

**Coding Guidelines**  
**Breast**  
**C500 -C509**

**Primary Site**

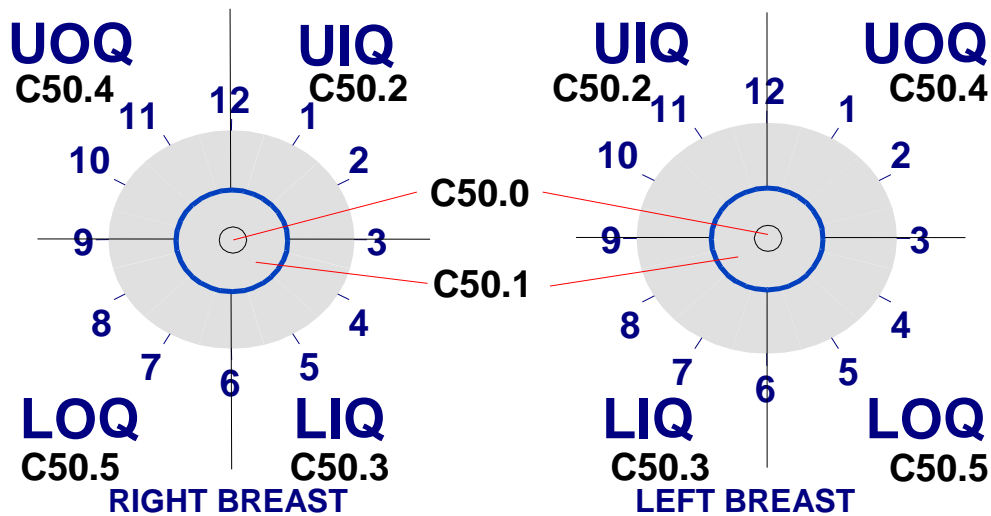
- C500 Nipple (areolar)  
Paget disease without underlying tumor
  
- C501 Central portion of breast (subareolar) area extending 1 cm around areolar complex  
Retroareolar  
Infraareolar  
Next to areola, NOS  
Behind, beneath, under, underneath, next to, above, cephalad to, or below nipple  
Paget disease 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

## O'Clock Positions and Codes Quadrants of Breasts



**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 involved different subsite or subsites.

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

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

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