

# 2018 SEER: Breast Solid Tumor Rules - final

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2018 KCR SPRING TRAINING

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## Breast: 2018 Solid Tumor Rules

## Breast Solid Tumor Rules

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### Separate sections for:

Changes from 2007 MP/H rules

Equivalent Terms

Table 1: Breast Primary site codes

Table 2. Breast Histology Combination codes

Table 3: Breast Histologies, NOS or NST and Subtypes/Variants

Illustrations

Multiple Primary Rules

Histology Coding Rules

## Major Changes for 2018

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Carcinoma, NST (**no special type**) and mammary carcinoma, NST, are new terms for ductal carcinoma.

DCIS/Carcinoma, NST in situ – Code grade as designated by the current AJCC Manual.

It is **very important to code grade for DCIS**

## Tables for Breast Site and Histology

Table 1. Primary Site Codes – Column 1 shows descriptive terms for parts of the breast  
Column 2 shows the preferred topography term and code

Table 2. Histology Combination Codes

- Use only when coding a single tumor or multiple tumors abstracted as a single primary
- Do not use if one tumor is invasive and one tumor is in situ; code the invasive term
- Do not code terms described as differentiation or features
- **Do not use Table 2 when there is a NOS term and a subtype of that NOS term**

Table 3. Carcinoma, NOS or NST and Subtypes/Variants

## Table 2: Histology Combination codes

Required histology terms	Combination code
DCIS/duct/carcinoma NST AND Lobular carcinoma	Invasive duct and lobular 8522/3 or DCIS and LIS 8522/2
Duct (or any subtype) AND any histology in Table 3 <b>except Lobular or Paget</b>	Duct mixed with other types 8523
Invasive lobular AND any invasive histology in Table 3 <b>except Duct and Paget</b>	Invasive lobular mixed with other types 8524/3
Paget disease AND underlying DCIS (any type of subtype)	Paget and intraductal carcinoma 8543/3
Paget disease AND infiltrating duct (any type of subtype)	Paget disease AND infiltrating duct 8541/3
Any 2 carcinoma subtypes abstracted as a single primary	Adeno with mixed subtypes 8255

## Table 3: Histologies of the Breast - Example

Histology , Specific term or NOS term and Code	Synonyms for Histology Term	Subtypes/ variants and Histology code
Lobular carcinoma 8520	Alveolar lobular carcinoma Mixed lobular carcinoma Pleomorphic lobular carcinoma Solid lobular carcinoma Tubulolobular carcinoma  NOTE: These variants have no ICD-O code so they are coded to lobular carcinoma, NOS 8520	Pleomorphic lobular carcinoma in situ 8519/2  NOTE: 8519/2 is a new code for in situ tumors only.

## Breast – MP Rules

M1. Unknown if Single or Multiple Tumors – Abstract as Single Primary

M2. Single primary when the diagnosis is inflammatory carcinoma, even if bilateral

M3. Single Tumor – A single tumor is always a Single Primary

### **Multiple tumors**

M4. Single primary when the diagnosis is inflammatory carcinoma, even if bilateral

M5. Multiple primaries when there are multiple tumors present in topography codes that differ at the second, or third digit

M6. Multiple primaries when there are bilateral breast cancers

## Breast – MP Rules

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M7. Single primary when there is synchronous Paget disease and an underlying breast cancer

M8. Multiple primaries if diagnosed more than 5 years apart

- **NOTE: The time frame means clinically disease free for more than 5 years. If a patient has a recurrence within the 5 years, the 'clock' starts over, and the 5 year interval is computed from the date of last known recurrence. If recurrence is unknown, compute time from date of diagnosis.**

M9. Single primary when multiple tumors are carcinoma NST/duct and lobular

M10. Multiple primaries when separate tumors are 2 or more different subtypes in Col. 3 of Table 3.

M11. Single primary when separate tumors are on the same row in Col. 3 of Table 3. Tumors must be the same behavior and the same histology, or an NOS and a subtype

## Breast – MP Rules

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M12. Multiple primaries when separate tumors are on different rows in Col. 3 of Table 3.

M13. Single tumor when an in situ tumor of the same histology is diagnosed after an invasive tumor in the same breast

M14. Single tumor when an invasive tumor of the same histology occurs within 60 days of an in situ tumor in the same site

M15. Multiple primaries when an invasive tumor occurs more than 60 days after an in situ tumor of the same histology

M16. Single primary when none of the previous rules apply

## Breast: Histology Coding rules

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When two histologies occur in a single tumor, and one is NST and the other is a subtype/variant, code the subtype/variant when documented as greater than or equal to 90% of the tumor.

- Code the NST when the subtype is documented as less than 90% or the percentage is unknown

When different histologies occur in a single tumor (and **are not** NST and a subtype), code the histology of the majority of the tumor.

- Use a combination code from Table 2 when the majority histology is not known

## Breast – Histology Rules Changes

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Terminology to determine subtypes and variants: DO USE:

Majority

Predominantly

Subtype

Type

Variant

### **DO NOT USE:**

Architecture

**Component**

**Differentiation**

**Features of**

Foci, focus, focal

Pattern

**Any subtype or variant modified by an ambiguous term**

## Breast – Histology Rules

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Priority list for using documentation to code histology

1. Biomarkers
2. Use the most specific tissue diagnosis; **may be from biopsy or resection**
  - **The most specific is the subtype or variant term that may used for histology coding**
  - **Use tissue reports in this order: Addenda, Comments, Final diagnosis, CAP report**
3. Cytology report from primary site
4. Tissue or cytology from a metastatic site
5. Radiology – a) Mammogram b) US c) CT d)MRI
6. Physician documentation a) Tumor Board b) reference to original path c) reference to cancer type

**NOTE: Code the histology diagnosis prior to neoadjuvant therapy**

## Breast – Histology Rules

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### **Single tumor, in situ only–**

- H1. **Code Paget disease in situ when the diagnosis is exactly Paget disease in situ 8540/2**
- H2. Code the histology when only 1 histologic type is identified
- H3. Code DCIS and lobular carcinoma in situ as 8522/2

## Breast – Histology Rules

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### Single tumor, in situ only– (cont.)

H4. Code comedocarcinoma in situ 8501/2 when the diagnosis is in situ comedocarcinoma and any other in situ carcinoma

H5. Code the combination code using Table 2.

### Single tumor – in situ and invasive components

H6. Code the invasive histology. **\*This is a change.\* Using this rule, an invasive duct carcinoma or NST and an in situ lobular carcinoma is coded 8500/3 instead of 8522/3.**

## Breast – Histology Rules

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### Single tumor, invasive only–

H7. Code Paget disease when the diagnosis is exactly Paget disease 8540/3

H8. Code the underlying tumor when there is a diagnosis of inflammatory carcinoma

- Record inflammatory carcinoma in the staging fields
- Code inflammatory carcinoma 8530/3 when it is the only diagnosis available (i.e., DCO)

H9. Code mucinous carcinoma ONLY when the diagnosis is exactly mucinous carcinoma OR multiple histologies are present and mucinous is 90% or more of the tumor

H10. Code the primary invasive histology when there is carcinoma with signet ring cell differentiation

H11. Code cribriform carcinoma 8201/3 when cribriform is mixed with any other carcinoma and the percentage of cribriform is >90% or the diagnosis is exactly cribriform carcinoma

H12. Code the histology when only 1 histologic type is identified



## Breast – Histology Rules

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### Single tumor, invasive only (con't.) –

H13. Code invasive duct and invasive lobular carcinoma as 8522/3

H14. Code the subtype/variant using Table 3 when an NOS/NST and a subtype is named **and the subtype/variant is greater than or equal to 90% of the tumor**

H15. Code the NOS/NST when an NOS and a subtype are named **and the subtype/variant is less than or equal to 90% of the tumor or the percentage of each is unknown**

H16. **Code the majority of the tumor when 2 histologies are on different rows of Table 2 or are different subtypes of the same NOS**

H17. Code the combination code from Table 2 when two histologies are in a single tumor and the majority histology is not known; if there are more than 2 histologies, code 8255/3

## Breast – Histology Rules

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### Multiple tumors abstracted as a single primary

H18. **Code the underlying tumor when there is a diagnosis of inflammatory carcinoma**

- Record inflammatory carcinoma in the staging fields
- Code inflammatory carcinoma 8530/3 when it is the only diagnosis available (i.e., DCO)

H19. Code Paget disease and ductal carcinoma as 8541/3 when the underlying tumor is invasive, or 8543/3 when the underlying tumor is in situ

H20. Code Paget disease and DCIS as 8543/2 when the underlying tumor is in situ and **the Paget disease is specified as in situ**

H21. Code the histology when only 1 histologic type is identified

H22. Code the invasive histology when there are invasive and in situ histologies

## Breast – Histology Rules

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### **Multiple tumors, abstracted as a single primary (con't.) –**

H23. Code invasive duct and invasive lobular carcinoma as 8522/3; code in situ duct and in situ lobular as 8522/2

H24. Code the NOS/NST when an NOS and a subtype are named

H25. Code the combination code from Table 2 when two histologies are present; if there are more than 2 histologies, code 8255/3