SEER Inquiry System - Report

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Question 20021070

References:

#1: CS Manual, Part II, 460. Vers 01.02.00, April 25, 2005

#2: AJCC Cancer Staging Manual, 225. 6th Edition

Question:

CS Extension/CS Lymph Nodes--Breast: How would you interpret the phrase "axillary lymph node tissue, not clearly a lymph node" or the phrase "satellite nodule of invasive tumor, left axillary lymph node or chest wall tissue"? See discussion.

Discussion:

A lumpectomy with axillary lymph node dissection and removal of nodule in anterior axillary line revealed negative lymph nodes. The nodule specimen was labeled "axillary lymph tissue, not clearly a lymph node". The microscopic description for that specimen stated "Fibroadipose tissue. A fragment of a lymph node is incidentally sampled in block 4 and it is free of tumor". The final path dx stated "Satellite nodule of invasive tumor, left axillary lymph node, or chest wall tissue. Comment: If the tissue is considered chest wall this would be a stage IIIB. If it is considered an intramammary satellite nodule, this is a stage I". The clinician repeated what the comment said, and added "If lymph node mets, this is a stage II."

Answer:

Code the invasive tumor in the axillary area as a regional lymph node metastasis. According to the AJCC, cancerous nodules in the axillary fat adjacent to the breast, without histologic evidence of residual lymph node tissue, are classified as regional lymph node metastases.

History:

For cases diagnosed 1998-2003:

Code the invasive tumor in the axillary area as a regional lymph node metastasis if the tumor nodule is equal to or greater than 3 mm. If it is less than 3 mm, code the involvement in the EOD-Extension field as discontinuous extension of tumor [85]. If the size of this tumor is not specifically mentioned, use this guideline: A 3 mm tumor is visible to the naked eye, a tumor less than 3 mm is not.

Reference: SEER EOD-88, 3rd Ed, pg 111

Cancer Site Category:

Breast

Data Item Category:

N/A

Other Category:

N/A

Year:

2002