

Multiple Primary and Histology Site Specific Coding Rules BREAST

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A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health



Prerequisites

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**Completion of Multiple Primary and Histology
General Coding Rules**

There are many ways to view the Multiple Primary/Histology rules, or rather ways in which they are diagrammed to aid in understanding how they are put together.

The rules themselves are provided in three formats to support different styles of learning and interaction with instructions:

- text
- matrix
- flowchart

Any abstraction from the rules does not replace the rules, but may provide insight into their underlying structure.

Borrowing from the three formats for the rules themselves, structure can be diagramed in a text or outline form, a matrix or table form, and a flowchart form.

You have previously reviewed the table format when you looked at the two color coded spreadsheets for the multiple primary and the histology rules.

The table form shows most clearly the alternating patterns of single versus multiple primary decisions across the primary sites, the commonality of rules across the primary sites, and the clustering of site-specific rules in different primary sites.

Links to illustrations and/or diagrams will be provided for each site to diagram the process of multiple-primary decision making in a sequential fashion, comparing existing and new records in a registry database. The charts included here assume the tumors have already been assigned to the appropriate anatomic site.

Multiple Primary and Histology Coding Rules

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BREAST

Breast

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The Breast rules focus on correct coding for ductal carcinoma, the most common type of breast histology, but also a histology with many subtypes that may appear in combination with other subtypes; ductal carcinoma may also appear in combination with lobular carcinoma, either in a single lesion or each histology in a separate lesion.

Many breast carcinomas may also be diagnosed as in situ lesions, and two additional histology rule modules are provided for coding in situ lesions and in situ and invasive lesions diagnosed together.

The terms and definitions sections notes that “and” and “with” are synonymous in diagnoses stated as “ductal and lobular” and “ductal with lobular”.

“NST”, no special type, is also noted as synonymous with “NOS”, not otherwise specified.

The terms and definitions section describes certain terms that may be encountered in abstracting breast cancers, such as

- intracystic carcinoma
- Paget disease
- Phyllodes tumor
- scirrhous carcinoma

Two tables list types of intraductal and ductal carcinomas to aid in identifying these diagnoses; these tables are also referred to by the multiple primary and the histology rules.

A third table identifies combination codes which may be used for mixed histologies, which are frequently diagnosed in breast cancers.

The table lists required histologies in the first column, combining histologies in the second column, and the combination histologic terms and ICD-O-3 codes for these terms in the third and fourth columns.

Again, this table is referred to by both multiple primary and histology rules.

A diagram of breast anatomy shows the ducts and lobules wherein carcinomas arise, and the surrounding muscular and skeletal structures which may be directly invaded.

The multiple primary rules are presented in the three standard modules.

- The Unknown if Single or Multiple Tumors module has the standard M1 rule, when it is not possible to determine if a single or multiple tumors are presented, the case is abstracted as a single primary.
- The Single Tumor module contains a somewhat anomalous rule, M2, inflammatory carcinoma in one or both breasts is a single primary.
 - Presumably this rule addresses the situation where inflammatory carcinoma in the first breast is perceived as directly extending into the second breast, and this rule is placed before M3 to emphasize the concept of this condition as a single primary.
- The third rule, M3, is the standard, a single tumor is always a single primary.

Going to the Multiple Tumors module, the first rule,

- M4, is a standard rule, tumors in sites with histology codes differing among the first three characters are multiple primaries.

Breast subsites are differentiated at the fourth character, so the impact of this rule is to distinguish breast cancers from other sites within the body, but not to distinguish among multiple tumors within different subsites or quadrants of the breast.

The next rule,

- M5, is the timing rule for breast: tumors diagnosed more than five years apart are multiple primaries.

The next rule,

- M6 restates M3, inflammatory carcinoma in one or both breasts is a single primary; this rule comes after the timing rule, so inflammatory carcinoma in the second breast appearing more than five years after inflammatory carcinoma in the first breast would be a new primary.

The following rule,

- M7, states that tumors in both right and left breasts are multiple primaries; the case of bilateral inflammatory carcinoma, appearing before M7 and thus already dealt with, would be the single exception to this rule.

The next rule,

- M8, is a standard rule for most sites, an invasive tumor diagnosed more than 60 days after an in situ tumor is a new primary cancer.

The following three rules are related to specific conditions dealing with duct carcinoma, in combination with Paget disease, lobular carcinoma, and specific duct histologies.

- Rule M9 states that tumors with intraductal or duct histology and Paget disease are single primaries.
- Rule M10 states that tumors with intraductal or duct histology and lobular histology are single primaries.
- The third rule, M11, states that multiple intraductal and /or duct carcinomas are single primaries.

These rules refer to the tables listing intraductal and duct carcinoma histology types.

The final two rules are standard across most sites.

- Rule M12 states that tumors with ICD-O-3 histology codes differing among the first three characters are multiple primaries.
- The last rule, M13, provides the default criterion, any case situation not decided by previous rules is abstracted as a single primary cancer.

The pertinent example here is multiple lobular carcinomas existing in the same breast.

The first histology module is for Single Tumor: In Situ Carcinoma Only.

Many of the rules in this module are similar to rules in the Single Tumor: Invasive Carcinoma Only and Multiple Tumors Abstracted as a Single Primary modules, but the rules are not exactly the same and the ordering of the rules varies across these three modules.

The first rule in the in situ histology module,

- H1, is modified from the standard H1 rule, code the histology documented by the physician when the pathology/cytology report is not available.
- An in situ carcinoma can only be diagnosed on examination of a histologic specimen, so this rule does not contain the wording about a specimen not being taken.
- For a similar reason, the usual rule about coding histology from a metastatic specimen is not included, as the presence of a metastatic lesion by definition would remove the cancer from the in situ category.

**Rules H2
and H3
are
standard
rules,**

- H2 stating to code the histology when only one histologic type is identified.
- H3 stating that the more specific histology is coded when a non-specific and a specific term are used.
- The histology pairings for this rule are carcinoma in situ NOS and a more specific carcinoma in situ, adenocarcinoma in situ NOS and a more specific adenocarcinoma in situ, and intraductal carcinoma NOS and a more specific intraductal.

As shown below, the rule for intraductal carcinoma NOS and a more specific intraductal carcinoma applies in cases where there is only one more specific intraductal carcinoma diagnosed.

The list of terms that identify specific types for this rule do include “architecture” and “pattern”; the general rule for application across all sites is that “architecture” and “pattern” are only valid for identifying subtypes of in situ carcinomas.

The next four rules provide instructions for coding combinations involving intraductal and lobular histologies.

- Rule H4 states that when there is a combination of comedocarcinoma and other intraductal histologies, comedocarcinoma is coded; 85012 is thus coded in preference to a combination code, signifying the prognostic importance of this component of an in situ lesion.
- Rule H5 states that any combination of in situ lobular and in situ ductal carcinomas is coded as 85222; the specific ductal types that are to be considered in applying this rule are listed in Table 1.
- Rule H6 states that a combination of intraductal histology with two or more specific intraductal histologies, or any combination of two or more specific intraductal histologies, is coded as 85232.
 - Rule H3 has taken care of the case where there is a combination of intraductal carcinoma and one specific type of intraductal carcinoma, which is coded to the one specific type rather than the combination code.
- Rule H7 states that any combination of lobular histology with other histologic types is coded as 85242.

The final rule in this module,

- **H8, provides for coding combinations of in situ carcinomas that do not include either intraductal or lobular histologies, using the code for adenocarcinomas of mixed histologies, 82552.**

The situation that is not covered by this set of rules is how to code a combination of intraductal with another in situ histology that is neither a type of intraductal or lobular carcinoma.

If this case situation should arise, perhaps the best route would be to apply the default rule of coding to the numerically highest ICD-O-3 code, while submitting an inquiry to SEER for guidance.

The Single Tumor: Invasive and In Situ Carcinoma module has a single rule,

- **H9, code the invasive histology when both invasive and in situ components are present.**

This rule is adequate if there is only a single histologic type contained in the diagnosis statement.

If there is more than one type, then rules from the next module, Single Tumor: Invasive Carcinoma Only, must be stepped through to determine the correct coding for the invasive component of the lesion.

Reviewing the rules in the Single Tumor: Invasive Carcinoma Only module, we see the standard first two rules:

- H10, code the histology documented by the physician when there is no pathology/cytology specimen or the report is not available.
- H11, code the histology from the pathology/cytology report for a metastasis when there is no specimen from the primary site.

The next rule,

- H12 is the standard rule about coding specific over non-specific histologies.
- The pairings for this module include carcinoma NOS and a more specific carcinoma, adenocarcinoma NOS and a more specific adenocarcinoma, duct carcinoma NOS and a more specific duct carcinoma, and sarcoma NOS and a more specific sarcoma.
- This rule differs from the similar rule in the in situ module, in that sarcoma is included here (sarcoma by definition not including in situ carcinomas), and the words “architecture” and “pattern” are missing from the list of diagnostic terms which identify histology subtypes.

The next rule is new to this module,

- **H13, code inflammatory carcinoma when the final diagnosis of the pathology report specifically states inflammatory carcinoma.**

Again, an inflammatory carcinoma by definition will not be an in situ carcinoma; “inflammatory” is also a clinical-pathologic diagnosis, and this presentation is coded in the Collaborative Stage extension field, the histology code being used to reflect the actual pathologic diagnosis rendered.

The next rule,

- **H14, is a standard rule, code the histology when a single histologic type is specified.**

The next rule,

- H15 states that the combination of two or more specific duct carcinomas is to be coded to the histology with the numerically higher ICD-O-3 code.
- This rule thus differs from the in situ rule for the same situation, which indicates that the duct combination code, 85232, would be used to code two or more specific types of intraductal histologies.

Comparing these two rules emphasizes the importance of determining the correct coding module and strictly following the order of the rules and paying close attention to their wording.

Next,

- Rule H16 is similar to H5 for in situ, use the combination code for duct and lobular, 85223, when both these histologies are diagnosed.
- Table 3 provides the list of duct histologies which can be considered.

The next rule,

- H17 again takes a departure from the in situ rules, in that the duct combination code, 85233, is used when there is a combination of duct carcinoma and any other carcinoma excluding duct and lobular carcinomas.

As noted in reviewing the in situ rules, this situation was not covered in that module.

The next two rules, H18 and H19 are similar to the in situ rules for these combinations:

- Rule 18, use the combination code for lobular combined with histologies other than duct, 85243.
- Rule 19, use the mixed adenocarcinoma combination code for combinations other than duct and lobular, 82553.

Compared to the in situ tumor module, this single tumor module contains an ambiguity for the case situation where the diagnostic statement identifies a non-specific duct carcinoma and two or more specific duct carcinomas.

Rule H6 handles this case in the in situ module: use the combination code, with reference to Table 3.

Table 3 indicates a possible answer in the row headed “Infiltrating duct and one or more of the histologies in Column 2”, but the pertinent invasive rules, H12 and H15, do not refer to Table 3, and coding ductal plus one specific ductal histology with the combination code contravenes Rule H12.

If this case situation should arise, perhaps the best route would be to proceed to Rule H15 and code the numerically highest ICD-O-3 code, while submitting an inquiry to SEER for guidance.

The Multiple Tumors Abstracted as a Single Primary module again contains rules both similar to and different from the previous modules.

The first two rules are very familiar,

- H20 and H21, code the histology documented by the physician when no pathology/cytology specimen or report not available, and code the histology from the pathology/cytology specimen from a metastatic site.

The next rule,

- H22, is like H13 in the single tumor module, code inflammatory carcinoma, 85303, only when specifically stated as the final pathologic diagnosis.

Next,

- Rule H23 is similar to Rules H2 and H14, code the histology when only one histologic type is identified.

The next three rules are specific to the Multiple Tumor module, considering Paget disease as a separate tumor from an underlying tumor.

- Rule H24 provides that the code 85432 is used when the pathology report specifically states that Paget disease is in situ and the underlying tumor is intraductal carcinoma.
- It is interesting to note here that a similar rule is not stated in the in situ module for Paget disease diagnosed without an underlying tumor, that the behavior code can be changed from /3 to /2 if the pathologist specifically diagnoses Paget as in situ, though the wording for this rule carries that implication.
- Rule H25 states that the code 85433 should be used with a diagnosis of Paget disease and an underlying intraductal tumor when the pathologist does not state that the Paget disease is in situ.
- Rule H26 states that the code 85413 should be used when the diagnosis is Paget disease and an underlying invasive duct carcinoma.

Rules H24 and H25 refer to Table 1 to identify the types of intraductal histologies that can be considered, and H26 refers to Table 2 for the types of ductal histologies.

Next,

- **Rule H27 is like Rule H9, the invasive histology is coded when both invasive and in situ tumors are present.**

Again, if there is a single invasive histology diagnosed, this rule is sufficient for coding purposes.

If multiple types of invasive histology are abstracted in the single primary, then the rules in either the Single Tumor or Multiple Tumor module must be revisited at this point, depending on the case circumstances, to determine the final correct histology code.

The next rule,

- **H28 is like the in situ Rule H5, and the single tumor Rule H16, use the combination code for duct and lobular, 8522, when both these histologies are involved.**

This could be a case of either multiple in situ or multiple invasive tumors, but it would not be a case of mixed ductal in situ and invasive lobular, or lobular in situ and invasive ductal, as this latter situation would be eliminated by the preceding Rule H27.

The final rule in this module is the standard,

- **H29, code the histology with the numerically higher ICD-O-3 code.**

Note that this standard rule appears in all modules (excluding the single-rule in situ/invasive modules for breast and other sites) with the exception of the single in situ and single invasive histology modules for breast.

SEER may add this rule to the two breast modules in the first revision of the MP/H rules.

Also note that this module does not contain the rules for using combination codes for multiple types of ductal or intraductal carcinomas that we saw in the in situ and single tumor modules; Rule H29 will tell us to use the higher ICD-O-3 code in all instances.

This chart provides a comparison of the rules and use of combination codes across the three modules:

**single
in situ tumor**

**single invasive
tumor**

multiple tumors.

One tumor with ductal histology and one with non-ductal and non-lobular would not be a single primary by the Multiple Primary rules, so these are not included in the Multiple Tumor column.

Similarly one tumor with lobular and one with non-ductal and non-lobular would not be a single primary, nor would two tumors of separate histologic types, each non-ductal and non-lobular.

Case Example

- On annual mammogram, the patient is found to have two lesions in her right breast, 1.2 cm at 12:00 and 1.0 cm in the central breast.
- At biopsy, the 12:00 lesion is an infiltrating ductal carcinoma and the central lesion is an infiltrating lobular carcinoma.
- The patient undergoes mastectomy, with diagnosis of a 1.4 cm infiltrating duct carcinoma with cribriform ductal carcinoma in situ, a 3.0 cm area of infiltrating lobular carcinoma in the central breast, and a small 0.5 cm tubular carcinoma in the upper outer quadrant adjacent to the 12:00 lesion.

Reviewing the record, there are three tumors in the right breast.

Refer directly to the Multiple Tumors module to make a decision on number of primary cancers.

Rule M4 does not apply, the first three characters of the site code for all three tumors are “C50.”

Rule M5 does not apply, the tumors are diagnosed synchronously.

Rule M6 does not apply, this is not a diagnosis of inflammatory carcinoma.

Rule M7 does not apply, all the tumors are in the right breast.

Rule M8 does not apply, the in situ and invasive tumors were diagnosed at the same time.

Rule M9 does not apply, this is not a case of Paget disease.

Rule M10 does apply to two of the tumors, the ductal and lobular tumors, so they are a single primary.

Rule M11 does not apply, there are no multiple intraductal or duct carcinomas.

- The rule directs you to use Table 1 and Table 2 to identify intraductal and duct carcinomas, and tubular carcinoma does not appear in either of these tables.

Rule M12 does apply, there are tumors with histology codes that are different among the first three characters. The initial “unofficial” coding of these tumors is 85223 and 82113.

There are two primary cancers, one with two tumors and one with one tumor.

Refer now to the histology rules to first code the primary with the two tumors.

Since one of these tumors has different histologic types for its invasive, ductal, and in situ, cribriform ductal, components, you want to know how to code this tumor specifically.

Refer to the Single Tumor: “Invasive and In Situ Carcinoma”, Rule H9 tells us to code the invasive histology; the code for this tumor will be 85003.

Now referring to the Multiple Tumors Abstracted as a Single Primary module, to code the cancer with ductal and lobular tumors, you know that Rules H20 and H21 do not apply because there is a histology report from the primary site.

Rule H22 does not apply, this is not a case of inflammatory carcinoma.

Rule H23 does not apply, there are at least two histologic types involved.

Rules H24, H25, and H26 do not apply, this is not a case of Paget disease.

Rule H27 does not apply, you have already taken care of the in situ component of one of the tumors, and you are now dealing only with two invasive histologies.

The next rule, H28, does apply, and you code this cancer as 85223 because there is a combination of lobular and duct carcinoma.

Finally, turn to the Single Tumor: Invasive Carcinoma Only module to code the remaining cancer.

Again Rules H10 and H11 do not apply, there is pathology from the primary site.

Rule H12 does not apply, there is no non-specific and specific histology statement.

Rule H13 does not apply, this is not a case of inflammatory carcinoma.

Rule H14 does apply, only one histologic type is identified.

This second cancer histology is coded as 82113.