





**Collecting Cancer Data:
Breast**

NAACCR 2008-2009
Webinar Series




Prizes!


<p>Question of the Month!</p> <ul style="list-style-type: none">• The participant that submits the best question of the session will receive a fabulous Prize!• Shannon and Jim will announce the winner at end of the session.	<p>Tip of the Month!</p> <ul style="list-style-type: none">• The participant that sends in the best tip related to the topic will win a spectacular prize!• Shannon and Jim will announce the winner at the end of the session.
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Overview



Overview




Breast Cancer

New incidences of breast cancer in the United States in 2008:

- New cases among women:
 - 182,460 Breast
 - 100, 330 Lung
 - 71, 560 Colorectal

American Cancer Society Facts and Figures



Anatomy

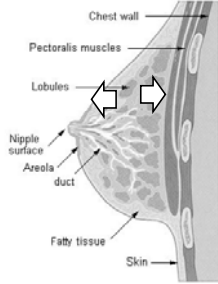

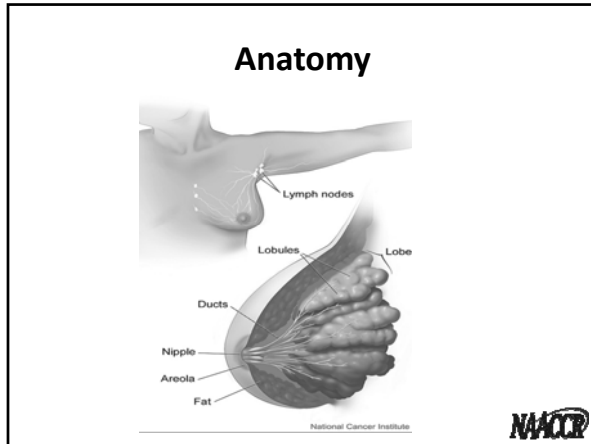
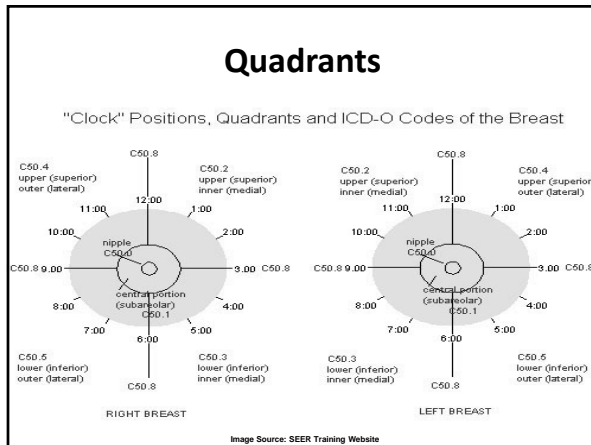


Image Source: SEER Training Website







Coding Primary Site

- Priority order for coding breast subsite
 1. Pathology report
 2. Operative report
 3. Physical examination
 4. Mammogram, ultrasound

SEER Program Coding & Staging Manual page C-606

Coding Primary Site

- Coding breast subsite
 1. Code to C50.8 when single tumor overlaps 2 or more subsites and subsite of origin is unknown
 2. Code to C50.8 when single tumor is located at 12, 3, 6 or 9 o'clock position
 3. Code to C50.9 when there are multiple tumors in at least 2 quadrants of the breast

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Question

- Pathology from a breast case reveals a 1.6 cm tumor. It's location is reported as the LIQ, and DCIS is located in all 4 quadrants.
 - What is the primary site for this tumor?



Answer

- There is cancer in all 4 quadrants of the breast. This would be reported as C50.9. There is no rule that tells us to code the quadrant where only the invasive disease is seen.
 - Curator
(I & R Team)



Question

- If a breast mass is described as both 12:00 & subareolar, which subsite takes precedence; C50.1 or C50.8?



Answer

- Subareolar tumors can appear at any position of the breast "clock". Code to C50.1 (central portion of breast) as the more specific information.
– Curator
(I & R Team)




Grade

- Histologic grade, differentiation, codes
1 = well differentiated
2 = moderately differentiated
3 = poorly differentiated
4 = undifferentiated




Grade

- Bloom-Richardson (BR) Score
 - Frequency of cell mitosis
 - Tubule formation
 - Nuclear pleomorphism




Grade

Code	BR Score	BR Grade	Nuclear Grade	Terminology	Histologic Grade
1	3-5	Low	1/3 or 1/2	Well Differentiated	I or I/III or 1/3
2	6 or 7	Intermediate	2/3	Moderately Differentiated	II or II/III or 2/3
3	8 or 9	High	2/2 or 3/3	Poorly Differentiated	III or III/III or 3/3
4	--		4/4	Undifferentiated or Anaplastic	IV or IV/IV or 4/4



Tumor Markers

- Estrogen Receptors
- Progesterone Receptors



Human Epidermal Growth Factor Receptor 2

- May be referred to as:
 - HER2
 - HER2neu
 - erbB2
 - c-neu



Human Epidermal Growth Factor Receptor 2

- HER2 over expression indicates a tumor may grow aggressively
- Lack of over expression indicates a patient may not respond to some therapy




2007 Multiple Primary and Histology Rules




Multiple Primary Rules

Breast




Unknown if Single or Multiple Tumors

- 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.*




Single Tumor

- 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.*




Multiple Tumors

- 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.
- Rule M6
 - Inflammatory carcinoma in one or both breasts is a single primary.



Multiple Tumors

- Rule M7
 - Tumors on both sides (right and left breast) are multiple primaries.
- Rule M8
 - An invasive tumor following an in situ tumor more than 60 days after diagnosis is a multiple primary.



Multiple Primaries

- Rule M9
 - Tumors that are intraductal or duct and Paget Disease are a single primary.
- Rule M10
 - Tumors that are lobular (8520) and intraductal or duct are a single primary.
- Rule M11
 - Multiple intraductal and/or duct carcinomas are a single primary.




Table 1
Intraductal(8500/2) and Specific Intraductal Carcinomas

Code	Type
8201	Cribriform
8230	Solid
8401	Apocrine
8500	Intraductal, NOS
8501	Comedo
8503	Papillary
8504	Intracystic
8507	Micropapillary/Clinging






Table 2
Duct (8500/3) and Specific Duct Carcinomas

Code	Type
8022	Pleomorphic carcinoma
8035	Carcinoma with osteoclast-like giant cells
8500	Duct, NOS
8501	Comedocarcinoma
8502	Secretory carcinoma of breast
8503	Intraductal papillary adenocarcinoma with invasion
8508	Cystic hypersecretory carcinoma




Multiple Tumors

- 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.




Histologies

Breast




Single Tumor: In situ Only

- Rule H1
 - Code the histology documented by the physician when the pathology/cytology report is not available.
- Rule H2
 - Code the histology when only one histologic type is identified Rule H3



Single Tumor: In situ Only

- Rule H3
 - Code the more specific histologic term when the diagnosis is:
 - Carcinoma in situ, NOS (8010) and a specific carcinoma in situ
 - Adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ
 - Intraductal carcinoma, NOS (8500) and a specific intraductal carcinoma (Table 1)



Single Tumor: In situ Only

- *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.*



Single Tumor: In situ Only

- Rule H4
 - Code 8501/2 (comedocarcinoma, non-infiltrating) when there is non-infiltrating comedocarcinoma and any other intraductal carcinoma (Table 1).
- 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).



Single Tumor: In situ Only

- Rule H6
 - Code 8523/2 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 when there is in situ lobular (8520) and any in situ carcinoma other than intraductal carcinoma (Table 1).



Single Tumor: In situ Only

- Rule H8
 - Code 8255/2 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).



Single Tumor: Invasive and In situ

- Rule H9
 - Code the invasive histology when both invasive and in situ components are present.



Single Tumor: Invasive Only

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



Single Tumor: Invasive Only

- 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



Single Tumor: Invasive Only


- Rule H13
 - Code 8530 (inflammatory carcinoma) only when the final diagnosis of the pathology report specifically states inflammatory carcinoma.
- Rule H14
 - Code the histology when only one histologic type is identified.



Single Tumor: Invasive Only


- Rule H15
 - Code the histology with the numerically higher ICD-O-3 code when there are two or more specific duct carcinomas.
- Rule H16
 - Code 8522 (duct and lobular) when there is a combination of lobular (8520) and duct carcinoma (Table 3).
 - Example-Single tumor with ductal and lobular features



Table 3			
Column 1: Required Histology	Column 2: Combined with Histology	Column 3: Combination Term	Column 4: Code
Infiltrating duct and	Infiltrating lobular carcinoma	Infiltrating duct and lobular carcinoma	8522/3
			


Single Tumor: Invasive Only

- Rule H17
 - Code 8523 when there is a combination of duct and any other carcinoma (Table 3).
- Rule H18
 - Code 8524 when the tumor is lobular (8520) and any other carcinoma (Table 3)
- Rule H19
 - Code 8255 for multiple histologies that do not include duct or lobular (8520).



Multiple Tumors Abstracted as 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.
- Rule H21
 - Code the histology from a metastatic site when there is no pathology/cytology specimen from the primary site.



Multiple Tumors Abstracted as Single Primary

- Rule H22
 - Code 8530 (inflammatory carcinoma) only when the final diagnosis of the pathology report specifically states inflammatory carcinoma.
- Rule H23
 - Code the histology when only one histologic type is identified.



Multiple Tumors Abstracted as Single Primary

- Rule H24
 - Code 8543/2 when the pathology report specifically states that the Paget disease is in situ and the underlying tumor is intraductal carcinoma (Table 1).
- Rule H25
 - Code 8543/3 for Paget disease and intraductal carcinoma (Table 3).
- Rule H26
 - Code 8541/3 for Paget disease and invasive duct carcinoma.(Table 3).




Multiple Tumors Abstracted as Single Primary


- Rule H27
 - Code the invasive histology when both invasive and in situ tumors are present.
- Rule H28
 - Code 8522 when there is any combination of lobular (8520) and duct carcinoma. (Table 3).
- Rule H29
 - Code the histology with the numerically higher ICD-O-3 code.




Questions?



Quiz



**Collaborative Staging
Breast V01.04.00**




CS Tumor Size: Breast

Code	Description
000	No mass found
001-988	Exact size in millimeters (mm)
989	989 mm or larger
990	Microinvasion; microscopic focus /foci only, no size given; < 1mm
991	Less than 1 cm
992	Less than 2 cm OR greater than 1 cm OR between 1 cm and 2 cm
993	Less than 3 cm OR greater than 2 cm OR between 2 cm and 3 cm
994	Less than 4 cm OR greater than 3 cm OR between 3 cm and 4 cm
995	Less than 5 cm OR greater than 4 cm OR between 4 cm and 5 cm
996	Mammographic/xerographic diagnosis only, no size given
997	Paget's disease of nipple with no demonstrable tumor
998	Diffuse
999	Unknown


CS Tumor Size: Breast

- Use basic mathematical principles to code tumor size when recorded in fractions of mm
 - 1-4 round down; 5-9 round up
 - Example: Lumpectomy path report documents 1.7 mm infiltrating lobular carcinoma
 - CS Tumor Size = 002



CS Tumor Size: Breast

- Code largest tumor size prior to pre-op treatment UNLESS tumor size is greater after pre-op treatment
 - Example: 4 cm malignant tumor per mammogram; patient received pre-op chemotherapy; tumor size per post chemotherapy modified radical mastectomy was 1.1 cm
 - CS Tumor Size = 040
 - Example: 1 cm malignant tumor per mammogram; patient received pre-op chemotherapy; tumor size per post chemotherapy modified radical mastectomy was 2.2 cm
 - CS Tumor Size = 022



CS Tumor Size: Breast

- Code tumor size as stated for purely in situ lesions
 - Example: Right upper outer quadrant lumpectomy documented 8 mm tumor, in situ ductal carcinoma
 - CS Tumor Size = 008



CS Tumor Size: Breast

- Assign CS Tumor Size for breast primary as code 990 when:
 - The tumor is microinvasive only and tumor size is not documented
 - The tumor is a microscopic focus or foci only and size of focus is not documented
 - Behavior may be invasive (3) or in situ (2)
 - Tumor size is described as less than 1 mm
 - Example: Left lumpectomy path documents microscopic focus of in situ ductal carcinoma
 - CS Tumor Size = 990




CS Extension: Breast

Code	Description
00	In situ; non-invasive
SITE/HISTOLOGY SPECIFIC CODES	
80	Further contiguous extension
95	No evidence of primary tumor
99	Unknown extension




CS Extension: Breast

- Do not code CS Extension as in situ (code 00) if there is any evidence of nodal or metastatic involvement
 - Example: Mammogram documented areas of calcification suspicious for malignancy; dense axillary lymph nodes suspicious for malignancy. Path from lumpectomy showed ductal carcinoma in situ.
 - CS Extension = 10
 - Histology = 8500/39




CS Extension: Breast

- Assign code 51 when there is ulceration of skin of the primary breast
 - Do not define erosion as a synonym for ulceration
 - Example: Primary tumor of the right breast with direct extension to the skin and tumor erosion
 - CS Extension = 20



CS Extension: Breast

- Assign CS Extension codes 51, 52, 61, or 62 when there is extensive skin involvement as defined in each code WITHOUT a stated diagnosis of inflammatory carcinoma
- Assign CS Extension codes 71 or 73 when there is a diagnosis of inflammatory carcinoma WITH a clinical description of extensive skin involvement as defined in each code



**CS Tumor Size: Breast
CS Extension: Breast**

- When multiple lesions of the breast are determined to be a single primary
 - Code the largest tumor size in CS Tumor Size
 - Code the farthest extension of any lesion in CS Extension
 - Information may be from different lesions



**CS Tumor Size: Breast
CS Extension: Breast**

- Example: Patient has 2 tumors with ductal carcinoma determined to be a single primary; tumor A is 3 cm in size and confined to the breast; tumor B is 1.5 cm in size and fixated to the pectoral muscle
 - CS Tumor Size = 030
 - CX Extension = 30



CS TS/Ext-Eval: Breast

Code	Description	Staging Basis
0	Clinical only	c
1	Invasive techniques	c*
2	Autopsy (known or suspected diagnosis)	p
3	Pathology	p
5	Pre-operative treatment; clinical evidence	c
6	Pre-operative treatment; pathological evidence	y
8	Autopsy (tumor unsuspected)	a
9	Unknown	c

*For some sites, code 1 may be pathologic staging basis.



CS TS/Ext-Eval: Breast

- Select the code that best describes how the information in CS Tumor Size and CS Extension were determined when both tumor size and extension determine the T category
 - T category is based on tumor size for breast when CS Extension code is 10, 20, or 30
 - Example: Physical exam documented involvement of skin of nipple; modified radical mastectomy path documented infiltrating ductal carcinoma, 3 cm tumor
 - CS Tumor Size = 030
 - CS Extension = 20
 - CS TS/Ext Eval = 3



CS TS/Ext-Eval: Breast

- Use code 5 if size or extension of the tumor prior to treatment was basis for neoadjuvant therapy
 - Example: 4 cm malignant tumor attached to pectoral muscle per mammogram; patient received pre-op chemotherapy; tumor size per post chemotherapy modified radical mastectomy was 1.1 cm
 - CS Tumor Size = 040
 - CS Extension = 30
 - CS TS/Ext Eval = 5




CS TS/Ext-Eval: Breast


- Use code 6 if the size or extension of the tumor was greater after presurgical treatment than before treatment
 - Example: 1 cm malignant tumor confined to breast per mammogram; patient received pre-op chemotherapy; tumor size per post chemotherapy modified radical mastectomy was 2.2 cm
 - CS Tumor Size = 022
 - CS Extension = 10
 - CS TS/Ext Eval = 6




CS Lymph Nodes: Breast

Code	Description	TNM	SS77	SS2000
00	None	N0	None	None
	SITE/HISTOLOGY-SPECIFIC CODES			
99	Unknown	NX	U	U



- CS Lymph Nodes: Breast**
- Isolated tumor cells (ITC)
 - Single tumor cells or small clusters in lymph node(s) not greater than 0.2 mm in size
 - Micrometastasis
 - Tumor cells in lymph node(s) greater than 0.2 mm but less than or equal to 2 mm in size
 - Metastasis
 - Tumor cells in lymph node(s) greater than 2 mm in size
- 

- CS Lymph Nodes: Breast**
- Assign code 00 if CS Extension code is 00 (in situ) and there is no other information
 - Example: Patient diagnosed with ductal carcinoma in situ by needle biopsy; no other information available
 - CS Lymph Nodes = 00
- 

CS Lymph Nodes: Breast

- Assign code 00 if there is no regional lymph node involvement OR if ITCs are detected by IHC or molecular methods ONLY
 - Example: Axillary lymph node dissection path documents 0/12 nodes positive. IHC report documents a 0.1 mm tumor cluster positive for ITCs
 - CS Lymph Nodes = 00
 - CS SSF4 = 002



CS Lymph Nodes: Breast

- Assign code 05 if there is no regional lymph node involvement but ITCs detected on routine H & E stains
 - Example: : Axillary lymph node dissection path documents 0/12 nodes positive and a single tumor cluster positive for ITCs
 - CS Lymph Nodes = 05
 - CS SSF4 = 002



CS Lymph Nodes Breast

- Assign code 13 if there is micrometastasis ONLY in ipsilateral axillary lymph nodes detected by IHC ONLY
 - Example: Axillary lymph node dissection path documents 13 nodes removed; IHC test identifies 1 axillary node with 1 mm metastasis
 - CS Lymph Nodes = 13
 - CS SSF4 = 888



CS Lymph Nodes Breast

- Assign code 15 if there is micrometastasis ONLY in ipsilateral axillary lymph nodes detected or verified by H & E OR micrometastasis, NOS
 - Example: Axillary lymph node dissection path documents 1/13 nodes positive with 1 mm metastasis
 - CS Lymph Nodes = 15
 - CS SSF4 = 888



CS Lymph Nodes Breast

- Assign code 25 if there are ipsilateral movable axillary lymph nodes with more than micrometastasis
 - Example: Axillary lymph node dissection path documents 1/13 nodes positive with 2.5 mm metastasis
 - CS Lymph Nodes = 25
 - CS SSF4 = 888




CS Lymph Nodes Breast

- Assign code 75 for involvement of infraclavicular lymph nodes
 - Infraclavicular nodes are level III axillary nodes medial to the pectoralis minor muscle
 - Code to infraclavicular based on the anatomic location




CS Reg Nodes Eval: Breast

Code	Description	Staging Basis
0	Clinical only	c
1	Invasive techniques	c
2	Autopsy (known or suspected diagnosis)	p
3	Pathology	p
5	Pre-operative treatment; clinical evidence	c
6	Pre-operative treatment; pathological evidence	y
8	Autopsy (tumor unsuspected)	a
9	Unknown	c




CS Reg Nodes Eval: Breast

- Assign code 1 if fine needle aspiration of lymph node documents the furthest involvement of regional lymph nodes
 - Example: Fine needle aspiration of right supraclavicular node in patient with ductal carcinoma of right breast is positive for carcinoma
 - CS Lymph Nodes = 80
 - CS Reg Nodes Eval = 1



CS Reg Nodes Eval: Breast

- Assign code 5 if patient had pre-operative neoadjuvant therapy and clinical lymph node information was coded in CS Lymph nodes
 - Example: Mammogram documented 5 cm malignant breast tumor with involvement of axillary lymph nodes; patient received pre-operative chemotherapy; axillary node dissection after chemo documented 0/13 nodes positive
 - CS Lymph Nodes = 60
 - CS Reg Nodes Eval = 5



CS Reg Nodes Eval: Breast

- Assign code 6 if patient had pre-operative neoadjuvant therapy and lymph node involvement was more extensive after neoadjuvant therapy
 - Example: Breast cancer patient was clinical N0; received pre-operative neoadjuvant therapy; axillary lymph node dissection after neoadjuvant therapy documented 1/7 nodes positive, metastasis greater than 2 mm
 - CS Lymph Nodes = 25
 - CS Reg Nodes Eval = 6



Regional LN Pos: Breast

Code	Description
00	All nodes examined are negative
01-89	1-89 nodes are positive; code exact number of nodes positive
90	90 or more nodes are positive
95	Positive aspiration or core biopsy of lymph node(s) was performed
97	Positive nodes are documented, but the number is unspecified
98	No nodes were examined
99	Unknown




Regional LN Exam: Breast

Code	Description
00	No nodes were examined
01-89	1-89 nodes were examined; code number of regional nodes examined
90	90 or more nodes were examined
95	No regional nodes removed; aspiration or core biopsy of regional nodes performed
96	Regional lymph node removal documented as a sampling; the number of nodes is unknown
97	Regional node removal was documented as dissection; the number of nodes is unknown
98	Regional lymph nodes were surgically removed; number of lymph nodes is unknown & not documented as sampling or dissection; nodes were examined but the number is unknown
99	Unknown




Regional LN Pos: Breast
Regional LN Exam: Breast

- *Example*
 - Primary breast cancer; FNA of axillary lymph node positive for malignancy; modified radical mastectomy with axillary node dissection, 2/10 nodes positive for malignancy
 - Regional Nodes Positive = 97
 - Regional Nodes Examined = 98




Regional LN Pos: Breast
Regional LN Exam: Breast

- *Example*
 - Primary breast cancer; FNA of axillary lymph node positive for malignancy; patient had pre-operative neoadjuvant chemotherapy followed by modified radical mastectomy with axillary node dissection, 0/16 nodes positive
 - Regional Nodes Positive = 95
 - Regional Nodes Examined = 98



CS Mets at DX: Breast

Code	Description
00	No; none
10	Distant lymph node(s)
40	Distant metastases except code 10 Distant metastasis, NOS Carcinomatosis
SITE/HISTOLOGY SPECIFIC CODES	
50	(40) + (10)
99	Unknown



CS Mets at DX: Breast

- Example: Breast cancer patient has bone metastasis (code 44) and pleural metastasis (code 40)
 - CS Mets at DX = 44



CS Mets Eval: Breast

Code	Description	Staging Basis
0	Clinical only	c
1	Invasive techniques	c
2	Autopsy (known or suspected diagnosis)	p
3	Pathology	p
5	Pre-operative treatment; clinical evidence	c
6	Pre-operative treatment; pathological evidence	y
8	Autopsy (tumor unsuspected)	a
9	Unknown	c




CS Mets Eval: Breast

- Example: Patient diagnosed with ductal carcinoma of breast; suspicious liver lesion biopsied; lesion negative for metastasis
 - CS Mets at DX = 00
 - CS Mets Eval = 1
 - Derives clinical M0




**CS SSF1 ERA
CS SSF2 PRA**

Code	Description
000	Test not done
010	Positive/elevated
020	Negative/normal
030	Borderline
080	Ordered but results not in chart
999	Unknown




**CS SSF1 ERA
CS SSF2 PRA**

- Example: Breast biopsy diagnosed infiltrating duct carcinoma with positive ER & PR; patient had lumpectomy and sentinel lymph node biopsy; sentinel lymph node biopsy positive for metastasis with negative ER & PR
 - CS SSF1 = 010
 - CS SSF2 = 010



CS SSF3 Number of Positive Ipsilateral Axillary Lymph Nodes

Code	Description
000	All ipsilateral axillary nodes examined negative
001-089	1-89 nodes positive; code exact number of nodes positive
090	90 or more nodes are positive
095	Positive aspiration of lymph node(s)
097	Positive nodes - number unspecified
98	No axillary nodes examined
99	Unknown



CS SSF3 Number of Positive Ipsilateral Axillary Lymph Nodes

- Example: Breast cancer patient had modified radical mastectomy; path documented ductal carcinoma with 0/7 axillary nodes positive and 1/1 supraclavicular node positive
 - Reg LN Pos = 01
 - Reg LN Exam = 08
 - CS SSF3 = 000



CS SSF4 Immunohistochemistry (IHC) of Regional Lymph Nodes

Code	Description
000	Regional nodes negative on H & E, no IHC done or unknown if IHC done Nodes clinically negative, not examined pathologically
001	Regional nodes negative on H & E, IHC done, negative
002	Regional nodes negative on H & E, IHC done, positive for ITCs
009	Regional nodes negative on H & E, positive for tumor by IHC, size not stated
888	Not applicable CS Lymph Nodes not coded 00




CS SSF5 Molecular Studies of Regional Lymph Nodes

Code	Description
000	Regional nodes negative on H & E, no RT-PCR molecular studies done or unknown if done Nodes clinically negative, not examined pathologically
001	Regional nodes negative on H & E, RT-PCR molecular studies done, negative
002	Regional nodes negative on H & E, RT-PCR molecular studies done, positive for ITCs
888	Not applicable CS Lymph Nodes not coded 00




CS SSF6 Size of Tumor-Invasive Component

Code	Description
000	Entire tumor invasive
010	Entire tumor in situ
020	Invasive & in situ present (see CSM 01.04.00)
030	Invasive & in situ present (see CSM 01.04.00)
040	Invasive & in situ present (see CSM 01.04.00)
050	Invasive & in situ present (see CSM 01.04.00)
060	Invasive & in situ present (see CSM 01.04.00)
888	Unknown if invasive and in situ components present Clinical tumor size coded




CS SSF6 Size of Tumor-Invasive Component

- Example: Breast ultrasound documents 2 cm malignant breast tumor; core biopsy path report documents ductal carcinoma in situ
 - CS Tumor Size = 020
 - CS SSF6 = 888




CS SSF6 Size of Tumor-Invasive Component

- Example: Path report from lumpectomy documents invasive ductal carcinoma 2 cm, DCIS present.
 - CS Tumor Size = 020
 - CS SSF6 = 050




Breast 2010

Collaborative Stage Data Collection
System




Objective

- Sneak peak at what will be required in 2010
 - Codes subject to change
 - Some Site Specific Factors may not be required




CS V2

- Tumor size
 - Priority rules for size (see Part I)
 - Pathology
 - Surgery
 - Imaging
 - Physical exam
 - Take largest size found from multiple imaging reports



CS V2

- CS Extension
 - Expanded to 3 digits
 - Notes have been renumbered
 - New Codes
 - T NOS categories
 - 170 Stated as **T1 [NOS]** with no other information on extension or size
 - Inflammatory carcinoma
- CS Tumor Size/ Ext Eval
 - No changes



CS V2


- CS Regional Lymph Nodes
 - All lymph node codes now 3-digit
 - New code added for clinical assessment
 - Some descriptions expanded/clarified
- CS Lymph Node Evaluation
 - No new codes added at this time
 - Explanations of codes 3, 5, 6 modified

CS V2

- CS Metastasis
 - CS Mets code 99, will be mapped to M0
 - MX has been eliminated from the entire 7th edition
 - Infer a cM0 unless known to be cM1
 - New code added
 - Collect information on Circulating Tumor Cells (in blood) and Disseminated Tumor Cells (bone marrow or non regional nodal tissue)
 - Will still map to M0 but will be labeled as M0(i+)


CS V2

- 4 new fields
 - Bone excluding marrow
 - Lung excluding pleura and pleural fluid
 - Brain excluding spinal cord and other CNS
 - Liver




CS V2

- Site Specific Factors 1 (ERA) and 2 (PRA)
- Four “types” of test
 - Immunohistochemical (IHC)
 - IPX = immunoperoxidase (commonly used IHC)
 - Reverse Transcriptase – Polymerase Chain Reaction (RT-PCR)
 - Other
 - Unknown test




CS V2

- Site Specific Factor 3
 - Codes unchanged
 - Some clarifications
- Site Specific Factor 4 & 5
 - Some Clarification
 - Code for NO_i
- Site Specific Factors 3, 4 & 5 REQUIRED for AJCC 7th Edition Staging




CS V2

- New CS Factors
 - Bloom-Richardson score
 - Her2 (consists of 8 Site Specific Factors)
 - HER2 IHC Test (type of test and score)
 - HER2 FISH Test (type of test and score)
 - HER2 CISH Test (type of test and score)
 - Other HER2 Test (type of test and score)
 - Her2 Summary Results (type of test and score)




CS V2

- Site Specific Factors
 - Response to neo-adjuvant therapy
 - Complete, Partial, No Response
 - Circulating tumor cells (CTC)
 - Blood
 - Disseminated tumor cells (DTC)
 - Bone Marrow or tissue other than regional lymph nodes




CS V2

- Assessment of Axillary Lymph Nodes
 - Incisional biopsy, excisional biopsy, sentinel node biopsy, dissection, etc
- Genetic testing
 - Collect information on the score and type of genetic testing
 - Oncotype DX
- Paget's Disease
 - Absence or presence




Homework

- Complete CS V2 handout



Thank you for participating in today's webinar!

- The next webinar is scheduled for 9/3/2009 *Assessing and Using Cancer Data*
- Forward questions from today's webinar to us. Per request of CoC, we will forward questions to them.
- Contact us at
 - Shannon Vann – svann@naaccr.org; 217-698-0800 X9
 - Jim Hofferkamp – jhofferkamp@naaccr.org; 217-698-0800 X5



Registration is Open for the 2009-2010 Season!!!

www.NAACCR.org