

**Breast Multiple Primary Rules- Text**  
**C500-C509**

**(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)**

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

*Note:* Tumor(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary. \*

*Note:* Use this rule only after all information sources have been exhausted.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**  
**This is the end of instructions for Unknown if Single or Multiple Tumors.**

**SINGLE TUMOR**

*Note 1:* Tumor not described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** **Inflammatory carcinoma** in one or both breasts is a single primary. \*

**Rule M3** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**  
**This is the end of instructions for Single Tumor.**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note 1:* Tumors not described as metastases

*Note 2:* Includes combinations of in situ and invasive

**Rule M4** Tumors in sites with ICD-O-3 **topography** codes (Cxxx) with **different** second (Cxxx) and/or third characters (Cxxx) are multiple primaries. \*\*

**Rule M5** Tumors diagnosed **more than five (5) years** apart are multiple primaries. \*\*

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- Rule M6** **Inflammatory carcinoma** in one or both breasts is a single primary. \*
- Rule M7** Tumors on both sides (**right and left breast**) are multiple primaries. \*\*  
*Note:* Lobular carcinoma in both breasts (“mirror image”) is a multiple primary.
- Rule M8** An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. \*\*  
*Note 1:* The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.  
*Note 2:* Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
- Rule M9** Tumors that are intraductal or **duct and Paget Disease** are a single primary. \*  
*Note:* Use Table 1 and Table 2 to identify intraductal and duct carcinomas
- Rule M10** Tumors that are **lobular** (8520) **and** intraductal or **duct** are a single primary. \*  
*Note:* Use Table 1 and Table 2 to identify intraductal and duct carcinomas
- Rule M11** **Multiple intraductal and/or duct carcinomas** are a single primary. \*  
*Note:* Use Table 1 and Table 2 to identify intraductal and duct carcinomas
- Rule M12** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries. \*\*
- Rule M13** Tumors that **do not meet any** of the above **criteria** are abstracted as a single primary. \*  
*Note 1:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.  
*Note 2:* All cases covered by Rule M13 have the same first 3 numbers in ICD-O-3 histology code.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

**This is the end of instructions for Multiple Tumors.**

**Rule M13 Examples:** The following are examples of cases that use Rule M13. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. **Warning: Using only these case examples to determine the number of primaries can result in major errors.**

<b>Example 1:</b> Invasive duct and intraductal carcinoma in the same breast	<b>Example 2:</b> Multi-centric lobular carcinoma, left breast
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