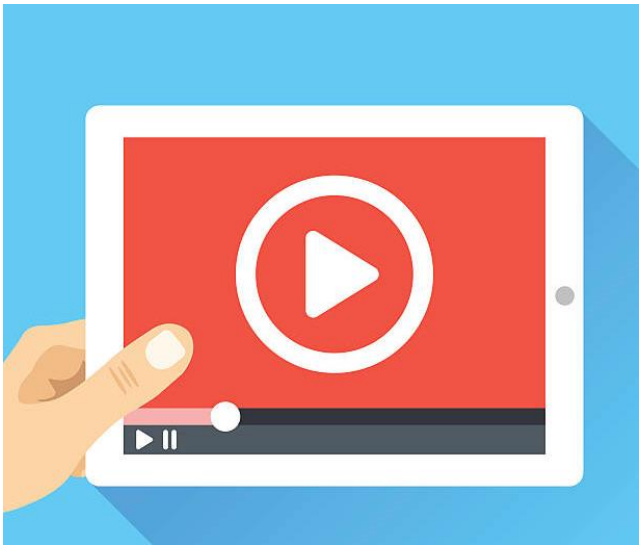

BREAST SOLID TUMOR RULES

Iowa Cancer Registry

VIDEO TRAINING SERIES

Presented by Melissa Riddle, ODS-C

February 2025

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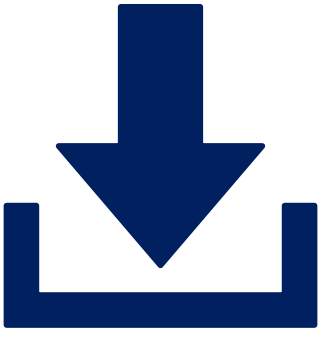

Solid Tumor Rules (STR)

- Use the latest manual as soon as it is released
  - Currently that is the **2025 STR manual**: https://seer.cancer.gov/tools/solidtumor/current/STM_Combined.pdf
  - It is recommended to download this combined manual
  - Be sure to review current changes prior to abstracting a case and using the manual

2

2

Breast STR

- No Special Type (NST), mammary carcinoma NST, and carcinoma NST are new terms for cases 2018+ regarding duct or ductal carcinoma
- Mammary carcinoma = Carcinoma NST/duct carcinoma NOS 8500 (2018+)
- DCIS/Carcinoma NST in situ –
  - Architecture, pattern, and features are NOT coded

3

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NEW 2024

- **LCIS with other types of in situ carcinoma 8524/2** deemed biologically impossible
  - Do **NOT** use this histology for cases 1/1/2024+
- Some histology with individual ICD-O codes are considered synonyms for the NOS
  - Cases diagnosed 1/1/2024+ these are moved from column 3 to column 2
  - These are designated with the symbol **++**

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Terms

And; with

- Used as synonyms when describing **multiple histologies within a single tumor**
- Duct and lobular is **not equal** to duct with lobular

Invasive carcinoma NST with lobular features is **NOT** equal to invasive carcinoma with ductal and lobular features

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Table 1: Primary Site Codes

- Site Term and Code
  - Terms listed are used in mammograms, clinical diagnosis, and less frequently op and path reports to describe tumor location
- Refer to the SEER coding guidelines 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

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Table 2: Histology Combination Codes

- Use **Table 2** when instructed by Histology Rules
- Compare terms in diagnosis to terms in **Column 1**
  - When terms **match** use combination code in **Column 2**
- Use combination codes **ONLY** for single tumor **OR** multiple abstracted as single
- Last resort code – 8255 for mixed histologies

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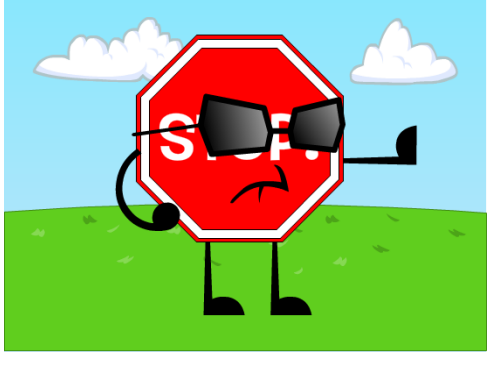

Do not use Table 2…

- 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]

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Table 2: Combination Histology

- 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 'features' are not coded.
  - Additional combinations for 8522/3:
    - Intraductal and lobular carcinoma or pleomorphic lobular ca
    - Infiltrating duct and LCIS or pleomorphic LCIS
    - Infiltrating lobular carcinoma and DCIS

DO NOT USE 8522:

- Diagnosis is carcinoma NST/duct carcinoma **with** lobular differentiation.

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Table 2: Combination Histology

- **2024 Update**
  - Lobular carcinoma **AND**
  - Any histology in *Table 3* **EXCEPT** a duct/ductal s/v or Paget disease
    - Infiltrating lobular mixed w/ other types of carcinoma 8524/3
    - For LCIS mixed with other types of in situ carcinoma
      - See **H7** and **H8** for coding histology

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Table 3: Specific Histologies 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

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Table 3: Specific Histologies

Specific/NOS	Synonym	Subtype/Variant
Carcinoma NST 8500 **Note**: Cribriform carcinoma may consist of up to 50% tubular formations; term cribriform/tubular carcinoma is coded cribriform carcinoma	Carcinoma NOS Duct/ductal carcinoma w/ lobular features Duct/Ductal carcinoma NST Invasive mammary carcinoma with lobular features **8500/3** Invasive solid carcinoma/adenocarcinoma **8500/3++ (cases diagnosed 1/1/2024+)**	Carcinoma w/ osteoclastic-like stromal giant cells **8035** Cribriform carcinoma/ductal carcinoma, cribriform type **8201/3**; Cribriform carcinoma in situ **8201/2** Pleomorphic carcinoma **8022/3** DCIS, solid type/intraductal carcinoma, solid type **8230/2**; Solid carcinoma/solid adenocarcinoma **8230/3**++ (**cases diagnosed prior to 1/1/2024 only, applies to invasive only**)

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Table 3: Specific Histologies

- 2025 STR Update:
  - **New rows added** –
    - Neuroendocrine carcinoma NOS 8246/3 and s/v
    - Neuroendocrine tumor NOS 8240/3 and s/v
  - **Deleted Small Cell Carcinoma** (8041) **row**
    - Included in NEC row

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MULTIPLE PRIMARY RULES

BREAST

SOLID TUMOR MANUAL

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"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

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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

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M Rules

Unknown if Single or Multiple Tumors

- **M1** – Single Primary

Single Tumor

Important Note:
Current tumor **preceded** by a tumor in same or contralateral breast – go to **Multiple Tumors**

- **M2** – Single: Inflammatory carcinoma in multiple quadrants same breast **OR** Bilateral breasts
- **M3** – Single: Single tumor = Single Primary

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M Rules – Multiple Tumors

M4

- **MULTIPLE:** separate, non-contiguous tumors in sites with ICD-O site codes that differ at second, C**X**xx, and/or third character cx**X**x

M5

- **MULTIPLE**: subsequent tumor after being clinically disease free for **greater than 5 years**
  - Subsequent tumor is in the **SAME** breast
  - Recurrence less than 5 years, the time starts over
  - Unknown if there had been a recurrence – use date of diagnosis to calculate

M6

- **SINGLE**: Inflammatory carcinoma in multiple quadrants of same breast **OR** bilateral breast

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M Rules - Multiple Tumors

M7
- **MULTIPLE**: Bilateral breast cancer (both right & left breast)

M8
- **SINGLE**: Paget disease WITH synchronous underlying carcinoma NST/Duct/Duct s/v

M9
- **MULTIPLE**: Paget disease WITH underlying tumor that is NOT duct

M10
- **SINGLE**: Multiple tumors of carcinoma NST/duct and lobular in SAME breast
  - All tumors mix of carcinoma NST/duct and lobular **OR**
  - One tumor duct and another lobular **OR**
  - One mixed duct and lobular and other either duct or lobular

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M Rules - Multiple Tumors

M11
- **SINGLE**: Ductal CA after a combination code in **SAME** breast
  - See list in manual for combination codes

M12
- **MULTIPLE**: separate, non-contiguous tumor are 2+ different subtype/variant in *Table 3*

M13
- **SINGLE**: synchronous, separate tumors on **SAME row** *Table 3*

M14
- **MULTIPLE**: separate, non-contiguous tumors on **DIFFERENT** rows *Table 3* **OR** Combination code *Table 2* and code on *Table 3*

M15
- **SINGLE**: in situ tumor diagnosed **AFTER** an invasive tumor in **SAME** breast

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M Rules - Multiple Tumors

M16
- **SINGLE**: Invasive diagnosed less than or equal to 60 day after an in situ tumor in **SAME** breast

M17
- **MULTIPLE**: Invasive tumor occurs more than 60 days after an in situ tumor in **SAME** breast

M18
- **SINGLE**: none of the other rules apply
  - Rule of last resort – review the rules again to confirm this is correct

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Case Scenario 1

5/10/2020 L breast, LOQ, lumpectomy – LCIS (8520/2) – in registry DB

8/19/2024 L breast, UIQ, lumpectomy – IDC (8500/3)

How many primaries?

Single

Rule:

M10

22

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Case Scenario 1

	2020 Case	Updated 2024
Date of Diagnosis	5/10/2020	(no update)
Primary Site	C504	(no update)
Histology	8520/2	**8522/3** (H28)
Date of 1st Recurrence		**8/19/2024**
Type of 1st Recurrence		**16**

Per AJCC: information associated with AJCC staging, which includes grade, ER/PR, HER2, must remain as they were at the original diagnosis. The stage should reflect the treatment that was given at that original time.

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Case Scenario 2

3/4/2024 R breast total mastectomy: encapsulated papillary carcinoma with invasion, 0.9cm; solid papillary carcinoma with invasion, 1cm; 0/3 SLN

How many primaries?

Multiple

Rule:

M12

24

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Case Scenario 2

Specific and NOS/NST Terms and Code	Synonyms	Subtypes/Variants
Neuroendocrine tumor NOS 8240/3	Carcinoid of breast Neuroendocrine carcinoma, low grade/neuroendocrine carcinoma, well differentiated Neuroendocrine tumor, grade 1	Neuroendocrine tumor, grade 2 **8249/3**
Oncocytic carcinoma 8290		
Paget disease of the nipple with no underlying tumor 8540		
Papillary carcinoma 8503	Intraductal papillary carcinoma **8503/2*** Intraductal papillary carcinoma with DCIS **8503/2*** Intraductal papilloma with ductal carcinoma in situ **8503/2** Invasive ductal papillary carcinoma **8503/3** Invasive papillary carcinoma **8503/3** Papillary carcinoma of breast, NOS **8503/3** Papillary carcinoma non-invasive **8503/2*** Papillary ductal carcinoma in situ **8503/2***	Encapsulated papillary carcinoma, NOS/non-infiltrating/intracystic **8504/2** with invasion/ with invasive carcinoma, NST/invasive duct carcinoma **8504/3** Micropapillary carcinoma **8507*** Tall cell carcinoma with reverse polarity **8509/3;** Solid papillary carcinoma in situ **8509/2*** with invasion **8509/3***

2 Abstracts:
C509 – 8504/3
C509 – 8509/3

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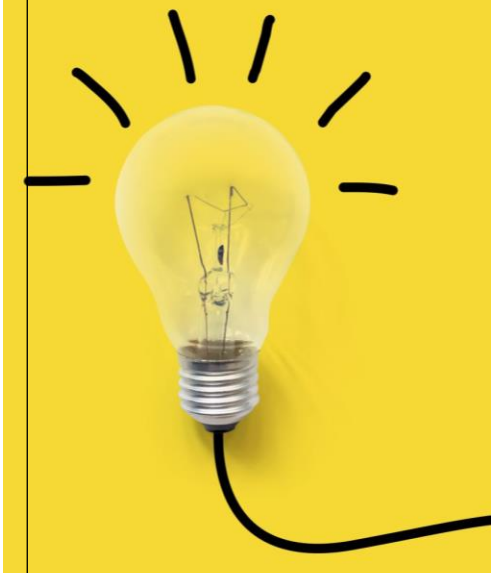

HISTOLOGY RULES

Breast

Solid Tumor Rules

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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 SITE

OTHER 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.

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Two invasive histologies

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

Priority order instructions:

1. NOS and a subtype/variant (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.

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Two invasive histologies – Priority Order

2. Different Histologies
   A. Code histology which comprises majority of tumor.

   Note 1: This instruction **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

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Two invasive histologies – Priority Order

2. Different Histologies cont.

   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/Duct and s/v
        - Lobular carcinoma NOS and pleomorphic LCIS

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Two Invasive Histologies – Priority Order

3. Code specific histology when described by ambiguous 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.

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Identify Histology – Priority Documents

- **Important Notes**:
  1. Code histology **prior** to neoadjuvant therapy

Exception: IF initial diagnosis is based on histology from FNA, core bx, smears, cytology, or from regional/met site and neoadjuvant TX given and followed by resection of primary which identifies a **DIFFERENT or SPECIFIC** histology, code histology from primary

  2. Code histology using following priority order **AND** histology rules
     - Do NOT change histology in order to make the case applicable for staging

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PRIORITY ORDER TO IDENTIFY HISTOLOGY

1. Tissue or path report from primary site
   - Addendum
   - Final dx
   - CAP
2. Cytology (FNA or nipple discharge)
3. Tissue/path from metastatic site
4. Radiography: Mammo, US, CT, MRI
5. Physician: when none of the above are available:
   - Treatment Plan, Document from Tumor Board, Reference to original path, cytology, or scan, Physician reference to histology

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Headings for Histology Rules

Single tumor: In Situ Only (H1-H9)

- 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: Invasive and In Situ Components

- **H10**: Code the invasive (ignore in situ term)
- **H11**: Code duct and lobular 8522/3 when diagnosis is… [see5 bullets, 3 notes]

Single Tumor: Invasive only

- **H12-H22**
  - **H17** Code the histology when only one histology is present. Use Table 3.

Multiple Tumors abstracted as a Single primary

- **H23-H30**

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Single Tumor: In Situ ONLY (NEW 2024+)

H7 – Code: 8520/2

- Combination of LCIS + one histology other than DCIS AND
  - Percentage of LCIS is greater than 50% of tumor OR
  - Percentage of LCIS is unknown/not documented
  - Note: for cases diagnosed before 2024 see rule H9

H8 – Code histology with greater than 50% of tumor

- Two histologies: LCIS + one histology other than DCIS
- Note: for cases diagnosed before 2024 see rule H9

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Case #1

Imaging:
6/8/2024 Screening mammo: 2.5 cm progressive retroareolar focal asymmetry on the right.
6/22/2024 US Breast: 2.7 cm lobulated predominantly solid mass at 11:00 right periareolar breast.

Procedures:
6/28/2024 US guided Right breast biopsy
7/17/2024 R breast lumpectomy with R SLNBX
7/27/2024 Re-excision R nipple and margins

Pathology:
6/28/2024 R breast 11:00 core biopsy: Mucinous (colloid) carcinoma
7/17/2024 R breast lumpectomy with R SLNBX: 35 mm invasive mucinous carcinoma, grade 2. No DCIS. Positive margins. No LVI. 0/1 SLN pos. pT2 N0(sn)
7/27/2024 Re-excision of margins: Paget's disease of nipple. Margins neg.

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Answers

Case #1 Paget

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

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Case #2 – Assume this is a 2024 case

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.

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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.

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Answers

Case #2

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

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Case #3

48yo white female who underwent screen mammo found to have spiculated mass UOQ R breast, no skin change/nipple dischg; bx proved breast cancer

8/8/24 US R breast: 3:00 irreg shadowing mass concern for malig

8/31/24 wire localized R breast partial mastectomy autologous reconstruction, R axilla SLN bx

8/8/24 R breast, biopsy: inav mammary ca with lobular features; Nott grade 2/3; size invasive component 1.8cm; no LVI; no DCIS

8/31/24 R partial mastectomy w/ axilla SLN bx: Inv carcinoma NST in UOQ, Grade 2; Tumor size: 21mm; No DCIS or LCIS; 0/5 LN

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Answers

Case #3

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

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Case #4

Pathology:

10/31/2024 Lt breast stereotactic guided biopsy: LCIS and intraductal papillary carcinoma, high nuclear grade

1/8/2025 Total Lt mastectomy: LCIS and intraductal papillary carcinoma, LIQ Lt breast. High grade; Tumor size 22 mm. No DCIS. No LVI. Margins neg. 0/1 SLN pos.

Assume no neoadjuvant therapy for this example.

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Answers

Case #4

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

48

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SEER*Educate

- **Training | Coding CE's**
  - **Dx 2018-2025 Solid Tumor Rules**
    - Breast cases 1-5

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Questions?
Thank You

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