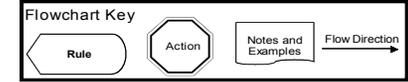


# Breast Histology Coding Rules - Flowchart

(C500-C509)  
 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

## SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)



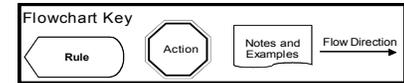
| Rule | Action | Notes and Examples   |
|------|--------|--|
| H1   |        | <p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>Physician's reference to type of cancer (histology) in the medical record</li> </ul> <p>2. Code the specific histology when documented.</p> |
| H2   |        |  |
|      |        |  |

### Breast Histology Coding Rules - Flowchart

(C500-C509)  
 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

#### SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)



| Rule  | Action   | Notes and Examples   |
|---|--|--|
| <p><b>H3</b></p> <p>Is there carcinoma in situ, NOS (8010) and a specific carcinoma in situ?</p> <p>NO ↓</p> <p>Is there adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ?</p> <p>NO ↓</p> <p>Is there intraductal NOS (8500) and a specific intraductal carcinoma (Table 1)?</p> <p>NO ↓</p> | <p>Code the more <b>specific</b> histologic term.</p>                            | <p>The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.</p> |
| <p><b>H4</b></p> <p>Does the tumor have <b>non-infiltrating comedocarcinoma and any other intraductal carcinoma</b> (Table 1)?</p> <p>NO ↓</p>  | <p>Code <b>8501/2</b> (comedo-carcinoma, non-infiltrating).</p>                  | <p><b>Example:</b> Pathology report reads intraductal carcinoma with comedo and solid features. Code comedocarcinoma (8501/2).</p>   |
| <p><b>H5</b></p> <p>Does the tumor have a combination of <b>in situ lobular (8520) and intraductal carcinoma</b> (Table 1)?</p> <p>NO ↓</p>   | <p>Code <b>8522/2</b> (intraductal and lobular carcinoma in situ) (Table 3).</p> |  |
| <p>Next Page</p>  |  |  |

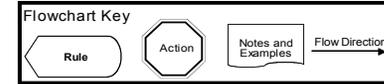
# Breast Histology Coding Rules - Flow chart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

## SINGLE TUMOR: IN SITU CARCINOMA ONLY

(Single Tumor; all parts are in situ)



| Rule  | Action   | Notes and Examples  |
|---|--|---|
| <p><b>H6</b></p> <p>Is there a combination of intraductal carcinoma and two or more specific intraductal types OR are there <b>two or more specific intraductal</b> carcinomas?</p> <p>YES</p> <p>NO</p>          | <p>Code <b>8523/2</b> (intraductal carcinoma mixed with other types of in situ carcinoma) (Table 3).</p> | <p>1. Use Table 1 to identify the histologies.</p> <p>2. Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p> |
| <p><b>H7</b></p> <p>Is there <b>in situ lobular</b> (8520) and any <b>in situ carcinoma other than intraductal</b> carcinoma (Table 1)?</p> <p>YES</p> <p>NO</p>  | <p>Code <b>8524/2</b> (in situ lobular mixed with other types of in situ carcinoma) (Table 3).</p>       | <p>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p>   |
| <p><b>H8</b></p> <p>Is there a <b>combination</b> of in situ/non-invasive histologies that <b>does not include</b> either <b>intraductal</b> carcinoma (Table 1) or <b>in situ lobular</b> (8520)?</p> <p>YES</p> | <p>Code <b>8255/2</b> (adenocarcinoma in situ with mixed subtypes) (Table 3).</p>                        | <p>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p>   |

This is the end of instructions for Single Tumor: In Situ Carcinoma Only.  
Code the histology according to the rule that fits the case.

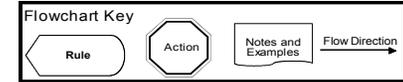
### Breast Histology Coding Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

#### SINGLE TUMOR: INVASIVE AND IN SITU CARCINOMA

(Single Tumor; in situ and invasive components)



| Rule      | Action | Notes and Examples  |
|-----------|--------|---|
| <p>H9</p> |        | <div style="border: 1px solid black; padding: 5px;"> <p>1. Ignore the in situ terms.</p> <p>2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was the invasive component of the tumor better explains the likely disease course and survival category. Using these new rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3)</p> </div> |
|           |        |   |

This is the end of instructions for Single Tumor: Invasive and In Situ Carcinoma.  
Code the histology according to the rule that fits the case.

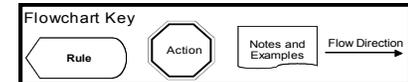
# Breast Histology Coding Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

## SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)



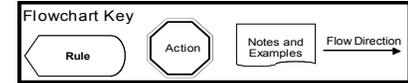
| Rule  | Action   | Notes and Examples  |
|---|--|---|
| <p>H10</p> <p>Is there <b>no pathology/cytology</b> specimen or is the <b>pathology/cytology</b> report unavailable?</p> <p>YES</p> <p>NO</p>           | <p>Code the histology documented by the physician.</p> | <p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o Mammogram</li> <li>o PET scan</li> <li>o Ultrasound</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</p> |
| <p>H11</p> <p>Is the only specimen from a metastatic site?<br/>(there is no pathology/cytology specimen from the primary site)</p> <p>YES</p> <p>NO</p> | <p>Code the histology from the metastatic site.</p>    | <p>Code the behavior /3.</p>  |
| <p>Next Page</p>  |  |   |

### Breast Histology Coding Rules - Flowchart

(C500-C509)  
 (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

#### SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)

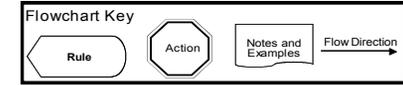


| Rule              | Action | Notes and Examples |
|-------------------|--------|--------------------|
| <p><b>H12</b></p> |        |                    |
| <p><b>H13</b></p> |        |                    |
|                   |        |                    |

# Breast Histology Coding Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



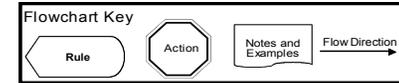
## SINGLE TUMOR: INVASIVE CARCINOMA ONLY (Single Tumor; all parts are invasive)

| Rule  | Action  | Notes and Examples                             |
|---|---|--|
| <p><b>H14</b></p> <p>Is only <b>one histologic type</b> identified?</p> <p>YES →</p> <p>NO ↓</p>                                | <p>Code the histology.</p>  |  |
| <p><b>H15</b></p> <p>Are there <b>two or more</b> specific <b>duct</b> carcinomas?</p> <p>YES →</p> <p>NO ↓</p>                 | <p>Code the <b>numerically higher</b> ICD-O-3 histology code.</p> | <p>Use Table 2 to identify duct carcinomas</p> |
| <p><b>H16</b></p> <p>Is there a combination of <b>lobular (8520) and duct</b> carcinoma (Table 3)?</p> <p>YES →</p> <p>NO ↓</p> | <p>Code <b>8522</b> (duct and lobular).</p>                       | <p>Use Table 2 to identify duct carcinomas</p> |
| <p>Next Page</p>  |   |  |

### Breast Histology Coding Rules - Flowchart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



### SINGLE TUMOR: INVASIVE CARCINOMA ONLY

(Single Tumor; all parts are invasive)

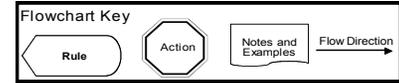
| Rule  | Action   | Notes and Examples  |
|---|--|---|
| <p><b>H17</b></p> <p>Is there a combination of <b>duct and any other</b> carcinoma (Table 3)?</p> <p>NO</p>     | <p>Code <b>8523</b><br/>(duct mixed with other types of carcinoma).</p>      | <p>1. Use Table 2 to identify duct carcinomas.<br/>2. Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.</p> |
| <p><b>H18</b></p> <p>Does the tumor have <b>lobular (8520) and any other carcinoma</b> (Table 3)?</p> <p>NO</p> | <p>Code <b>8524</b><br/>(lobular mixed with other types of carcinoma).</p>   | <p>Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.</p>  |
| <p><b>H19</b></p> <p>Are there multiple <b>histologies that do not include duct or lobular (8520)</b>?</p>      | <p>Code <b>8255</b><br/>(adeno-carcinoma with mixed subtypes) (Table 3).</p> | <p>Use Table 2 to identify duct carcinomas</p>  |

This is the end of instructions for Single Tumor: Invasive Carcinoma Only.  
Code the histology according to the rule that fits the case.

# Breast Histology Coding Rules - Flow chart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



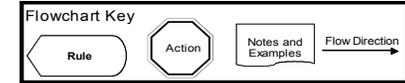
## MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

| Rule              | Action | Notes and Examples  |
|-------------------|--------|---|
| <p><b>H20</b></p> |        | <p>1. Priority for using documents to code the histology</p> <ul style="list-style-type: none"> <li>o Documentation in the medical record that refers to pathologic or cytologic findings</li> <li>o Physician's reference to type of cancer (histology) in the medical record</li> <li>o Mammogram</li> <li>o PET Scan</li> <li>o Ultrasound</li> </ul> <p>2. Code the specific histology when documented.</p> <p>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.</p> |
| <p><b>H21</b></p> |        |   |
| <p><b>H22</b></p> |        |   |
|                   |        |   |

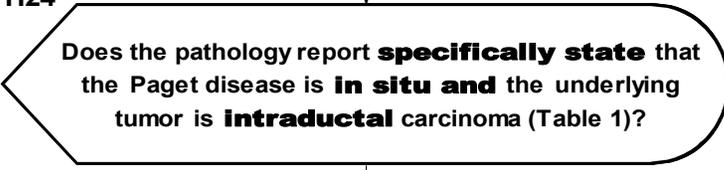
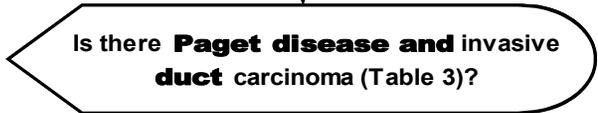
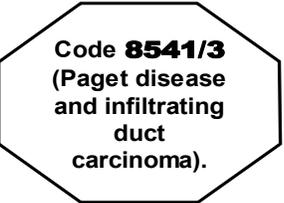
### Breast Histology Coding Rules - Flow chart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



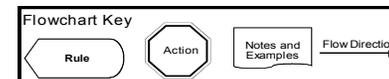
#### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

| Rule  | Action   | Notes and Examples  |
|---|--|---|
| <p>H23</p>  <p>YES</p>             |   |   |
| <p>NO</p> <p>H24</p>  <p>YES</p>   |    | <p>Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).</p>   |
| <p>NO</p> <p>H25</p>  <p>YES</p>   |   | <ol style="list-style-type: none"> <li>1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).</li> <li>2. Includes both invasive Paget disease and Paget disease with behavior not stated.</li> <li>3. Use Table 1 to identify intraductal carcinomas.</li> </ol> |
| <p>NO</p> <p>H26</p>  <p>YES</p> |  | <ol style="list-style-type: none"> <li>1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).</li> <li>2. Includes both invasive Paget disease and Paget disease with behavior not stated.</li> <li>3. Use Table 2 to identify duct carcinomas.</li> </ol>        |
| <p>NO</p>                        |  |   |

## Breast Histology Coding Rules - Flow chart

(C500-C509)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



### MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

| Rule              | Action | Notes and Examples   |
|-------------------|--------|--|
| <p><b>H27</b></p> |        | <p>1. Ignore the in situ terms.</p> <p>2. This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive lobular and in situ duct carcinoma are coded to invasive lobular (8520/3) rather than the combination code for duct and lobular carcinoma (8522/3)</p> |
| <p><b>H28</b></p> |        | <p>Use Table 2 to identify duct carcinomas.</p>  |
| <p><b>H29</b></p> |        |  |

This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.

**Breast Histo**

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