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)

<table>
<thead>
<tr>
<th>Rule</th>
<th>Action</th>
<th>Notes and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>Is the pathology/cytology report unavailable?</td>
<td>Code the histology documented by the physician</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>Rule H1 Action NO</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>Rule H1 Action YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rule H1 Action NO</td>
</tr>
</tbody>
</table>

| H2   | Is only **one histologic type** identified? | Code the histology. |
|      | YES    | Rule H2 Action NO  |
|      | NO     | Rule H2 Action YES |

1. Priority for using documents to code the histology
   - Documentation in the medical record that refers to pathologic or cytologic findings
   - Physician's reference to type of cancer (histology) in the medical record
2. Code the specific histology when documented.
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| H3   | Is there carcinoma in situ, NOS (8010) and a specific carcinoma in situ? | **YES**  
Is there adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ?  
**YES**  
Is there intraductal NOS (8500) and a specific intraductal carcinoma (Table 1)?  
**NO**  
Code the more specific histologic term. |
| H4   | Does the tumor have non-infiltrating comedocarcinoma and any other intraductal carcinoma (Table 1)? | **YES**  
Code 8501/2 (comedo-carcinoma, non-infiltrating).  
Example: Pathology report reads intraductal carcinoma with comedo and solid features. Code comedocarcinoma (8501/2). |
| H5   | Does the tumor have a combination of in situ lobular (8520) and intraductal carcinoma (Table 1)? | **YES**  
Code 8522/2 (intraductal and lobular carcinoma in situ) (Table 3). |
|      | **NO**  | |
This is the end of instructions for Single Tumor: In Situ Carcinoma Only. Code the histology according to the rule that fits the case.
SINGLE TUMOR: INVASIVE AND IN SITU CARCINOMA
(Single Tumor; in situ and invasive components)

**Rule**

H9

**Does the tumor have invasive and in situ components?**

**YES**

**Code the invasive histology.**

**NO**

**ERROR: Confirm Multiple Primary Rule application and then go to H1 - H8 or H10 - H29**

1. Ignore the in situ terms.
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)

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

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| H10  | Code the histology documented by the physician. | 1. Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician’s reference to type of cancer (histology) in the medical record
- Mammogram
- PET scan
- Ultrasound

2. Code the specific histology when documented.

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. |

| H11  | Code the histology from the metastatic site. | Code the behavior /3. |

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(C500-C509)

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**SINGLE TUMOR: INVASIVE CARCINOMA ONLY**

(Single Tumor; all parts are invasive)

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<tbody>
<tr>
<td>H12</td>
<td>Yes</td>
<td>Code the most specific histologic term. The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Code 8530 (inflammatory carcinoma).</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Record dermal lymphatic invasion in Collaborative Staging.</td>
</tr>
</tbody>
</table>

**Notes and Examples**

- Is there carcinoma, NOS (8010) and a more specific carcinoma?
  - Yes
  - No

- Is there adenocarcinoma, NOS (8140) and a more specific adenocarcinoma?
  - Yes
  - No

- Is there duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508)?
  - Yes
  - No

- Is there sarcoma NOS (8800) and a more specific sarcoma?
  - Yes
  - No

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Breast Histology Coding Rules - Flowchart

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

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<tr>
<td>H14</td>
<td>Is only <strong>one histologic type</strong> identified?</td>
<td>YES Code the histology.</td>
</tr>
<tr>
<td>H15</td>
<td>Are there <strong>two or more</strong> specific duct carcinomas?</td>
<td>YES Code the <strong>numerically higher</strong> ICD-O-3 histology code.</td>
</tr>
<tr>
<td>H16</td>
<td>Is there a combination of <strong>lobular</strong> (8520) and <strong>duct</strong> carcinoma (Table 3)?</td>
<td>YES Code <strong>8522</strong> (duct and lobular).</td>
</tr>
</tbody>
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<tr>
<td>H17</td>
<td>YES</td>
<td>Code 8523 (duct mixed with other types of carcinoma).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Use Table 2 to identify duct carcinomas.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.</td>
</tr>
<tr>
<td>H18</td>
<td>YES</td>
<td>Code 8524 (lobular mixed with other types of carcinoma).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.</td>
</tr>
<tr>
<td>H19</td>
<td>YES</td>
<td>Code 8255 (adenocarcinoma with mixed subtypes) (Table 3).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use Table 2 to identify duct carcinomas</td>
</tr>
</tbody>
</table>

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 - Flowchart
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MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

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| H20  | Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? | YES: Code the histology documented by the physician.  
NO: Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) |
|      | 1. Priority for using documents to code the histology  
   2. Code the specific histology when documented.  
   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. |
| H21  | Is the only specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) | YES: Code the histology from a metastatic site.  
NO: Code the behavior /3. |
|      | | |
| H22  | Does the final diagnosis of the pathology report specifically state inflammatory carcinoma? | YES: Code 8530 (inflammatory carcinoma).  
NO: Record dermal lymphatic invasion in Collaborative Staging. |

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</table>
| **H23**
Is only **one histologic type** identified? | YES | Code the histology. |
NO | | |
| **H24**
Does the pathology report **specifically state** that the Paget disease is **in situ** and the underlying tumor is **intraductal** carcinoma (Table 1)? | YES | Code **8543/2** (in situ Paget disease and intraductal carcinoma (Table 3).) |
NO | | Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F). |
| **H25**
Is there **Paget disease and intraductal** carcinoma (Table 3)? | YES | Code **8543/3** (Paget disease and intraductal carcinoma). |
NO | | 1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). 
2. Includes both invasive Paget disease and Paget disease with behavior not stated. 
3. Use Table 1 to identify intraductal carcinomas. |
| **H26**
Is there **Paget disease and invasive duct** carcinoma (Table 3)? | YES | Code **8541/3** (Paget disease and infiltrating duct carcinoma). |
NO | | 1. ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). 
2. Includes both invasive Paget disease and Paget disease with behavior not stated. 
3. Use Table 2 to identify duct carcinomas. |

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MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

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</table>
| H27  | Are there invasive and in situ components? | YES: Code the **invasive** histology.  
NO: 1. Ignore the in situ terms.  
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). |
| H28  | Is there any combination of lobular (8520) and duct carcinoma (Table 3)? | YES: Code **8522** (duct and lobular).  
NO: Use Table 2 to identify duct carcinomas. |
| H29  | Code the **numerically higher** ICD-O-3 histology code. |

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.