

SEER Inquiry System - Report

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Question 20021002

References:

Question:

Histology (Pre-2007)--Breast: What code is used to represent the histology "ductal carcinoma in situ with comedo necrosis"? See discussion.

Discussion:

SEER distributed breast questions to the Advisory Group made up of pathologists from different SEER regions. One question dealt with the terms comedo type, comedo necrosis and comedocarcinoma. Per the Advisory Group, "Do not code comedo necrosis. These three phrases each represent a different level of diagnosis and can't be compared. "Comedocarcinoma" is an established diagnosis of in situ carcinoma and should be coded as such. "Comedo type" refers to a type of intraductal cancer; whether it is considered to be a true diagnosis is probably still equivocal. "Comedo necrosis" refers to a description of cellular pathological events that occasionally occur within an intraductal tumor of comedo type, which should not be coded at all."

Per the SEER preferred answer: Comedo type = comedocarcinoma. Ignore comedo necrosis.

Answer:

For tumors diagnosed prior to 2007:

Code the Histology field to 8500/2 [ductal carcinoma in situ].

For tumors diagnosed 2007 or later, refer to the MP/H rules. If there are still questions about how this type of tumor should be coded, submit a new question to SING and include the difficulties you are encountering in applying the MP/H rules.

Cancer Site Category:

Breast

Data Item Category:

Histology

Other Category:

N/A

Year:

2002