Breast Abstracting 101 2025 Training

Anatomy & Solid Tumor Rules

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ICR Video Training Series: Iowa Cancer Registry
March 2026

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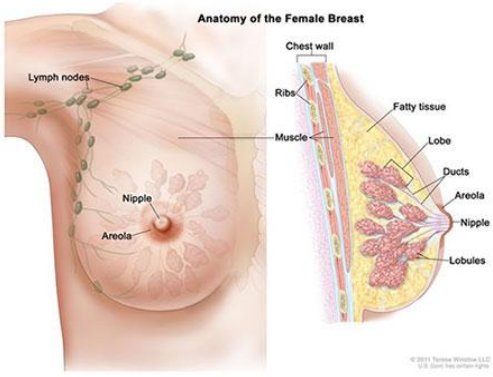
Breast Anatomy



https://training.seer.cancer.gov/images/breast/female-breast-anatomy.jpg

Lobes – 15-20 sections

- Lobules end in tiny bulbs contain milk
- Lobular carcinoma
- Fat covers lobes

Ducts

- Link lobes, lobules, and bulbs
- Ductal carcinoma

Supported and attached to the chest wall on either side of sternum by ligaments

Rest on pectoralis major

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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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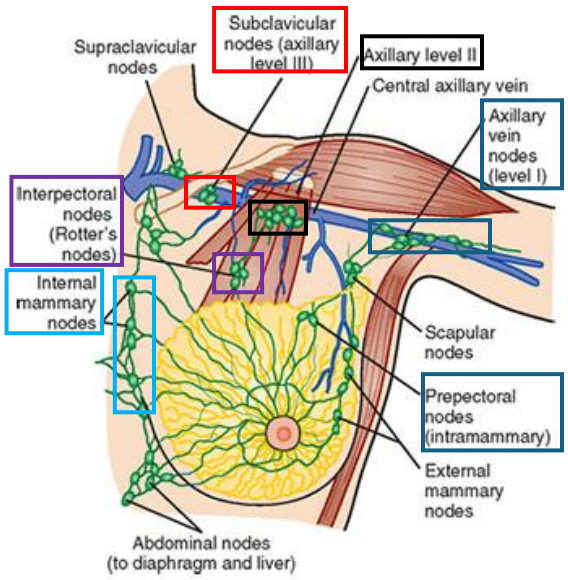
Regional Lymph Nodes of Breast

Draining pathway:

1. Axillary LN
2. Interpectoral LN
3. Internal Mammary



https://training.seer.cancer.gov/images/breast/breast-diagram.jpg

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Coding Laterality

- Laterality must be coded for all subsites
  - Right = 1
  - Left = 2
- Breast primary with pos nodes and no breast mass found:
  - Code laterality to the side with pos nodes

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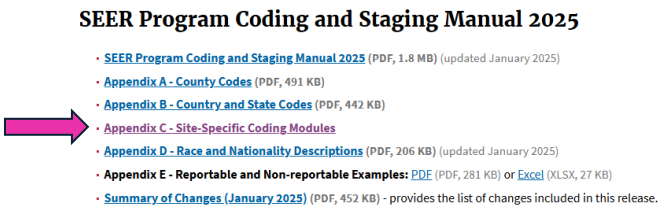
Breast Coding Guidelines

- SEER*Appendix C: Coding Guidelines
  - Site specific coding notes and instructions
    https://seer.cancer.gov/manuals/2024/appendixc.html



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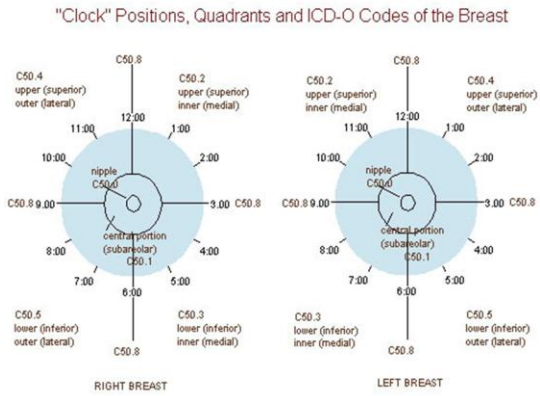
Breast Coding Primary Site

- **SEER Appendix C: Coding Guidelines**
- Code **subsite with invasive tumor** when one site is invasive and other is in situ
- Multifocal tumors all within 1 quadrant code that **quadrant**
- Code primary to **C508** when:
  - Single tumor in 2+ subsite and origin unknown
  - Single tumor at 12, 3, 6, or 9 o'clock position
- Code primary to **C509** when:
  - Multiple tumors (2+) at least 2 quadrants
  - Multiple tumors (2+) located together at 12, 3, 6, or 9 o'clock position
- **C502-C505** preferred over C501
- **C500 & C501** preferred over C508



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STR Breast 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 (previous slides)
- Paget disease:
  - without underlying tumor coded to **C500**
  - with underlying tumor **code to quadrant** of underlying tumor

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STR – Breast Site Group Table 1

Breast Site-group Instructions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)

Table 1: Primary Site Codes

Terms and Descriptive Language	Site Term and Code
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 nipple	Central portion of breast **C501**
Superior inner Superior medial Upper inner quadrant (UIQ) Upper medial	Upper inner quadrant of breast **C502**
Inferior inner Inferior medial Lower inner quadrant (LIQ) Lower medial	Lower inner quadrant of breast **C503**

Example:
Diagnostic mammo/US R breast: 1.2cm mass in the subareolar region, susp for malignancy

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Solid Tumor Rules

2026 STR - Breast

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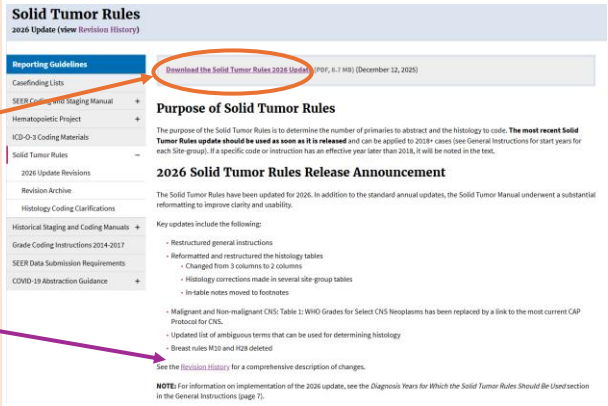
2026 STR

- Download the latest manual
  - https://seer.cancer.gov/tools/solidtumor/
- Review the changes in the Revision History:
  - https://seer.cancer.gov/tools/solidtumor/revisions.html



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Equivalent and Not Equivalent Terms

- Terms: ***and; with***
  - Used as synonyms when describing **multiple histologies within a single tumor**
    - Duct and lobular is **equal** to duct with lobular
  - Invasive carcinoma NST with lobular features (8500) is **NOT equal** to invasive carcinoma with ductal and lobular features (8522)

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Breast Solid Tumor Rules

- Other names for duct or ductal carcinoma beginning 2018+
  - No special type (NST)
  - Mammary NST
  - Carcinoma NST
- Mammary Carcinoma = Carcinoma NST/Duct Carcinoma NOS
  - 8500 (2018+)
- DCIS/Carcinoma NST in situ
  - Architecture, pattern, and features are **NOT** coded

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Histology Tables

Table 2: Combination Codes

Table 3: Specific Histologies, NOS/NST, and Subtypes/Variants

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Table 2: Histology Combination Codes

- Only use this table as instructed by MP and Histology Rules
- Do **NOT** use this table for:
  - Invasive and in situ behaviors
  - One histology is described as differentiation or features
  - NOS term and a S/V of the NOS

(Excludes lymphoma and leukemia M9590 – M9993 and Kaposi sarcoma M9140)

Table 2: Histology Combination Codes

Required Histology Terms	Histology Combination Term and Code
DCIS/duct carcinoma/carcinoma NST **8500 OR** any subtype/variant of carcinoma NST (see Table 3) **AND** LCIS/lobular carcinoma (**8520**) **OR** pleomorphic lobular carcinoma in situ **8519/2**	Duct and lobular **8522** [1] [2] • Invasive duct and in situ lobular **(/3)** [3] • DCIS and invasive lobular **(/3)** • Invasive duct and invasive lobular **(/3)** • Invasive carcinoma with ductal and lobular features ("mixed type carcinoma") **(/3)** [4] • DCIS and LCIS **(/2)** [3]
DCIS/duct carcinoma/carcinoma NST **OR** any ONE subtype/variant of carcinoma NST (see Table 3) **AND** [5] **Any** histology in **Table 3 with exception** of • Lobular carcinoma **8520** and pleomorphic lobular carcinoma in situ **8519 (/2)** • Paget disease **8540**	Invasive carcinoma NST/duct mixed with other types of invasive carcinoma **8523 (/3)** DCIS mixed with other in situ carcinoma **8500 (/2)** [6]

[1] 8522 is used when:
- Duct and lobular carcinoma are present in a single tumor **OR**
- All tumors in the same breast are mixed duct and lobular

[2] **Do not** use when the diagnosis is carcinoma NST/duct carcinoma with lobular **differentiation.**
[3] Includes pleomorphic LCIS
[4] CAP uses the term Invasive carcinoma with ductal and lobular features ("mixed type carcinoma") to indicate both duct and lobular are present. This is an exception to the instruction that features are not coded.
[5] Both histologies **must have** the **same behavior** code.
[6] Prior to 2018, DCIS and other in situ was coded 8523/2.

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Table 3: Specific Histologies, NOS/NST, and Subtypes/Variants

- Use *Table 3* as directed by the Histology Rules
  - Also used to assist in assigning a "working" histology
- Rare histologies may not be in the table
  - If a histology is not found, reference ICD-O and all updates
  - Histology types not found in either submit a question to Ask a SEER Registrar

Table 3: Specific Histologies, NOS/NST, and Subtypes/Variants

Specific or NOS Term, Code, and Synonym(s)	Subtype(s)/Variant(s) and Synonym(s)
Acinic cell carcinoma 8550 • Acinar adenocarcinoma • Acinar carcinoma	
Adenoid cystic carcinoma 8200 • Adenocystic basal cell carcinoma • Carcinoma adenoides cysticum • Cylindromatous carcinoma	
Adenomyoepithelioma with carcinoma 8983 • AME • Malignant AME	Epithelial-myoepithelial carcinoma **8562**
Apocrine carcinoma 8401 [1]	
Carcinoma NST 8500 • Carcinoma NOS • Carcinoma of no special type • Carcinoma NST with choriocarcinomatous features • Carcinoma NST with cribriform features • Carcinoma NST with melanotic features • Carcinoma NST with neuroendocrine features • Carcinoma/Carcinoma NST with signet ring cell differentiation • Ductal carcinoma	Carcinoma with osteoclastic-like stromal giant cells **8035** Cribriform carcinoma **8201 (/3)** • Ductal carcinoma, cribriform type **(/3)** • Cribriform carcinoma in situ **(/2)** Pleomorphic carcinoma **8022 (/3)** Solid carcinoma **8230 (/3)** [2] • Solid adenocarcinoma **(/3)** • Ductal carcinoma in situ, solid type **(/2)** • Intraductal carcinoma, solid type **(/2)**

[1] This is a diagnosis that is **EXACTLY** apocrine carcinoma, **not** a carcinoma NST with apocrine **features**, **differentiation**, or **type**.
[2] Invasive solid carcinoma is coded 8500/3 for cases diagnosed 1/1/2024 forward. Use code 8230 for diagnoses prior to 1/1/2024.

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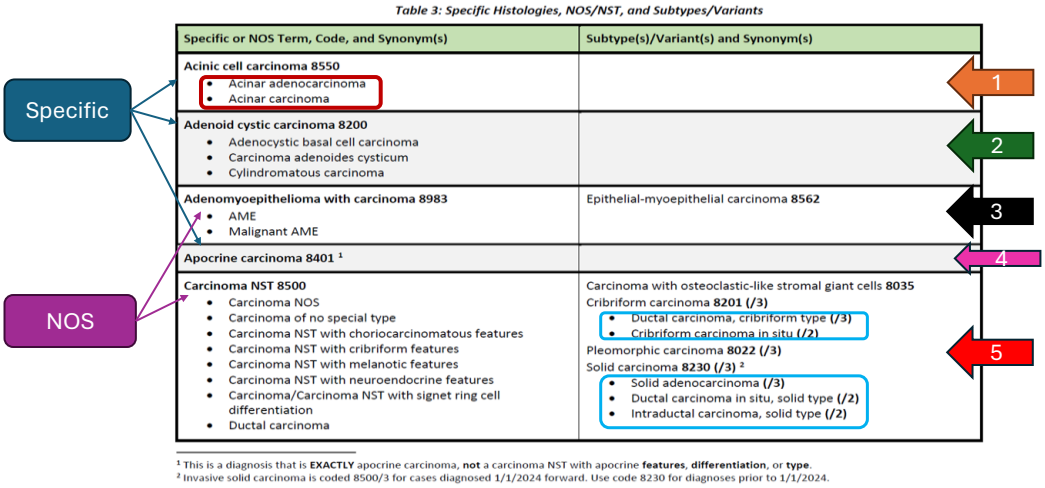
Table 3: Specific Histologies, NOS/NST and S/V



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[1] This is a diagnosis that is **EXACTLY** apocrine carcinoma, **not** a carcinoma NST with apocrine **features**, **differentiation**, or **type**.
[2] Invasive solid carcinoma is coded 8500/3 for cases diagnosed 1/1/2024 forward. Use code 8230 for diagnoses prior to 1/1/2024.

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Multiple Primary Rules

Breast STR

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"Mets" Rule

- Metastatic tumors/sites are not included when determining how many tumors are present.
- 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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Metastasis….don't just throw it out

- Just because there is metastatic disease don't throw out the case
  - Ask yourself…
    - Is there a case in the registry data base with the same primary site/histology?
    - Is the physician referencing a history or previous primary?
    - Is this a totally new primary or abstract?

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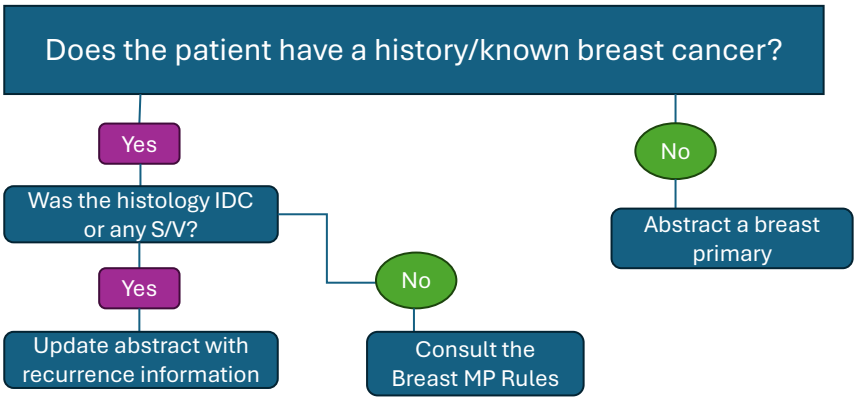
Metastasis Example

Patient has a lung mass, and a biopsy reveals that it is a metastatic invasive duct carcinoma consistent with a breast primary.



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Multiple Primary Rules

- Determine the number of tumors you have
  - Follow the rules in order in the appropriate module
- **Modules**:
  - Unknown if Single or Multiple Tumors
  - Single Tumor
  - Multiple Tumors
- Rules are hierarchical within each module
  - Read each rule and when you find the one that applies to your case **STOP!**
  - Don't continue through the rules

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Unknown if Single or Multiple Tumors

- **M1** – Single Primary
  - Not possible to determine if there is a single tumor or multiple tumors
  - *Note 1*: use this rule only after all information sources have been exhausted
  - *Note 2*: Examples of minimal information include:
    - DCO
    - Limited information based on pathology report only
      - Outpatient biopsy with no follow-up information
      - Multiple pathology reports which don't specify whether a single tumor or multiple tumors were biopsied and/or resected

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Single Tumor Module

IMPORTANT:

- If the current tumor was preceded by a tumor in the same breast or contralateral breast, go to the **Multiple Tumors** module

M2 – Single Primary

- **Inflammatory carcinoma** in multiple quadrants for the same breast **OR** bilateral breast involvement

M3 – Single Primary

- **Single tumor = Single primary**
  - Tumor may overlap multiple subsites or extend into adjacent/contiguous site
  - May have invasive and in situ components; Two or more histologic components

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Multiple Tumors Module

Rules are hierarchical.
Read each rule in the correct module.
When you find the one that applies to your case – **STOP!**
Apply the rule

STOP

Note 1: Multiple tumors may be a single primary or multiple

Note 2: ER, PR, and/or HER2 are NOT used to determine number of primaries

Note 3: Subsequent tumor in the chest wall or surgical scar without evidence of residual breast tissue is regional mets

Note 4: Biomarkers are used to target treatment, not determine the number of primaries or histology

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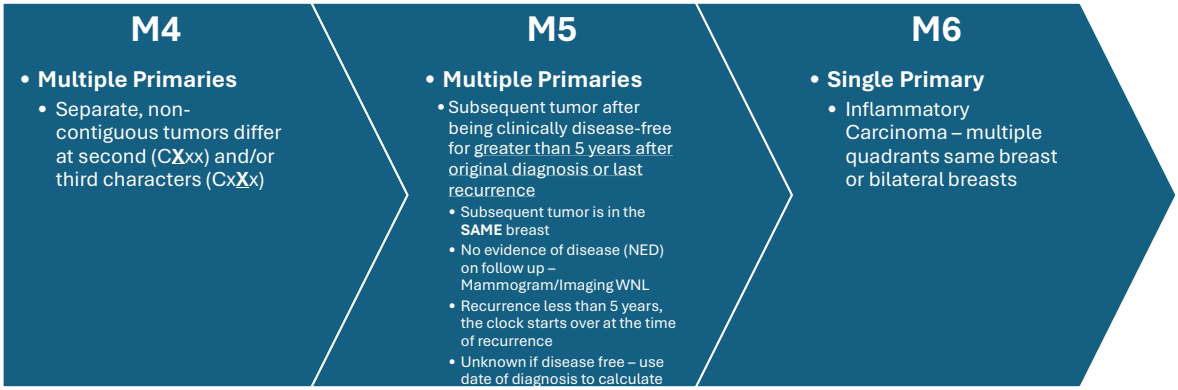
Multiple Tumors



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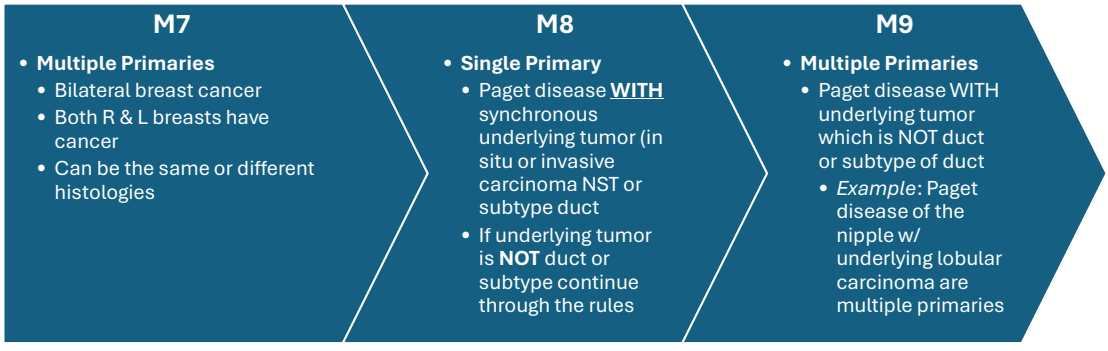
Multiple Tumors



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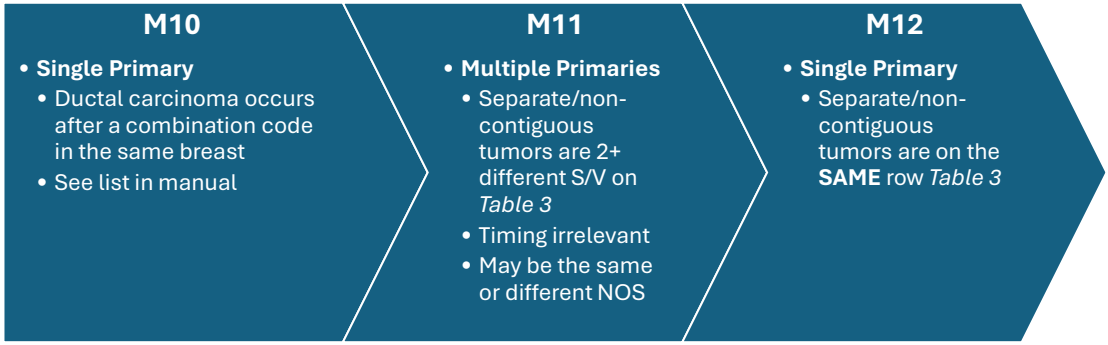
Multiple Tumors



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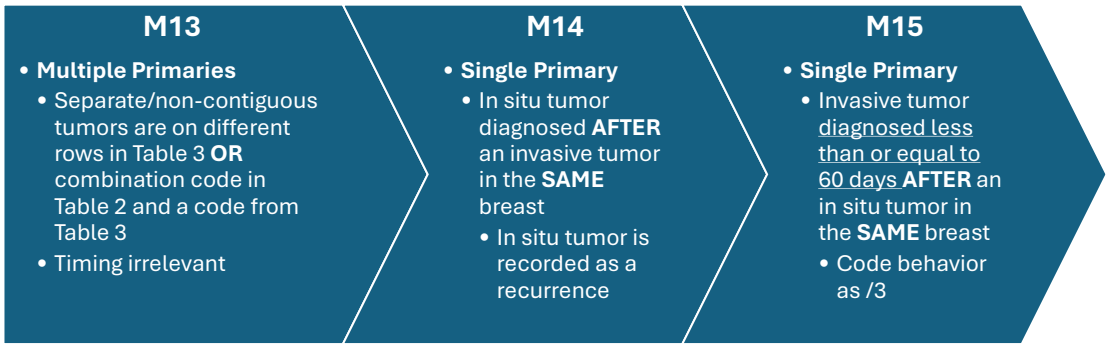
Multiple Tumors



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Multiple Tumors

M16

- **Multiple Primaries**
  - Invasive tumor occurs more than 60 days after an in situ tumor in the SAME breast
    - Abstract both the invasive and in situ tumors separately

M17

- **Single Primary**
  - No other rules apply
  - Rule of last resort
    - Recommend going through the rules again to ensure that one was not overlooked

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Histology Rules

Breast STR

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Documentation Priority Order for Histology

- **Important Notes**:
  - Code the histology diagnosed prior to neoadjuvant therapy
    - *Exception*: if the initial diagnosis is based on FNA, core biopsy, smears, or cytology from the primary site OR based on histology from a regional/metastatic site, and neoadjuvant therapy is given and followed by resection of primary tumor which identifies a different or specific histology, code the histology from the resected specimen
  - Code the histology using the following priority list and Histology Rules

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Documentation Priority Order

1. Tissue or Pathology report from primary site
   A. Addendum(s)/Comment(s)
   B. Final diagnosis/Synoptic report
   C. CAP Protocol
2. Cytology (nipple discharge or FNA primary)
3. Tissue/Pathology form metastatic site (behavior /3)
4. Radiography/Imaging:
   A. Mammography
   B. Ultrasound
   C. CT
   D. MRI
5. Histology documented by the physician
   A. Treatment plan
   B. Tumor board documentation
   C. Reference to original pathology report, cytology, or scan(s)

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Coding Histology Section

- These rules are specific for breast
  - Don't follow for other sites
- This section does **NOT** replace the histology rules
- Only use this section for one or more histologies within a single tumor
  - A NOS and S/V **OR**
  - Different histologies (different rows or subtypes in *Table 3*) **OR** combination code from *Table 2* and a code from *Table 3*

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Coding Histology Section

- **1+ Histologies in a Single Tumor instructions:**
  1. **NOS and a S/V**
     a) Code the S/V **ONLY** when documented to be greater than 90% of tumor
     b) Code the NOS/NST when S/V is less than or equal to 90% or percentage of S/V is unknown/not documented
  2. **Different histologies**
     a) Code the histology that comprises the majority of tumor
        - Does **not** apply to:
          - Invasive carcinoma NST/ductal and lobular carcinoma (8522/3)
          - Mucinous carcinoma and different histology
          - Metaplastic carcinoma, NOS and S/V and invasive carcinoma NST

     b) Code combination code using Table 2 when majority is unknown/not documented

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Coding Histology Section

Ambiguous Terminology			
Appears	Presumed	Likely	Favor(s)
Cannot rule out	Suspicious (for)	Suggestive of	

3. Code the specific histology described by ambiguous term **ONLY** when A or B is true:
   A. The only diagnosis available is one histology term described by ambiguous terms
   B. There is a NOS histology and more specific (S/V) described by ambiguous term
      - Specific histology is clinically confirmed by a physician **OR**
      - Patient is receiving treatment based on the specific histology described by ambiguous term

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Coding Histology Section

Definitive Terminology		
Comparable with	Compatible with	Consistent with
Most likely	Probable	Typical (of)

- *Table 5* includes a list of Definitive Terminology
  - These terms were previously in the ambiguous terminology list
  - These terms do NOT require clinical verification of the S/V

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Histology Rules Modules

- **Single Tumor**: In Situ Only
- **Single Tumor**: Invasive and In Situ Components
- **Single Tumor**: Invasive Only
- Multiple Tumors Abstracted as a Single Primary

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Single Tumor: In Situ Only

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

Note 2: Architecture, pattern, and features are NOT coded, majority of in situ tumors will be coded to DCIS 8500/2

40 ***Note 3***: The terms type, subtype, or variant may be included in the WHO preferred term (see Table 3 for these histologies)

H1
- Code Paget dz in situ 8540/2
  - Diagnosis is exactly Paget dz in situ

H2
- Code histology when only one histology is present

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Single Tumor: In Situ Only

H3
- DCIS and LCIS – 8522/2

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H4
- DCIS and in situ Paget - 8543/2

H5
- DCIS and other carcinoma in situ 8500/2 (see *Table 2*)

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Single Tumor: In Situ Only

H6
- LCIS and Pleomorphic LCIS – **8519/2**

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H7
- LCIS and one histology other than DCIS – **8520/2**
  - Percentage of LCIS is greater than 50% OR
  - Percentage of LCIS is unknown/not documented

H8
- 2 histologies are LCIS and any histology other than DCIS – **code histology more than 50%**

H9
- **Code histology from *Table 2*** when there are multiple in situ histologies (2+) in a single tumor
  - Rule does **NOT** apply to DCIS

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Single Tumor: Invasive and In Situ Components

H10

- Both invasive and in situ components are present in a single tumor – **code invasive histology**

H11

- **Code 8522/3** when final diagnosis is:
  - Intraductal and invasive lobular carcinoma (include pleomorphic)
  - Infiltrating duct and LCIS
  - Infiltrating duct and pleomorphic LCIS
  - ILC and DCIS
  - Infiltrating pleomorphic lobular carcinoma and DCIS

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Single Tumor: Invasive Only

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H12

- **Code Paget disease 8540/3** when diagnosis is exactly Paget disease
  - No underlying tumor

H13

- **Code underlying tumor** when there is diagnosis of inflammatory carcinoma

H14

- **Code 8480/3** when diagnosis is
  - Exactly mucinous carcinoma or mucinous duct carcinoma **OR**
  - Multiple histologies and mucinous carcinoma is more than 90%

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Single Tumor: Invasive Only

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H15
- **Code primary invasive histology** when there is carcinoma with signet ring cells or signet ring differentiation

H16
- **Code metaplastic carcinoma, NOS or S/V** when invasive carcinoma NST or invasive lobular carcinoma with metaplastic carcinoma

H17
- **Code histology** when only one histology is present

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Single Tumor: Invasive Only

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H18
- **Code 8522/3** when invasive carcinoma NST/duct carcinoma and invasive lobular carcinoma (incl invasive pleomorphic lobular carcinoma)

H19
- **Code S/V ONLY** when there is a NOS/NST and S/V **and** the S/V is greater than 90% of tumor

H20
- **Code NOS/NST** when there is a NOS/NST and S/V **and** S/V is less than or equal to 90% or percentage unknown/not documented

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Single Tumor: Invasive Only

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H21

- **Code histology that comprises greater than 50%** of tumor when 2 histologies are:
  - On different rows in Table 3 **OR**
  - Different subtypes of the same NOS **OR**
  - Combination code from Table 2 and code from Table 3

H22

- **Code combination code from *Table 2*** when there are 2 histologies within a single tumor and majority of histology is unknown/not documented

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Multiple Tumors Abstracted as a Single Primary

Note 1: DCIS is often multifocal/multicentric use the Single Tumor: In Situ module
Note 2: Use MP rules first to ensure multiple tumors are abstracted as a single primary

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H23

- **Code underlying tumor** when there is a diagnosis of IBC

H24

- Code Paget disease and ductal carcinoma as follows:
  - Pathology specifies Paget dz as invasive or behavior not documented **AND**
  - Underlying tumor is:
    - Invasive carcinoma NST/duct carcinoma **8541/3**
    - DCIS **8543/3**

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Multiple Tumors Abstracted as a Single Primary

H25

- Code **Paget disease and DCIS 8543/2** when
  - Paget dz is specified as in situ w/ underlying DCIS

H26

- **Code histology** when only **one histology** is present in **ALL** tumors

H27

- **Code the invasive histology** when there are both invasive and in situ histologies

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Multiple Tumors Abstracted as a Single Primary

H28

- **Code NOS/NST** when there is a NOS/NST and S/V
  - Mixed in all tumors **OR**
  - Separate tumors with different histologies

H29

- **Use combination code** when there are 2 histologies within all tumors
  - Use *Table 2*

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Case 1

Imaging:

6/8/2026 Screening mammo: 2.5 cm progressive retroareolar focal asymmetry on the right.

6/22/2026 US Breast: 2.7 cm lobulated predominantly solid mass at 11:00 right periareolar breast.

Procedures:

6/28/2026 US guided Right breast biopsy

7/17/2026 R breast lumpectomy with R SLNBX

7/27/2026 Re-excision R nipple and margins

Pathology:

6/28/2026 R breast 11:00 core biopsy: Mucinous (colloid) carcinoma

7/17/2026 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)

7/27/2026 Re-excision of margins: Paget's disease of nipple. Margins neg.

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Case 1 – Answer Sheet

	Code	Resource/Rule
How many primaries/abstracts?		
Sequence		
Primary Site		
Histology/Behavior		
Sequence		
Primary Site		
Histology/Behavior		

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Case 2

Imaging:

2/7/26 Bilt mammo: microcalcifications, UOQ, L breast; mild enlg L axilla LN

2/7/26 L breast US: 13mm mass, 3:00; 2.7cm enlg L axilla LN, likely adj 9mm abn LN

2/8/26 MRI Breast: L breast masses post central 6cm, separate 11mm mass 6:00 susp cancer; tumor extend into nipple, assoc dermal involvement; diffuse skin thickening; at least 5 enlg L axilla LN, lgst 3cm, susp for met dz

2/17/26 PET: known inflammatory carcinoma extend to skin, involve nipple, 1-2:00 adj skin; malig L axilla LAD, 1.8cm;

Procedures:

2/8/26 L breast, 12:00, US guide bx, noting 2 masses; L axilla LN bx

- **Pathology**: Focal high-grade DCIS, tiny foci of IDC, Nottingham grade 2; L axilla LN bx: met ductal carcinoma of breast primary

2/9/26 Bx L nipple skin and skin below L nipple

- **Pathology**: benign, no malig

5/30/26 L breast, mastectomy

- **Pathology:** IDC, residual 41mm, grade 2; scatter DICS lgst 18mm; nipple dermis: focal invasive carcinoma; 3/24 axilla LN involved;

Oncology:

2/9/26 Consult: Patient w/ positive DCIS, foci invasive duct carcinoma, nodal mets; cutaneous findings of inflammatory breast carcinoma

2/16/26 Follow up: plan neoadjuvant chemo, surgery, adjuvant RT and HRT

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Case 2 – Answer Sheet

	Code	Resource/Rule
How many primaries/abstracts?		
Sequence		
Primary Site		
Histology/Behavior		
Sequence		
Primary Site		
Histology/Behavior		

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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

8/8/26 US R breast: 3:00 irreg shadowing mass concern for malig

8/31/26 wire localized R breast partial mastectomy autologous reconstruction, R axilla SLN bx

Pathology:

8/8/24 6 breast, biopsy: inav mammary ca with lobular features; Nott grade 2/3; size invasive component 1.8cm; no LVI; no DCIS

8/31/26 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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Case 3 – Answer Sheet

	Code	Resource/Rule
How many primaries/abstracts?		
Sequence		
Primary Site		
Histology/Behavior		
Sequence		
Primary Site		
Histology/Behavior		

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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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Case 4 – Answer Sheet

	Code	Resource/Rule
How many primaries/abstracts?		
Sequence		
Primary Site		
Histology/Behavior		
Sequence		
Primary Site		
Histology/Behavior		

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SEER*Educate Cases

- **Training – Coding CEs**
  - Dx 2026-2026 Solid Tumor Rules
    - Breast cases 1-5

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Questions? Contact me.

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