

**BREAST** (Revised 01/04, 01/10, 2/10, 1/11)**C50.0–C50.9**

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

**Codes**

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction, NOS

**No specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).**

20 Partial mastectomy, NOS; less than total mastectomy, NOS

21 Partial mastectomy WITH nipple resection

22 Lumpectomy or excisional biopsy

23 Reexcision of the biopsy site for gross or microscopic residual disease

24 Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)

**Procedures coded 20–24 remove the gross primary tumor and some of the breast tissue (breast conserving or preserving). There may be microscopic residual tumor.**

30 Subcutaneous mastectomy

**A subcutaneous mastectomy, also called a nipple sparing mastectomy, is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction.**

[SEER Note: This procedure is rarely used to treat malignancies]

40 Total (simple) mastectomy

41 WITHOUT removal of uninvolved contralateral breast

43 Reconstruction NOS

44 Tissue

45 Implant

46 Combined (Tissue and Implant)

42 WITH removal of uninvolved contralateral breast

47 Reconstruction NOS

48 Tissue

49 Implant

75 Combined (Tissue and Implant)

**A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done.**

[SEER Note: If axillary lymph nodes are present in the specimen, code the Surgery of Primary Site field to 51. If there are no axillary lymph nodes present in the specimen, code the Surgery of Primary Site field to 41. Placement of a tissue expander at the time of original surgery means that reconstruction is planned as part of the first course of treatment.]

**For single primaries only, code removal of involved contralateral breast under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This***

**Facility (NAACCR Item #674).**

**If the contralateral breast reveals a second primary, each breast is abstracted separately. The surgical procedure is coded 41 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.**

**Reconstruction that is planned as part of first course treatment is coded 43-49 or 75, whether it is done at the time of mastectomy or later.**

**76** Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma.

50 Modified radical mastectomy

51 WITHOUT removal of uninvolved contralateral breast

53 Reconstruction, NOS

54 Tissue

55 Implant

56 Combined (Tissue and Implant)

52 WITH removal of uninvolved contralateral breast

57 Reconstruction, NOS

58 Tissue

59 Implant

63 Combined (Tissue and Implant)

**Removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle.**

**If contralateral breast reveals a second primary, it is abstracted separately. The surgical procedure is coded 41 or 51 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.**

**For single primaries only, code removal of involved contralateral breast under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).**

**[SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen. “Tissue” for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment. Assign code 51 or 52 if a patient has an excisional biopsy and axillary dissection followed by a simple mastectomy during the first course of therapy.]

60 Radical mastectomy, NOS

61 WITHOUT removal of uninvolved contralateral breast

64 Reconstruction, NOS

65 Tissue

- 66 Implant
- 67 Combined (Tissue and Implant)
- 62 WITH removal of uninvolved contralateral breast
  - 68 Reconstruction, NOS
  - 69 Tissue
  - 73 Implant
  - 74 Combined (Tissue and Implant)

[**SEER Notes:** Removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, pectoralis major. Includes en bloc axillary dissection. Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.]

- 70 Extended radical mastectomy
  - 71 WITHOUT removal of uninvolved contralateral breast
  - 72 WITH removal of uninvolved contralateral breast

[**SEER Note:** Removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, pectoralis major. Includes removal of internal mammary nodes and en bloc axillary dissection.]

80 Mastectomy, NOS

**Specimen sent to pathology for surgical events coded 20-80.**

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

**RX. Summary- Scope of Reg Ln Surgery** (NAACCR Item #1292) (FORDS pg. 215; SEER pg. 108-109)

The table below contains instructions specific to Breast (C50\_)

Code	Description	Definition	Instructions Specific to Breast
0	None	No regional lymph node surgery. No lymph nodes found in the pathologic specimen. Diagnosed at autopsy.	
1	Biopsy or aspiration of regional lymph nodes, NOS	Biopsy or aspiration of regional lymph node(s) regardless of the extent of involvement.	Excisional biopsy or aspiration of regional lymph nodes for breast cancer is uncommon. Review the operative report of to confirm whether an excisional biopsy or aspiration of regional lymph nodes was actually performed; it is highly possible that the procedure is a SLNBx (code 2) instead. If additional procedures were performed on the lymph nodes, such as axillary lymph node dissection, use the appropriate code 2-7.
2	Sentinel lymph node biopsy (only)	Biopsy of the first lymph node or nodes that drain a defined area of tissue within the body. Sentinel node(s) are identified by the injection of a dye or radio label at the site of the primary tumor.	<p>If a relatively large number of lymph nodes, more than 5, are pathologically examined, review the operative report to confirm the procedure was limited to a SLNBx and did not include an axillary lymph node dissection (ALND).</p> <p>Infrequently, a SLNBx is attempted and the patient fails to map (i.e. no sentinel lymph nodes are identified by the dye and/or radio label injection) and no sentinel nodes are removed. Review the operative report to confirm that an axillary incision was conducted. Patients undergoing SLNBx who fail to map will often undergo ALND. Code these cases as 2 if no ALND was performed, or 6 when ALND was performed during the same operative event. Enter the appropriate number of nodes examined and positive in the data items <i>Regional Lymph Nodes Examined</i> (NAACCR Item #830) and <i>Regional Lymph Nodes Positive</i> (NAACCR Item #820).</p>

Code	Description	Definition	Instructions Specific to Breast
3	Number of regional lymph nodes removed unknown or not stated; regional lymph nodes removed, NOS	Sampling or dissection of regional lymph node(s) and the number of nodes removed is unknown or not stated. The procedure is not specified as sentinel lymph node biopsy.	Generally, ALND removes at least 7-9 nodes. However, it is possible for these procedures to remove or harvest fewer nodes. Review the operative report to confirm that there was not a SLNBx in addition to a more extensive regional lymph node dissection during the same procedure (code 6 or 7)
4	1-3 regional lymph nodes removed	Sampling or dissection of regional lymph node(s) with fewer than four lymph nodes found in the specimen. The procedure is not specified as sentinel node biopsy.	
5	4 or more regional lymph nodes removed	Sampling or dissection of regional lymph nodes with at least four lymph nodes found in the specimen. The procedure is not specified as sentinel node biopsy.	
6	Sentinel lymph node biopsy and code 3, 4, or 5 at same time, or timing not stated	Code 2 was performed in a single surgical procedure with code 3, 4, or 5; or code 2 and 3, 4, or 5 were performed, but timing was not stated in patient record.	Generally, SLNBx followed by ALND will yield a minimum of 7-9 nodes. However it is possible for these procedures to harvest fewer (or more) nodes.  If relatively few nodes are pathologically examined, review the operative report to confirm whether the procedure was limited to a SLNBx, or whether a SLNBx plus an ALND was performed.
7	Sentinel node biopsy and code 3, 4, or 5 at different times	Code 2 was followed in a subsequent surgical event by procedures coded as 3, 4, or 5.	Generally, SLNBx followed by ALND will yield a minimum of 7-9 nodes. However, it is possible for these procedures to harvest fewer (or more) nodes.  If relatively few nodes are pathologically examined, review the operative report to confirm whether the procedure was limited to a SLNBx only, or whether a SLNBx plus an ALND was performed.
9	Unknown or not applicable	It is unknown whether regional lymph node surgery was performed; death certificate-only; for lymphomas with a lymph node primary site; an unknown or ill-defined primary; or for hematopoietic, reticuloendothelial, immunoproliferative, or	The status of regional lymph node evaluation should be known for surgically-treated cases (i.e., cases coded 19-90 in the data item <i>Surgery of Primary Site</i> [NAACCR Item #1290]). Review

<b>Code</b>	<b>Description</b>	<b>Definition</b>	<b>Instructions Specific to Breast</b>
9 cont'd		myeloproliferative disease.	surgically treated cases coded 9 in <i>Scope of Regional Lymph Node Surgery</i> to confirm the code.