

**Breast Histology Coding Rules – Matrix
C500-C509**

(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR: IN SITU ONLY (Single tumor; all parts are in situ)					
H1	The pathology/cytology report is not available			1: Priority for using documents to code the histology <ul style="list-style-type: none"> Documentation in the medical record that refers to pathologic or cytologic findings From clinician reference to type of cancer (histology) in the medical record 2: Code the specific histology when documented.	The histology documented by the physician
H2		One type			The histology
H3		<ul style="list-style-type: none"> Carcinoma in situ, NOS (8010) and a specific carcinoma in situ or Adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ or Intraductal carcinoma, NOS (8500) and a specific intraductal carcinoma (Table 1) 		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The more specific histologic term
H4		Non-infiltrating comedocarcinoma and any other intraductal carcinoma (Table 1)		Example: Pathology report reads intraductal carcinoma with comedo and solid features. Code 8501/2 (comedocarcinoma).	8501/2 (comedocarcinoma, non-infiltrating)
H5		In situ lobular (8520) and intraductal carcinoma (Table 1)			8522/2 (intraductal carcinoma and lobular carcinoma in situ) (Table 3).

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H6		<ul style="list-style-type: none"> • Combination of intraductal carcinoma and two or more specific intraductal types OR • Two or more specific intraductal carcinomas 		<p><i>1:</i> Use Table 1 to identify the histologies</p> <p><i>2:</i> Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)</p>	8523/2 (intraductal carcinoma mixed with other types of in situ carcinoma) (Table 3) .
H7		In situ lobular (8520) and any in situ carcinoma other than intraductal carcinoma (Table 1)		Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)	8524/2 (in situ lobular mixed with other types of in situ carcinoma) (Table 3) .
H8		Combination of in situ/non-invasive histologies that does not include either intraductal carcinoma (Table 1) or in situ lobular (8520)		Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)	8255/2 (adenocarcinoma in situ with mixed subtypes) (Table 3) .

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SINGLE TUMOR: INVASIVE AND IN SITU (Single tumor; in situ and invasive components)					
H9			Invasive and in situ	<p>1: Ignore the in situ terms.</p> <p>2: This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3).</p>	The invasive histology
SINGLE TUMOR: INVASIVE ONLY (Single tumor; all parts are invasive)					
H10	No pathology/cytology specimen or the pathology/cytology report is not available			<p>1: Priority for using documents to code the histology</p> <ul style="list-style-type: none"> • Documentation in the medical record that refers to pathologic or cytologic findings • Physician’s reference to type of cancer (histology) in the medical record • Mammogram • PET scan • Ultrasound <p>2: Code the specific histology when documented</p> <p>3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented</p>	The histology documented by the physician
H11	None from primary site			Code the behavior /3	The histology from a metastatic site

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H12		<ul style="list-style-type: none"> • Carcinoma, NOS (8010) and a more specific carcinoma or • Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or • Duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508) or • Sarcoma, NOS (8800) and a more specific sarcoma 		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The terms architecture and pattern are subtypes only for in situ cancer.	The most specific histologic term
H13		Final diagnosis of the pathology report specifically states inflammatory carcinoma		Record dermal lymphatic invasion in Collaborative Staging	8530 (inflammatory carcinoma)
H14		One type			The histology
H15		Two or more specific duct carcinomas		Use Table 2 to identify duct carcinomas	The histology with the numerically higher ICD-O-3 code
H16		Combination of lobular (8520) and duct carcinoma		Use Table 2 to identify duct carcinomas	8522 (duct and lobular) (Table 3).
H17		Combination of duct and any other carcinoma		<i>1:</i> Use Table 2 to identify duct carcinomas <i>2:</i> Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.	8523 (duct mixed with other types of carcinoma) (Table 3).

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H18		Lobular (8520) and any other carcinoma		Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2	8524 (lobular mixed with other types of carcinoma) (Table 3) .
H19		Multiple histologies that do not include duct or lobular (8520)		Use Table 2 to identify duct carcinomas	8255 (adenocarcinoma with mixed subtypes) (Table 3) .
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H20	No pathology/cytology specimen or the pathology/cytology report is not available			1: Priority for using documents to code the histology <ul style="list-style-type: none"> • Documentation in the medical record that refers to pathologic or cytologic findings • Physician’s reference to type of cancer (histology) in the medical record • Mammogram • PET scan • Ultrasound 2: Code the specific histology when documented 3: Code the histology to cancer/malignant neoplasm, NOS (8000) or carcinoma, NOS (8010) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H21	None from primary site			Code the behavior /3	The histology from a metastatic site
H22		Final diagnosis of the pathology report specifically states inflammatory carcinoma		Note: Record dermal lymphatic invasion in Collaborative Staging	8530 (inflammatory carcinoma)
H23		One type			The histology

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H24		Pathology report specifically states Paget disease is in situ and the underlying tumor is intraductal carcinoma (Table 1)		Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)	Code 8543/2 (in situ Paget disease and intraductal carcinoma) (Table 3).
H25		Paget disease and intraductal carcinoma		<ol style="list-style-type: none"> 1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). 2. Includes both invasive Paget disease and Paget disease with behavior not stated. 3: Use Table 1 to identify intraductal carcinomas 	8543/3 (Paget disease and intraductal carcinoma) (Table 3).
H26		Paget disease and invasive duct carcinoma		<ol style="list-style-type: none"> 1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). 2. Includes both invasive Paget disease and Paget disease with behavior not stated. 3: Use Table 2 to identify duct carcinomas 	Code 8541/3 (Paget disease and infiltrating duct carcinoma) (Table 3).
H27			Invasive and in situ	<ol style="list-style-type: none"> 1. Ignore the in situ terms. 2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive lobular and in situ duct carcinoma are coded to invasive lobular (8520/3) rather than the combination code for duct and lobular carcinoma (8522/3) 	The invasive histology

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H28		Lobular (8520) and duct carcinoma		Use Table 2 to identify duct carcinomas	8522 (duct and lobular) (Table 3) .
H29	None of the conditions are met				The histology with the numerically higher ICD-O-3 code

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