Coding Guidelines
Breast
C500 -C509

Primary Site

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
Lower central

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

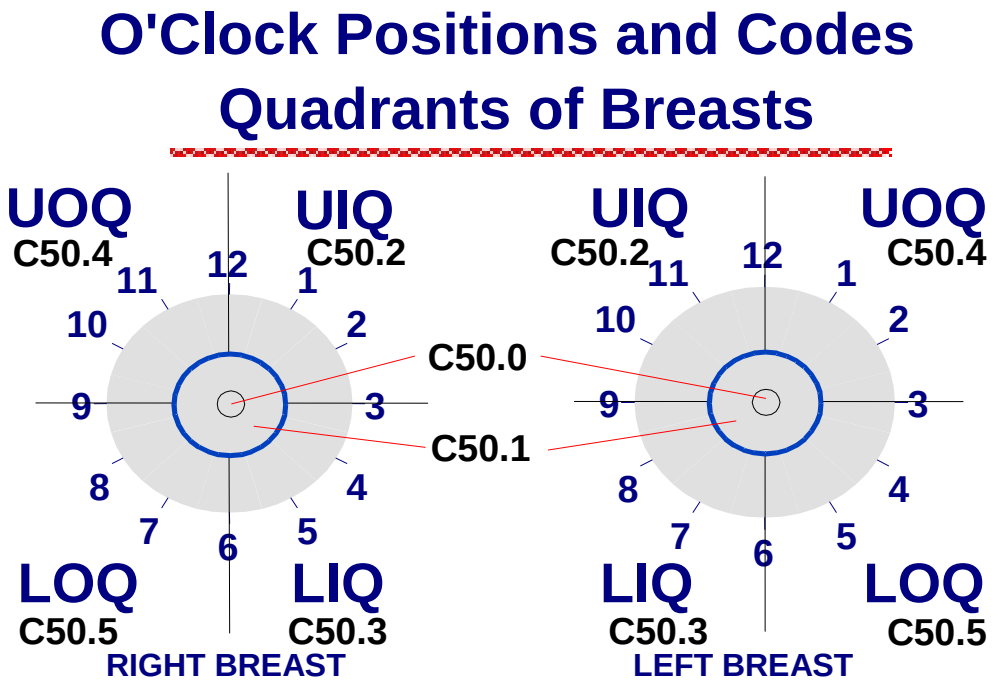
C505 Lower outer quadrant (LOQ) of breast
Inferior lateral
Inferior outer
Lower lateral

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)

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



Coding Subsites
Use the information from reports in the following priority order to code a subsite when there is conflicting information:

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

Code the subsite with the **invasive** tumor when the pathology report identifies invasive tumor in one subsite and in situ tumor in a different subsite or subsites.

Code the specific quadrant for multifocal tumors all within one quadrant

- Do **not** code C509 (Breast, NOS) in this situation

Code the primary site to C508 when

- there is a single tumor in two or more subsites **and** the subsite in which the tumor originated is unknown
- there is a single tumor located at the 12, 3, 6, or 9 o'clock position on the breast

Code the primary site to C509 when there are multiple tumors (two or more) in at least two quadrants of the breast

Grade

Note: These guidelines pertain to the data item Grade. Refer to the Collaborative Stage Data Collection Manual for instructions on coding site-specific factors for breast cases.

Invasive Carcinoma
The pathologist assigns a numeric value to each of three tumor characteristics: tubule formation, nuclear pleomorphism, and mitotic counts. The three values are added together and the result is a score ranging from 3 to 9. Use the table below to convert scores to SEER code.

Convert Nottingham Histologic Score or BR Grade to SEER Code

Grade Conversion Table for Invasive Carcinoma

BR/Nottingham Histologic Scores	BR Grade	Nuclear Grade	Terminology	Histologic Grade	SEER Code
3-5	Low	1/3; 1/2	Well differentiated	I, I/III, 1/3	1
6, 7	Intermediate	2/3	Moderately differentiated	II, II/III; 2/3	2
8, 9	High	2/2; 3/3	Poorly differentiated	III, III/III, 3/3	3
---	---	4/4	Undifferentiated/anaplastic	IV, IV/IV, 4/4	4

Priority Rules for Grading Breast Cancer

Code the tumor grade using the following priority order:

1. Bloom-Richardson (BR, Nottingham) scores 3-9 converted to grade (see conversion table above)
2. Bloom Richardson (BR) 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

Nottingham combined histologic grade is also known as Elston-Ellis modification of Scarff-Bloom-Richardson grading system. 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)
Use the preceding table to convert the score into SEER code.

BR may be expressed as a grade (low, intermediate, high)
BR grade is derived from the BR score
For cases diagnosed 1996 and later, use the preceding table to convert the BR grade into SEER code (Note that the conversion of low, intermediate, and high is different from the conversion used for all other tumors).

DCIS
Ductal carcinoma in situ (DCIS) is not always graded. When DCIS is graded, it is generally divided into three grades: low grade, intermediate grade, and high grade. Use the following table to convert DCIS grade into the SEER code.

DCIS Grade Conversion Table

DCIS Grade	Terminology	SEER Code
Grade I	Low	1
Grade II	Intermediate	2
Grade III	High	3

Laterality
Laterality must be coded for all subsites.

Breast primary with positive nodes and no breast mass found: Code laterality to the side with the positive nodes