

# SEER Inquiry System - Report

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## Question 20000280

### References:

2004 SEER Manual, C-470

### Question:

Primary Site--Breast: Is there a hierarchy for coding subsite for breast cases when there is conflicting information in the physical exam, mammogram, operative and pathology reports as to the exact location of the primary? See discussion.

### Discussion:

Example: Two mammograms were performed. One report indicates the lesion is at 12:00 and the other indicates it is in the upper central quadrant. However, the pathology report from the modified radical mastectomy specimen indicates the mass is in the UIQ.

According to one of our physicians, when a pathologist has a mastectomy specimen with attached axillary contents, the location of the lesion (subsite) is very accurate.

### Answer:

Code the Primary Site field to C50.2 [upper inner quadrant]. In general, the priority for using information is pathologic, operative, and clinical findings. The pathology report would take precedence in this case.

The 2004 SEER Program Code manual will include the following instructions for determining breast subsite.

#### Priority Order for Coding Subsites

Use the information from reports in the following priority order to code a subsite when the medical record contains conflicting information:

- 1 Pathology report
- 2 Operative report
- 3 Physical examination
- 4 Mammogram, ultrasound

If the pathology proves invasive tumor in one subsite and insitu tumor in all other involved subsites, code to the subsite involved with invasive tumor.

### Cancer Site Category:

Breast

### Data Item Category:

Primary site

### Other Category:

N/A

### Year:

2000