

Breast**C50.0-C50.6, C50.8-C50.9****C50.0 Nipple****C50.1 Central portion of breast****C50.2 Upper-inner quadrant of breast****C50.3 Lower-inner quadrant of breast****C50.4 Upper-outer quadrant of breast****C50.5 Lower-outer quadrant of breast****C50.6 Axillary Tail of breast****C50.8 Overlapping lesion of breast****C50.9 Breast, NOS**

Note: Laterality must be coded for this site.

Breast**CS Tumor Size**

Note 1: Code the specific tumor size as documented in the medical record. If the only information regarding tumor size is the physician's statement of the T category, assign code 990 (T1mi), 991 (T1b), 992 (T1 or T1c), or 995 (T2). If the physician's statement of the T category is T1a with no documentation of tumor size, code tumor size as 005. If the physician's statement of the T category is T3 with no documentation of tumor size or a statement specifying only that the tumor size is greater than 5 cm, code tumor size as 051.

Note 2: When coding pathologic size, code the measurement of the invasive component. For example, if there is a large in situ component (e.g., 4 cm) and a small invasive component, see CS Site-Specific Factor 6 to code more information about the reported tumor size. If the size of invasive component is not given, code the size of the entire tumor and record what the size value represents in CS Site-Specific Factor 6. Note that some breast cancers cannot be sized pathologically.

Note 3: Microinvasion is the extension of cancer cells beyond the basement membrane into the adjacent tissues with no focus more than 0.1 cm in greatest dimension. When there are multiple foci of microinvasion, the size of only the largest focus is used to classify the microinvasion. (Do not use the sum of all the individual foci.)

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (mm); (Code exact size in mm)
989	989 mm or larger
990	Microinvasion Microscopic focus or foci only and no size given Described as "less than 1 mm" Stated as T1mi with no other information on tumor size

Code	Description
991	Described as "less than 1 centimeter (cm)" Stated as T1b with no other information on tumor size
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm" Stated as T1 [NOS] or T1c [NOS] with no other information on tumor size
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm" Stated as T2 with no other information on tumor size
996	Mammographic/xerographic diagnosis only, no size given; clinically not palpable
997	Paget disease of nipple with no demonstrable tumor
998	Diffuse
999	Unknown; size not stated; Size of tumor cannot be assessed Not documented in patient record

Breast

CS Extension

Note 1: Changes such as dimpling of the skin, tethering, and nipple retraction are caused by tension on Cooper's ligament(s), not by actual skin involvement. They do not alter the classification.

Note 2: Consider adherence, attachment, fixation, induration, and thickening as clinical evidence of extension to skin or subcutaneous tissue, code 200.

Note 3: Consider fixation, NOS as involvement of pectoralis muscle, code 300.

Note 4: If CS Extension code is 000, then Behavior code must be 2; if CS Extension code is 050 or 070, then Behavior code may be 2 or 3; and if CS Extension code is 100, then Behavior code must be 3.

Note 5: Inflammatory Carcinoma: AJCC includes the following text in the Cancer Staging Manual 7th Edition: "Inflammatory carcinoma is a clinicopathologic entity characterized by diffuse erythema and edema (peau d'orange) of the breast, often without an underlying palpable mass. These clinical findings should involve the majority of the skin of the breast. Classically, the skin changes arise quickly in the affected breast. Thus the term of inflammatory carcinoma should not be applied to a patient with neglected locally advanced cancer of the breast presenting late in the course of her disease. On imaging, there may be a detectable mass and characteristic thickening of the skin over the breast. This clinical presentation is due to tumor emboli within dermal lymphatics, which may or may not be apparent on skin biopsy. The tumor of inflammatory carcinoma is classified T4d. It is

important to remember that inflammatory carcinoma is primarily a clinical diagnosis. Involvement of the dermal lymphatics alone does not indicate inflammatory carcinoma in the absence of clinical findings. In addition to the clinical picture, however, a biopsy is still necessary to demonstrate cancer either within the dermal lymphatics or in the breast parenchyma itself."

Note 6: For CS coding, the abstractor should record a stated diagnosis of inflammatory carcinoma, and also record any clinical statement of the character and extent of skin involvement in the text area. Code 600 should be used if there is a stated diagnosis of inflammatory carcinoma and a clinical description of the skin involvement is less than one-third (33%) of the skin of the breast. Code 725 should be used if there is a stated diagnosis of inflammatory carcinoma and a clinical description of the skin involvement is greater than or equal to one-third (33%) and less than or equal to one-half (50%) of the skin of the breast. Code 730 should be used if there is a stated diagnosis of inflammatory carcinoma and a clinical description of the skin involvement in more than one-half (50%) (majority or diffuse) of the skin of the breast. Cases with a stated diagnosis of inflammatory carcinoma but no such clinical description should be coded 750. A clinical description of inflammation, erythema, edema, peau d'orange, or other terms describing skin changes without a stated diagnosis of inflammatory carcinoma should be coded 512-585 depending on described extent of the condition.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ: noninfiltrating; intraepithelial Intraductal WITHOUT infiltration Lobular neoplasia	Tis	Tis	IS	IS
050	Paget disease of nipple WITHOUT underlying tumor	Tis	Tis	**	**
070	Paget Disease of nipple WITHOUT underlying invasive carcinoma pathologically	Tis	Tis	**	**
100	Confined to breast tissue and fat including nipple and/or areola Localized, NOS	^	*	L	L
110	Stated as T1mi with no other information on extension	^	*	L	L
120	Stated as T1a with no other information on extension	^	*	L	L
130	Stated as T1b with no other information on extension	^	*	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
140	Stated as T1c with no other information on extension	^	*	L	L
170	Stated as T1 [NOS] with no other information on extension or size	T1NOS	T1NOS	L	L
180	Stated as T2 with no other information on extension or size	T2	T2	L	L
190	Stated as T3 with no other information on extension or size	T3	T3	L	L
200	Invasion of subcutaneous tissue Local infiltration of dermal lymphatics adjacent to primary tumor involving skin by direct extension Skin infiltration of primary breast including skin of nipple and/or areola	^	*	RE	RE
300	Attachment or fixation to pectoral muscle(s) or underlying tissue Deep fixation Invasion of (or fixation to) pectoral fascia or muscle	^	*	RE	RE
380	OBSOLETE DATA CONVERTED V0203 See code 790 Stated as T4 [NOS] with no other information on extension	ERROR	ERROR	ERROR	ERROR
390	OBSOLETE DATA CONVERTED V0203 See code 410 Stated as T4a with no other information on extension	ERROR	ERROR	ERROR	ERROR
400	Invasion of (or fixation to):	T4a	T4a	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400 cont'd	Chest wall Intercostal or serratus anterior muscle(s) Rib(s) See codes 610 (obsolete), 612-615, and 620 (obsolete) for combinations with this code	T4a	T4a	RE	RE
410	Stated as T4a with no other information on extension	T4a	T4a	RE	RE
510	OBSOLETE DATA RETAINED V0200 Extensive skin involvement, including: Satellite nodule(s) in skin of primary breast Ulceration of skin of breast Any of the following conditions described as involving not more than 50% of the breast, or amount or percent of involvement not stated: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	ERROR	T4b	RE	RE
512	Extensive skin involvement, including: Satellite nodule(s) in skin of primary breast Ulceration of skin of breast	T4b	T4b	RE	RE
514	Any of the following conditions described as involving less than one-third (33%) of the breast WITHOUT a stated diagnosis of inflammatory carcinoma WITH or WITHOUT dermal lymphatic infiltration:	T4b	T4b	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
514 cont'd	Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	T4b	RE	RE
516	514 + 512	T4b	T4b	RE	RE
518	Any of the following conditions described as involving one third (33%) or more but less than or equal to half (50%) of the breast WITHOUT a stated diagnosis of inflammatory carcinoma WITH or WITHOUT dermal lymphatic infiltration: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	T4b	RE	RE
519	518 + 512	T4b	T4b	RE	RE
520	Any of the following conditions described as involving more than 50% of the breast WITHOUT a stated diagnosis of inflammatory carcinoma WITH or WITHOUT dermal lymphatic infiltration: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	T4b	RE	RE
575	520 + 512	T4b	T4b	RE	RE
580	Any of the following conditions with amount or percent of breast involvement not stated and	T4b	T4b	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
580 cont'd	WITHOUT a stated diagnosis of inflammatory carcinoma WITH or WITHOUT dermal lymphatic infiltration: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	T4b	RE	RE
585	580 + 512	T4b	T4b	RE	RE
590	OBSOLETE DATA CONVERTED V0203 See code 605 Stated as T4b with no other information on extension	ERROR	ERROR	ERROR	ERROR
600	Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving less than one-third (33%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration	T4b	T4d	RE	RE
605	Stated as T4b with no other information on extension	T4b	T4b	RE	RE
610	OBSOLETE DATA RETAINED V0200; (400) + (510)	ERROR	T4c	RE	RE
612	Any of (512-516) + 400	T4c	T4c	RE	RE
613	Any of (518-519) + 400	T4c	T4c	RE	RE
615	Any of (520-585) + 400	T4c	T4c	RE	RE
620	OBSOLETE DATA RETAINED	ERROR	T4c	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
620 cont'd	V0200 ; (400) + (520)	ERROR	T4c	RE	RE
680	Stated as T4c with no other information on extension	T4c	T4c	RE	RE
710	OBSOLETE DATA RETAINED V0200 Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than 50% of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration Inflammatory carcinoma, NOS Previous wording (V0100): Diagnosis of inflammatory carcinoma WITHOUT a clinical description of inflammation, erythema, edema, peau d'orange, etc., of more than 50% of the breast, WITH or WITHOUT dermal lymphatic infiltration Inflammatory carcinoma, NOS	ERROR	T4d	RE	RE
715	OBSOLETE DATA RETAINED V0202 Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than one-third (33%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration	T4b	T4d	RE	RE
720	OBSOLETE DATA CONVERTED V0102 Description: Diagnosis of	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
720 cont'd	<p>inflammatory carcinoma WITH a clinical diagnosis of inflammation, erythema, edema, peau d'orange, etc., of not more than 50% of the breast, WITH or WITHOUT dermal lymphatic infiltration; Inflammatory carcinoma, NOS; NOTE: Code 720 has been combined with code 710. Any cases coded to 720 should be re-coded to code 710. Previous wording (V0100): Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc. of LESS THAN OR EQUAL TO 50% of the breast, WITH or WITHOUT dermal lymphatic infiltration</p>	ERROR	ERROR	ERROR	ERROR
725	<p>Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving one-third (33%) or more but less than or equal to one-half (50%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration</p>	T4d	T4d	RE	RE
730	<p>Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving more than one-half (50%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration</p>	T4d	T4d	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
750	Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., but percent of involvement not stated, WITH or WITHOUT dermal lymphatic infiltration. Note: If percentage is known, code to 600, 725, or 730. Diagnosis of inflammatory carcinoma WITHOUT a clinical description of inflammation, erythema, edema, peau d'orange, etc., WITH or WITHOUT dermal lymphatic infiltration Inflammatory carcinoma, NOS	T4d	T4d	RE	RE
780	Stated as T4d with no other information on extension	T4d	T4d	RE	RE
790	State as T4 [NOS] with no other information on extension	T4NOS	T4NOS	RE	RE
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

^ For CS Extension codes 100-140, 200, and 300 ONLY, the T category is assigned based on value of CS Tumor Size as shown in the Extension Size Table for this schema.

* For CS Extension codes 100-140, 200, and 300 ONLY, the T category is assigned based on value of CS Tumor Size as shown in the Extension Size Table for this schema.

** For CS Extension codes 050 and 070 ONLY, Summary Stage 1977 and Summary Stage 2000 are assigned based on the value of Behavior Code ICD-O-3 as shown in the Extension Behavior Table for this schema.

Breast

CS Tumor Size/Ext Eval

See Standard Table

Breast**CS Lymph Nodes**

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes such as cervical (excluding supraclavicular) or contralateral axillary are coded in CS Mets at DX.

Note 2: Micrometastases are defined as tumor deposits greater than 0.2 millimeter (mm) but not greater than 2.0 mm in largest dimension. Macrometastases are tumor deposits greater than 2.0 mm. All nodes with at least micrometastases are included in the count of positive lymph nodes, but at least one node must contain a macrometastasis for assignment of a pathologic N category greater than pN1mi.

Note 3: If the pathology report indicates that nodes are positive but size of the metastases is not stated, assume the metastases are greater than 0.2 mm and code the lymph nodes as positive in this field. Use code 600 in the absence of other information about regional nodes.

Note 4: In a physical exam if palpable nodes are not described as fixed or matted, assume that nodes are movable.

Note 5: Codes 130-600 refer to level I and level II ipsilateral axillary lymph nodes and ipsilateral intramammary nodes only. Ipsilateral level III axillary lymph nodes, which are also known as infraclavicular or apical nodes, are coded 750 or higher. Axillary lymph nodes do not include internal mammary or ipsilateral supraclavicular lymph nodes.

Note 6: For the breast schema, the choice of the N category is dependent on the CS Lymph Nodes Eval field. There are certain CS Lymph Nodes codes that can only be used if the nodes are evaluated clinically (CS Lymph Nodes Eval is coded 0, 1, 5, or 9), which will be designated as "Evaluated clinically:" at the beginning of the code description. Similarly, there are certain CS Lymph Nodes codes that can only be used if the nodes are evaluated pathologically (CS Lymph Nodes Eval is coded 2, 3, 6, or 8), and these will be designated as "Evaluated pathologically:". All other codes can be used for clinical or pathologic evaluation.

Note 7: Isolated tumor cells (ITC) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected only by immunohistochemical (IHC) or molecular methods but which may be verified on hematoxylin and eosin (H and E) stains. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction). Lymph nodes with ITCs only are not considered positive lymph nodes. If the record only states N0(i+), code to 000 and see CS Site-Specific Factor 4.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement OR isolated tumor cells (ITCs) detected by immunohistochemistry /immunohistochemical (IHC) methods or molecular methods ONLY . (See Note 7 and CS Site-Specific Factors 4 and 5)	^	*	NONE	NONE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
050	Evaluated pathologically: None; no regional lymph node involvement BUT ITCs detected on routine hematoxylin and eosin (H and E) stains. (See Note 7)	N0(i+)	N0(i+)	NONE	NONE
130	Evaluated pathologically: Axillary lymph node(s), ipsilateral, micrometastasis ONLY detected by IHC ONLY (At least one micrometastasis greater than 0.2 mm or more than 200 cells AND all micrometastases less than or equal to 2 mm)	N1mi	N1mi	RN	RN
150	Evaluated pathologically: Axillary lymph node(s), ipsilateral, micrometastasis ONLY detected or verified on H&E; (At least one micrometastasis greater than 0.2 mm or more than 200 cells AND all micrometastases less than or equal to 2 mm); Micrometastasis, NOS	N1mi	N1mi	RN	RN
155	Evaluated pathologically: Stated as N1mi with no other information on regional lymph nodes	N1mi	N1mi	RN	RN
250	Evaluated pathologically: Movable axillary lymph node(s), ipsilateral, positive with more than micrometastasis (At least one metastasis greater than 2 mm); (See Note 4)	^^	**	RN	RN
255	Evaluated clinically: Clinically movable axillary lymph node(s), ipsilateral, positive; (Clinical assessment because of neoadjuvant therapy or no pathology) See Note 44	N1	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
257	Evaluated clinically: Clinically stated only as N1; (Clinical assessment because of neoadjuvant therapy or no pathology)	N1	N1	RN	RN
258	Evaluated pathologically: Pathologically stated only as N1 [NOS], no information on which nodes were involved	^^	**	RN	RN
260	Stated as N1 [NOS] with no other information on regional lymph nodes	^^	**	RN	RN
280	OBSOLETE DATA RETAINED V0104 ; Stated as N2, NOS	ERROR	**	RN	RN
290	OBSOLETE DATA CONVERTED V0203 ; See code 610 Clinically stated only as N2, NOS (clinical assessment because of neoadjuvant therapy or no pathology)	ERROR	ERROR	ERROR	ERROR
300	OBSOLETE DATA CONVERTED V0203 ; See code 620 Pathologically stated only as N2 NOS; no information on which nodes were involved	ERROR	ERROR	ERROR	ERROR
500	OBSOLETE DATA RETAINED V0104 Fixed/matted ipsilateral axillary nodes, positive with more than micrometastasis (i.e., at least one metastasis greater than 2 mm); Fixed /matted ipsilateral axillary nodes, NOS	ERROR	**	RN	RN
510	Evaluated clinically: Fixed/matted ipsilateral axillary nodes clinically (Clinical assessment	^^	**	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
510 cont'd	because of neoadjuvant therapy or no pathology) Stated clinically as N2a (Clinical assessment because of neoadjuvant therapy or no pathology)	^^	**	RN	RN
520	Evaluated pathologically: Fixed/matted ipsilateral axillary nodes clinically with pathologic involvement of lymph nodes WITH at least one metastasis greater than 2 mm	^^	**	RN	RN
600	Axillary/regional lymph node(s), NOS Lymph nodes, NOS	^^	**	RN	RN
610	Evaluated clinically: Clinically stated only as N2 [NOS] (Clinical assessment because of neoadjuvant therapy or no pathology)	^^	**	RN	RN
620	Evaluated pathologically: Pathologically stated only as N2 [NOS]; no information on which nodes were involved	^^	**	RN	RN
630	Stated as N2 [NOS] with no other information on regional lymph nodes	^^	**	RN	RN
710	Evaluated pathologically: Internal mammary node(s), ipsilateral, positive on sentinel nodes but not clinically apparent; (No positive imaging or clinical exam) WITHOUT axillary lymph node(s), ipsilateral	N1b	N1b	RN	RN
720	Evaluated pathologically: Internal mammary node(s), ipsilateral, positive on sentinel nodes but not clinically apparent; (No positive imaging or	^^	**	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
720 cont'd	clinical exam) WITH axillary lymph node(s), ipsilateral	^^	**	RN	RN
730	Evaluated pathologically: Internal mammary node(s), ipsilateral, positive on sentinel nodes but not clinically apparent; (No positive imaging or clinical exam) UNKNOWN if positive axillary lymph node(s), ipsilateral	N1b	N1b	RN	RN
735	Evaluated clinically: Internal mammary node(s), ipsilateral, positive on sentinel nodes but primary not resected WITHOUT axillary lymph node(s), ipsilateral OR UNKNOWN if positive axillary lymph node(s), ipsilateral	N2b	N2b	RN	RN
740	Internal mammary node(s), ipsilateral, clinically apparent (On imaging or clinical exam) WITHOUT axillary lymph node(s), ipsilateral	N2b	N2b	RN	RN
745	Internal mammary node(s), ipsilateral, clinically apparent (On imaging or clinical exam) UNKNOWN if positive axillary lymph node(s), ipsilateral	N2b	N2b	RN	RN
748	Stated as N2b with no other information on regional lymph nodes	^^	**	RN	RN
750	Infraclavicular lymph node(s) (subclavicular) (level III axillary nodes) (apical), ipsilateral WITH or WITHOUT axillary nodes(s) WITHOUT internal mammary node(s)	N3a	N3a	D	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
755	Stated as N3a with no other information on regional lymph nodes	N3a	N3a	D	RN
760	OBsolete DATA RETAINED AND REVIEWED V0203 See codes 763 and 765 Internal mammary node(s), ipsilateral, clinically apparent (on imaging or clinical exam) WITH axillary lymph node(s), ipsilateral, codes 150 to 600 WITH or WITHOUT infraclavicular (level III axillary nodes) (apical) lymph nodes	N3b	N3b	RN	RN
763	Internal mammary node(s), ipsilateral, clinically apparent (On imaging or clinical exam) WITH axillary lymph node(s), ipsilateral, codes 150 to 600 WITHOUT infraclavicular (level III axillary nodes) (apical) lymph nodes or unknown if infraclavicular (level III axillary nodes) (apical) lymph nodes involved	N3b	N3b	RN	RN
764	Internal mammary node(s), ipsilateral, clinically apparent (On imaging or clinical exam) WITHOUT axillary lymph node(s), ipsilateral WITH infraclavicular (level III axillary nodes) (apical) lymph nodes involved	N3b	N3b	D	RN
765	Internal mammary node(s), ipsilateral, clinically apparent (On imaging or clinical exam) WITH axillary lymph node(s), ipsilateral WITH infraclavicular (level III axillary nodes) (apical) lymph nodes involved	N3b	N3b	D	RN
768	Stated as N3b with no other information on regional lymph nodes	N3b	N3b	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
770	OBSOLETE DATA RETAINED V0200 Internal mammary node(s), ipsilateral, clinically apparent (on imaging or clinical exam) UNKNOWN if positive axillary lymph node(s), ipsilateral	ERROR	N2b	RN	RN
780	OBSOLETE DATA RETAINED V0200; (750) + (770)	ERROR	N3a	D	RN
790	OBSOLETE DATA CONVERTED V0203; See code 820 Stated as N3, NOS	ERROR	ERROR	ERROR	ERROR
800	Supraclavicular node(s), ipsilateral	N3c	N3c	D	D
805	Stated as N3c with no other information on regional lymph nodes	N3c	N3c	D	D
810	Evaluated clinically: Clinically stated only as N3 [NOS] (Clinical assessment because of neoadjuvant therapy or no pathology)	N3NOS	N3NOS	RN	RN
815	Evaluated pathologically: Pathologically stated only as N3 [NOS]; no information on which nodes were involved	N3NOS	N3NOS	RN	RN
820	Stated as N3, NOS with no other information on regional lymph nodes	N3NOS	N3NOS	RN	RN
999	Unknown; regional lymph nodes not stated; Regional lymph node(s) cannot be assessed Not documented in patient record	NX	NX	U	U

^ For CS Lymph Nodes code 000 ONLY, the N category is assigned based on the coding of CS Site-Specific Factors 4 and 5 using the IHC MOL Table for this schema.

^^ For CS Lymph Nodes codes 250, 258, 260, 510, 520, 600, 610, 620, 630, 720, and 748 ONLY, the

N category is assigned based on the values of CS Lymph Nodes Eval and CS Site-Specific Factor 3 (Number of Positive Ipsilateral Axillary Lymph Nodes). If the CS Lymph Nodes Eval code is 2 (p), 3 (p), 6 (y), or 8 (a), the N category is determined by reference to the Lymph Nodes Pathologic Evaluation Table. If the CS Lymph Nodes Eval code is 0 (c), 1(c), 5(c), or 9 (c), the N category is determined by reference to the Lymph Nodes Clinical Evaluation Table. If the CS Lymph Nodes Eval field is not coded, the N category is determined by reference to the Lymph Nodes Positive Axillary Node Table.

* For CS Lymph Nodes code 000 ONLY, the N category is assigned based on the coding of CS Site-Specific Factors 4 and 5 using the IHC MOL Table for this schema.

** For CS Lymph Nodes codes 250,258, 260, 280, 500, 510, 520, 600, 610, 620, 630, 720, and 748 ONLY, the N category is assigned based on the values of CS Lymph Nodes Eval and CS Site-Specific Factor 3 (Number of Positive Ipsilateral Axillary Lymph Nodes). If the CS Lymph Nodes Eval code is 2 (p), 3 (p), 6 (y), or 8 (a), the N category is determined by reference to the Lymph Nodes Pathologic Evaluation Table. If the CS Lymph Nodes Eval code is 0 (c), 1(c), 5(c), or 9 (c), the N category is determined by reference to the Lymph Nodes Clinical Evaluation Table. If the CS Lymph Nodes Eval field is not coded, the N category is determined by reference to the Lymph Nodes Positive Axillary Node Table.

Breast

CS Lymph Nodes Eval

See Standard Table

Breast

Regional Nodes Positive

See Standard Table

Note 1: Record this field even if there has been preoperative treatment.

Note 2: Lymph nodes with only isolated tumor cells (ITCs) are NOT counted as positive lymph nodes. Only lymph nodes with metastases greater than 0.2mm (micrometastases or larger) should be counted as positive. If the pathology report indicates that nodes are positive but size of the metastases is not stated, assume the metastases are > 0.2mm and code the lymph nodes as positive in this field.

Note 3: Record all positive regional lymph nodes in this field. Record the number of positive ipsilateral regional level I-II axillary nodes separately in the appropriate Site-Specific Factor field.

Breast

Regional Nodes Examined

See Standard Table

Breast

CS Mets at DX

Note 1: Involvement of supraclavicular (transverse cervical) lymph nodes is coded in CS Lymph Nodes.

Note 2: Cases in which there are no distant metastases as determined by clinical and/or radiographic methods are designated cM0 (use code 00). Cases in which one or more distant metastases are identified by clinical and/or radiographic methods are designated cM1. A case is classified as

clinically free of metastasis (cM0) unless there is documented evidence of metastasis by clinical means or by biopsy of a metastatic site (pathologic). Use code 99 if there is no documentation available for any staging assessment, or if there is reasonable doubt that the tumor is no longer localized and there is no documentation of distant metastasis.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	M0	NONE	NONE
05	No clinical or radiographic evidence of distant metastasis, but deposits of molecularly or microscopically detected tumor cells in circulating blood, bone marrow or other non-regional nodal tissue that are 0.2 millimeters (mm) or less in a patient without symptoms or signs of metastasis	M0(i+)	M0	NONE	NONE
07	Stated as M0(i+) with no other information on distant metastasis	M0(i+)	M0	NONE	NONE
10	Distant lymph node(s): Cervical, NOS Contralateral/bilateral axillary and/or internal mammary Other than above Distant lymph node(s), NOS	M1	M1	D	D
40	Distant metastasis except distant lymph node(s) (code 10) Carcinomatosis	M1	M1	D	D
42	Further contiguous extension: Skin over: Axilla Contralateral (opposite) breast Sternum Upper abdomen	M1	M1	D	D
44	Metastasis: Adrenal (suprarenal) gland Bone, other than adjacent rib Contralateral (opposite) breast - if stated as metastatic	M1	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
44 cont'd	Lung Ovary Satellite nodule(s) in skin other than primary breast	M1	M1	D	D
50	(40 - 44) + 10	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	M1	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

Breast**CS Mets Eval****See Standard Table**

Note: This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

Breast**CS Site-Specific Factor 1****Estrogen Receptor (ER) Assay**

Note: See page A-122

Note 1:

A. In cases where ER is reported on more than one tumor specimen (except as noted in B and D), record the highest value. If any sample is positive, record as positive.

B. If neoadjuvant therapy is given, record the assay from tumor specimens prior to neoadjuvant therapy.

C. If neoadjuvant therapy is given and there are no ER results from pre-treatment specimens, report the findings from post-treatment specimens.

D. If the patient is ER positive and node negative, a multigene test such as OncotypeDX may be performed, in which case another ER test will be performed. Do not record the results of that test in this field. Record only the results of the test which made the patient eligible to be given the multigene test.

Note 2: In general, estrogen receptor (ER) assay is only performed on one sample. In cases where the assay is performed on more than one sample, there is not necessarily any reason to think that the most accurate is the test done on the "largest" tumor specimen. Clinically, treatment will be based on any positive test; with the benefit and minimal toxicity of hormonal therapy, most patients will be given the "benefit of the doubt" and treated with hormonal therapy if any ER test is positive.

Note 3: The most recent interpretation guidelines for ER do not allow for a borderline result. Therefore, code 030 will rarely be used. If 1% or greater cells stain positive, the test results are considered positive. If less than 1% of cells stain positive, the results are considered negative.

Code	Description
000	OBSOLETE DATA CONVERTED V0203; See code 998 Test not done (test not ordered and not performed)
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
080	OBSOLETE DATA CONVERTED V0203; See code 997 Ordered, but results not in chart
988	Not applicable: Information not collected for this case; (If this item is required by your standard setter, use of code 988 will result in an edit error.)
996	Test ordered, results not interpretable
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information; Not documented in patient record

Breast

CS Site-Specific Factor 2

Progesterone Receptor (PR) Assay

Note: See page A-122

Note 1:

A. In cases where PR is reported on more than one tumor specimen (except as noted in B and D), record the highest value. If any sample is positive, record as positive.

B. If neoadjuvant therapy is given, record the assay from tumor specimens prior to neoadjuvant therapy.

C. If neoadjuvant therapy is given and there are no PR results from pre-treatment specimens, report the findings from post-treatment specimens.

D. If the patient is PR positive and node negative, a multigene test such as OncotypeDX may be performed, in which case another PR test will be performed. Do not record the results of that test in this field. Record only the results of the test which made the patient eligible to be given the multigene test.

Note 2: In general, progesterone receptor (PR) assay is only performed on one sample. In cases where the assay is performed on more than one sample, there is not necessarily any reason to think that the most accurate is the test done on the "largest" tumor specimen. Clinically, treatment will be based on any positive test; with the benefit and minimal toxicity of hormonal therapy, most patients will be given the "benefit of the doubt" and treated with hormonal therapy if any PR test is positive.

Note 3: The most recent interpretation guidelines for PR do not allow for a borderline result. Therefore, code 030 will rarely be used. If 1% or greater cells stain positive, the test results are considered positive. If less than 1% of cells stain positive, the results are considered negative.

Code	Description
000	OBSOLETE DATA CONVERTED V0203; See code 998 Test not done (test was not ordered and was not performed)
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
080	OBSOLETE DATA CONVERTED V0203; See code 997 Ordered, but results not in chart
988	Not applicable: Information not collected for this case; (If this item is required by your standard setter, use of code 988 will result in an edit error.)
996	Test ordered, results not interpretable
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information; Not documented in patient record

Breast

CS Site-Specific Factor 3

Number of Positive Ipsilateral Level I-II Axillary Lymph Nodes

Note: See page A-119

Note 1: Include only the number of positive ipsilateral level I and II axillary lymph nodes and intramammary lymph nodes in this field. Intramammary nodes, located within the breast, are not the same as internal mammary nodes, located along the sternum.

Note 2: Record this field even if there has been preoperative treatment.

Note 3: Lymph nodes with only isolated tumor cells (ITCs) are not counted as positive lymph nodes. Only lymph nodes with metastases greater than 0.2 mm (micrometastases or larger) should be

counted as positive. If the pathology report indicates that axillary nodes are positive but size of the metastases is not stated, assume the metastases are greater than 0.2 mm and code the lymph nodes as positive in this field.

Note 4: This field is based on pathologic information only. If no ipsilateral axillary nodes are removed for examination, or if an ipsilateral axillary lymph node drainage area is removed but no lymph nodes are found, code 098.

Note 5: Instructions in the CSv2 General Rules Part I for Regional Nodes Positive also apply to this field (although the codes in Regional Nodes Positive are 2 digits rather than 3). When positive ipsilateral axillary lymph nodes are coded in this field, the number of positive ipsilateral axillary lymph nodes must be less than or equal to the number coded in Regional Nodes Positive (i.e., the number of positive ipsilateral axillary nodes will always be a subset of the number of positive regional nodes).

Code	Description
000	All ipsilateral axillary nodes examined negative
001-089	1 - 89 nodes positive; (Exact number of nodes positive)
090	90 or more nodes positive
095	Positive aspiration of lymph node(s)
097	Positive nodes, number unspecified
098	No axillary nodes examined
099	Unknown if axillary nodes are positive Not documented in patient record
988	Not applicable: Information not collected for this case; (If this item is required by your standard setter, use of code 988 will result in an edit error.)

Breast

CS Site-Specific Factor 4

Immunohistochemistry (IHC) of Regional Lymph Nodes

Note: See page A-120

Note 1: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 millimeter (mm), usually detected by immunohistochemistry (IHC), hematoxylin and eosin stains (H and E) (see CS Lymph Nodes code 050), or molecular (MOL) methods (Reverse Transcription Polymerase Chain Reaction, RT-PCR) (see CS Site-Specific Factor 5). ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction.)

Note 2: When CS Lymph Nodes is coded 000, use codes 000-009 only to report results of IHC. Otherwise code 987 in this field.

Note 3: If it is unstated whether or not tests are done for IHC, assume they are not done.

Note 4: If the record states N0(i+) and no other information, code to 009.

Code	Description
000	Regional lymph nodes negative on routine hematoxylin and eosin (H and E), no immunohistochemistry (IHC) OR unknown if tested for isolated tumor cells (ITCs) by IHC studies Nodes clinically negative, not examined pathologically
001	Regional lymph nodes negative on routine H and E, IHC studies done, negative for tumor
002	Regional lymph nodes negative on routine H and E, IHC studies done, positive for ITCs; (Tumor cell clusters not greater than 0.2 millimeter (mm))
009	Regional lymph nodes negative on routine H and E, positive for tumor detected by IHC, size of tumor cell clusters or metastases not stated Stated as N0(i+) with no further information on regional lymph nodes
888	OBSOLETE DATA CONVERTED V0200; See code 987; Not applicable: CS Lymph Nodes not coded 000
987	Not applicable: CS Lymph Nodes not coded 000
988	Not applicable: Information not collected for this case; (If this item is required by your standard setter, use of code 988 will result in an edit error.)

Breast

CS Site-Specific Factor 5

Molecular (MOL) Studies of Regional Lymph Nodes

Note: See page A-121

Note 1: Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemistry (IHC) (see CS Site-Specific Factor 4), Hematoxylin and Eosin (H and E) (see CS Lymph Nodes code 050, or molecular (MOL) methods (Reverse Transcription Polymerase Chain Reaction, RT-PCR). ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction.)

Note 2: Use codes 000-002 only to report results of MOL studies (RT-PCR) when CS Lymph Nodes is coded 000. Otherwise code 987 in this field.

Note 3: If it is not stated whether molecular tests are done, assume they are not done.

Code	Description
000	Regional lymph nodes negative on routine hematoxylin and eosin (H and E), no RT-

Code	Description
000 cont'd	PCR molecular (MOL) studies done OR unknown if RT-PCR studies done Nodes clinically negative, not examined pathologically
001	Regional lymph nodes negative on routine H and E, RT-PCR MOL studies done, negative for tumor
002	Regional lymph nodes negative on routine H and E, RT-PCR MOL studies done, positive for tumor
888	OBSOLETE DATA CONVERTED V0200 ; See code 987; Not applicable CS Lymph Nodes not coded 000
987	Not applicable: CS Lymph Nodes not coded 000
988	Not applicable: Information not collected for this case; (If this item is required by your standard setter, use of code 988 will result in an edit error.)

Breast**CS Site-Specific Factor 8****HER2: Immunohistochemistry (IHC) Lab Value****Note: See page A-126**

Note 1: Record the results of only the immunohistochemistry (IHC) lab value for Human Epidermal Growth Factor Receptor 2 (HER2) in this field. The test determines if there is HER2 overexpression, or an excess amount of HER2 protein on the cell surface. The score is assigned by the pathologist based on the percentage and intensity of cell membrane staining.

Note 2: The same laboratory test should be used to record information in CS Site-Specific Factors 8 and 9.

Note 3: If the test is done but the actual score is not stated, code 997.

Note 4: If the test is not mentioned in the medical record, code to 999 unless there are circumstances under which the test isn't performed, for example no histologic specimen.

Code	Description
000	Score 0
001	OBSOLETE DATA CONVERTED V0203 ; See code 010 Score 1+
002	OBSOLETE DATA CONVERTED V0203 ; See code 020 Score 2+

Code	Description
003	OBSOLETE DATA CONVERTED V0203 ; See code 030 Score 3+
010	Score of 1+
020	Score of 2+
030	Score of 3+
988	Not applicable: Information not collected for this case; (If this information is required by your standard setter, use of code 988 may result in an edit error.)
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information; Not documented in patient record

Breast**CS Site-Specific Factor 9****HER2: Immunohistochemistry (IHC) Test Interpretation****Note:** See page A-126**Note 1:** Record the results of only the immunohistochemical (IHC) test for Human Epidermal Growth Factor Receptor 2 (HER2) in this field.**Note 2:** The same laboratory test should be used to record information in CS Site-Specific Factors 8 and 9.**Note 3:** If the test is not mentioned in the medical record, code to 999 unless there are circumstances under which the test isn't performed, for example no histologic specimen.

Code	Description
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; equivocal; indeterminate; undetermined whether positive or negative
988	Not applicable: Information not collected for this case; (If this information is required by your standard setter, use of code 988 may result in an edit error.)

Code	Description
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information; Not documented in patient record

Breast**CS Site-Specific Factor 10****HER2: Fluorescence In Situ Hybridization (FISH) Lab Value****Note:** See page A-127

Note 1: Record the results of only the Fluorescence In Situ Hybridization (FISH) test for Human Epidermal Growth Factor Receptor 2 (HER2) in this field. The test determines if there are additional copies of the HER2/neu gene in the tumor cells compared to the normal number. The results are reported as a ratio between the number of copies of the HER2/neu gene and the number of copies of chromosome 17, on which the gene resides.

Note 2: Record the actual ratio if given. Enter the stated ratio to two decimal places. Use a trailing zero if needed.

Note 3: The same laboratory test should be used to record information in CS Site-Specific Factors 10 and 11.

Note 4: If the test is done but the actual ratio is not stated, use code 997.

Note 5: If the test is not mentioned in the medical record, code to 999 unless there are circumstances under which the test isn't performed, for example no histologic specimen.

Code	Description
100-979	Ratio of 1.00 - 9.79 (Enter exact ratio to two decimal places) Examples: 100 1.0 120 1.2 564 5.64
980	Ratio of 9.80 or greater
981-986	OBSOLETE DATA CONVERTED V0203; See code 980 Ratio of 9.81 - 9.86
987	OBSOLETE DATA CONVERTED V0203; See code 980 Ratio of 9.87 or greater
988	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 988 may result

Code	Description
988 cont'd	in an edit error.)
991	Ratio of less than 1.00
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information; Not documented in patient record

Breast**CS Site-Specific Factor 11****HER2: Fluorescence In Situ Hybridization (FISH) Test Interpretation****Note:** See page A-127**Note 1:** Record the interpretation of only the Fluorescence In Situ Hybridization (FISH) test for Human Epidermal Growth Factor Receptor 2 (HER2) in this field.**Note 2:** The same laboratory test should be used to record information in CS Site-Specific Factors 10 and 11.**Note 3:** If the test is not mentioned in the medical record, code to 999 unless there are circumstances under which the test isn't performed, for example, no histologic specimen.

Code	Description
010	Positive/elevated; amplified
020	Negative/normal; within normal limits; not amplified
030	Borderline; equivocal; indeterminate; undetermined whether positive or negative
988	Not applicable: Information not collected for this case; (If this information is required by your standard setter, use of code 988 may result in an edit error.)
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information; Not documented in patient record

Breast**CS Site-Specific Factor 12****HER2: Chromogenic In Situ Hybridization (CISH) Lab Value**

Note: See page A-127

Note 1: Record the results of only the Chromogenic In Situ Hybridization (CISH) test for Human Epidermal Growth Factor Receptor 2 (HER2) in this field. The test determines whether there are additional copies of the HER2/neu gene in the tumor cells. The results are reported as the mean number of copies of the HER2/neu gene on either 30 or 60 tumor cells.

Note 2: Record the actual mean if given. Enter the stated mean to two decimal places. Use a trailing zero if needed.

Note 3: The same laboratory test should be used to record information in CS Site-Specific Factors 12 and 13.

Note 4: If the test is done but the actual mean is not stated, use code 997.

Note 5: If the test is not mentioned in the medical record, code to 999 unless there are circumstances under which the test isn't performed, for example, no histologic specimen.

Code	Description
100-979	Mean of 1.00 - 9.79; (Enter exact mean to two decimal places) Examples: 100 1.0 120 1.2 564 5.64
980	Mean of 9.80 or greater
981-986	OBSOLETE DATA CONVERTED V0203; See code 980 Mean of 9.81 - 9.86
987	OBSOLETE DATA CONVERTED V0203; See code 980 Mean of 9.87 or greater
988	Not applicable: Information not collected for this case; (If this information is required by your standard setter, use of code 988 may result in an edit error.)
991	Mean of less than 1.00
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information Not documented in patient record

Breast**CS Site-Specific Factor 13****HER2: Chromogenic In Situ Hybridization (CISH) Test Interpretation**

Note: See page A-127

Note 1: Record the interpretation of only the Chromogenic In Situ Hybridization (CISH) test for Human Epidermal Growth Factor Receptor 2 (HER2) in this field.

Note 2: The same laboratory test should be used to record information in CS Site-Specific Factors 12 and 13.

Note 3: If the test is not mentioned in the medical record, code to 999 unless there are circumstances under which the test isn't performed, for example, no histologic specimen.

Code	Description
010	Positive/elevated; amplified
020	Negative/normal; within normal limits; not amplified
030	Borderline; equivocal; indeterminate; undetermined whether positive or negative
988	Not applicable: Information not collected for this case; (If this information is required by your standard setter, use of code 988 may result in an edit error.)
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information; Not documented in patient record

Breast

CS Site-Specific Factor 14

HER2: Result of Other or Unknown Test

Note: See page A-128

Note 1: If another type of in situ hybridization type was performed for Human Epidermal Growth Factor Receptor 2 (Her2), other than fluorescent (FISH) or chromogenic (CISH), record the results here.

Note 2: If it is unknown which type of Her2 test was performed, record the results here.

Note 3: If no unnamed HER2 test is mentioned in the medical record, code to 999 unless there are circumstances under which the test isn't performed, for example, no histologic specimen.

Code	Description
010	Positive/elevated; amplified
020	Negative/normal; within normal limits; not amplified
030	Borderline; equivocal; indeterminate; undetermined whether positive or negative
988	Not applicable: Information not collected for this case; (If this information is required

Code	Description
988 cont'd	by your standard setter, use of code 988 may result in an edit error.)
997	Test ordered, results not in chart
998	Test not done (test not ordered and was performed)
999	Unknown or no information; Not documented in patient record

Breast**CS Site-Specific Factor 15****HER2: Summary Result of Testing****Note: See page A-128**

Note 1: The summary of the results of the Immunohistochemistry (IHC), Fluorescent In Situ Hybridization (FISH), Chromogenic In Situ Hybridization (CISH), or other/unknown Human Epidermal Growth Factor Receptor 2 (HER2) test is recorded here. This variable is based on CS Site-Specific Factors 9, 11, 13, and 14.

Note 2: If both an IHC and a gene-amplification test (FISH or CISH) are performed, record the result of the gene-amplification test in this field. However, if the gene-amplification test is given first and the result is borderline or equivocal and an IHC test is done to clarify these equivocal results, code the result of the IHC test.

Note 3: If the results of one test are available, and it is known that a second test is performed but the results are not available, use code 997.

Code	Description
010	Positive/elevated; amplified
020	Negative/normal; within normal limits; not amplified
030	Borderline; equivocal; indeterminate; undetermined whether positive or negative
988	Not applicable: Information not collected for this case; (If this information is required by your standard setter, use of code 988 may result in an edit error.)
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information Not documented in patient record

Breast**CS Site-Specific Factor 16****Combinations of ER, PR, and HER2 Results****Note:** See page A-129

Note 1: There is a clinical interest in triple negative breast cancer, or breast cancer that is negative for estrogen receptors (ER), progesterone receptors (PR), and Human Epidermal Growth Factor Receptor 2 (HER2) amplification or overexpression.

Note 2: This field is based on CS Site-Specific Factors 1, 2, and 15.

Note 3: ER results are coded in the first digit: 0 for negative and 1 for positive.

Note 4: PR results are coded in the second digit: 0 for negative and 1 for positive.

Note 5: HER2 results are coded in the third digit: 0 for negative and 1 for positive.

Note 6: If information is unknown or not available for one or more of the three types of tests, or if one or more of the three types of tests was not performed, code 999.

Code	Description
000	ER Negative, PR Negative, HER2 Negative (Triple Negative)
001	ER Negative, PR Negative, HER2 Positive
010	ER Negative, PR Positive, HER2 Negative
011	ER Negative, PR Positive, HER2 Positive
100	ER Positive, PR Negative, HER2 Negative
101	ER Positive, PR Negative, HER2 Positive
110	ER Positive, PR Positive, HER2 Negative
111	ER Positive, PR Positive, HER2 Positive
988	Not applicable: Information not collected for this case; (If this information is required by your standard setter, use of code 988 may result in an edit error.)
999	One or more tests not performed One or more tests unknown if performed One or more tests with unknown or borderline results Unknown or no information Not documented in patient record

Breast**CS Site-Specific Factor 21****Response to Neoadjuvant Therapy****Note:** See page A-129

Note 1: Review the medical record for a specific statement by a physician about the response to neoadjuvant therapy. Do not try to interpret or infer a response based on other documentation in the medical record such as a description of residual tumor on the pathology report.. Use code 999 if it is unknown if neoadjuvant therapy was given

Code	Description
010	Complete response (CR)
020	Partial response (PR)
030	No response (NR)
987	Not applicable: Neoadjuvant therapy not given
988	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 988 may result in an edit error.)
998	OBSOLETE DATA CONVERTED V0203 See code 987 No neoadjuvant therapy
999	Unknown or no information Not documented in patient record

Breast**CS Site-Specific Factor 22****Multigene Signature Method****Note:** See page A-130

Note 1: Multigene signatures or classifiers are assays of a panel of genes from a tumor specimen, intended to provide a quantitative assessment of the likelihood of response to chemotherapy and to evaluate prognosis or distant recurrence. Oncotype DX and MammaPrint (also called MammoPrint) are two commercially available genomic tests.

Note 2: Code the type of test performed. The same test should be used to record information in CS Site-Specific Factors 22 and 23.

Note 3: This information may not be available at diagnosis and may require follow-up with the physician

Code	Description
010	Oncotype DX
020	MammaPrint (MammoPrint)
030	Other
040	Test performed, type of test unknown
988	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 988 may result in an edit error.)
997	OBSOLETE DATA CONVERTED V0203 See code 040 Test ordered, results not in chart
998	Test not done (test not ordered and was performed)
999	Unknown or no information Not documented in patient record

Breast**CS Site-Specific Factor 23****Multigene Signature Results****Note:** See page A-131

Note 1: The results for the Oncotype DX test are expressed as a percentage Recurrence Score ranging from 0 to 100, with risk assessment in the categories of low, intermediate, and high.

Note 2: The results for the MammaPrint test are expressed as low risk for distant recurrence and high risk for distant recurrence.

Note 3: Code the score or results of the multigene signature assay recorded in CS Site-Specific Factor 22. Code the percentage score for Oncotype DX if available in preference to the risk assessment. Code the risk assessment for MammaPrint.

Note 4: This information may not be available at diagnosis and may require follow-up with the physician

Code	Description
001-100	Score of 000 - 100 (Actual score with leading zeroes to nearest whole percentage)
200	Low risk of recurrence (good prognosis)

Code	Description
205	OBSOLETE DATA CONVERTED V0203 See code 400 High risk of recurrence (poor prognosis)
300	Intermediate risk of recurrence
400	High risk of recurrence (poor prognosis)
988	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 988 may result in an edit error.)
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information Not documented in patient record