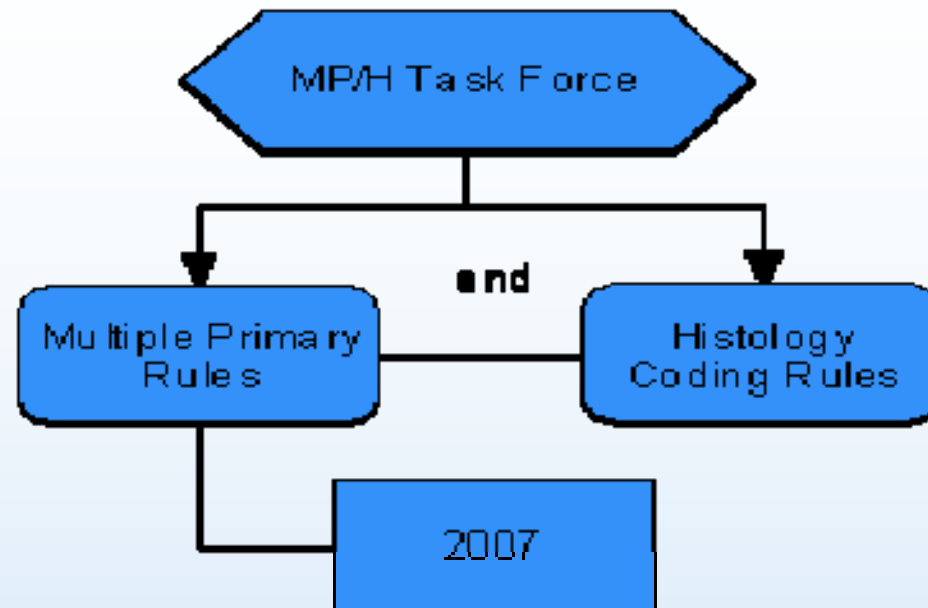


Breast



Equivalent Terms, Definitions, Tables, Illustrations

Equivalent Terms

- And, with
 - used in histology rules
 - i.e. duct *and* lobular is equivalent to duct *with* lobular
- Duct, ductal
- Mammary, breast

Equivalent Terms Continued

- Mucinous, colloid
- NOS, NST
- Tumor, mass, lesion, neoplasm

Table 1

Intraductal (8500/2) and Specific Intraductal Carcinomas

Note: These are the most common specific intraductal carcinomas. This is not intended to be a complete list of all possible intraductal types. If a histology appears only on table 1, it does not mean that it is impossible for that histology to occur with a malignant behavior (/3).

Column 1: Code	Column 2: Type
8201	Cribriform
8230	Solid
8401	Apocrine
8500	Intraductal, NOS
8501	Comedo
8503	Papillary
8504	Intracystic carcinoma
8507	Micropapillary/Clinging

Table 2

Duct (8500/3) and Specific Duct Carcinomas

Note: These are the most common specific duct carcinomas. This is not intended to be a complete list of all possible duct types. If a histology appears only on table 2, it does not mean that it is impossible for that histology to occur with an in situ behavior (/2).

Column 1: Code	Column 2: Type
8022	Pleomorphic carcinoma
8035	Carcinoma with osteoclast-like giant cells
8500	Duct, NOS
8501	Comedocarcinoma
8502	Secretory carcinoma of breast
8503	Intraductal papillary adenocarcinoma with invasion
8508	Cystic hypersecretory carcinoma

Table 3

Combination Codes for Breast Cancers

Use this **two-page** table with rules **H5, H6, H7, H8, H16, H17, H18, H19, H24, H25, H26 and H28** to select combination histology codes. Compare the terms in the diagnosis to the terms in Columns 1 and 2. If the terms match, code the case using the ICD-O-3 histology code in column 4. Use the combination codes listed in this table only when the histologies in the tumor match the histologies listed below.

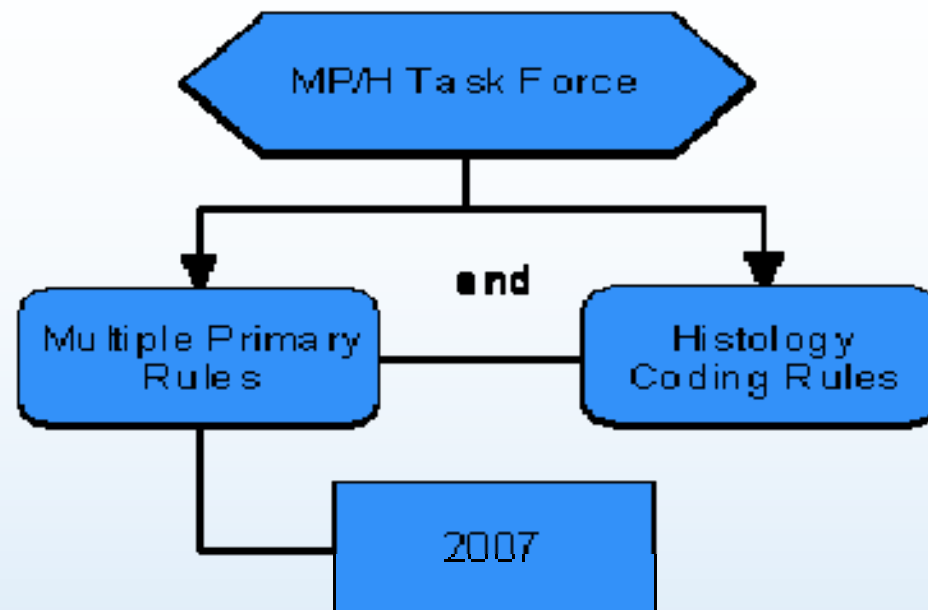
Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Any combination excluding lobular and duct histologies from Tables 1 and 2	Other than duct and lobular	Adenocarcinoma with mixed subtypes*	8255/3*
Intraductal carcinoma and	Lobular carcinoma in situ	Intraductal carcinoma and lobular carcinoma in situ	8522/2

Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Infiltrating duct and	Infiltrating lobular carcinoma	Infiltrating duct and lobular carcinoma	8522/3
Intraductal and one or more of the histologies in Column 2	Cribriform	Intraductal mixed with other types of carcinoma	8523/2
	Solid		
	Apocrine		
	Papillary		
	Micropapillary		
	Clinging		

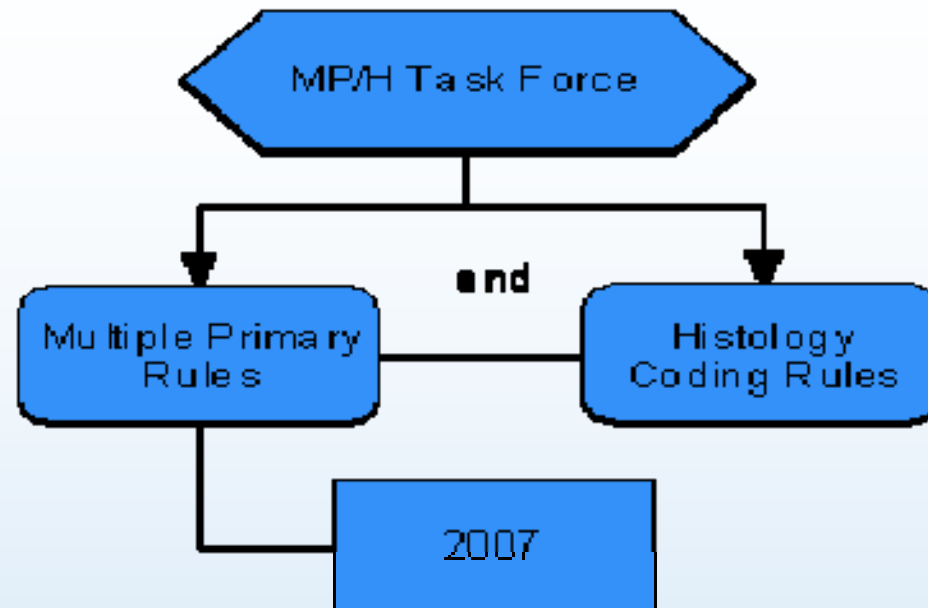
Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Infiltrating duct and one or more of the histologies in Column 2	Tubular	Infiltrating duct mixed with other types of carcinoma	8523/3
	Apocrine		
	Mucinous		
	Secretory carcinoma		
	Intraductal papillary adenocarcinoma with invasion		
	Intracystic carcinoma, NOS		
	Medullary		

Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Infiltrating lobular carcinoma and	Tubular	Infiltrating lobular mixed with other types of carcinoma <i>Note:</i> Invasive carcinomas only. Do not use this code for in situ	8524/3
	Apocrine		
	Mucinous		
	Secretory carcinoma		
	Intraductal papillary adenocarcinoma with invasion		
	Intracystic carcinoma, NOS		
	Medullary		
	Paget disease (NOS and invasive)		

Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Paget disease and	Infiltrating duct carcinoma (includes any specific duct type listed in Table 2)	Paget disease and infiltrating duct carcinoma	8541/3
Paget disease and	Intraductal carcinoma (includes any specific intraductal type in Table 1)	Paget disease and intraductal carcinoma	8543/3



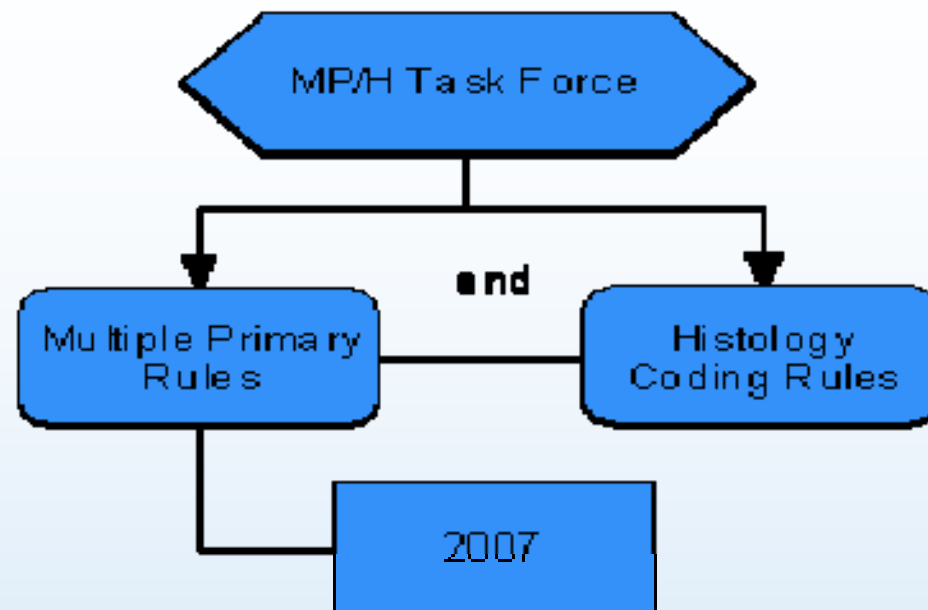
Multiple Primary Rules



Unknown if Single or Multiple Tumors

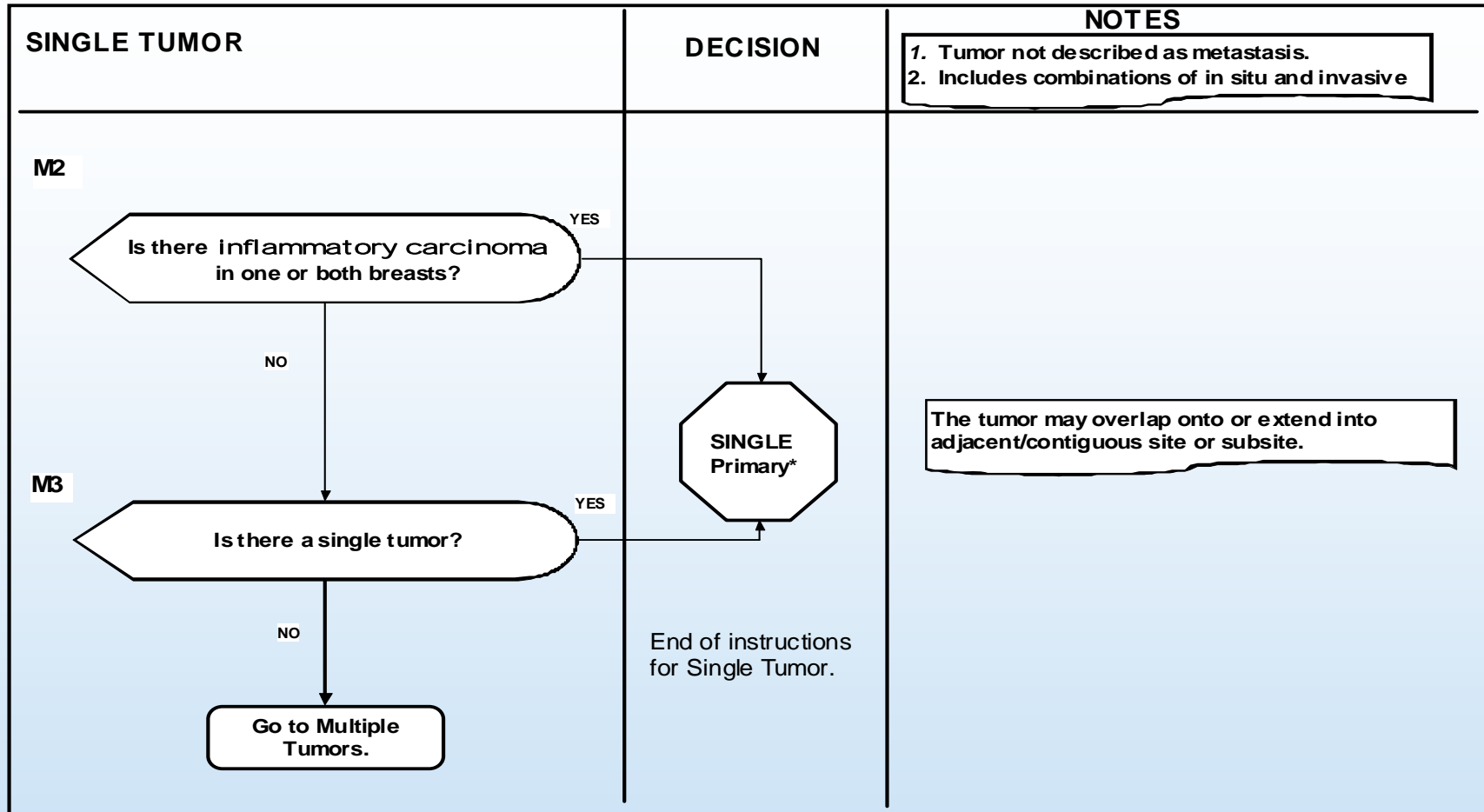
BREAST

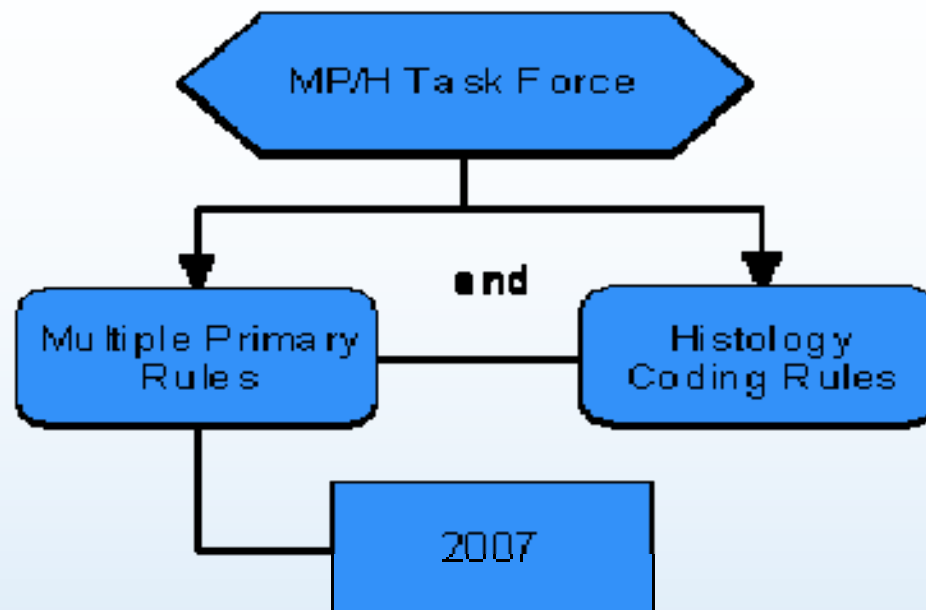
UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
<p>M1</p> <pre> graph TD Q{Is it impossible to determine if there is a single tumor or multiple tumors?} -- YES --> D{{SINGLE Primary*}} Q -- NO --> R[Go to Single Tumor or Multiple Tumors] </pre>	<p>End of instructions for Unknown if Single or Multiple Tumors</p>	<p>Tumor(s) not described as a metastasis.</p> <p>Use this rule only after all information sources have been exhausted.</p>



Single Tumor

BREAST






Multiple Tumors

BREAST

MULTIPLE TUMORS Multiple tumors may be a single primary or multiple primaries.	DECISION	NOTES 1. Tumors not described as metastasis. 2. Includes combinations of in situ and invasive.
<p>M4</p> <p>Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxxx)?</p> <p>YES</p> <p>NO</p>	<p>MULTIPLE Primaries**</p>	

BREAST

<p>MULTIPLE TUMORS</p> <p>Multiple tumors may be a single primary or multiple primaries.</p>	<p>DECISION</p>	<p>NOTES</p> <p>1. Tumors not described as metastasis. 2. Includes combinations of in situ and invasive.</p>
<p>M5</p>  <pre> graph LR Q{Are there tumors diagnosed more than five (5) years apart?} -- YES --> D[MULTIPLE Primaries**] Q -- NO --> R[] style R fill:none,stroke:none </pre>	<p>MULTIPLE Primaries**</p>	

BREAST

MULTIPLE TUMORS	DECISION	NOTES
<p>Multiple tumors may be a single primary or multiple primaries.</p>		<p>1. Tumors not described as metastasis. 2. Includes combinations of in situ and invasive.</p>
<p>M6</p>	<pre> graph TD Q{Is there inflammatory carcinoma in one or both breasts?} -- YES --> D{{SINGLE Primary*}} Q -- NO --> N[] style N fill:none,stroke:none </pre>	

BREAST

MULTIPLE TUMORS	DECISION	NOTES
Multiple tumors may be a single primary or multiple primaries.		<p>1. Tumors not described as metastasis. 2. Includes combinations of in situ and invasive.</p>
<p>M7</p> <p>Is there a tumor(s) in each breast?</p> <p>NO</p>	<p>MULTIPLE Primaries**</p>	<p>Lobular carcinoma in both breasts ("mirror image") is a multiple primary.</p>

BREAST

MULTIPLE TUMORS, continued	DECISION	NOTES
<p>M8</p> <pre> graph TD Q("Is there an invasive tumor following an in situ tumor more than 60 days after diagnosis?") D("MULTIPLE Primaries**") Q -- YES --> D Q -- NO --> Exit[] style Exit fill:none,stroke:none </pre>		<p>NOTES</p> <ol style="list-style-type: none"> 1. Includes combinations of in situ and invasive. 2. Tumors are not described as a metastasis. <ol style="list-style-type: none"> 1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

BREAST

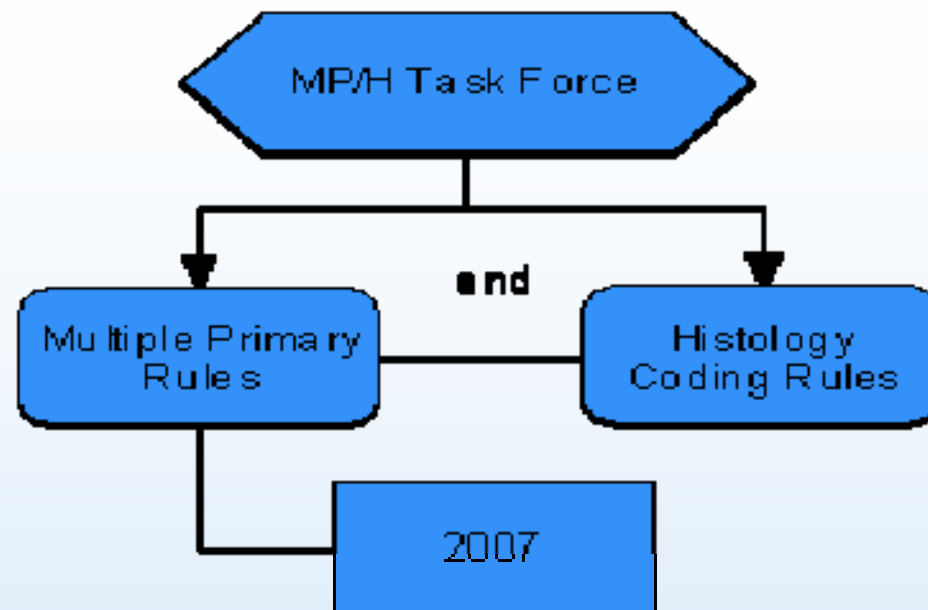
MULTIPLE TUMORS, continued	DECISION	NOTES
<p>M9 Are the tumors intraductal or duct and Paget Disease?</p> <p>NO</p> <p>M10 Are the tumors lobular (8520) and intraductal or duct?</p> <p>NO</p> <p>M11 Are there multiple intraductal and/or duct carcinomas?</p> <p>NO</p>	<p>YES</p> <p>SINGLE Primary*</p> <p>YES</p> <p>YES</p>	<p>1. Includes combinations of in situ and invasive. 2. Tumors are not described as a metastasis.</p> <p>Use Table 1 and Table 2 to identify intraductal and duct carcinomas</p>

BREAST

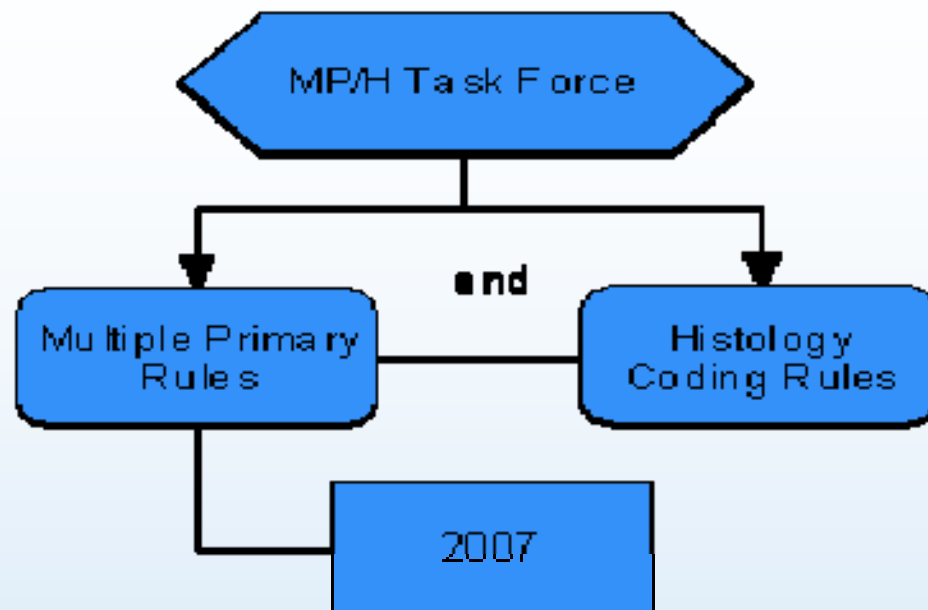
MULTIPLE TUMORS, continued	DECISION	NOTES 1. Includes combinations of in situ and invasive. 2. Tumors are not described as a metastasis.
<p>M12</p> <p>Do the tumors have ICD-O-3 histology codes that are different at the first (Xxx), second (xXx), or third (xxX) number?</p> <p>NO</p>	<p>YES</p> <p>MULTIPLE Primaries**</p>	

BREAST

MULTIPLE TUMORS, continued	DECISION	NOTES
<p>M13</p> <pre> graph TD A([Does not meet any of the above criteria (M1 through M12)]) -- YES --> B{{SINGLE Primary*}} A -- NO --> C[ERROR: Recheck rules. Stop when a match is found.] </pre>	<p>SINGLE Primary*</p> <p>End of instructions for Multiple Tumors.</p>	<p>1. Includes combinations of in situ and invasive. 2. Tumors are not described as a metastasis.</p> <p>1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. 2. All cases covered by Rule M13 have the same first 3 numbers in ICD-O-3 histology code.</p>
<p>ERROR: Recheck rules. Stop when a match is found.</p>		
<p>Rule M13 Examples: The following are examples of cases that use Rule M13. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. Warning: Using only these case examples to determine the number of primaries can result in major errors.</p>		
<p>Example 1. Invasive duct and intraductal carcinoma in the same breast</p>	<p>Example 2. Multicentric lobular carcinoma, left breast</p>	

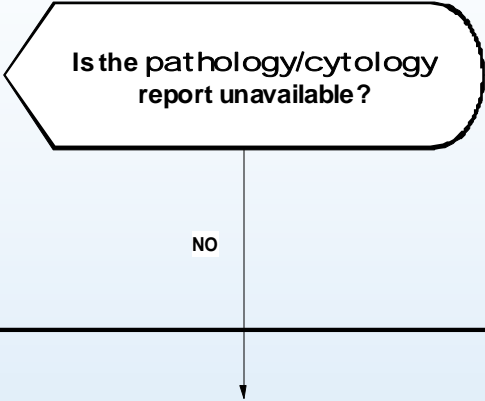
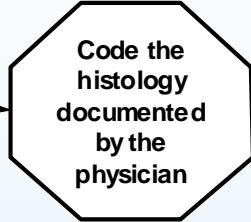


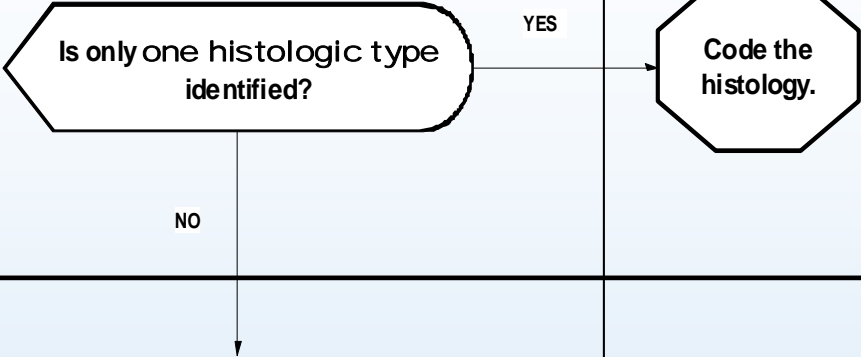
Histology Rules



Single Tumor In Situ Only

BREAST

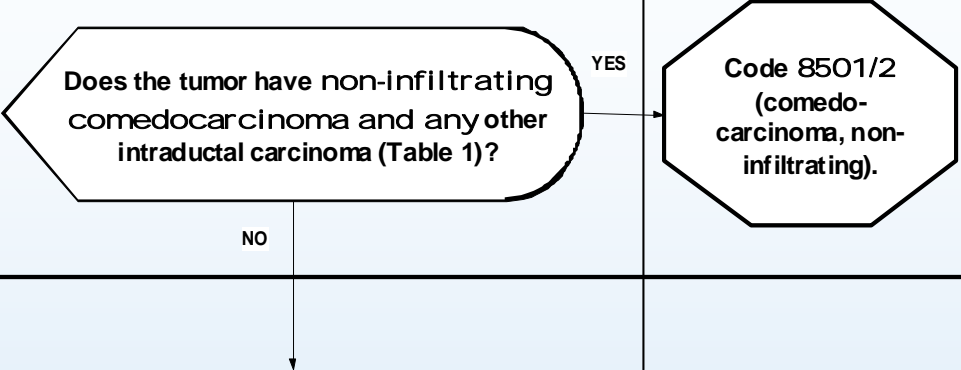
Rule	Action	Notes and Examples
H1 		<ol style="list-style-type: none">1. Priority for using documents to code the histology<ul style="list-style-type: none">o Documentation in the medical record that refers to pathologic or cytologic findingso Physician's reference to type of cancer (histology) in the medical record2. Code the specific histology when documented.

Rule	Action	Notes and Examples
H2 		

BREAST

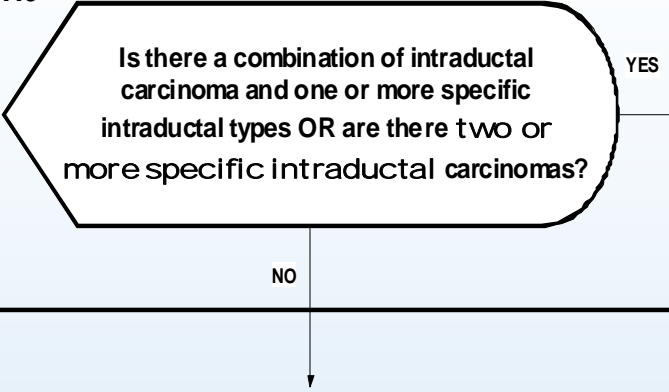
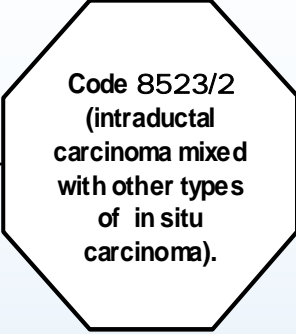
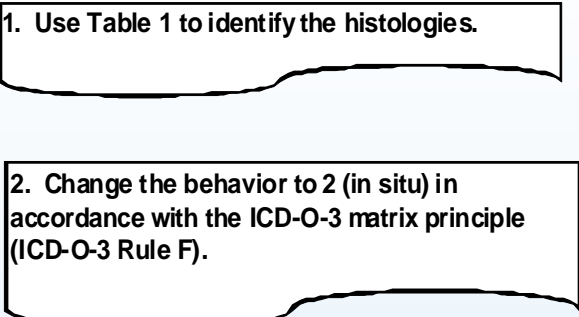
Rule	Action	Notes and Examples
<p>H3</p> <pre> graph TD Q1{Is there carcinoma in situ, NOS (8010) and a specific carcinoma in situ?} Q2{Is there adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ?} Q3{Is there intraductal NOS (8500) and a specific intraductal carcinoma (Table1)?} A{Code the more specific histologic term.} Q1 -- YES --> A Q1 -- NO --> Q2 Q2 -- YES --> A Q2 -- NO --> Q3 Q3 -- YES --> A Q3 -- NO --> Exit(()) </pre>	<p>Code the more specific histologic term.</p>	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.</p>

BREAST

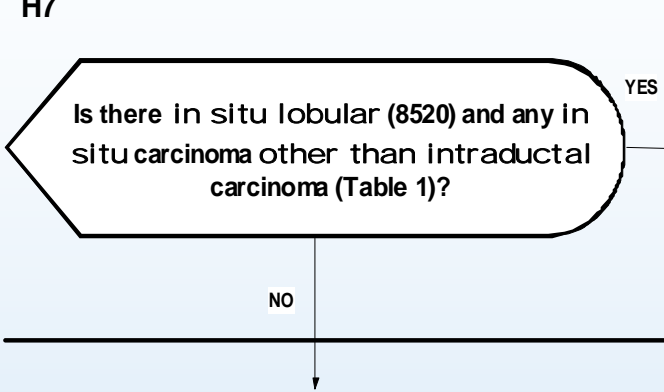
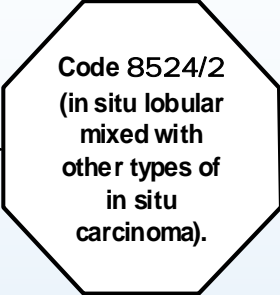
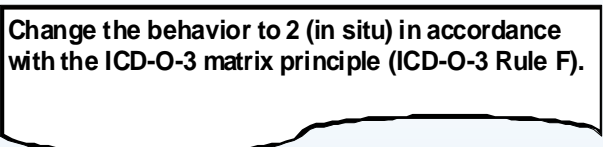
Rule	Action	Notes and Examples
H4 	Code 8501/2 (comedocarcinoma, non-infiltrating).	<i>Example:</i> Pathology report reads intraductal carcinoma with comedo and solid features. Code comedocarcinoma (8501/2).

Rule	Action	Notes and Examples
<p>H5</p> <pre> graph TD Q{Does the tumor have a combination of in situ lobular (8520) and Intraductal carcinoma (Table 1)?} Q -- YES --> A{{Code 8522/2 (intraductal and lobular carcinoma in situ).}} Q -- NO --> B[] style B fill:none,stroke:none B --> Bottom[] style Bottom fill:none,stroke:none </pre>	<p>Code 8522/2 (intraductal and lobular carcinoma in situ).</p>	

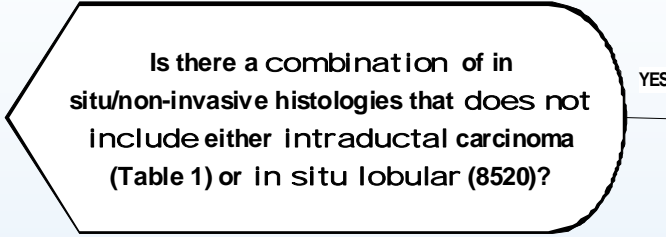
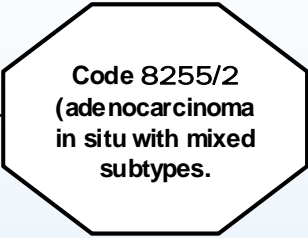
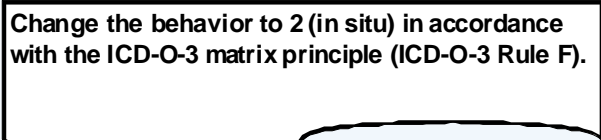
BREAST

Rule	Action	Notes and Examples
<p>H6</p>  <p>Is there a combination of intraductal carcinoma and one or more specific intraductal types OR are there two or more specific intraductal carcinomas?</p>	 <p>Code 8523/2 (intraductal carcinoma mixed with other types of in situ carcinoma).</p>	 <p>1. Use Table 1 to identify the histologies.</p> <p>2. Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p>

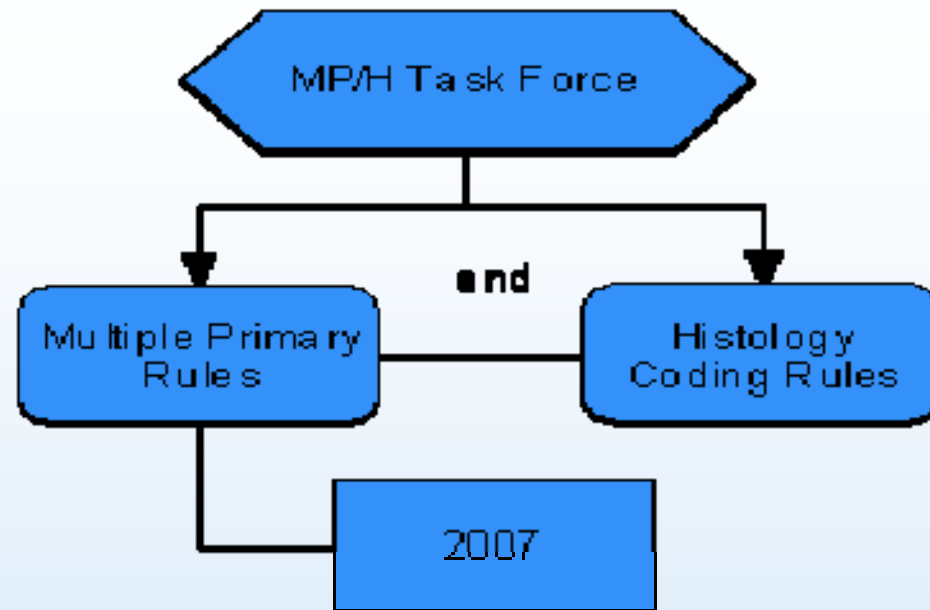
BREAST

Rule	Action	Notes and Examples
<p>H7</p>  <p>Is there in situ lobular (8520) and any in situ carcinoma other than intraductal carcinoma (Table 1)?</p> <p>YES</p> <p>NO</p>	 <p>Code 8524/2 (in situ lobular mixed with other types of in situ carcinoma).</p>	 <p>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p>

BREAST

Rule	Action	Notes and Examples
<p>H8</p>  <p>Is there a combination of in situ/non-invasive histologies that does not include either Intraductal carcinoma (Table 1) or in situ lobular (8520)?</p>	 <p>Code 8255/2 (adenocarcinoma in situ with mixed subtypes.</p>	 <p>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p>

This is the end of instructions for Single Tumor: In Situ Carcinoma Only.
Code the histology according to the rule that fits the case.

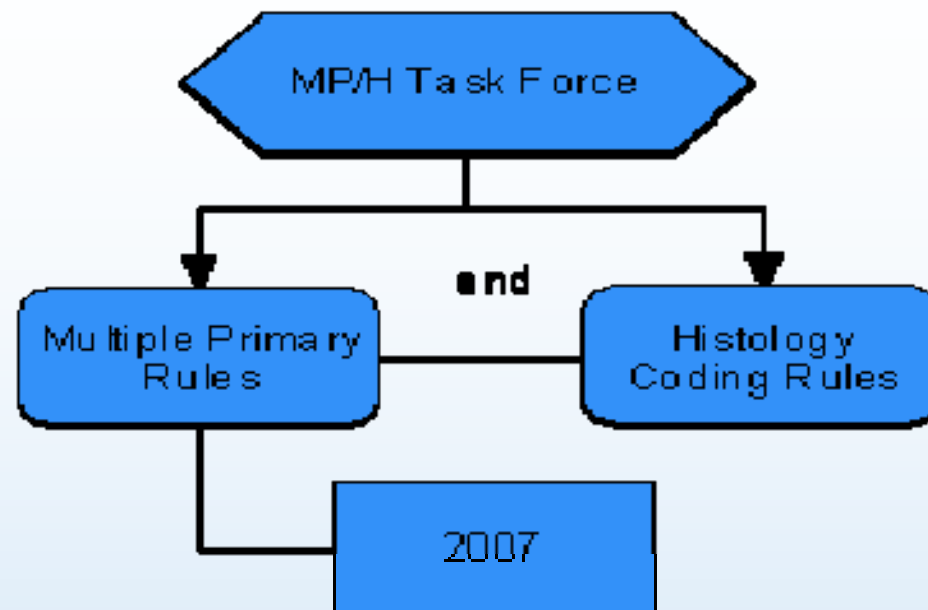


Single Tumor Invasive and In Situ

BREAST

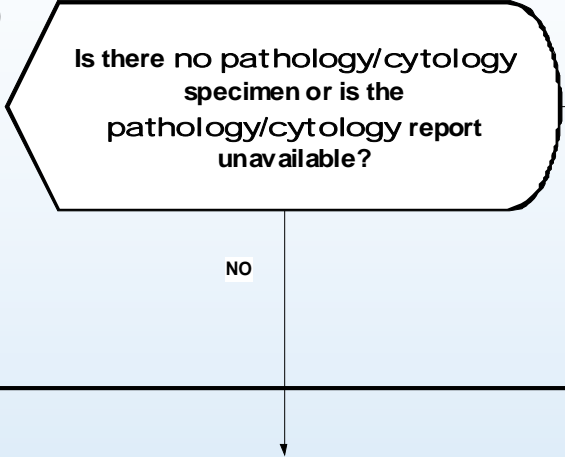
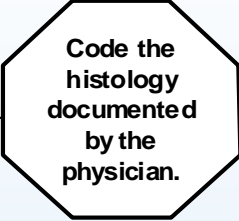
Rule	Action	Notes and Examples
<p>H9</p> <pre> graph TD Q{Does the tumor have invasive and in situ components?} Q -- YES --> A{{Code the invasive histology.}} Q -- NO --> E[ERROR: Confirm Multiple Primary Rule application and then go to H1 - H8 or H10 - H29] </pre>		<ol style="list-style-type: none"> 1. Ignore the in situ terms. 2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was the invasive component of the tumor better explains the likely disease course and survival category. Using these new rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3)
<p>ERROR: Confirm Multiple Primary Rule application and then go to H1 - H8 or H10 - H29</p>		

This is the end of instructions for Single Tumor: Invasive and In Situ Carcinoma.
Code the histology according to the rule that fits the case.

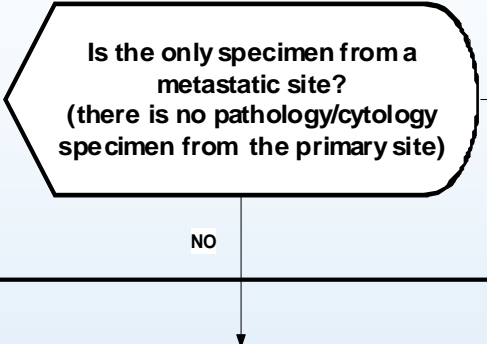




Single Tumor Invasive Only

BREAST

Rule	Action	Notes and Examples
<p>H10</p>  <p>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</p>	 <p>Code the histology documented by the physician.</p>	<ol style="list-style-type: none"> 1. Priority for using documents to code the histology <ul style="list-style-type: none"> ○ Documentation in the medical record that refers to pathologic or cytologic findings ○ Physician's reference to type of cancer (histology) in the medical record ○ Mammogram ○ PET scan ○ Ultrasound 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

BREAST

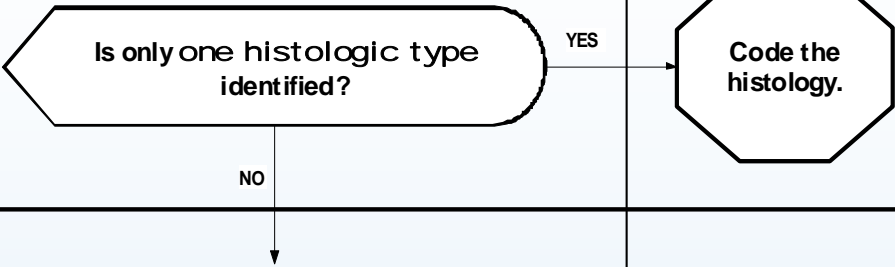
Rule	Action	Notes and Examples
<p>H11</p>  <pre>graph TD; Q{Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)} -- YES --> A[Code the histology from the metastatic site.]; Q -- NO --> B[];</pre>		

BREAST

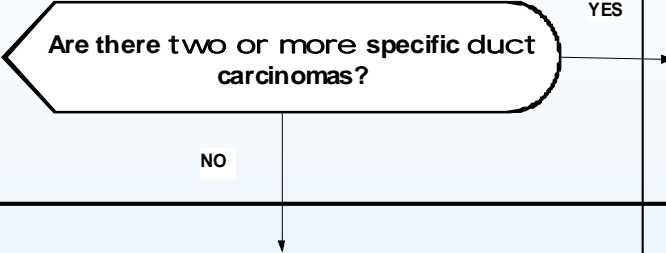

Rule	Action	Notes and Examples
<p>H12</p> <p>Is there carcinoma, NOS (8010) and a more specific carcinoma?</p> <p>NO</p> <p>Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?</p> <p>NO</p> <p>Is there duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508)?</p> <p>NO</p> <p>Is there sarcoma NOS (8800) and a more specific sarcoma ?</p> <p>NO</p>	<p>Code the most specific histologic term.</p>	<p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</p>

Rule	Action	Notes and Examples
H13	<pre> graph TD Q{Does the final diagnosis of the pathology report specifically state inflammatory carcinoma?} Q -- YES --> A{{Code 8530 (inflammatory carcinoma)}} Q -- NO --> Exit[] style Exit fill:none,stroke:none </pre>	<div style="border: 1px solid black; padding: 5px;"> Record dermal lymphatic invasion in Collaborative Staging. </div>

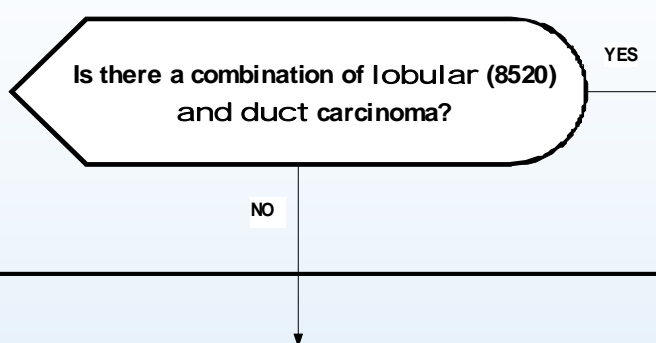
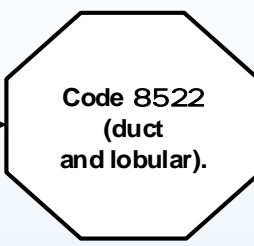

BREAST

Rule	Action	Notes and Examples
H14	 <pre>graph TD; Q{Is only one histologic type identified?} -- YES --> A{{Code the histology.}}; Q -- NO --> Exit[];</pre>	

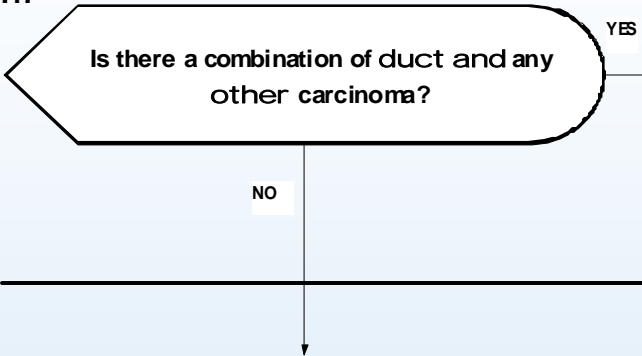
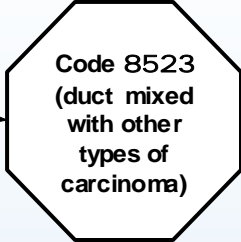
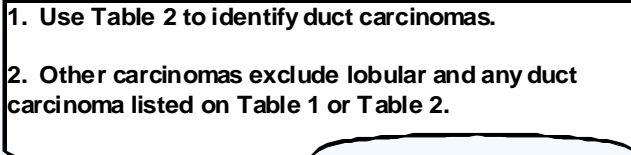
BREAST

Rule	Action	Notes and Examples
H15		

BREAST

Rule	Action	Notes and Examples
<p>H16</p>  <pre>graph TD; Q{Is there a combination of lobular (8520) and duct carcinoma?} -- YES --> A[Code 8522 (duct and lobular).]; Q -- NO --> B[];</pre>		

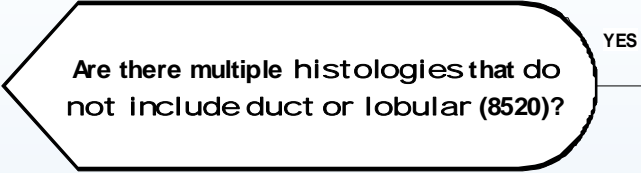
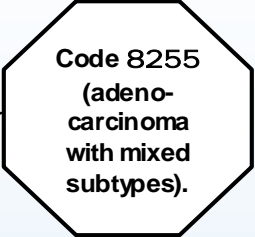

BREAST

Rule	Action	Notes and Examples
<p>H17</p>  <p>Is there a combination of duct and any other carcinoma?</p> <p>YES</p> <p>NO</p>	 <p>Code 8523 (duct mixed with other types of carcinoma)</p>	 <p>1. Use Table 2 to identify duct carcinomas. 2. Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.</p>

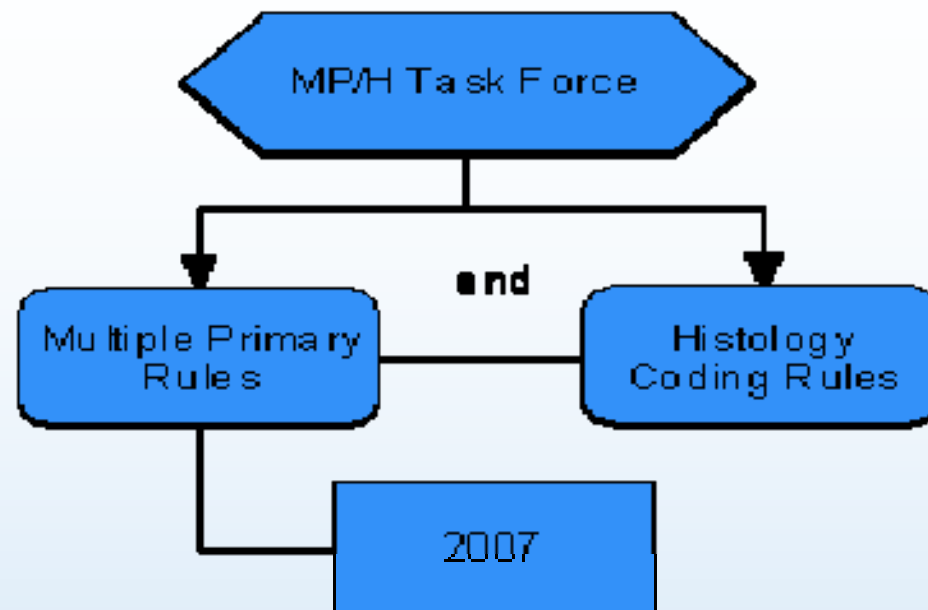
BREAST

Rule	Action	Notes and Examples
<p>H18</p> <p>Does the tumor have lobular (8520) and any other carcinoma?</p> <p>NO</p>	<p>Code 8524 (lobular mixed with other types of carcinoma).</p>	<p>Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.</p>

BREAST

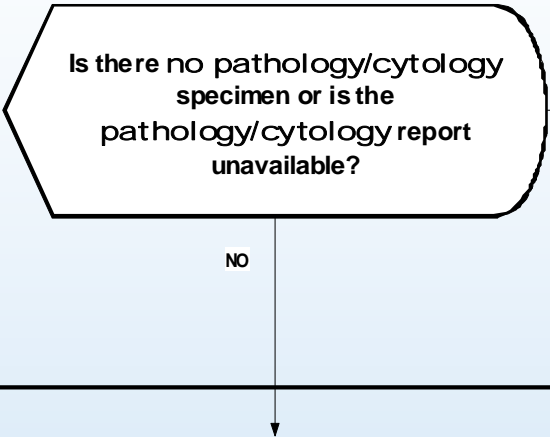
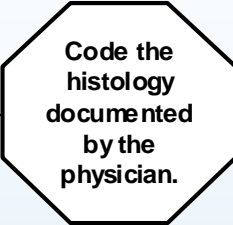
Rule	Action	Notes and Examples
<p>H19</p>  <p>Are there multiple histologies that do not include duct or lobular (8520)?</p>	 <p>Code 8255 (adenocarcinoma with mixed subtypes).</p>	 <p>Use Table 2 to identify duct carcinomas</p>

This is the end of instructions for Single Tumor: Invasive Carcinoma Only.
Code the histology according to the rule that fits the case.

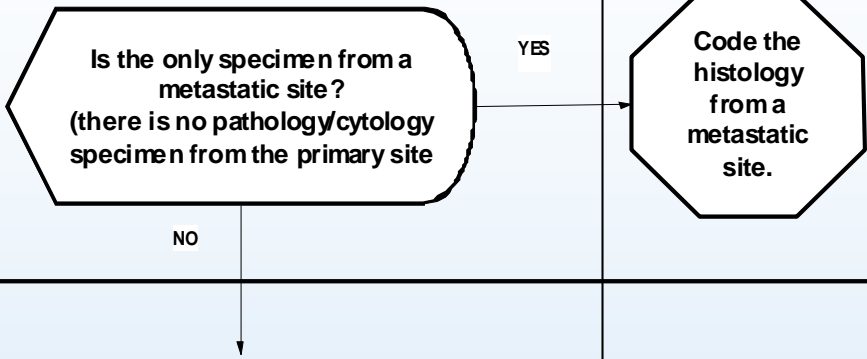



Multiple Tumors Abstracted as a Single Primary

BREAST

Rule	Action	Notes and Examples
<p>H20</p>  <p>Is there no pathology/cytology specimen or is the pathology/cytology report unavailable?</p>	 <p>Code the histology documented by the physician.</p>	<ol style="list-style-type: none"> 1. Priority for using documents to code the histology <ul style="list-style-type: none"> ○ Documentation in the medical record that refers to pathologic or cytologic findings ○ Physician's reference to type of cancer (histology) in the medical record ○ Mammogram ○ PET Scan ○ Ultrasound 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

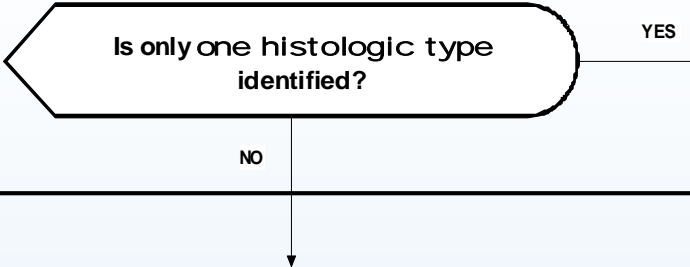
BREAST

Rule	Action	Notes and Examples
<p data-bbox="226 365 289 397">H21</p>  <pre>graph TD; Q{Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site)} -- YES --> A{{Code the histology from a metastatic site.}}; Q -- NO --> Exit[];</pre>		 <p data-bbox="1186 462 1459 495">Code the behavior /3.</p>

BREAST

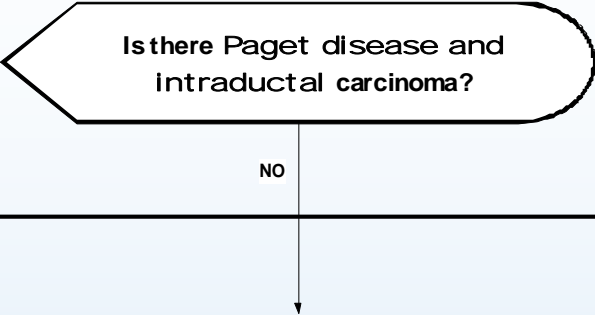
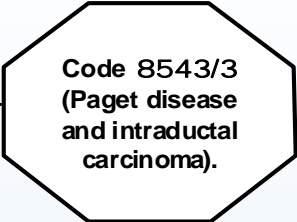
Rule	Action	Notes and Examples
<p>H22</p> <p>Does the final diagnosis of the pathology report specifically state inflammatory carcinoma?</p> <p>YES</p> <p>NO</p>	<p>Code 8530 (inflammatory carcinoma).</p>	<p>Record dermal lymphatic invasion in Collaborative Staging.</p>

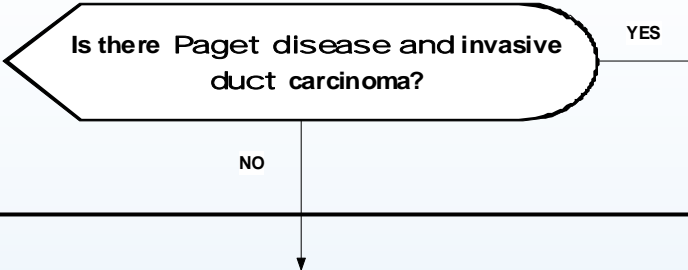
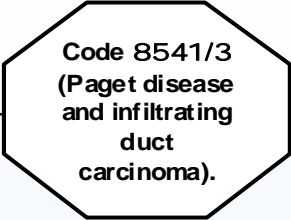
BREAST

Rule	Action	Notes and Examples
<p>H23</p>  <pre>graph LR; Q{Is only one histologic type identified?} -- YES --> A{{Code the histology.}}; Q -- NO --> R[];</pre>		

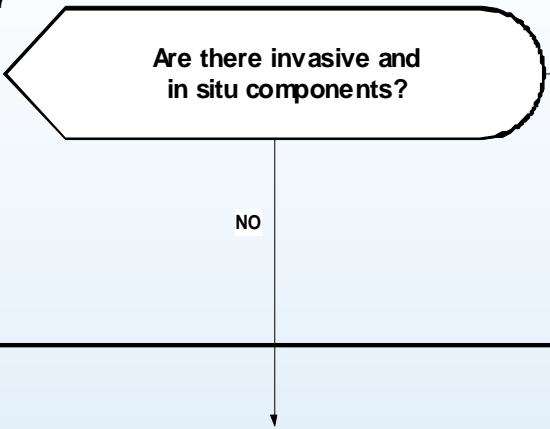
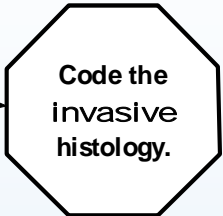
BREAST

Rule	Action	Notes and Examples
<p>H24</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 10px auto;"> <p>Does the pathology report specifically state that the Paget disease is in situ and the underlying tumor is intraductal carcinoma (Table 1)?</p> </div> <p style="text-align: center;">NO</p> <p style="text-align: center;">↓</p>	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 10px auto;"> <p>Code 8543/2 (in situ Paget disease and intraductal carcinoma).</p> </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p> </div>

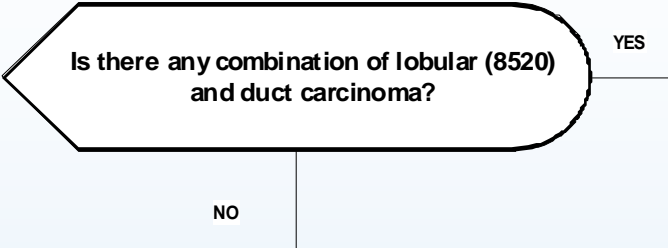
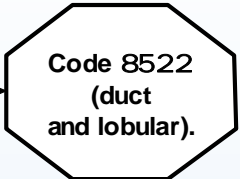

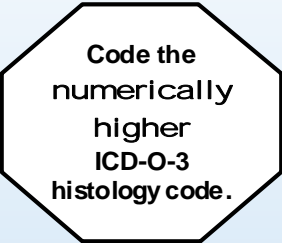
Rule	Action	Notes and Examples
<p>H25</p>  <pre> graph LR Q{Is there Paget disease and intraductal carcinoma?} -- YES --> A[Code 8543/3 (Paget disease and intraductal carcinoma).] Q -- NO --> Exit[] </pre>		<ol style="list-style-type: none"> 1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). 2. Includes both invasive Paget disease and Paget disease with behavior not stated. 3. Use Table 1 to identify intraductal carcinomas

Rule	Action	Notes and Examples
<p>H26</p>  <pre> graph TD Q{Is there Paget disease and invasive duct carcinoma?} -- YES --> A[Code 8541/3 (Paget disease and infiltrating duct carcinoma).] Q -- NO --> B[] </pre>	 <p>Code 8541/3 (Paget disease and infiltrating duct carcinoma).</p>	<ol style="list-style-type: none"> 1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). 2. Includes both invasive Paget disease and Paget disease with behavior not stated. 3. Use Table 2 to identify duct carcinomas

BREAST

Rule	Action	Notes and Examples
<p>H27</p>  <pre> graph LR Q("Are there invasive and in situ components?") -- YES --> A[Code the invasive histology.] Q -- NO --> Exit[] </pre>		<ol style="list-style-type: none"> 1. Ignore the in situ terms. 2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive lobular and in situ duct carcinoma are coded to invasive lobular (8520/3) rather than the combination code for duct and lobular carcinoma (8522/3)

BREAST

Rule	Action	Notes and Examples
<p>H28</p>  <p>Is there any combination of lobular (8520) and duct carcinoma?</p>	 <p>Code 8522 (duct and lobular).</p>	 <p>Use Table 2 to identify duct carcinomas.</p>
<p>H29</p>	 <p>Code the numerically higher ICD-O-3 histology code.</p>	

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

MP/H Task Force



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du cancer
du Canada

