**Rule H1**  
Code the histology documented by the physician when the **pathology/cytology report is not available.**  
*Note 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  
*Note 2:* Code the specific histology when documented.

**Rule H2**  
Code the histology when only **one histologic type** is identified.

**Rule H3**  
**Code the more specific histologic term when** the diagnosis is:  
- Carcinoma in situ, NOS (8010) and a specific carcinoma in situ or  
- Adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ or  
- Intraductal carcinoma, NOS (8500) and a specific intraductal carcinoma (Table 1)  
*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, with ___ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

**Rule H4**  
Code 8501/2 (comedocarcinoma, non-infiltrating) when there is **non-infiltrating comedocarcinoma and any other intraductal carcinoma** (Table 1).  
*Example:* Pathology report reads intraductal carcinoma with comedo and solid features. Code 8501/2 (comedocarcinoma).

**Rule H5**  
Code 8522/2 (intraductal carcinoma and lobular carcinoma in situ) *(Table 3)* when there is a combination of **in situ lobular** (8520) and **intraductal** carcinoma (Table 1).

**Rule H6**  
Code 8523/2 (intraductal carcinoma mixed with other types of in situ carcinoma) *(Table 3)* when there is a combination of intraductal carcinoma and **two or more specific intraductal types OR there are two or more specific intraductal carcinomas.**

**Rule H7**  
Code 8524/2 (in situ lobular mixed with other types of in situ carcinoma) *(Table 3)* when there is **in situ lobular** (8520) and any in **situ** carcinoma **other than intraductal** carcinoma (Table 1).  
*Note:* Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).
Breast Histology Coding Rules – Text  
C500-C509  
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**Rule H8**  
Code 8255/2 (adenocarcinoma in situ with mixed subtypes) *(Table 3)* when there is a **combination** of in situ/non-invasive histologies that **does not include** either **intraductal** carcinoma (Table 1) or **in situ lobular** (8520).  
*Note:* Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).

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

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**SINGLE TUMOR: INVASIVE AND IN SITU CARCINOMA**  
(Single Tumor; in situ and invasive components)

**Rule H9**  
**Code the invasive histology** when both invasive and in situ components are present.  
*Note 1:* Ignore the in situ terms.  
*Note 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 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 a Single Tumor: Invasive and In Situ Carcinoma.  
Code the histology according to the rule that fits the case.

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

**Rule H10**  
Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.  
*Note 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  
*Note 2:* Code the specific histology when documented.  
*Note 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.
Rule H11  Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.

*Note:* Code the behavior /3.

Rule H12  **Code the most specific histologic term when** the diagnosis is:
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
- Duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508) or
- Sarcoma, NOS (8800) and a more specific sarcoma

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, with ___ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.

Rule H13  Code 8530 (inflammatory carcinoma) only when the final diagnosis of the pathology report specifically states inflammatory carcinoma.

*Note:* Record dermal lymphatic invasion in Collaborative Staging

Rule H14  Code the histology when only one histologic type is identified.

Rule H15  Code the histology with the numerically higher ICD-O-3 code when there are two or more specific duct carcinomas.

*Note:* Use Table 2 to identify duct carcinomas

Rule H16  Code 8522 (duct and lobular) when there is a combination of lobular (8520) and duct carcinoma (Table 3).

*Note:* Use Table 2 to identify duct carcinomas

Rule H17  Code 8523 (duct mixed with other types of carcinoma) when there is a combination of duct and any other carcinoma (Table 3).

*Note 1:* Use Table 2 to identify duct carcinomas

*Note 2:* Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2

Rule H18  Code 8524 (lobular mixed with other types of carcinoma) when the tumor is lobular (8520) and any other carcinoma (Table 3).

*Note:* Other carcinomas exclude lobular and any duct carcinoma listed on Table 1 or Table 2.

Rule H19  Code 8255 (adenocarcinoma with mixed subtypes) (Table 3) for multiple histologies that do not include duct or lobular (8520).

*Note:* Use Table 2 to identify duct carcinomas

This is the end of instructions for a Single Tumor: Invasive Carcinoma Only.

Code the histology according to the rule that fits the case.
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

**Rule H20**  
Code the histology documented by the physician when there is no pathology/cytology specimen or the pathology/cytology report is not available.  
*Note 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  
*Note 2:* Code the specific histology when documented.  
*Note 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.

**Rule H21**  
Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.  
*Note:* Code the behavior /3.

**Rule H22**  
Code 8530 (inflammatory carcinoma) only when the final diagnosis of the pathology report specifically states inflammatory carcinoma.  
*Note:* Record dermal lymphatic invasion in Collaborative Staging

**Rule H23**  
Code the histology when only one histologic type is identified.

**Rule H24**  
Code 8543/2 (in situ Paget disease and intraductal carcinoma) *(Table 3)* when the pathology report specifically states that the Paget disease is in situ and the underlying tumor is intraductal carcinoma (Table 1).  
*Note:* Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).

**Rule H25**  
Code 8543/3 (Paget disease and intraductal carcinoma) for Paget disease and intraductal carcinoma *(Table 3).*  
*Note 1:* ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).  
*Note 2:* Includes both invasive Paget disease and Paget disease with behavior not stated.  
*Note 3:* Use Table 1 to identify intraductal carcinomas.

**Rule H26**  
Code 8541/3 (Paget disease and infiltrating duct carcinoma) for Paget disease and invasive duct carcinoma *(Table 3).*  
*Note 1:* ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).  
*Note 2:* Includes both invasive Paget disease and Paget disease with behavior not stated.  
*Note 3:* Use Table 2 to identify duct infiltrating carcinomas.
Rule H27  Code the invasive histology when both invasive and in situ tumors are present.

*Note 1:* Ignore the in situ terms.

*Note 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).

Rule H28  Code 8522 (duct and lobular) when there is any combination of lobular (8520) and duct carcinoma. *(Table 3).*

*Note:* Use Table 2 to identify duct carcinomas

Rule H29  Code the histology with the numerically higher ICD-O-3 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.