

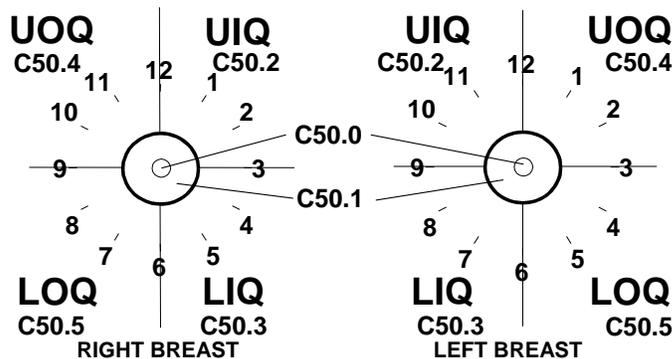
SEER Site-Specific Coding Guidelines**BREAST****C500–C509**

- C500 **Nipple** (areolar)
Paget disease without underlying tumor
- C501 **Central** portion of **breast (subareolar)** area extending 1 cm around areolar complex
Retroareolar
Infraareolar
Next to areola, NOS
Behind, beneath, under, underneath, next to, above, cephalad to, or below nipple
Paget disease with underlying tumor
- C502 **Upper inner quadrant (UIQ)** of breast
Superior medial
Upper medial
Superior inner
- C503 **Lower inner quadrant (LIQ)** of breast
Inferior medial
Lower medial
Inferior inner
- C504 **Upper outer quadrant (UOQ)** of breast
Superior lateral
Superior outer
Upper lateral
- C505 **Lower outer quadrant (LOQ)** of breast
Inferior lateral
Inferior outer
Lower lateral
- C506 **Axillary tail** of breast
Tail of breast, NOS
Tail of Spence
- C508 **Overlapping** lesion of breast
Inferior breast, NOS
Inner breast, NOS
Lateral breast, NOS
Lower breast, NOS
Medial breast, NOS
Midline breast NOS
Outer breast NOS
Superior breast, NOS
Upper breast, NOS
3:00, 6:00, 9:00, 12:00 o'clock
- C509 **Breast, NOS**
Entire breast
Multiple tumors in different subsites within breast

Inflammatory without palpable mass
 ¾ or more of breast involved with tumor
 Diffuse (tumor size 998)

The position of the tumor in the breast may be described as the positions on a clock

O'Clock Positions and Codes Quadrants of Breasts



Priority Order for Coding Subsites

Use the information from reports in the following priority order to code a subsite when the medical record contains conflicting information:

- 1 Pathology report
- 2 Operative report
- 3 Physical examination
- 4 Mammogram, ultrasound

If the pathology proves invasive tumor in one subsite and in situ tumor in all other involved subsites, code to the subsite involved with invasive tumor

When to Use Subsites 8 and 9

- A. Code the primary site to C508 when there is a single tumor that overlaps two or more subsites, and the subsite in which the tumor originated cannot be determined.
- B. Code the primary site to C508 when there is a **single tumor** located at the **12, 3, 6, or 9 o'clock** position on the breast
- C. Code the primary site to C509 when there are multiple tumors (two or more) in at least two quadrants of the breast.

Priority Rules for Grading Breast Cancer

Code the tumor grade using the following priority order:

1. **Bloom-Richardson (Nottingham) scores** 3-9 converted to grade (see conversion table on page 372)
2. **Bloom Richardson grade** (low, intermediate, high)
3. Nuclear grade only
4. Terminology

5. Differentiation (well differentiated, moderately differentiated, etc)
6. Histologic grade
7. Grade i, grade ii, grade iii, grade iv

Bloom-Richardson (BR)

BR may also be called: modified Bloom-Richardson, Scarff-Bloom-Richardson, SBR grading, BR grading, Elston-Ellis modification of Bloom Richardson score, the Nottingham modification of Bloom Richardson score, Nottingham-Tenovus, or Nottingham grade.

BR may be expressed in scores (range 3-9)

The score is based on three morphologic features of “invasive no-special-type” breast cancers (degree of tubule formation/histologic grade, mitotic activity, nuclear pleomorphism of tumor cells).

BR may be expressed as a **grade** (low, intermediate, high). BR grade is derived from the BR score.

Use the table below to convert Bloom-Richardson (Nottingham) Scores; Bloom-Richardson Grade; Nuclear Grade; Terminology; and Histologic Grade to the appropriate code. (Note that the conversion of low, intermediate, and high is different from the conversion used for all other tumors)

Bloom-Richardson (Nottingham) Combined Scores	Bloom-Richardson Grade	Nuclear Grade	Terminology	Histologic Grade	Code
3 - 5 points	Low grade	1/3, 1/2	Well differentiated	I/III or 1/3	1
6, 7 points	Intermediate grade	2/3	Moderately differentiated	II/III or 2/3	2
8, 9 points	High grade	2/2, 3/3	Poorly differentiated	III/III or 3/3	3

Laterality

Laterality must be coded for all subsites.

Size of Primary Tumor Coding Guidelines

Purely Invasive or Purely Insitu: Priority in which to use Reports to Code Tumor Size

1. Pathology report
2. Operative report
3. Physical examination
4. Imaging (mammography)
5. Imaging (ultrasound)

Both Invasive and Insitu Components

Single Tumor: Record the size of the invasive component

Multiple Tumors: Record the size of the largest invasive tumor

Additional rules for coding breast primaries size:

If the size of the invasive component is *not* given, record the size of the entire tumor from the surgical report, pathology report, radiology report or clinical examination.

Note: See Appendix A, General Rules, Section II for information on coding Site Specific Factors.

For further information on estrogen and progesterone receptor quantification, refer to the invasive breast cancer protocol published by the College of American Pathologists for AJCC seventh edition, published October 2009 available at

www.cap.org/apps/docs/committees/cancer/cancer_protocols/2009/InvasiveBreast_09protocol.pdf.