

**BREAST**  
 SOLID TUMOR RULE Manual, Sept 2021  
 SHRI | Iowa Cancer Registry VIDEO  
 TRAINING SERIES  
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 Recorded 1/2023

1 

1

## Breast changes from 2007 MPH Rules

- 1. **NST** (No Special Type), mammary carcinoma NST, and carcinoma NST are the new terms for duct or ductal carcinoma. Previously, it was thought that carcinoma originated in the ducts or lobules of the breast, hence the names duct carcinoma and lobular carcinoma. Current thinking is that carcinoma originates in the “terminal duct lobular unit” therefore the preferred term is NST or carcinoma NST.
- 2. **Mammary** carcinoma is a synonym for carcinoma no special type (NST)/duct carcinoma not otherwise specified (NOS) 8500. It will no longer be coded as carcinoma NOS 8010.

Effective 2018 and later

2 

2

## Breast changes from 2007 MPH Rules

- 3. **DCIS**/Carcinoma NST in situ has a major classification change.
  - A. Subtypes/variant, architecture, pattern, and features ARE NOT CODED. The majority of in situ tumors coded to DCIS 8500/2.
  - B. It is very important to code the grade of all DCIS.
- 4. The invasive subtype/variant is coded **ONLY** when it comprises **greater than 90%** of the tumor. This change has been implemented in both the WHO and in the CAP protocols.
- 5. **New codes/terms** are identified by asterisks (\*) in the histology table in the Terms and Definitions.
- 6. Excerpt from the CAP Invasive Breast Protocol (page 17): “A modified list is presented in the protocol based on the most frequent types of invasive carcinomas and terminology that is in widespread usage.

3



3

## Equivalent or Equal Terms

- Duct; ductal; NST; carcinoma NST; mammary carcinoma
- Mammary; breast
- Simultaneous; synchronous; existing at the same time
- Tumor; mass; tumor mass; lesion; neoplasm
  - The terms tumor, mass, tumor mass, lesion, and neoplasm are not used in a standard manner in clinical diagnoses, scans, or consults. Disregard the terms unless there is a physician's statement that the term is malignant/cancer
  - These terms are used **ONLY** to determine multiple primaries
  - Do not use these terms for casefinding or determining reportability
- Type; subtype; variant

4



4

### Table 1: Primary Site Codes

- Site Term and Code
- Synonyms
- Refer to the SEER or CoC Manual for a priority list of documents to determine tumor location
- Paget disease without underlying tumor coded to C500
- Paget with underlying tumor code to quadrant of underlying tumor

5



5

### Table 2: Histology Combination Codes

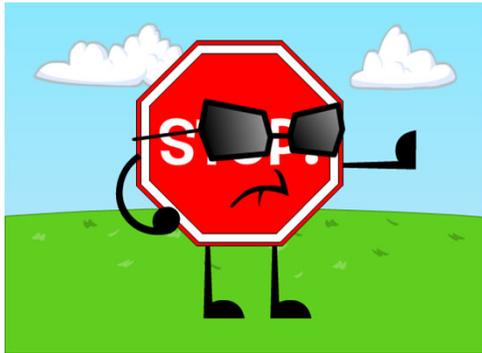
#### Combination Histologies

- Use Table 2 when instructed by MPH Rules
- Columns and rows important
- Use combination codes ONLY for single tumor OR multiple abstracted as single
- Last resort code – 8523 for mixed histologies
  - Table 2 is used for two histologies. When greater than 2 histo, use last resort code 8523 (adenoca mixed subtypes)

6



6



## Do not use Table 2...

- For tumors with both invasive and in situ behavior [histology rules instruct to code invasive].
- When one of the histologies is described as **differentiation** or **features**.
- When terms are NOS and subtype/variant of that NOS. [see histology rules]

7



7

## Table 2

- Per CAP protocol for invasive breast:
  - Invasive carcinoma with ductal and lobular features (mixed type carcinoma) is the term used for ductal mixed with lobular 8522.
  - Exception to H rules that disallow coding 'features'

DO NOT USE 8522:

- When dx carcinoma NST/duct carcinoma with lobular **differentiation**.

8



8

### Table 3: Specific Histologies, NOS/NST and Subtype/Variants

- Use as directed by histology rules
- Rare histologies may not be on table
- Behavior codes listed if only one possible (/2 or /3). If either possible, behavior code not listed. Code behavior from pathology. [i.e. pleomorphic carcinoma 8022/3]
- Only use histology code from table when diagnosis is EXACTLY term listed

9



9

## “Mets” Rule

Multiple Primary Rules not used for tumor(s) described as mets

- Common metastatic sites for breast:
  - Axillary LNs
  - Bone
  - Brain
  - Chest wall ←
  - Discontinuous involvement of skin of breast
  - Distant lymph nodes (according to Summary Stage Manual)
  - Liver
  - Lung

10



10

## Chest Wall: Mets or recurrence?

- If residual breast tissue in Path report then:
  - New tumor
  - Work through M rules to determine if new primary
- Tumor arose in chest wall stated in Path report:
  - If NO designation of residual breast tissue, this is regional mets and not a new primary

Review gross and micro portion of path report looking for terms residual **breast tissue** or **skeletal/chest wall**

11



11



## MULTIPLE PRIMARY RULES

BREAST  
SOLID TUMOR MANUAL

12



12

## M Rules

- Note 1: These rules are NOT for tumor described as mets.
- Note 2: Rules are based on date of dx.
  - Tumors dx 2018-2020 use 2018 Solid Tumor Rules
  - If you have orig tumor dx before 2018 and subsequent tumor dx 1/1/2018 or later in same primary site, use 2018 STR

### Headers

- ❖ Unknown if Single or Multiple Tumors: Rule M1 Single
- ❖ Single Tumor: M2 inflammatory rule or M3 single tumor is a single primary
- ❖ Multiple Tumors: M4-M18
  - ❖ Multiple tumors may be a single or multiple primaries
  - ❖ ER/PR and HER2 are not used to determine multiple primaries
  - ❖ Subsequent tumor in chest wall or surgical scar without evidence of breast tissue is regional mets

13



13

## Breast: Multiple Tumors

Rule	
M4	Multiple primaries when site code differs at second or third character (CXxx) or CxXx) Example C50x and C18x
M5	Timing rule must be clinically disease free for >5 years
M6	Single primary when inflammatory in multiple quadrants OR bilateral breasts
M7	Multiple primaries when bilateral breast cancer (both right and left)
M8	Single primary when Paget disease with synchronous underlying in situ or invasive NST Note: if underlying tumor any histology other than duct or subtypes of duct, continue through rules.
M9	Multiple primaries when Paget disease with underlying tumor NOT duct Example: Paget disease of nipple with underlying lobular carcinoma are multiple primaries

14



14

## Breast: Multiple Tumors

Rule	
M10	Single primary when multiple tumors of same behavior are carcinoma NST/duct and lobular
M11	Single primary when ductal carcinoma occurs after a combination code in same breast
M12	Multiple primaries when separate/non-contiguous tumors are two or more different subtype/variants in Table 3 (same or different rows)
M13	Single primary when synchronous, separate/non-contiguous tumors are on same row in Table 3
M14	Multiple primaries when separate/non-contiguous tumors are on different rows Table 3 or Combination code in Table 2 and a code from Table 3

15



15

## Breast: Multiple Tumors

Rule	
M15	Single primary (invasive) when in situ tumor diagnosed after an invasive in same breast.
M16	Single primary (invasive) when invasive tumor diagnosed < or equal to 60 days after in situ tumor in same breast
M17	Multiple primaries when invasive tumor occurs >60 days after in situ tumor in same breast
M18	Single primary when non of previous rules apply

16



16



# HISTOLOGY RULES

Breast  
Solid Tumor Rules



17

## IMPORTANT!!!

Note 1: Rules for coding breast histology are different from histology coding rules for all other sites.

**DO NOT USE THESE RULES FOR ANY OTHER SITE THAN BREAST.**

Note 2: Only use this section for one or more histologies within a single tumor.

Note 3: Do not use this section in place of Histology Rules.



18

## Two invasive histologies

- Two histologies within **single** tumor will be either:
  - An NOS and a subtype/variant OR
  - Different histologies

Instructions in priority order:

1. **NOS and a s/v**
  - A. Code s/v (**specific** histology) ONLY when documented >90% of tumor  
 Note: When histology listed as minimal, focus/foci/focal, microscopic then assume other histology comprises >90% of tumor
  - B. Code the **NOS/NST** when s/v is documented to be </= to 90% of tumor or % of s/v is unknown/not doc.

19



19

## Two invasive histologies

### 2. **Different Histologies**

- A. Code histology which comprises majority of tumor.

Note 1: DOES NOT APPLY to:

- invasive NST/ductal and lobular ca (use 8522/3)
- Mucinous carcinoma and a different histology
- Metaplastic carcinoma, NOS and s/v and invasive carcinoma NST (see rules)

Note 2: Following terms **do not** describe majority of tumor.

Architecture · Component · Differentiation\* · Features (of)\* · Foci, focus, focal  
 · Pattern(s) · Subtype · Type · Variant

\*Unless exact ICD-O term that includes Differentiation or features

- B. Code a combination code using Table 2 when majority is unknown/not documented.

20



20

## Two invasive histologies

### 2. Different Histologies

- B. Code a combination code using Table 2 when majority is unknown/not documented
- Do not code apocrine carcinoma when stated as differentiation or features
  - Apocrine differentiation frequently present in carcinoma NST, lobular NOS

21



21

## Ambiguous Terminology

3. Code specific histology when described by ambig term ONLY when A or B is true:
- A. The only diagnosis available is one histology described by ambig term
- COC and SEER require reporting of cases diagnosed only by ambig terms
  - Case is accessioned based on ambig term and no other info available
- B. There is an NOS histology and a more specific (s/v) described by ambig term
- Specific histology is clinically confirmed by physician OR
  - Pt is receiving treatment based on specific histology described my ambig term.

**If specific histology does not meet criteria in #3B, then code NOS histology.**

List of Ambig Terms pg 48

22



22

## Important Notes

1. Code histology diagnosed prior to neoadjuvant treatment. \*exception below
2. Code histology using priority list and histology rules.

**\*\*Do not change histology in order to make case applicable for staging.\*\***

\*Exception: If the initial diagnosis is based on histology from FNA, smears, cytology, or from a regional or metastatic site, and neoadjuvant treatment is given and followed by resection of primary site which identifies a different or specific histology, code the histology from the primary site. For breast primaries, you cannot determine if histology comprises greater than 90% of the tumor by these diagnostic methods.



23



23

## Priority order to identify histology

1. Tissue or path report from primary site
  - A. Addendum
  - B. Final dx
  - C. CAP
2. Cytology (FNA or nipple discharge)
3. Tissue/path from metastatic site
4. Radiography (not reliable identifying spec histologies)
5. Physician: when none of the above are available.

24



24

## Headings for Histology Rules

Note 1: DCIS is often multifocal/multicentric; use this module

Note 2: Subtypes/variants, architecture, pattern and features ARE NOT CODED.  
Majority of in situ tumors will be DCIS 8500/2.

- Single tumor: In Situ Only
  - H1-H7
- Single Tumor: Invasive and In Situ Components
  - H8: Code the invasive (ignore in situ term)
- Single Tumor: Invasive only
  - H9-H19
- Multiple Tumors abstracted as a Single primary
  - H20-H27

25



25



26



26

## Case #1

6/8/20 Screening mammo: 2.5 cm progressive retroareolar focal asymmetry on the right.

6/22/20 US Breast: 2.7 cm lobulated predominantly solid mass at 11:00 rt periareolar breast.

Procedures:

6/28/20 US guided Rt breast bx.

7/17/20 Rt breast lumpectomy with Rt SLNB.

7/27/20 Re-excision rt nipple and margins.

Pathology:

6/28/20 Rt breast 11:00 bx: Mucinous (colloid) carcinoma.

7/17/20 Rt breast lumpectomy with Rt SLNB: 35 mm invasive mucinous carcinoma, grade 2. No DCIS. Positive margins. No LVI. 0/1 SLN. pT2N0.

7/27/20 Re-excision of margins: Paget's disease of nipple. Margins neg.

27



27

## Answers

Case #1 Paget

Field	Code	Resource/Rule
How Many Primaries		
Primary Site		
Histology		
Primary Site		
Histology		

28



28

## Answers

### Case #1 Paget

Field	Code	Resource/Rule
How Many Primaries	Multiple	M9
Primary Site	C501	11:00 periareolar
Histology	8480/3	H11
Primary Site	C500	Nipple
Histology	8540/3	

29



29

## Case #2

**IMAGING:** 2/7/20 Bil mammo: Microcalcifications UOQ LT breast. Mildly enlarged LT axillary LN. LT breast U/S: 13-mm mass 3 o'clock. 2.7-cm enlarged LT Abnl axillary LN, likely adjacent 9-mm Abnl LN. Bx recommended of presumed CA 3 o'clock and mets axillary LN.

2/8/20 Bil breast MRI: LT breast coalescing masses posterior central 6-cm, separate 11-mm enhancing mass 6 o'clock suspicious for CA; tumor extension into nipple, associated dermal involvement. Diffuse skin thickening. At least 5 LT enlarged axillary LNS, largest 3-cm suspicious for mets. RT breast/LN Neg.

2/14/20 MRI brain: Neg.

2/17/20 PET: Known inflammatory CA extends to skin, involves nipple, 1-2 o'clock adjacent skin. Malignant LT axillary LAD 1.8-cm. Additional borderline indeterminate LNS high LT axilla posterior to pectoralis minor muscle. Otherwise Neg.

3/4/20 CT Chest: Known inflammatory breast CA with skin thickening, malignant-appearing enlarged 2.5-cm LT axillary LN.

**PROCEDURE:** 2/8/20 U/S-guided LT breast BX of 12 o'clock mass noting 2 masses identified NOS; LT axillary LN Bx x1 (not documented as a SLN).

2/9/20 Bx LT nipple skin and of skin below LT nipple.



30

## Case #2

PATHOLOGY: 2/08/20 LT breast 12 o'clock Bx: Focal high-grade DCIS, tiny foci of invasive ductal type carcinoma Nottingham G2 of 3. LT axilla LN: 1.4-cm mets ducal carcinoma of breast primary. LVI not documented.

2/9/20 LT nipple skin and skin below nipple BX: Benign.

5/30/20 LT breast: Invasive ductal carcinoma residual TS 41-mm G2/3. Pos LVI. Scattered DCIS foci largest 18-mm accounting for 19% of residual tumor. Nipple dermis Pos for focal invasive carcinoma. 1/2 mammary LNS Pos for 3.5 mm mets LT axillary LN dissection: 2/22 Pos for mets; 4 LNs Pos for ITCs up to 1.5-mm. Focal extracapsular LN extension. Treatment effect present in LNS with micromets, ITC's. Medial/lateral skin excision: Neg. Extensive treatment effect.

2/9/20 Onc consult: Bx EW Pos DCIS, foci of invasive ductal carcinoma, Pos LN mets; cutaneous findings of inflammatory breast carcinoma. 2/16/20 Onc F/U: Plan neoadjuvant chemo, surgery, adjuvant RTx/hormone.

31



31

## Answers

Case #2 IBC

Field	Code	Resource/Rule
How Many Primaries		
Primary Site		
Histology		
Primary Site		
Histology		

32



32

## Answers

Case #2 IBC

Field	Code	Resource/Rule
How Many Primaries	Single	M2=M6
Primary Site	C509	
Histology	8500/3	H10
Primary Site		
Histology		

33



33

## Case #3

48 YO WHITE FEMALE WHO UNDERWENT SCREENING MAMMO, FOUND TO HAVE SPICULATED MASS UOQ RT BREAST.NO SKIN CHANGES/NIPPLE DISCHARGE.BX PROVED RT BREAST CA.

8-8-20 U/S RT BREAST: IN 3:00 POSITION OF RT BREAST IS AN IRREG SHADOWING MASS WHICH IS CONCERNING FOR MALIG.

8-31/20 MASTECTOMY, WIRE LOCALIZED PARTIAL MASTECTOMY, LATERAL RT BREAST AUTOLOGOUS RECONSTRUCTION, RT AXILLARY SENTINEL LYMPH NODE BIOPSY

8-8-20 RT BREAST U/S GUIDED NEEDLE BX: INV MAMMARY CA W/ LOBULAR FEATURES.NOTTINGHAM GRADE II/III (TUBULES-2, NP-2, MC-1, SCORE-5). SIZE OF INV COMPONENT 1.8cm (MEASURED ON SLIDE).NO LVI.NO DCIS.

8-31-20 RT BREAST PARTIAL MASTECTOMY W/AXILLARY NODE,SLNB: INV CA NST UOQ RT BREAST.GRADE 2(GLANDULAR-3,NP-2,MITOTIC-1,SCORE-6).TUMOR SIZE 21mm.NO DCIS.LCIS PRESENT.NO LVI.MARG NEG.0/3 NODES NEG.0/2 SENTINEL NODES NEG. pT3,pN0

34



34

## Answers

Case #3

Field	Code	Resource/Rule
How Many Primaries		
Primary Site		
Histology		
Primary Site		
Histology		

35



35

## Answers

Case #3

Field	Code	Resource/Rule
How Many Primaries	Single	M3
Primary Site	C504	
Histology	8500/3	H14, Table 3
Primary Site		
Histology		

36



36

## Case #4

10-31-19 LT BREAST IMAGE STEREOTACTIC GUIDED BX: INV LOBULAR CA GRADE 2/3.TUMOR INV 10% SUBMITTED TISSUE. LCIS PRESENT W/ SIGNET RINGS AND MICROCALCIFICATIONS.

1-8-20 TOTAL LT MASTECTOMY: INV LOBULAR CA LIQ LT BREAST.NOTTINGHAM GR 3(GLANDULAR-3, NUCLEAR-2, MITOTIC-3, SCORE-8). TUMOR SIZE 22mm. NO DCIS. LCIS PRESENT. NO LVI. MARG NEG. 0/1 SENTINEL NODE NEG. pT1bpN0

10/31/19 INVAS LOBULAR CA, GR 2/3, L BREAST. LCIS, HIGH NUCLEAR GR W/SIGNET RING CELLS & MICROCALCIFICATION.

1/8/20 1 L SENTINEL L/N NEG. INVAS LOBULAR CA, GR 3, L BREAST. 22MM, NOTTINGHAM 8, NO LVI OR DERMAL LVI.PLEOMORPHIC LOBULAR CA IN SITU W/NECROSIS.7MM.MARG NEG. PT2N0.

37



37

## Answers

Case #4

Field	Code	Resource/Rule
How Many Primaries		
Primary Site		
Histology		
Primary Site		
Histology		

38



38

## Answers

Case #4

Field	Code	Resource/Rule
How Many Primaries	Single	M3
Primary Site	C503	
Histology	8520/3	H14
Primary Site		
Histology		

39



39

## SEER\*Educate

- Dx 2018-2022 Solid Tumor Rules
  - Breast 1-5



40



40

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



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41

