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 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

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

**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

<table>
<thead>
<tr>
<th>DCIS Grade</th>
<th>Terminology</th>
<th>SEER Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade I</td>
<td>Low</td>
<td>1</td>
</tr>
<tr>
<td>Grade II</td>
<td>Intermediate</td>
<td>2</td>
</tr>
<tr>
<td>Grade III</td>
<td>High</td>
<td>3</td>
</tr>
</tbody>
</table>

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