

SEER Inquiry System - Report

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Question 20110140

References:

#1: 2011 SEER Manual

#2: 2007 MP/H Rules

Question:

MP/H Rules/Behavior--Breast: How are behavior and histology coded when the pathology report final diagnosis is "ductal carcinoma in situ and lobular carcinoma in situ" if the microscopic examination section of the same pathology report states there are "foci suspicious for microinvasive carcinoma"? See Discussion.

Discussion:

The pathology report microscopic examination states, "focally, between ducts involved by DCIS, there are minute tubular structures associated with stromal fibrosis and chronic inflammation. These foci are suspicious for microinvasive carcinoma."

Answer:

For cases diagnosed 2007 or later, code one primary with histology and behavior coded to 8522/2 [intraductal carcinoma and lobular carcinoma in situ].

The steps used to arrive at this decision are as follows

Open the Multiple Primary and Histology Coding Rules manual. Choose one of the three formats (i.e., flowchart, matrix or text) under the Breast Histology rules. The module you use depends on the behavior and number of tumors identified in the primary site. The information provided does not specify whether this was a single tumor with DCIS and LCIS or multiple tumors with DCIS and LCIS. In this case, the number of tumors does not change the histology code for this patient. For this example, assume this disease process was a single tumor.

Start at the SINGLE TUMOR: In Situ Carcinoma Only module. The rules are intended to be reviewed in consecutive order from Rule H1 to Rule H8. Stop at the first rule that applies to the case you are processing. Code the histology as 8522/2 (intraductal carcinoma and lobular carcinoma in situ) when there is a combination of in situ lobular (LCIS) [8520] and intraductal carcinoma (DCIS).

Do not code the behavior as invasive in this case. The pathologist indicated that these findings were "suspicious" but not definite in the microscopic examination. If the pathologist decided that this was truly an invasive tubular element, it would have been included in the final diagnosis.

Cancer Site Category:

Breast

Data Item Category:

N/A

Other Category:

N/A

Year:

2011