Breast Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 - M9992 and Kaposi sarcoma M9140)

Major Changes

- **NST (No Special Type), mammmary carcinoma NST, and carcinoma NST** are the new terms for duct or ductal carcinoma. Previously, it was thought that carcinoma originated in the ducts or lobules of the breast, hence the names duct carcinoma and lobular carcinoma. Current thinking is that carcinoma originates in the “terminal duct lobular unit” therefore the preferred term is NST or carcinoma NST.

- **DCIS/Carcinoma NST in situ** has a major classification change
  - It is **very important to code the grade of all DCIS**
  - Code grade as designated in **current AJCC Manual**
  - The current breast WHO edition emphasizes coding the grade of tumor rather than the subtype/variant
  - Internationally, pathologists use the WHO editions to keep their nomenclature and histology identification current
  - Over time, subtypes/variants will be diagnosed less frequently

- **Code histology** that is **majority** of tumor
  - Some words describing majority are:
    - Majority
    - Predominantly
    - See Histology coding rules for **definition of criteria for majority** of tumor
  - Terms which were **previously** used to determine histology but are **no longer used** include:
    - Differentiation
    - Components of
    - Features (of)
  - The SEER and COC Manuals designate the following terms to be used for determining reportability. These terms are **not used to determine** which histology to code when there are multiple histologies
    - Apparent(ly)
    - Appears
    - Comparable with
    - Compatible with
    - Consistent with
Breast Equivalent Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 to M9992 and Kaposi sarcoma M9140)

- Favor(s)
- Malignant appearing
- Most likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious (for)
- Typical (of)

Equivalent or Equal Terms

- And; with (used in histology rules only, i.e. duct and lobular is equivalent to duct with lobular)
- Behavior code /2; DCIS, intracystic; intraductal; noninfiltrating; noninvasive; carcinoma in situ
  - Do not use these terms for casefinding or determining reportability
  - These terms are used ONLY to determine multiple primaries
- Duct; ductal; NST (no special type); carcinoma NST; mammary carcinoma
- Mammary; breast
- Subtype; variant
- Tumor; mass; lesion; neoplasm; nodules

Table 1: Primary Site Codes

Instructions for Using Table 1

Table 1 contains terms used in mammograms, clinical diagnosis, and less frequently the operative report and pathology report to describe the location of the tumor. Find the term in the first column and use the ICD-O Site/Topography code in the second
Breast
Equivalent Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 - M9992 and Kaposi sarcoma M9140)

column.

When using the online electronic version of the manual, use the Adobe search function to find the term used to describe the location of the tumor. When using a print-out of the rules, search Column 1 for the term used to describe the location of the tumor.

Note: See the “clock” diagram at the end of the Equivalent Terms and Definitions for a graphic of the o’clock designations and corresponding quadrant/subsite of the breast.

Refer to the SEER Manual and COC Manual for a priority list for using documents such as mammograms, operative reports, and pathology reports to determine the tumor location.

Column 1 includes terms used to describe the location/site of the tumor.
Column 2 contains the ICD-O site/topography term and code.

<table>
<thead>
<tr>
<th>Terms and Descriptive Language</th>
<th>ICD-O Site/Topography Term and Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areolar</td>
<td>Nipple C500</td>
</tr>
<tr>
<td>Nipple</td>
<td></td>
</tr>
<tr>
<td>Paget disease without underlying tumor</td>
<td>Central portion of breast C501</td>
</tr>
<tr>
<td>Above nipple</td>
<td></td>
</tr>
<tr>
<td>Area extending 1 cm around areolar complex</td>
<td></td>
</tr>
<tr>
<td>Behind the nipple</td>
<td></td>
</tr>
<tr>
<td>Below the nipple</td>
<td></td>
</tr>
<tr>
<td>Beneath the nipple</td>
<td></td>
</tr>
<tr>
<td>Central portion of breast</td>
<td></td>
</tr>
<tr>
<td>Cephalad to nipple</td>
<td></td>
</tr>
<tr>
<td>Infra-areolar</td>
<td></td>
</tr>
<tr>
<td>Lower central</td>
<td></td>
</tr>
<tr>
<td>Next to areola NOS</td>
<td></td>
</tr>
<tr>
<td>Next to nipple</td>
<td></td>
</tr>
<tr>
<td>Paget disease with underlying tumor</td>
<td></td>
</tr>
<tr>
<td>Retroareolar</td>
<td></td>
</tr>
<tr>
<td>Subareolar</td>
<td></td>
</tr>
<tr>
<td>Under the nipple</td>
<td></td>
</tr>
<tr>
<td>Underneath the nipple</td>
<td></td>
</tr>
</tbody>
</table>
# Breast Terms and Definitions

## Breast Equivalent Terms and Definitions

<table>
<thead>
<tr>
<th>Terms and Descriptive Language</th>
<th>ICD-O Site/Topography Term and Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior inner</td>
<td>Upper inner quadrant of breast <strong>C502</strong></td>
</tr>
<tr>
<td>Superior medial</td>
<td></td>
</tr>
<tr>
<td>Upper inner quadrant (UIQ)</td>
<td></td>
</tr>
<tr>
<td>Upper medial</td>
<td></td>
</tr>
<tr>
<td>Inferior inner</td>
<td>Lower inner quadrant of breast <strong>C503</strong></td>
</tr>
<tr>
<td>Inferior medial</td>
<td></td>
</tr>
<tr>
<td>Lower inner quadrant (LIQ)</td>
<td></td>
</tr>
<tr>
<td>Lower medial</td>
<td></td>
</tr>
<tr>
<td>Superior lateral</td>
<td>Upper outer quadrant of breast <strong>C504</strong></td>
</tr>
<tr>
<td>Superior outer</td>
<td></td>
</tr>
<tr>
<td>Upper lateral</td>
<td></td>
</tr>
<tr>
<td>Upper outer quadrant (UOQ)</td>
<td></td>
</tr>
<tr>
<td>Inferior lateral</td>
<td>Lower outer quadrant of breast <strong>C505</strong></td>
</tr>
<tr>
<td>Inferior outer</td>
<td></td>
</tr>
<tr>
<td>Lower lateral</td>
<td></td>
</tr>
<tr>
<td>Lower outer quadrant (LOQ)</td>
<td></td>
</tr>
<tr>
<td>Axillary tail of breast</td>
<td>Axillary tail of breast <strong>C506</strong></td>
</tr>
<tr>
<td>Tail of breast NOS</td>
<td></td>
</tr>
<tr>
<td>Tail of Spence</td>
<td></td>
</tr>
<tr>
<td>12:00 o’clock</td>
<td>Overlapping lesion of breast <strong>C508</strong></td>
</tr>
<tr>
<td>3:00 o’clock</td>
<td></td>
</tr>
<tr>
<td>6:00 o’clock</td>
<td></td>
</tr>
<tr>
<td>9:00 o’clock</td>
<td></td>
</tr>
<tr>
<td>Inferior breast NOS</td>
<td></td>
</tr>
<tr>
<td>Inner breast NOS</td>
<td></td>
</tr>
<tr>
<td>Lateral breast NOS</td>
<td></td>
</tr>
<tr>
<td>Lower breast NOS</td>
<td></td>
</tr>
<tr>
<td>Medial breast NOS</td>
<td></td>
</tr>
<tr>
<td>Midline breast NOS</td>
<td></td>
</tr>
<tr>
<td>Outer breast NOS</td>
<td></td>
</tr>
<tr>
<td>Overlapping lesion of breast</td>
<td></td>
</tr>
</tbody>
</table>

*Note: This is a single tumor which overlaps quadrants/subsite.*
Breast Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 - M9992 and Kaposi sarcoma M9140)

<table>
<thead>
<tr>
<th>Terms and Descriptive Language</th>
<th>ICD-O Site/Topography Term and Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior breast NOS</td>
<td></td>
</tr>
<tr>
<td>Upper breast NOS</td>
<td></td>
</tr>
<tr>
<td>¼ or more of breast involved with tumor</td>
<td>Breast NOS C509</td>
</tr>
<tr>
<td>Diffuse tumor size 998</td>
<td></td>
</tr>
<tr>
<td>Entire breast</td>
<td></td>
</tr>
<tr>
<td>Inflammatory without palpable mass</td>
<td></td>
</tr>
<tr>
<td>Multiple tumors in different subsites (quadrants) within the same breast</td>
<td>Note: Used for:</td>
</tr>
<tr>
<td></td>
<td>• Non-contiguous multiple tumors in different quadrants/subsites of same breast OR</td>
</tr>
<tr>
<td></td>
<td>• Unknown/unable to identify in which quadrant/subsite the tumor is located</td>
</tr>
<tr>
<td></td>
<td>(Example: inflammatory carcinoma; diffuse tumor)</td>
</tr>
</tbody>
</table>

Table 2: Histology Combination Codes

Use Table 2 to select combination ICD-O histology/morphology codes. Compare the diagnosis with the terms in column 1. When the terms match, code the ICD-O histology/topography code in column 2. Use the combination codes only when the histologies are in a single tumor OR multiple tumors coded as a single primary AND:
- The histologies match the description in Column 1 OR
- The histologies are designated as the exact histology term (no modifiers) OR any of the following:
  - A “combination of”
  - Histology 1 AND histology 2
  - Histology 1 WITH histology 2
  - Mixed histologies

Note 1: Do not use Table 2 in the following situations:
- For tumors with invasive and in situ behavior. The Histology rules instruct to code the invasive histology
- When one of the histologies is described as differentiation or features
- When the terms are a NOS and a subtype/variant of that NOS. See the Histology rules for instructions on coding a NOS and a subtype/variant in a single tumor or multiple tumors abstracted as a single primary

Note 2: All histology combinations have a behavior code of either a /2 or a /3.
- When a code is limited to in situ, /2 will be added to the code (both components are in situ)
Breast Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 to M9992 and Kaposi sarcoma M9140)

- When a code is **limited to invasive**, /3 will be **added** to the code (both components are invasive)

**Column 1** contains the required ICD-O histology/morphology terms.
**Column 2** contains the histology/morphology **combination term and code.**

<table>
<thead>
<tr>
<th>Required ICD-O Histology/Morphology Term(s)</th>
<th>ICD-O Histology/Morphology Combination Term and Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carcinoma with osteoclastic giant cells 8035 AND pleomorphic carcinoma 8022</td>
<td>Carcinoma with osteoclast-like giant cells 8035</td>
</tr>
<tr>
<td><strong>Note:</strong> When both histologies are present, the <strong>default</strong> code is carcinoma with osteoclast-like giant cells 8035.</td>
<td></td>
</tr>
<tr>
<td>DCIS/duct carcinoma/carcinoma NST 8500 AND lobular carcinoma 8520</td>
<td><strong>Invasive</strong> carcinoma NST/duct carcinoma <strong>and invasive lobular</strong> carcinoma 8522/3</td>
</tr>
<tr>
<td><strong>Note 1:</strong> Both histologies, duct and lobular <strong>must have</strong> the <strong>same behavior</strong> code.</td>
<td></td>
</tr>
<tr>
<td><strong>Note 2:</strong> 8522 is used when:</td>
<td></td>
</tr>
<tr>
<td>• Both DCIS/duct carcinoma/carcinoma NST AND lobular carcinoma are present in a <strong>single tumor</strong></td>
<td></td>
</tr>
<tr>
<td>• DCIS/duct carcinoma/carcinoma NST is present in at least <strong>one tumor</strong> and lobular is present in at least <strong>one tumor in the same breast</strong></td>
<td></td>
</tr>
<tr>
<td>o <strong>Example:</strong> one tumor with invasive duct CA in LOQ RT breast; second tumor with invasive lobular in UOQ RT breast</td>
<td></td>
</tr>
<tr>
<td><strong>Note 3:</strong> <strong>Do not</strong> use 8522 when the diagnosis is carcinoma NST/duct carcinoma with lobular <strong>differentiation.</strong> The diagnosis <strong>MUST</strong> be invasive carcinoma NST/duct and invasive lobular carcinoma. See Histology rules for instructions on coding <strong>differentiation.</strong></td>
<td></td>
</tr>
<tr>
<td>DCIS/duct carcinoma/carcinoma NST OR carcinoma NST/duct carcinoma subtypes/variants AND <strong>any</strong> histology in <strong>Table 3 with exception</strong> of</td>
<td></td>
</tr>
<tr>
<td>• Lobular carcinoma (and subtypes/variants) 8520</td>
<td>Carcinoma NST/duct mixed with other types of carcinoma 8523</td>
</tr>
<tr>
<td>• Paget disease 8540/3</td>
<td></td>
</tr>
</tbody>
</table>

**Note 1:** See **Table 3** for carcinoma NST/duct carcinoma subtypes/variants.
**Note 2:** **Do not** use combination code for duct with lobular **differentiation.**
<table>
<thead>
<tr>
<th>Required ICD-O Histology/Morphology Term(s)</th>
<th>ICD-O Histology/Morphology Combination Term and Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note 3:</strong> Lobular subtypes/variants are excluded because they have the same code as lobular 8520.</td>
<td></td>
</tr>
<tr>
<td><strong>Infiltrating/invasive lobular</strong> carcinoma AND any invasive histology in Table 3 with exception of</td>
<td>Infiltrating lobular mixed with other types of carcinoma 8524/3</td>
</tr>
<tr>
<td>• Duct carcinoma/carcinoma NST (and subtypes/variants) 8500/3</td>
<td></td>
</tr>
<tr>
<td>• Paget disease 8540/3</td>
<td></td>
</tr>
<tr>
<td><strong>Note 1:</strong> Invasive carcinomas only. <strong>Do not use</strong> this code for in situ. <strong>Note 2:</strong> See Table 3 for carcinoma NST/duct carcinoma subtypes/variants.</td>
<td></td>
</tr>
<tr>
<td><strong>Paget</strong> disease AND underlying DCIS and all subtypes/variants of DCIS (must be a /2)</td>
<td>Paget disease and DCIS/intraductal carcinoma 8543/3</td>
</tr>
<tr>
<td><strong>Note:</strong> See Table 3 for subtypes/variants of DCIS.</td>
<td></td>
</tr>
<tr>
<td><strong>Paget</strong> disease AND underlying infiltrating duct carcinoma/carcinoma NST and all subtypes/variants of infiltrating duct/carcinoma NST (must be a /3)</td>
<td>Paget disease and infiltrating duct carcinoma 8541/3</td>
</tr>
<tr>
<td><strong>Note:</strong> See Table 3 for subtypes/variants of infiltrating carcinoma NST/duct carcinoma.</td>
<td></td>
</tr>
<tr>
<td><strong>Any combination</strong> of histologies in Table 3 excluding:</td>
<td>Adenocarcinoma with mixed subtypes 8255</td>
</tr>
<tr>
<td>• DCIS/duct carcinoma, carcinoma NST 8500</td>
<td></td>
</tr>
<tr>
<td>• Lobular carcinoma 8520</td>
<td></td>
</tr>
<tr>
<td>• Paget disease 8540/3</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> 8255 is the default for at least two histologies which are not included in the previous rows of this table.</td>
<td></td>
</tr>
</tbody>
</table>
Breast Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 to M9992 and Kaposi sarcoma M9140)

Table 3: NOS or NST with Subtypes/Variants

This table includes ICD-O histology terms, codes, synonyms, and subtypes/variants for:
- Single histologies found in breast
- New ICD-O histology terms and codes (denoted with an *)

**Note 1:** This table does not replace the histology rules. Only use this table to find histology terms and codes and whenever instructed to by the histology rules.

**Note 2:** When using the electronic (online) version, use the Adobe search function to find the histologic term.

**Note 3:** Rare histologies may not be listed. When a histology term is not found in Table 3, reference ICD-O.

**Note 4:** Behavior codes are listed when the terms only has one possible behavior (either a /2 or /3). For histologies which may be either /2 or /3, a behavior code is not listed. Code behavior from pathology.

**Note 5:** Only use the histology code from the table when the diagnosis is EXACTLY the term listed.

**Column 1** contains ICD-O **histology/morphology** terms and codes for:
- Specific terms which do not have subtypes/variants
- NOS/NST terms which have subtypes/variants

**Column 2** contains **synonyms** for the term in Column 1. Synonyms have the same ICD-O histology/morphology code as the term in Column 1.

**Column 3** contains ICD-O histology/morphology terms and codes for **subtypes/variants** of the NOS/NST.

**TABLE INSTRUCTIONS:**
1. Identify new terms, definitions, and their codes.
2. Table 3 **does not** replace the histology rules; it is used to find histology terms and codes (see #2) and **when** the histology rules reference Table 3.
3. This table is used to identify codes for single histologies.
Breast
Equivalent Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 - M9992 and Kaposi sarcoma M9140)

4. Table 3 should be used to find histology terms and codes. Many new histology terms and codes have been added. Although ICD-O updates have been issued, this table insures that all histologies and codes are listed in one place for easier reference.
   a. Search Column 1 (preferred name), Column 2 (synonyms), and Column 3 (subtypes/variants) to find the term used in the tissue diagnosis.
      i. When using the electronic version, use the Adobe search function to find the histology term.
      ii. When using a print-out, search the three columns listed above to find the histology term.
      iii. Rare histologies may not be listed. When a histology term is not found in Table 3, reference ICD-O.

5. Behavior codes are listed when the term has only one behavior, either /2 or /3. For histologies which may be either /2 or /3, a behavior code is not listed. Code behavior from pathology.

6. Codes listed in the table are used ONLY when the diagnosis is EXACTLY the term listed.

Column 1 has the following ICD-O histology/morphology terms and codes:
   • Specific terms which do not have subtypes/variants
   • NOS/NST terms which have subtypes/variants

Column 2 has synonyms for the ICD-O term in Column 1. Synonyms have the same ICD-O histology/morphology code as the term in Column 1.

Column 3 are subtypes/variants of the NOS/NST ICD-O histology/morphology term with their ICD-O histology/morphology code.

<table>
<thead>
<tr>
<th>Specific and NOS/NST Terms and Code</th>
<th>Synonym of Specific or NOS/NST Histology</th>
<th>NOS/NST Subtypes/Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acinic cell carcinoma 8550</td>
<td>Acinar adenocarcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acinar carcinoma</td>
<td></td>
</tr>
<tr>
<td>Adenoid cystic carcinoma (ACC) 8200</td>
<td>ACC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adenocystic basal cell carcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carcinoma adenoides cysticum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cylindromatous carcinoma</td>
<td></td>
</tr>
<tr>
<td>Adenomyoepithelioma with carcinoma 8983</td>
<td>AME</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malignant AME</td>
<td></td>
</tr>
<tr>
<td>Angiosarcoma 9120/3</td>
<td>Hemangiosarcoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lymphangiosarcoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malignant hemangioendothelioma</td>
<td></td>
</tr>
<tr>
<td>Apocrine carcinoma 8401</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Breast Terms and Definitions

Breast Equivalent Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 to M9992 and Kaposi sarcoma M9140)

<table>
<thead>
<tr>
<th>Specific and NOS/NST Terms and Code</th>
<th>Synonym of Specific or NOS/NST Histology</th>
<th>NOS/NST Subtypes/Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> This is a diagnosis that is EXACTLY apocrine carcinoma, not a carcinoma NST with apocrine features, differentiation, or type.</td>
<td>Carcinoma of no special type (ductal/NST) Carcinoma/carcinoma NST with choriocarcinomatous features Carcinoma/carcinoma NST with cribriform features Carcinoma/carcinoma NST with melanotic features Carcinoma/carcinoma NST with signet ring differentiation DCIS 8500/2 Duct/ductal carcinoma Duct/ductal carcinoma in situ 8500/2 Duct/ductal carcinoma NOS Duct/ductal carcinoma NST (no special type) Duct/ductal carcinoma with apocrine features Duct/ductal carcinoma with apocrine metaplasia Duct/ductal carcinoma with lobular features Duct/ductal carcinoma with micropapillary features Duct/ductal carcinoma with squamous metaplasia Infiltrating ductal carcinoma Invasive carcinoma not otherwise specified (ductal/NOS) Invasive mammary carcinoma</td>
<td>Carcinoma with osteoclastic-like stromal giant cells 8035 Pleomorphic carcinoma 8022</td>
</tr>
</tbody>
</table>
Breast Terms and Definitions  
C500-C506, C508-C509  
(Excludes lymphoma and leukemia M9590 - M9992 and Kaposi sarcoma M9140)

<table>
<thead>
<tr>
<th>Specific and NOS/NST Terms and Code</th>
<th>Synonym of Specific or NOS/NST Histology</th>
<th>NOS/NST Subtypes/Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invasive carcinoma of no special type (NST)</td>
<td>Invasive carcinoma, NST</td>
<td>Mammary carcinoma/cancer 8500/2</td>
</tr>
<tr>
<td>Invasive carcinoma NST/duct with medullary features</td>
<td>Invasive carcinoma, type cannot be determined</td>
<td>Mammary carcinoma, in situ 8500/2</td>
</tr>
</tbody>
</table>
| Invasive carcinoma NST/duct with medullary features | Mammary carcinoma/ductal carcinoma in situ 8520/2
| Infiltrating ductal carcinoma 8500/2 | Non-invasive mammary carcinoma 8500/2 |

Comedocarcinoma 8501

Cribriform carcinoma 8201

Note: This diagnosis does not include NST with cribriform features, type, or differentiation. See the Histology Rules for histology coding instructions.

Glycogen-rich clear cell carcinoma 8315

Glycogen-rich carcinoma 8310

Inflammatory carcinoma 8530

Invasive papillary carcinoma 8503/3

Central papilloma 8503/3

Encapsulated papillary carcinoma 8504/2

Encapsulated papillary carcinoma with invasion 8504/3

Intraductal papilloma carcinoma 8503/2*

Intraductal papilloma with DCIS 8503/2*

Intraductal papilloma with ductal carcinoma in situ 8503/2*

Intraductal papilloma with lobular carcinoma in situ 8520/2
## Breast Terms and Definitions

**Breast Equivalent Terms and Definitions**

*C500-C506, C508-C509*

(Excludes lymphoma and leukemia M9590 to M9992 and Kaposi sarcoma M9140)

<table>
<thead>
<tr>
<th>Specific and NOS/NST Terms and Code</th>
<th>Synonym of Specific or NOS/NST Histology</th>
<th>NOS/NST Subtypes/Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invasive micropapillary carcinoma 8507*</td>
<td>Micropapillary carcinoma 8507*</td>
<td>Invasive micropapillary carcinoma</td>
</tr>
<tr>
<td>Papillary carcinoma, non-invasive 8503/2*</td>
<td>Papillary ductal carcinoma in situ 8503/2*</td>
<td>Papillary carcinoma, non-invasive</td>
</tr>
<tr>
<td>Solid papillary carcinoma in situ 8509/2</td>
<td>Solid papillary carcinoma with invasion 8509/3</td>
<td></td>
</tr>
<tr>
<td>Invasive papillary carcinoma 8503/3</td>
<td>Note: The following two histologies are synonyms (have the same four-digit ICD-O-histology/morphology code) but are in situ behavior /2.</td>
<td>Encapsulated papillary carcinoma 8504/2</td>
</tr>
<tr>
<td>Intraductal papillary carcinoma 8503/2*</td>
<td>Intraductal papillary carcinoma with DCIS 8503/2*</td>
<td>Encapsulated papillary carcinoma with invasion 8504/3</td>
</tr>
<tr>
<td>Papillary carcinoma, non-invasive 8503/2*</td>
<td>Papillary ductal carcinoma in situ 8503/2*</td>
<td>Intraductal papillary carcinoma 8504/2</td>
</tr>
<tr>
<td>Leiomyosarcoma 8890</td>
<td></td>
<td>Intraductal papilloma with lobular carcinoma in situ 8520/2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intraductal papilloma with lobular neoplasia 8520/2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Micropapillary carcinoma 8507*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Solid papillary carcinoma in situ 8509/2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Solid papillary carcinoma with invasion 8509/3</td>
</tr>
</tbody>
</table>
## Breast Terms and Definitions

C500-C506, C508-C509

(Excludes lymphoma and leukemia M9590 - M9992 and Kaposi sarcoma M9140)

<table>
<thead>
<tr>
<th>Specific and NOS/NST Terms and Code</th>
<th>Synonym of Specific or NOS/NST Histology</th>
<th>NOS/NST Subtypes/Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipid-rich carcinoma 8314</td>
<td>Lipid-secreting carcinoma</td>
<td></td>
</tr>
<tr>
<td>Liposarcoma 8850</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lobular carcinoma 8520</strong></td>
<td></td>
<td>Pleomorphic lobular carcinoma in situ 8519/2*</td>
</tr>
<tr>
<td></td>
<td>Alveolar lobular carcinoma</td>
<td><strong>Note</strong>: 8519/2 is a new code. The code is for in situ/2 tumors only.</td>
</tr>
<tr>
<td></td>
<td>Classic lobular carcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Invasive lobular carcinoma, alveolar type 8520/3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Invasive lobular 8520/3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>carcinoma, solid type 8520/3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mixed lobular carcinoma (lobular carcinoma NOS and one or more variants of lobular carcinoma)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pleomorphic lobular carcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Solid lobular carcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tubulolobular carcinoma</td>
<td></td>
</tr>
<tr>
<td><strong>Note</strong>: The histologies listed under synonyms are all subtypes/variants of lobular. There are no ICD-O histology/morphology codes for these variants, so they are coded to lobular carcinoma NOS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medullary carcinoma 8510</strong></td>
<td></td>
<td>Atypical medullary carcinoma 8513</td>
</tr>
<tr>
<td><strong>Metaplastic carcinoma NOS or of no special type (NST) 8575</strong></td>
<td>Metaplastic carcinoma with mesenchymal differentiation</td>
<td>Fibromatosis-like metaplastic carcinoma 8572</td>
</tr>
<tr>
<td></td>
<td>Metaplastic carcinoma with other types of mesenchymal differentiation</td>
<td>Low-grade adenosquamous carcinoma 8570</td>
</tr>
<tr>
<td></td>
<td>Mixed metaplastic carcinoma</td>
<td>Metaplastic carcinoma with chondroid differentiation 8571</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Metaplastic carcinoma with osseous differentiation 8571</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Myoepithelial carcinoma 8982</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spindle cell carcinoma 8032</td>
</tr>
</tbody>
</table>
**Breast Equivalent Terms and Definitions**

C500-C506, C508-C509  
(Excludes lymphoma and leukemia M9590 to M9992 and Kaposi sarcoma M9140)

<table>
<thead>
<tr>
<th>Specific and NOS/NST Terms and Code</th>
<th>Synonym of Specific or NOS/NST Histology</th>
<th>NOS/NST Subtypes/Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micropapillary carcinoma 8507*</td>
<td>Micropapillary carcinoma, invasive</td>
<td>Squamous cell carcinoma 8070</td>
</tr>
<tr>
<td>Mucinous carcinoma 8480</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> This is a diagnosis that is EXACTLY “mucinous carcinoma,” mucinous duct carcinoma,” “mucinous DCIS” OR &gt;90%, mucinous. See Histology Codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mucoepidermoid carcinoma 8430</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myoepithelial carcinoma 8982</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncocytic carcinoma 8290</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteosarcoma 9180</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paget disease of the nipple 8540/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periductal stromal tumor, low grade 9020/3</td>
<td>Phyllodes tumor, malignant</td>
<td></td>
</tr>
<tr>
<td>Polymorphous carcinoma 8525</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhabdomyosarcoma 8900/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sebaceous carcinoma 8410</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretory carcinoma 8502</td>
<td>Juvenile breast carcinoma</td>
<td></td>
</tr>
<tr>
<td>Signet ring carcinoma 8490</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small cell carcinoma 8041</td>
<td>Carcinoid tumor of breast, Endocrine carcinoma, Neuroendocrine carcinoma, poorly differentiated</td>
<td>Carcinoma with neuroendocrine differentiation 8574/3</td>
</tr>
</tbody>
</table>
## Breast Terms and Definitions

**C500-C506, C508-C509**

(Excludes lymphoma and leukemia M9590 - M9992 and Kaposi sarcoma M9140)

<table>
<thead>
<tr>
<th>Specific and NOS/NST Terms and Code</th>
<th>Synonym of Specific or NOS/NST Histology</th>
<th>NOS/NST Subtypes/Variants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tubular carcinoma 8211</td>
<td></td>
<td>Invasive breast carcinoma with neuroendocrine differentiation 8574/3 Neuroendocrine tumor, well-differentiated 8246</td>
</tr>
</tbody>
</table>

*New codes approved by IARC/EWHO Committee for ICD-O*
Breast Terms and Definitions

Breast Equivalent Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 to M9992 and Kaposi sarcoma M9140)

Illustrations
Breast
Equivalent Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 - M9992 and Kaposi sarcoma M9140)

Netter illustration used with permission of Elsevier Inc. All rights reserved
Breast Equivalent Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 to M9992 and Kaposi sarcoma M9140)
Paget Disease of the nipple. Shows growth pattern of Paget on the pigmented portion of nipple and inside the milk duct opening.
Breast Terms and Definitions

Source:
Breast Terms and Definitions
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 - M9992 and Kaposi sarcoma M9140)

The position of the tumor in the breast may be described as the positions on a clock.

The two circles in the graphic are:
Innermost circle: Retroareolar (under/behind areola)
Outer circle: Central portion of breast

"Clock" Positions, Quadrants and ICD-0 Codes of the Breast
Breast Multiple Primary Rules - Text
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Note 1: Rules do not apply to metastatic tumors (regional or distant lymph nodes; discontinuous dermal metastases; discontinuous chest wall metastases; lung; bone; liver; brain).

Note 2: Read the General Instructions and the site-specific Equivalent Terms and Definitions before using the multiple primary rules.

Note 3: Each module (Unknown if Single or Multiple Tumors, Single Tumor, Multiple Tumors) is an independent, complete set of coding rules.

Note 4: Within each module, the rules are hierarchical. Use the first rule that applies to the case being abstracted. Stop at that rule; do not continue moving through the rules.

Note 5: When the patient has a “new tumor” within either breast in 2018 or later, use the 2018 multiple primary rules to determine whether it is a single or multiple primary.

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

Rule M1 Abstract a single primary when it is not possible to determine if there is a single tumor or multiple tumors.

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: Rules include combinations of in situ and invasive.

Rule M2 Abstract a single primary when the diagnosis is inflammatory carcinoma in:
  - Bilateral breasts OR
  - Same breast, multiple quadrants

Note: Inflammatory carcinoma is treated as a single primary.
Breast Multiple Primary Rules - Text
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Rule M3 Abstract a single primary \(^1\) when there is a single tumor.

*Note 1:* A single tumor is always a single primary.

*Note 2:* Tumor may overlap different quadrants/subsites.

*Note 3:* Tumor may have direct extension into adjacent/contiguous site.

*Note 4:* Tumor may contain two or more histologic components.

*Note 5:* Tumor may have in situ and invasive components.

**IMPORTANT:** If the current tumor was preceded by a tumor in the same breast or contralateral breast, go to the Multiple Tumors module.

\(^1\) Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

**MULTIPLE TUMORS**

*Note 1:* Multiple tumors may be single primary or multiple primaries.

*Note 2:* Rules include combinations of in situ and invasive.

Rule M4 Abstract a single primary \(^1\) when there is inflammatory carcinoma in:

- Multiple quadrants of same breast OR
- Bilateral breasts

Rule M5 Abstract multiple primaries \(^2\) when there are separate, non-contiguous tumors in sites with ICD-O site/topography codes (C50_) that are different at the second (CXxx) and/or third characters (CXXx).

*Note 1:* Tumors with topography codes that differ at the second or third character are in different primary sites, for example, a breast tumor C50_ and a colon tumor C18_ differ at the second and third character.

*Note 2:* This rule does not include metastases. Metastatic tumors are not used to determine multiple primaries; for example, liver metastases from the breast cancer would not be counted as a second primary.
Breast Multiple Primary Rules - Text
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Rule M6  Abstract multiple primaries ii when there is bilateral breast cancer (both right and left breast).

*Note 1:* Physician statement “bilateral breast cancer” should not be interpreted as meaning a single primary. The term is descriptive and not used consistently. The literal definition of bilateral is cancer in both breasts.

*Note 2:* It is irrelevant how many tumors are in each breast. Abstract as multiple primaries.

*Note 3:* The histologies within each breast may be the same or different.

Rule M7  Abstract a single primary i when there is synchronous Paget disease of the nipple and an underlying cancerous tumor.

*Note:* The underlying tumor may be either in situ or invasive.

Rule M8  Abstract multiple primaries ii when breast tumors are diagnosed more than five (5) years apart.

*Note 1:* The rules are hierarchical. This rule only applies when there is a subsequent breast tumor.

*Note 2:* The time interval means the patient has been clinically disease-free for >5 years.

**Definition clinically free:** There has been no clinical evidence of disease greater than 5 years from date of original diagnosis. Mammograms, scans, and all other work-ups show no evidence of disease (NED). There are no subsequent breast tumor and/or any metastases from the breast tumor within this period.

**Definition** clinically free when neoadjuvant treatment: When there is a core needle biopsy or a fine needle aspiration (FNA) followed by neoadjuvant treatment, then surgical removal of the tumor, the greater than 5-year interval starts from the date of surgery

*Note 3:* When the patient has a recurrence less than or equal to 5 years from the date of initial diagnosis:

- The “clock” starts over
- The greater than 5-year disease-free interval is computed from the date of the last known recurrence
- The patient must have been disease-free for more than 5 years after the last recurrence of a breast tumor

*Note 4:* Default to date of diagnosis to compute the >5-year time interval when:

- There was no known recurrence AND/OR
- Documentation is not available to confirm whether or not there was recurrence

*Note 5:* The location and histology of the subsequent breast tumor is irrelevant. Breast tumors that occur more than 5 years apart are always multiple primaries.

*Note 6:* Code a new primary even if the physician states “recurrence”.

Rule M9  Abstract a single primary i when an invasive tumor is diagnosed less than or equal to 60 days after an in situ tumor AND:

- Both tumors have identical four-digit ICD-O histology codes (XXXX) OR
Breast Multiple Primary Rules - Text
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

- Tumors are NOS/NST and a subtype/variant of that NOS/NST (See Table 3 in Equivalent Terms and Definitions for NOS/NST and subtypes)

**Note 1:** Abstract the invasive tumor only.

**Note 2:** When the in situ tumor has been abstracted and reported to the central registry:
  - Change behavior code on original abstract from /2 to /3 after the invasive is diagnosed
  - Change histology when in situ tumor is a NOS/NST and the invasive tumor is subtype/variant of that NOS/NST
  - **Do not change date of diagnosis**
  - When the case has been submitted to the central registry, **report all changes**

**Note 3:** The physician may stage both tumors because staging and determining multiple primaries are done for different reasons. Staging determines which course of treatment would be most effective. Determining multiple primaries is done to stabilize the data for the study of epidemiology (long-term studies done on incidence, mortality, and causation of a disease with the goal of reducing or eliminating that disease).

**Rule M10** Abstract multiple primaries ii when an invasive tumor is diagnosed greater than 60 days after the diagnosis of an in situ tumor.

**Note 1:** The rules are hierarchical. Use this rule only when rules M4-M9 are not applicable.

**Note 2:** The purpose of this rule is to ensure that the case is counted as an incidence (invasive) case when incidence data are analyzed.

**Note 3:** Abstract as multiple primaries even if the medical record/physician states it is a disease recurrence or progression.

**Note 4:** This rule only applies when the in situ tumor was treated OR there was a decision not to treat.

**Note 5:** Default to previous rule (code a single primary, the invasive) when the patient is still being worked-up OR waiting for surgery.

**Rule M11** Abstract a single primary i when the diagnosis is Paget disease with underlying:
  - In situ or invasive carcinoma NST (duct/ductal) OR
  - In situ or invasive lobular carcinoma

**Rule M12** Abstract a single primary i when there are multiple tumors (DCIS/duct/carcinoma NST and lobular carcinoma) in the same breast (same or multiple quadrants/subsites which are:
  - In situ and invasive
Breast Multiple Primary Rules - Text
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

- One tumor is invasive and the other is in situ OR
- Both/all tumors are mixed in situ and invasive
  
  Note: See Histology rules. Only the invasive histology is abstracted

- **In situ**
  - At least one tumor is DCIS and at least one tumor is in situ lobular carcinoma
  - Both/all tumors are mixed DCIS and in situ lobular carcinoma

- **Invasive**
  - One tumor is carcinoma NST, the other is invasive lobular carcinoma OR
  - Both/all tumors are mixed carcinoma NST and invasive lobular carcinoma

**Rule M13** Abstract a single primary¹ when there are multiple tumors in the same breast which:
- Have identical ICD-O histology/morphology codes XXXX OR
- Are a NOS and a subtype/variant of the NOS

**Rule M14** Abstract multiple primaries² when there are multiple tumors with ICD-O histology codes that are different at the first (Xxxx), second (xXxx) or third (xxXx) number.
  
  Note: The rules are hierarchical. Do not use this rule if any of the rules M4-M13 apply

**Rule M15** Abstract a single primary¹ when tumors that do not meet any of the above criteria in rules M1-M14.

¹ Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
² 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.
Breast Histology Coding Rules
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Major Changes from the 2007 Rules

1. Effective 1/1/2018, mammary carcinoma is a synonym for carcinoma no special type (NST)/duct carcinoma not otherwise specified (NOS) 8500. It will no longer be coded as carcinoma NOS 8010.

2. Do code histology when documented as
   a. Majority
   b. Predominantly
   c. Subtype
   d. Type
   e. Variant

3. Do not code histology when documented as
   a. Architecture
   b. Component
      i. The word “component” simply means there is another histology
      ii. Component does not describe the majority of tumor
   c. Differentiation
   d. Features (of)
   e. Foci; focus, focal
   f. Pattern(s)

Note 1: Only code differentiation or features when there is a specific code for the NOS with differentiation, features or type in Table 3 or the ICD-O.

Example: Diagnosis is invasive breast carcinoma with neuroendocrine differentiation which has a specific ICD-O histology/morphology code 8574. Code the histology 8574.

Negative example: The diagnosis is carcinoma NST/duct carcinoma with apocrine features. There is no ICD-O histology/morphology code for carcinoma NST/duct carcinoma with apocrine features. Code carcinoma NST/duct carcinoma 8500.

Note 2: Do not code apocrine carcinoma when the diagnosis specifies apocrine differentiation, features, or type. Apocrine differentiation is frequently present in:
   a. Carcinoma NST/duct carcinoma AND
   b. Subtypes/variants of carcinoma NST/duct carcinoma AND
   c. Lobular carcinoma NOS AND
   d. Pleomorphic lobular carcinoma in situ AND
   e. Subtypes/variants of lobular carcinoma
Breast Histology Coding Rules
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Note: There is no ICD-O code for lobular variants/subtypes other than pleomorphic lobular carcinoma in situ. All other subtypes are coded to lobular carcinoma NOS.

Priorities for Using Documentation to Code Histology

Use the documents/documentation below in priority order with 1 having the highest priority. Go to 2 when 1 does not apply.

1. The most specific diagnosis in tissue reports from the primary tumor. The most specific histology may be found in either the biopsy or resection pathology
   a. Tissue reports are pathology from a core needle biopsy, local resection/lumpectomy, or mastectomy.
   b. This is a change from 2007 rules which said to code histology from the “most representative specimen/greatest amount of tumor tissue,” which in most cases was the local tumor excision or mastectomy.
   c. The definition of the most specific histology is a subtype/variant such as carcinoma NST 8500 (least specific) and a subtype/variant pleomorphic carcinoma 8022 (more specific). It may also be a generic term such as carcinoma NOS 8010 (least specific) and a variant/subtype of carcinoma NOS, glycogen-rich carcinoma 8315 (most specific)
   Example: Patient had an excisional biopsy with a pathologic diagnosis of pleomorphic carcinoma 8022. There was microscopic involvement of one margin. The patient chose to have a total mastectomy. Pathology from the total mastectomy showed minimal residual carcinoma NST 8500. Code the most specific histology, pleomorphic carcinoma 8022.
   d. Use the tissue reports in the following priority order, with 1 having the highest priority
      1. Addendum on the pathology report
         Note: Addendums may contain information from outside consults, special stains, genetic testing, or other tests for which results were not available when the final diagnosis was dictated
      2. Comments on the pathology report
         Note: Comments may contain information from outside consults, special stains, genetic testing, or other tests for which results were not available when the final diagnosis was dictated
      3. Final diagnosis on the pathology report
      4. The synoptic CAP reports
         Note: CAP reports are usually done at the same time as the final diagnosis, so may not contain special testing. They are also limited to the diagnostic terms available in the CAP protocol

2. Cytology report
3. Tissue or cytology from a metastatic site when there is no pathology/cytology specimen from the primary site
   Note: Code the behavior /3.
4. Physician’s documentation when there is no pathology/cytology specimen or the pathology/cytology report is not available
Breast Histology Coding Rules
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Note: Priority for using documentation to code the histology with “a” having the higher priority
a. Documentation in the medical record that refers to pathology or cytology diagnosis
b. Physician’s reference to type of cancer (histology) in the medical record

Note 1: Code the specific histology when documented.
Note 2: Code the histology to cancer/malignant neoplasm 8000, or carcinoma/cancer NOS 8000/8010 as stated by the physician when nothing more specific is documented.

5. Radiology reports when none of the options 2-4 are available.

Note 1: Priority list with “a” having the highest priority
a. Mammogram
b. Ultrasound
c. CT scan

How to Use Histology Rules

Note 1: When the patient had a previous breast primary and presents with a new breast tumor in 2018, use the 2018 rules to determine whether the new tumor is a new primary or a recurrence.

Note 2: Code the histology diagnosis prior to therapy.
   a. When the patient has neoadjuvant therapy, code the diagnosis from the biopsy prior to treatment
   b. Neoadjuvant therapy can change the histologic make-up of the tumor

1. Each module is an independent, complete set of rules.
   i. Use the first rule that applies and stop. Do not continue through the rules in the same module
   ii. Do not “Cherry pick” randomly through the rules

2. Decide whether the patient has a single tumor or multiple tumors
   a. Single tumor
      i. Determine whether the tumor is
         a. In situ
         b. Invasive
         c. Mixed in situ and invasive histologies
      ii. Go directly to the first rule in the appropriate module, for example when there is a single in situ tumor go to the first rule in the module Single Tumor: In Situ Components Only module
   b. When there are multiple tumors go to the Multiple Primary Rules and determine whether the tumors are
      i. Multiple primaries
         a. For each primary, go through the steps for a single tumor as outlined in the previous steps 2a, 2ai, and 2a(ii)
Breast Histology Coding Rules
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

ii  A single primary (one primary/abstract)
   a  Start with the first rule in the Multiple Tumors Abstracted as a Single Primary module.
   b  Do not use any of the rules under in the Single Tumor modules.

Note: When “no modifiers” appears after a histology term, it means that the histology term is not modified by words such as differentiation, architecture, metaplasia, etc.

Example: Lobular carcinoma with apocrine differentiation. Apocrine differentiation is a modifier.

SINGLE TUMOR: IN SITU COMPONENTS ONLY

Rule H1  Code the histology when only one histologic type is identified.

Note: When a case is accessioned based on a histology preceded by a reportable ambiguous term, code that single histology

Example: The pathology diagnosis is consistent with DCIS. “Consistent with” is a reportable ambiguous term. Code the histology DCIS.

Rule H2  Code the histology as specified for the following:
- Code cribriform carcinoma in situ 8201/2 when diagnosis is cribriform carcinoma in situ (no modifiers)
- Code duct carcinoma in situ 8500/2 when the diagnosis is any of the below:
  - Cancer in situ (no modifiers)
  - Carcinoma in situ type cannot be determined (no modifiers)
  - Carcinoma in situ with choriocarcinomatous features (no modifiers)
  - Carcinoma in situ with melanotic features (no modifiers)
  - Carcinoma in situ with signet ring differentiation (no modifiers)
  - Carcinoma in situ no special type (NST) (no modifiers)
  - DCIS (no modifiers)
  - Duct/ductal carcinoma in situ (no modifiers)
  - Duct carcinoma in situ with medullary features
  - Mammary carcinoma in situ (no modifiers)
- Code lobular carcinoma in situ 8520/2 when the diagnosis is any of the below:
  - Lobular carcinoma in situ (no modifiers)
  - Alveolar lobular carcinoma in situ (no modifiers)
  - Classic lobular carcinoma in situ (no modifiers)
Breast Histology Coding Rules
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

- Lobular carcinoma NOS AND one or more subtypes/variants of lobular carcinoma in situ
- Mixed lobular carcinoma (no modifiers)
- Solid lobular carcinoma in situ (no modifiers)
- Tubulolobular carcinoma in situ (no modifiers)
  
  Note: Pleomorphic lobular carcinoma in situ has a different four-digit ICD-O histology/morphology code 8519/2

- Code Paget disease in situ 8540/2 when the diagnosis is exactly Paget disease in situ.
  
  Note 1: This is a de novo primary of the nipple with no underlying tumor.
  
  Note 2: Paget is coded as in situ /2 only when pathology documents in situ behavior.

Rule H3  Code the variant/subtype using Table 3 in the Equivalent Terms and Definitions when the diagnosis is a NOS/NST and a subtype/variant such as:

- Cancer NOS/malignant neoplasm 8000/2 and a subtype/variant of cancer NOS
- Carcinoma NOS 8010/2 and a subtype/variant of carcinoma NOS
- DCIS/duct carcinoma in situ 8500/2 and a subtype/variant of carcinoma NST
  
  Note: Subtypes/variants of DCIS may be designated less frequently over time because WHO puts the emphasis on grade of tumor. If the diagnosis is a subtype/variant, code the diagnosis.

- Glycogen-rich clear cell carcinoma 8315/2 and a subtype/variant of glycogen-rich clear cell carcinoma
- Intraductal papillary carcinoma 8503/2 and a subtype/variant of intraductal papillary carcinoma

Rule H4  Code 8501/2 comedocarcinoma, in situ/non-infiltrating when all tumor components are in situ and the diagnosis is non-infiltrating/in situ comedocarcinoma and any other in situ carcinoma.


Rule H5  Code a combination code when there are multiple histologies within a single tumor. Use Table 2 in the Equivalent Terms and Definitions to identify valid combination codes.

Note 1: Multiple histologies may be identified as:

- Mixed histologies OR
- Histology 1 AND histology 2 OR
- Histology 1 WITH histology 2
  
  Note: The terms “histology 1” and “histology 2” are used as a substitute a named histology. If a specific histology were used in the note, it may be perceived as if the not applied only to that histology

Note 2: Table 2 is used for two histologies within a single tumor. When there are three histologies, the default is code 8255 because none of the other combinations include three or more histologies.
Breast Histo

Breast Histology Coding Rules
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Rule H6  Code the histology with the **numerically higher** ICD-O histology code.
*Note:* The **rules are hierarchical.** Use this rule ONLY when rules H1-H5 **do not apply**

Code the histology according to the rule that fits the case

This is the end of instructions for a Single Tumor: In Situ Components Only

---

**SINGLE TUMOR: INVASIVE AND IN SITU COMPONENTS**

Rule H7  **Code the invasive histology** when both invasive and in situ components are present.
*Note 1:* Ignore in situ term.
*Note 2:* This is a change from the pre-2007 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 tumor better describes the disease course and survival category. Using these rules, combinations of invasive carcinoma NST/duct and in situ lobular are coded to invasive carcinoma NST/duct 8500/3 rather than the combination code for duct and lobular carcinoma 8522/3.

Code the histology according to the rule that fits the case

This is the end of instructions for a Single Tumor: Invasive and In Situ Components

---

**SINGLE TUMOR: INVASIVE COMPONENTS ONLY**

Rule H8  Code the histology when only one histologic type is identified.
*Note:* When a case is accessioned based on a histology preceded by a reportable ambiguous term, code that single histology
*Example:* The pathology diagnosis is consistent with invasive duct carcinoma. “Consistent with” is a reportable ambiguous term. Code the histology carcinoma NST/duct 8500/3.

Rule H9  Code inflammatory carcinoma 8530/3 **ONLY** when the diagnosis on the tissue/pathology is exactly inflammatory carcinoma.
*Informational item:* The clinical symptoms of inflammatory breast cancer include rapid breast enlargement and skin changes (redness, edema peau d’ orange) involving more than a third of the breast. Usually there is a diffuse firmness of the breast and there is no palpable underlying mass.
*Note:* Record dermal lymphatic invasion in staging information.
Breast Histology Coding Rules
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

Rule H10  Code the histology as follows:

Code **metaplastic** carcinoma 8575/3 when the diagnosis is:
- Metaplastic carcinoma (no modifiers)
- Metaplastic carcinoma with **mesenchymal differentiation**
- Metaplastic carcinoma with **other types of mesenchymal differentiation**
- Metaplastic carcinoma with **sarcomatous components**
- **Mixed** metaplastic carcinoma

*Note:* The **histology** “metaplastic breast carcinoma” is composed of several different cell types including squamous, spindle, chordoid, and sarcomatoid. These cell types are often described as differentiation, components, or features. Because differentiation, components, features, and type are ignored, these tumors are coded as **metaplastic** carcinoma 8575.

Code **cribriform** carcinoma 8201/3 when:
- The diagnosis is **cribriform** carcinoma (no modifiers) OR
- Pathology reports greater than 90% of tumor is **cribriform** OR
- The combination of cribriform and tubular carcinoma comprises greater than 90% of tumor

*Note 1:* The criteria for greater than 90% of tumor being cribriform OR cribriform and tubular is applicable ONLY to **invasive** cribriform and invasive tubular carcinoma

*Note 2:* Code carcinoma NST 8500/3 when
- **Cribriform** is documented as less than or equal to 90% of the tumor OR
- **Combination** of cribriform and tubular is documented as less than or equal to 90% OR
- **Percentage** of cribriform is not documented OR
- **Percentage** of mixed cribriform and tubular is not known/not documented

Code **duct** carcinoma 8500/3 when the diagnosis is:
- Carcinoma of no special type (NST)/duct/ductal (no modifiers)
- Carcinoma NST with **lobular features**
- Carcinoma with **choriocarcinomatous features** (no modifiers)
- Carcinoma with **melanotic features** (no modifiers)
- Carcinoma with **signet ring differentiation** (no modifiers)
- **Duct/ductal** carcinoma (no modifiers)
- **Duct/ductal** carcinoma with **lobular features**
- Invasive carcinoma NST OR duct/ductal with **medullary features** (no modifiers)
- Invasive carcinoma, **type cannot be determined** (no modifiers)
- **Mammary carcinoma** (no modifiers)

Code **mucinous** carcinoma 8480/3 when:
Breast Histology Coding Rules  
C500-C506, C508-C509  
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

- The diagnosis is mucinous carcinoma (no modifiers) OR  
  Pathology reports greater than 90% of tumor is mucinous  
  *Note: Code* carcinoma NST 8500 when  
  - Less than or equal to 90% of the tumor is mucinous OR  
  - Percentage of mucinous is unknown/not documented

Code tubular carcinoma 8211/3 when:  
- The diagnosis is tubular carcinoma (no modifiers) OR  
  Pathology reports greater than 90% of tumor is tubular carcinoma  
  *Note: Code* carcinoma NST 8500 when the tubular carcinoma component is less than or equal to 90% OR  
  - Percentage of tubular is not known/not documented

Code lobular carcinoma 8520/3 when the diagnosis is:  
- Lobular carcinoma (no modifiers)  
- Alveolar lobular carcinoma (no modifiers)  
- Classic lobular carcinoma (no modifiers)  
- Pleomorphic lobular carcinoma (no modifiers)  
- Mixed lobular carcinoma (no modifiers)  
- Lobular carcinoma and one or more subtypes/variants of lobular carcinoma (no modifiers)  
- Solid lobular carcinoma (no modifiers)  
- Tubulolobular carcinoma (no modifiers)

Code Paget disease 8540/3 when the diagnosis is:  
- Invasive Paget disease  
- Paget disease, behavior unknown/not documented  
  *Note 1:* This is a de novo primary of the nipple with no underlying tumor.  
  *Note 2:* By definition, Paget has spread into the nipple epithelium.

**Rule H11** Code the subtype/variant using Table 3 when the diagnosis is a NST/NOS and a subtype/variant of the NST/NOS. See the following:  
- Cancer NOS/malignant neoplasm 8000/3 and a variant/subtype of carcinoma NOS  
- Carcinoma NOS 8010/3 and a variant/subtype of carcinoma NOS  
- Carcinoma NST/duct carcinoma 8500/3 and a variant/subtype of carcinoma NST  
- Medullary carcinoma NOS/NST 8510/3 and a variant of medullary carcinoma NOS/NST  
- Metaplastic carcinoma NOS/NST 8575/3 and a variant/subtype of metaplastic carcinoma NOS/NST  
- Neuroendocrine carcinoma 8246/3 and a variant/subtype of neuroendocrine carcinoma
Breast Histology Coding Rules
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

- Papillary carcinoma 8503/3 and a variant/subtype of papillary carcinoma

Note: Do not use Table 3 in the Equivalent Terms and Definitions when the diagnosis is a NOS/NST with a second histology described as features or differentiation. Ignore (do not code) terms modified by the words feature(s) or differentiation.

Rule H12 Code a combination code when there are multiple histologies (multiple components) within a single tumor. Use Table 2 in the Equivalent Terms and Definitions.

Note 1: Do not use a combination code (Table 2 in the Equivalent Terms and Definitions) when the second histology is described as features of or differentiation. Ignore histology terms modified by the terms features, features of, or differentiation.

Note 2: Multiple histologies may be identified as:
- Mixed histologies
- Histology 1 AND histology 2
- Histology 1 WITH histology 2

Note: The terms “histology 1” and “histology 2” are used as a substitute for a specific histology. If a specific histology was used in the example, the rule could be perceived as applying only to that histology.

Note 3: Table 2 is used for two histologies within a single tumor. When there are three histologies, the default is to code 8255.

Rule H13 Code the histology with the numerically higher ICD-O code.

Note: The rules are hierarchical. Use this rule ONLY when rules H8-H12 do not apply.

Code the histology according to the rule that fits the case.

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

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Note: First use the multiple primary rules to ensure that the multiple tumors are to be abstracted as a single primary.

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

Note: When a case is accessioned based on a histology preceded by a reportable ambiguous term, code that single histology.

Example: The pathology diagnosis is consistent with DCIS. “Consistent with” is a reportable ambiguous term. Code the histology DCIS.

Rule H15 Code inflammatory carcinoma to 8530 ONLY.
Breast Histology Coding Rules
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

- When there is a clinical diagnosis of inflammatory carcinoma (most common) OR
  
  **Definition:** Clinical symptoms of inflammatory breast cancer are: rapid breast enlargement and skin changes (redness, edema peau d’ orange) involving more than a third of the breast. Usually there is a diffuse firmness of the breast; a palpable mass is not usually present.

- When the final diagnosis of the pathology report specifically states inflammatory carcinoma (rare)
  
  **Note 1:** When there is a clinical diagnosis of inflammatory carcinoma, the pathology report may report carcinoma NST/duct carcinoma when the pathologist does not have the clinical information. Follow the rule and code as inflammatory carcinoma when there is a clinical diagnosis.

  **Note 2:** Record dermal lymphatic invasion in staging information.

**Rule H16** Code the subtype/variant using Table 3 when the diagnosis is NST/NOS and a subtype/variant of that NST/NOS such as:

- Carcinoma NOS **8010** and a subtype/variant of carcinoma NOS
- Carcinoma NST/duct carcinoma **8500** and a subtype/variant of carcinoma NST
- Medullary carcinoma NOS/NST **8510** and a subtype/variant of medullary carcinoma NOS/NST
- Metaplastic carcinoma NOS/NST **8575** and a subtype/variant of metaplastic carcinoma NOS/NST
- Neuroendocrine carcinoma **8246** and a subtype/variant of neuroendocrine carcinoma
- Papillary carcinoma **8503** and a subtype/variant of papillary carcinoma

**Note:** See Multiple Primary rules for instructions about

- When a NOS and subtype/variant are a single primary AND
- Whether the NOS and subtype/variant must be in all tumors or can be in separate tumor

**Rule H17** Code multiple histologies in separate, non-contiguous tumors using Table 2 for the following histologies:

- Paget disease with underlying DCIS
- Paget disease with underlying invasive carcinoma NST/duct
- Paget disease with underlying lobular carcinoma
- Lobular carcinoma and duct carcinoma

**Note:** The tumors must be in the same breast.

**Rule H18** Code the histology with the numerically higher ICD-O code when there are multiple invasive carcinoma NST (duct/ductal carcinoma) OR carcinoma NST in situ (DCIS).

**Note:** The rules are hierarchical. Use this rule ONLY when rules H14-H17 do not apply.

Code the histology according to the rule that fits the case.
Breast Histology Coding Rules
C500-C506, C508-C509
(Excludes lymphoma and leukemia M9590 – M9992 and Kaposi sarcoma M9140)

This is the end of instructions for a Multiple Tumors Abstracted as a Single Primary