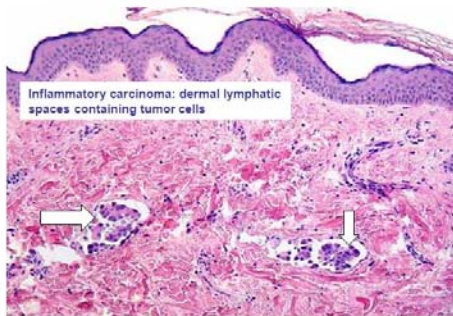
22

Inflammatory Breast Carcinoma

Inflammatory Carcinoma

invasive carcinoma involving superficial dermal lymphatic. Erythema & induration

Peau d'orange of involved skin caused by lymphatic involvement and obstruction.



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EOD
Regional
Nodes

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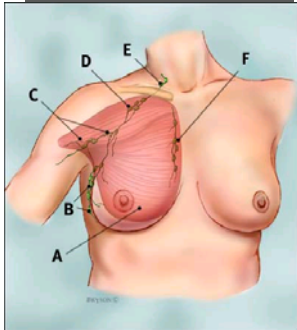
Note 1: Code only regional nodes and nodes, NOS in this field. Distant nodes coded in EOD Mets.

Note 2: If nodes path pos, size of mets not stated, assume mets >0.2 mm and code LNs as pos.

Note 3: If reg LNs are removed and no mention of level or another specific type, assume these are Level I-II and code appropriately.

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EOD Regional Nodes



Note 4: LNs with ITC only are not counted as pos nodes.

Code 030: Neg nodes path with pos ITCs or pos ITCs and pos RT-PCR

Code 050: Neg nodes path with pos RT-PCR, neg ITCs

Code 070: Neg nodes path, unkn if ITCs or RT-PCR

Note 5: Codes 100-200, 350 only apply to involved Level I and II nodes. If internal mammary, infraclavicular or supraclav nodes involved, codes 100-200, 350 may not be used.

Do not confuse **internal mammary** nodes with **intramammary nodes**, which are routinely evaluated.

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EOD Regional Nodes

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Note 6: Code 800 if reg LNs are involved but no indication of number of nodes involved.

Note 7: Regional lymph nodes include

- > Axillary, NOS (ipsilateral)
- > Level I (low-axilla) (low) (superficial), NOS [adjacent to tail of breast]
 - > Anterior (pectoral)
 - > Lateral (brachial)
 - > Posterior (subscapular)
- > Level II (mid-axilla) (central), NOS
 - > Interpectoral (Rotter's)
- > Level III (high) (deep), NOS
 - > Apical (subclavian)
 - > Axillary vein
- > Fixed/matted axillary (level I and II) (ipsilateral)
- > Infraclavicular (subclavicular) (ipsilateral)
- > Internal mammary (parasternal) (ipsilateral)
- > Intramammary (ipsilateral)
- > Supraclavicular (transverse cervical) (ipsilateral)

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Reg Nodes

Code Description

000:C	No clinical regional lymph node involvement
030:P	PATHOLOGICAL assessment only ITC's only (malig cell clusters no larger than 0.2 mm in reg LNs.
050:P	PATHOLOGICAL assessment only Positive molecular findings by RT-PCR, no ITC's detected
070:P	No reg LN involvement pathologically (lymph nodes removed and path neg) WITHOUT ITCs or ITC testing unknown
SS18	None

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Reg Nodes

SS18
"Regional"
For EOD
100-400

Code Description

100:P	Ipsilateral Level I and Level II axillary nodes, micromets
150:C	CLINICAL assessment only (needle core/FNA) pos
200:P	PATH assessment only Pos axillary nodes ipsilat
250:P	PATHOLOGICAL assessment only: Int mammary pos on SLN bx; w/o ax nodes pos
300:P	PATHOLOGICAL assessment only: Int mammary pos on SLN bx WITH ax nodes pos
350:C	CLINICAL assessment only; fixed/matted
400:C	CLINICAL assessment only: Internal mammary pos w/o ax nodes pos

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Clin POS Nodes Level I & II

Code	Description
150	CLINICAL assessment only (FNA) pos
350	CLINICAL assessment only; fixed/matted
400	CLINICAL assessment only: Int mammary pos w/o ax nodes pos

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Path POS Nodes Level III

Code	Description
500	Infraclavicular nodes (subclav) (level III), ipsilat WITH or WITHOUT axillary nodes level I and II nodes WITHOUT internal mammary node
600	Internal mammary nodes, ipsilat, clinically apparent (imaging or exam) WITH axillary level I, II or III nodes
700	Supraclavicular nodes, ipsilateral {SS18 distant}
800	Regional nodes NOS Lymph nodes NOS
999	Unknown, not stated or documented; cannot be assessed.

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EOD METS

Note 1: For bone marrow micromets, circulating tumor cells CTCs or disseminated tumor cells and clusters (DTCs) are less than or equal to 0.2 mm and assigned to code 05.

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EOD Mets

Code	Description
00	No distant mets OR UNKNOWN if distant mets
05	No clinical or radiographic evid distant mets Tumor cells found in circulating blood, bone marrow, or other distant LN tissue less than or equal to 0.2 mm [see note 1]
10	Distant lymph no distant}

Distant lymph node(s)

- › Axillary (contralateral or bilateral)
- › Cervical, NOS
- › Fixed/matted axillary (level I and II) (contralateral or bilateral)
- › Infraclavicular (subclavicular) (contralateral or bilateral)
- › Internal mammary (parasternal) (contralateral or bilateral)
- › Intramammary (contralateral or bilateral)
- › Supraclavicular (transverse cervical) (contralateral or bilateral)
- › Distant lymph node(s), NOS

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EOD Mets

Code	Description
70	<p>Skin over: axilla, contralat breast, sternum, upper abd</p> <p>Further contig extension</p> <p>Distant mets: adrenal, bone, contralat breast if stated metastatic, lung, ovary, satellite nodules in skin other than primary breast</p> <p>Carcinomatosis</p> <p>Distant mets WITH or WITHOUT distant lymph nodes,</p> <p>Distant mets nos</p>
99	Death certificate only
SS18	Distant

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Summary
Stage
18
{SS18}

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SS18 General coding instructions

- Guidelines by stage
- <https://seer.cancer.gov/tools/ssm/SSM2018-General-Instructions.pdf>

SS18 Manual by sites or complete manual pdf

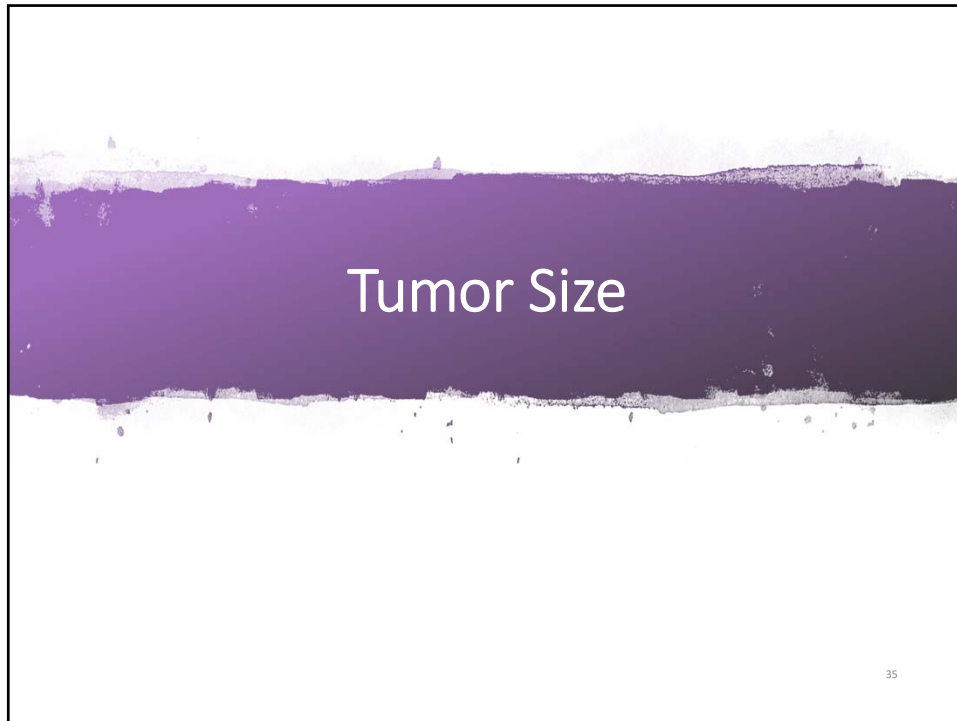
- Downloadable

SEER*RSA

- SS18 in each schema

COC programs directly coding SS18; Non-COC it is derived.

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Tumor Size
CLINICAL

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Record size of solid primary tumor

- Before any treatment (surgical resection or initiation of any treatment including neoadjuvant)
- Clinical classification composed of:
 - Diagnostic workup prior to first treatment
 - Physical exam
 - Imaging
 - Path findings (gross and micro)
 - Surgical exploration without resection
- Clinical tumor size (pre-treatment size) essential for treatment decisions and prognosis determination for many types of cancer.

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Tumor Size Clinical

- Taken from any **clinical** information prior to neoadjuvant treatment
- SEER Program Coding Staging Manual: Coding Instruction #7
 - Priority of imaging/radiographic techniques: Information on size from imaging/radiographic techniques can be used to code clinical size when there is no more specific size information from a **biopsy or operative (surgical exploration) report**. It should be taken as a lower priority, and over a physical exam.
 - Priority Order
 - BX **Procedure** or Operative **REPORT**
 - Imaging/scans
 - Physical Exam

Several notes re rounding, less than/greater than; priority order for documents etc

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Tumor Size Clinical

SEER Manual Tumor Size Clinical section under Coding Instruction #9

- Note: An incisional biopsy that removed the whole tumor is actually an excisional biopsy. Record tumor size in Tumor Size – Pathologic.

Example:

- 8/10/2020 Bil mammo L breast: Cluster of microcalcifications.
- 8/17/2020 Path: L breast, UOQ: Low grade ductal carcinoma in situ w/cribriform pattern w/microcalcifications. No evidence of invasion noted. Size: 5 mm & 3 mm. Low grade, G1.
- 9-25-20 L breast: No residual carcinoma identified.
- Clinical tumor size code 999 {because stereotactic size goes in path if no residual; no clinical size on imaging}
- Path tumor size code 005

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Tumor Size – Clinical

- Example 1
 - Mammo = 2.5 cm
 - Needle Bx = 1.5 mm from core **Clinical TS = 025**
 - No cTNM

- Example 2
 - Imaging = 34 mm **Clinical TS = 034**
 - Needle bx = 11 mm on slide
 - Stage cT2 by onc

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SEER*RSA Breast: Tumor Size Clinical Notes

Site specific rules override general rules

Note: Exception to round rules for BREAST primaries. Round tumor sizes >1.0 mm and up to 2.4 mm to 2 mm (002). The purpose of this exception is so that the size recorded in the Tumor Size field will derive the correct AJCC TNM Primary Tumor (T) category.

Do not apply this instruction to any other site.

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Tumor Size PATH

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Record size of solid primary tumor that has been resected.

- Path Classification includes:
 - Operative and path findings from resected specimen
 - Before initiation of adjuvant treatment
- Path size is important prognostic indicator and valuable for clinical practice and research on surgically treated patients for most cancer.

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Tumor Size Pathologic

#1 Code 999 for unknown when no exc biopsy or tumor resection.

#12 Always code largest dimension of tumor whether from excisional biopsy or complete resection of primary tumor.

- IF Neoadjuvant treatment given
 - Code 999
 - **** This is a change to what is currently in the 2018 SEER manual (SEER manual, main document, page 118 #4). Is in direct conflict with the STORE manual (Tumor Size Summary, page 174). Therefore SEER will be adjusting their manual to match the STORE manual, therefore when neoadjuvant treatment is done, Tumor size Path will be coded to 999. At this time the manual will remain as is, but will be changed with the next version – unfortunately that will not be out until 2021. Please make a note in your manual of the change as it takes effect immediately.**

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SEER*RSA Breast: Tumor Size Path Notes

Site specific rules override general rules

Note: Exception to round rules for BREAST primaries. Round tumor sizes >1.0 mm and up to 2.4 mm to 2 mm (002). The purpose of this exception is so that the size recorded in the Tumor Size field will derive the correct AJCC TNM Primary Tumor (T) category.

Do not apply this instruction to any other site.

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Tumor Size SUMMARY

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This is derived for non-COC programs.

COC Programs must code manually.

Record the most accurate measurement of a solid primary tumor, usually measured on surgical resection specimen.

Reference is STORE Manual, pg 207

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Tumor Size Summary

2. If **neoadjuvant** therapy followed by surgery, do not record the size from the pathologic specimen. Code the largest size of tumor prior to neoadjuvant treatment; if unknown code size as 999.

Example: Patient has a 2.2 cm mass in the oropharynx; fine needle aspiration of mass confirms squamous cell carcinoma. Patient receives a course of neoadjuvant combination chemotherapy. Pathologic size after total resection is 2.8 cm. Record tumor size as 022 (22mm).

3. If no surgical resection, then largest measurement of the tumor from physical exam, imaging, or other diagnostic procedures prior to any other form of treatment (See Coding Rules below).

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SEER*RSA Breast: Tumor Size Summary Notes

Site specific rules override general rules

Note: Exception to round rules for BREAST primaries. Round tumor sizes >1.0 mm and up to 2.4 mm to 2 mm (002). The purpose of this exception is so that the size recorded in the Tumor Size field will derive the correct AJCC TNM Primary Tumor (T) category.

Do not apply this instruction to any other site.

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SEER*Educate

Dx 2018-2020 EOD & SS

Breast 1-5, 6-10


Training>Coding – CE's (formerly practical application)

homework

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T x h v w l r q v B
W k d q n \ r x

lori-somers@uiowa.edu

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