Coding Guidelines

Breast
C500 -C509

Primary Site

See the Breast Solid Tumor Rules Equivalent Terms and Definitions for a list of terms used to describe location and their corresponding ICD-O-3 topography codes.

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. Operative report
2. Pathology report
3. Mammogram, ultrasound (ultrasound becoming more frequently used)
4. Physical examination
Code the subsite with the \textit{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

\begin{itemize}
  \item \textbf{Do not} code C509 (Breast, NOS) in this situation
\end{itemize}

Code the primary site to C508 when

\begin{itemize}
  \item There is a single tumor in two or more subsites and the subsite in which the tumor originated is unknown
  \item There is a single tumor located at the 12, 3, 6, or 9 o’clock position on the breast
\end{itemize}

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

\textbf{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.