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. **
Breast Multiple Primary Rules - Text
C500-C509
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

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.

**Example 1:** Invasive duct and intraductal carcinoma in the same breast  **Example 2:** Multi-centric lobular carcinoma, left breast