



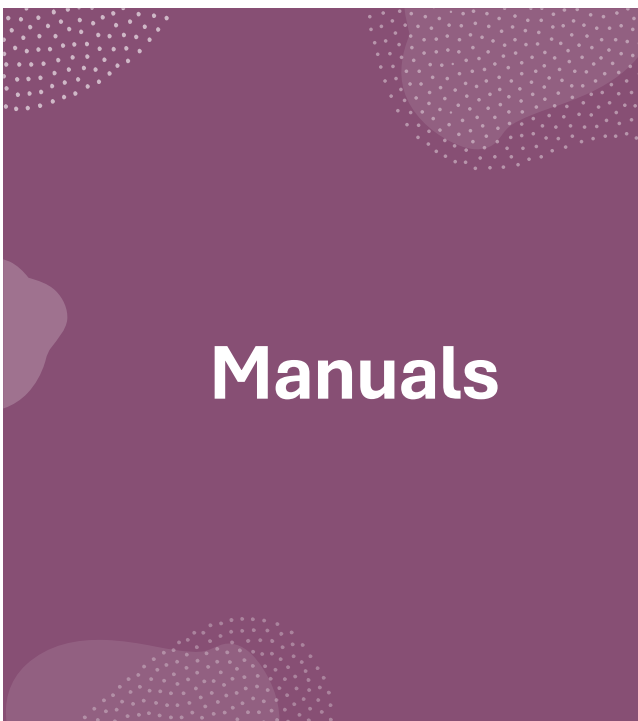
Breast Abstracting 101 2025 Training

EOD & SEER Summary

Presented by Melissa Riddle, ODS-C
ICR Video Training Series: Iowa Cancer Registry
March 2026

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Manuals

- **2025 Manuals = v3.2**
 - EOD
 - General Instructions:
<https://seer.cancer.gov/tools/staging/eod/>
 - Site Specific – SEER*RSA
 - https://staging.seer.cancer.gov/eod_public/home/3.2/
 - Summary Stage
 - General Instructions:
<https://seer.cancer.gov/tools/ssm/>
 - Site Specific – SEER*RSA
 - https://staging.seer.cancer.gov/eod_public/home/3.2/

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Primary Tumor

EOD
Summary Stage

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Notes

Dimpling/Tethering

- Changes to the skin like dimpling, tethering, and nipple retraction are caused by tension on Cooper's ligament(s), NOT actual skin involvement
- Classification is not altered

Extension to skin or subcutaneous tissue

- When the terms adherence, attachment, fixation, induration, and thickening which are clinical evidence of involvement of skin/subcutaneous tissue

Fixation, NOS

- "Fixation" is involvement of pectoralis muscle

Inflammatory carcinoma

- Clinical description of inflammation, erythema, peau d'orange, or other terms describing skin changes without a stated diagnosis of inflammatory carcinoma is extensive skin involvement

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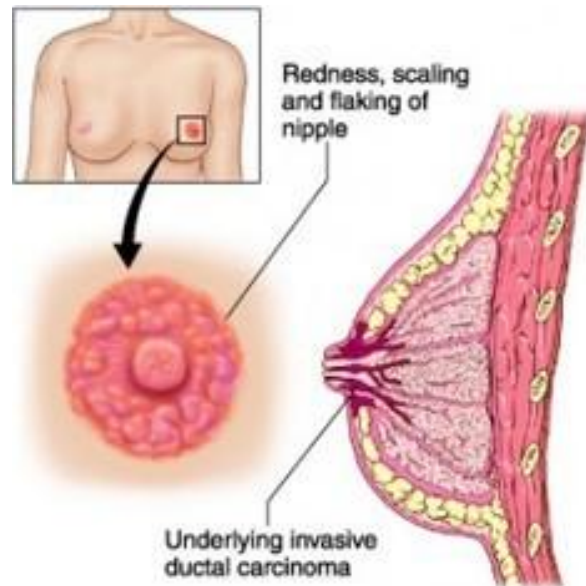
Non-invasive/In-Situ

Description	EOD Primary Tumor	Summary Stage
In situ; noninfiltrating; intraepithelial Intraductal without infiltration	000	0
Paget disease of nipple WITHOUT underlying tumor	Behavior /2 = 050	0
Paget disease of nipple WITH underlying DCIS tumor	Behavior /2 = 070	0
Paget disease of nipple WITHOUT underlying tumor	Behavior /3 = 050	1
Paget disease of nipple WITH underlying tumor DCIS tumor	Behavior /3 = 070	1

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Paget's Disease of Nipple



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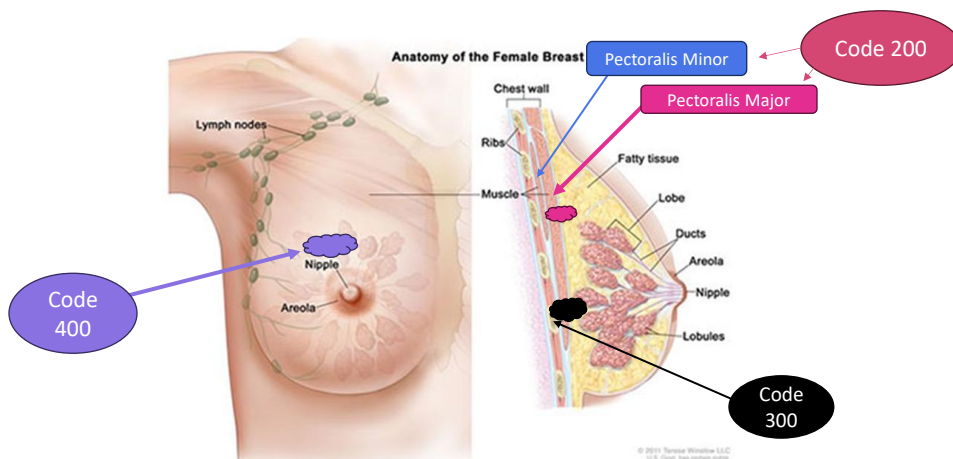
Invasive Tumor

Description	EOD PT	SS
Any size tumor confined to breast tissue and fat including nipple and/or areola Localized, NOS Excludes: skin invasion of breast, nipple, and areola	100	1
Any size tumor attached/fixation to pectoralis muscle(s); deep fixation; invasion of pectoralis fascia/muscle or subcutaneous extension	200	2
Invasion of (fixation to) chest wall; intercostal or serratus anterior muscle; contiguous involvement ipsilateral rib(s)	300	2
Extensive skin involvement WITHOUT stated dx of inflammatory carcinoma WITH/WITHOUT dermal lymphatic invasion *see list of terms	400	2

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EOD Primary Tumor



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

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Invasive Tumor – Inflammatory Carcinoma

Description	EOD PT	SS
<u>Diagnosis of Inflammatory Carcinoma</u> WITH clinical description of inflammation, erythema, edema, peau d'orange, etc. Involves less than 1/3 (33%) skin of breast or percent NOT stated WITH/WITHOUT dermal lymphatic invasion (see terms list)	450	2
Codes 300 + 400 or 450	500	2
<u>Diagnosis of Inflammatory Carcinoma</u> WITH clinical description of inflammation, erythema, edema, peau d'orange, etc. Involves more than 1/3 (33%) skin of breast WITH/WITHOUT dermal lymphatic invasion (see terms list)	600	2
Stated " <i>inflammatory carcinoma</i> " with no other information	700	2

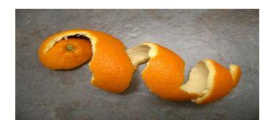
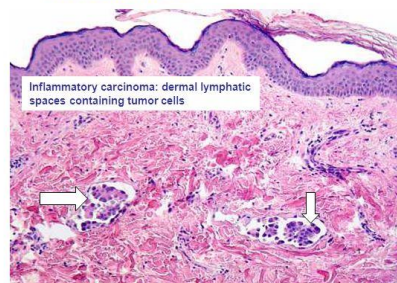
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Inflammatory Breast Carcinoma

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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Invasive Tumor

- No evidence of primary tumor
 - **EOD Primary Tumor = 800**
 - Patient with involved lymph nodes and/or distant mets but there is no primary breast tumor identified
 - *Example*
 - L axillary LN enlarged and painful
 - Biopsy L axilla: Metastatic invasive duct carcinoma from breast primary
 - Imaging (Diagnostic mammo/US/CT/PET) – negative for primary tumor
 - **EOD Primary Tumor = 800**

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Regional Lymph Nodes

EOD
Summary Stage

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Regional Nodes - Notes

- EOD Regional Nodes = **ONLY** code regional nodes and nodes, NOS in this field
- Summary Stage code 3 applies **ONLY** to regional nodes
- Regional nodes removed and level or name not mentioned assume level 1-3
- **Isolated Tumor Cells (ITCs)**
 - No greater than 0.2mm
 - If nodes are positive and size of mets is not stated, assume greater than 0.2mm and code as positive
 - Usually detected by IHC
 - LN with **ONLY** ITCs are **NOT** counted as positive (involved)

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EOD Regional Nodes

Description	Notes	Clinical or Pathologic	Code
No regional LN involvement	Clinically negative (no biopsy/excision) – imaging, physical exam, etc.	Clinical	000
ITCs only	Involved LN no greater than 0.2mm; <i>Note 5</i>	Pathologic	030
Positive molecular findings by RT-PCR, no ITCs found	Involved LN through RT-PCR; <i>Note 5</i>	Pathologic	050
No regional LN involvement	Pathologically negative – No ITCs or ITC is unknown Excised LN are negative <i>Note 5</i>	Pathologic	070

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EOD Regional Nodes – Axillary 1 & 2

Description	Notes	Clinical or Pathologic	Code
Ipsilateral Level 1 and 2 axillary nodes, micromets	Excised LN involved equal or less than 2mm	Pathologic	100
Positive axillary LN (ipsilateral)	Excised LN with involvement at least greater than 2mm	Pathologic	200
Ipsilateral axillary LN levels 1 and 2 involved	Axillary needle core biopsy/FNA positive	Clinical	150
Fixed/matted axillary LN Level 1 & 2	Clinically found (imaging, physical exam, etc.) to have involved ipsilateral axillary LN that are fixed/matted	Clinical	350

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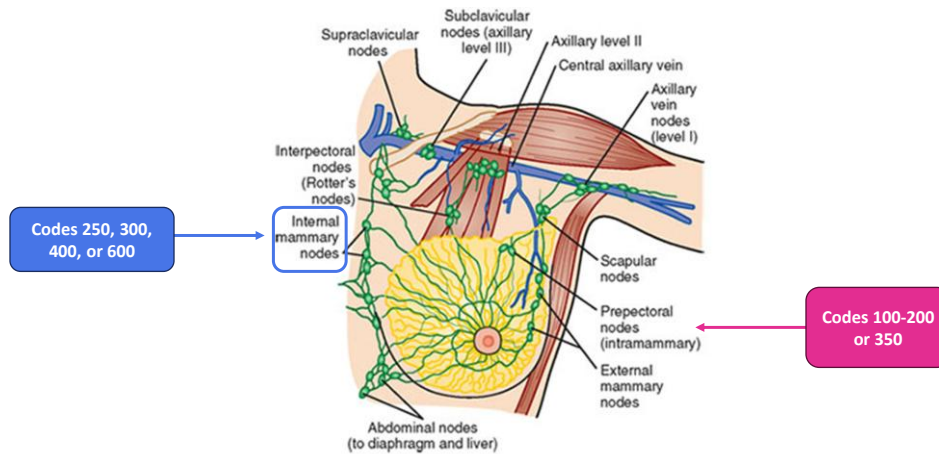
EOD Regional Nodes – Internal Mammary

Description	Notes	Clinical or Pathologic	Code
Internal Mammary LN involved WITHOUT axillary LN involved	Internal mammary LN on SLN bx Not positive on imaging or clinical exam	Pathologic	250
Internal Mammary LN involved WITH axillary LN involved	Internal mammary LN on SLN bx Not positive on imaging or clinical exam	Pathologic	300
Internal Mammary LN involved WITHOUT axillary LN involved	Found clinically – imaging or physical exam	Clinical	400
Internal Mammary LN involved WITH axillary LN involved	Found clinically (internal mammary LN) – imaging or physical exam	Clinical	600

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EOD Regional Lymph Nodes



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

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EOD Regional Nodes - Other

Description	Notes	Clinical or Pathologic	Code
Infraclavicular nodes (Level 3) WITH/WITHOUT Level 1 & 2 axillary LN WITHOUT Internal Mammary LN	Involvement of infraclavicular LN	Either	500
Supraclavicular nodes, ipsilateral	Involvement of ipsilateral supraclavicular	Either	700
Regional nodes, NOS Lymph nodes, NOS	LN involved but not stated type of LN (axilla/internal mammary/clavicular)	Either	800
Unknown	Not stated; Not documented; cannot be assessed	Either	999

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Summary Stage

- Regional LN involved ONLY – code 3
 - Axillary, NOS (ipsilateral)
 - Level I
 - Level II
 - Level III
 - Fixed/Matted axillary LN (Levels I & 2) (ipsilateral)
 - Infraclavicular (ipsilateral)
 - Internal mammary (ipsilateral)
 - Intramammary (ipsilateral)
 - Regional LN, NOS

Supraclavicular
nodes are
distant for SS

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Distant Metastasis

EOD

Summary Stage

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Distant Metastasis

- Bone Marrow Micrometastasis
 - Circulating Tumor Cells (CTCs) or disseminated tumor cells and clusters (DTCs) are less than or equal to 2.2mm
 - EOD Mets = code 05
 - Don't include as mets for Summary Stage
 - Do NOT code as Mets at DX – Other when CTCs or DTCs are the only involvement
- Distant Lymph Nodes
 - Contralateral or Bilateral axillary nodes, infraclavicular, internal mammary, intramammary, supraclavicular
 - Cervical, NOS
 - For Summary Stage only – ipsilateral supraclavicular

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Distant Mets

Description	Notes	EOD Mets	Summary Stage
No distant mets; Unknown if distant mets		000	
No clinical/imaging evidence of distant mets	Bone marrow CTCs ITC in distant LN tissue	050	
Distant Lymph Nodes	See list	10	7
Skin over axilla, contralateral breast, sternum, upper abdomen Distant metastasis WITH/WITHOUT Distant LN Carcinomatosis	See list of distant LN and mets sites; Further contiguous extension	70	7

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Tumor Size

SEER Program Coding and Staging Manual 2025

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Tumor Size Summary

- Tumor Size Clinical and Pathologic no longer required 2024+
- 2024+ Tumor Size Summary Required
 - All measurements should be in mm
 - Record the size in specified order:
 - Surgical resection specimen (no neoadjuvant therapy)
 - Discrepancy in size within path report code from synoptic report
 - Only a text report available: final diagnosis, micro, or gross exam
 - **Neoadjuvant therapy** – code largest size prior to start of treatment
 - **Unknown = 999**
 - **No surgery** – code from imaging, PE, or other dx procedure

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Tumor Size Summary

- **Priority for Imaging:**
 - Only use when there is **NO tumor size on path or op report**
 - Record the **largest size** when there are TS discrepancies among imaging reports
- **Code the size of the invasive component** if given
 - Both in situ and invasive are present and invasive is measured – record the size even if it is smaller
 - If size of invasive not provided, record size of entire tumor from surgical report, path, imaging, or clinical exam

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Rounding Rules for BREAST

- Round tumor sizes greater than 1mm and up to 2.4mm to **2mm (002)**
 - This exception is so that the size recorded in TS will derive current AJCC TNM Primary Tumor (T) category for breast
 - Do **NOT** apply to other sites

Example: Breast cancer described as 1.3mm in size – **code 002**

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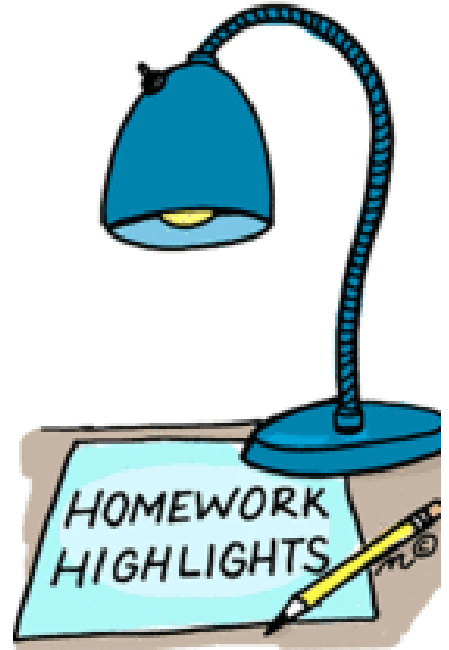
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SEER*Educate

Training | Coding CEs

DX 2021-2025 EOD, Summ Stage, Grade, SSDI Mashup

- Breast cases 1-10



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Questions? Contact me.

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