Breast

C500-C509

(Except for M9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992)

Codes

- 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 surgery). There may be microscopic residual tumor.

30 Subcutaneous mastectomy

A subcutaneous mastectomy is the removal of breast tissue without the nipple and areolar complex or overlying skin

- 40 Total (simple) mastectomy, NOS
 - 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)

[**SEER Note:** "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.]

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

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

[**SEER Note:** Example: Inflammatory carcinoma involving both breasts. Bilateral simple mastectomies. Code Surgery of Primary Site 41 and code Surgical Procedure of Other Site 1.]

If **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.

[SEER Note: Code the Surgery of Primary Site field to 41 when no axillary lymph nodes are present in the specimen. Code 41 also includes removal of one to three axillary lymph nodes (sentinel nodes). Code the Surgery of Primary Site field to 51 when more than three axillary lymph nodes are present in the specimen. Placement of a tissue expander at the time of original surgery means that reconstruction is planned as part of the first course of treatment. When an expander is placed, code the mastectomy and reconstruction.]

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

[**SEER Note:** Reconstruction may be done at the same time as the mastectomy or may be done later. Code 43-49, or 75 if the operative report or medical record states reconstruction will be done later, or if a tissue expander is inserted during the mastectomy procedure. Tissue expander insertion precedes reconstruction.]

- 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.

[SEER Note: "In continuity with" or "en bloc" means that all 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. Code the cumulative result of the surgeries, which is a modified radical mastectomy in this case. Code the most invasive, extensive or definitive surgery in Surgery of Primary Site.]

If **contralateral breast** reveals a **second primary**, each breast is abstracted separately. The surgical procedure is coded 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)

- 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 Note: Involves removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, and/or pectoralis major, as well as en bloc axillary dissection. "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.]

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

[SEER Note: Involves removal of breast tissue, nipple, areolar complex, variable amounts of skin, pectoralis minor, and/or pectoralis major, as well as 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