

# BREAST

8000-8700, 8720-8790 [except C500], 8982-8983

C500-C506, C508-C509

C500 Nipple

C501 Central portion of breast

C502 Upper-inner quadrant of breast

C503 Lower-inner quadrant of breast

C504 Upper-outer quadrant of breast

C505 Lower-outer quadrant of breast

C506 Axillary Tail of breast

C508 Overlapping lesion of breast

C509 Breast, NOS

**Note 1:** The following sources were used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 48 *Breast*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

**Note 2:** See the following chapters for the listed histologies

- 8720-8790: *Melanoma Skin* (C500 only)
- 8710-8714, 8800-8934, 8940-8981, 8990-9138, 9141-9582: *Soft Tissue*
- 8935-8936: *GIST*
- 9140: *Kaposi Sarcoma*
- 9700-9701: *Mycosis Fungoides*

**Note 3:** Changes such as dimpling of the skin, tethering, and nipple retraction are caused by tension on Cooper's ligament(s), not by actual skin involvement. They do not alter the classification.

**Note 4:** Adherence, attachment, fixation, induration, and thickening are clinical evidence of extension to skin or subcutaneous tissue; assign code 2 for regional extension.

**Note 5:** "Fixation, NOS" is involvement of pectoralis muscle; assign code 2 for regional extension.

**Note 6:** For a clinical description of inflammation, erythema, edema, peau d'orange, or other terms describing skin changes with or without a stated diagnosis of inflammatory carcinoma, assign code 2 for regional extension.

**Note 7:** Isolated tumor cells (ITCs) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC) or molecular methods. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction). RT-PCR is a molecular method designed to find evidence of unique tumor or epithelial cell markers.

- Lymph nodes with ITCs only or positive molecular findings (RT-PCR), or both ITCs and RT-PCR are **not** counted as positive nodes for Summary Stage

**Note 8:** If the pathology report indicates that nodes are positive but size of the metastases is not stated, assume the metastases are greater than 0.2 mm and code the lymph nodes as positive in this field.

**Note 9:** Bone marrow micrometastasis, circulating tumor cells (CTCs) or disseminated tumor cells and clusters (DTCs) that are less than or equal to 0.2 mm are negative for metastasis in Summary Stage.

## **SUMMARY STAGE**

### **0 In situ, intraepithelial, noninvasive**

- In situ: noninfiltrating; intraepithelial
- Intraductal WITHOUT infiltration
- Lobular neoplasia, grade 3 (LIN 3)
- Paget disease, in situ

### **1 Localized only (localized, NOS)**

- Confined to breast tissue and fat including nipple and/or areola
- Paget disease WITH or WITHOUT underlying tumor

### **2 Regional by direct extension only**

- Attachment or fixation to pectoral muscle(s) or underlying tumor
- Chest wall
- Deep fixation
- Extensive skin involvement WITH or WITHOUT dermal lymphatic filtration
  - Edema of skin
  - En cuirasse
  - Erythema
  - Inflammation of skin

- Lenticular nodule(s)
- Peau d'orange ("pigskin")
- Satellite nodules
- Skin edema
- Ulceration of skin of breast
- Inflammatory carcinoma, NOS
- Intercostal or serratus anterior muscle(s)
- Ipsilateral rib(s) (contiguous extension only, for discontinuous extension, see code 7)
- Local infiltration of dermal lymphatics adjacent to primary tumor involving skin by direct extension
- Pectoral fascia or muscle(s)
- Subcutaneous tissue
- Skin infiltration of primary breast including skin of nipple and/or areola

### **3 Regional lymph node(s) involved only**

- Axillary, NOS (ipsilateral)
  - Level I (low-axilla) (low) (superficial), NOS [adjacent to tail of breast]
    - Anterior (pectoral)
    - Lateral (brachial)
    - Posterior (subscapular)
  - Level II (mid-axilla) (central), NOS
    - Interpectoral (Rotter's)
  - Level III (high) (deep), NOS
    - Apical (subclavian)
    - Axillary vein
- Fixed/matted axillary (level I and II) (ipsilateral)
- Infraclavicular (subclavicular) (ipsilateral)
- Internal mammary (parasternal) (ipsilateral)
- Intramammary (ipsilateral)
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

### **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - Adrenal (suprarenal) gland
  - Bone, including contralateral ribs
  - Contralateral (opposite) breast-if stated as metastatic

- Ipsilateral rib(s) (discontiguous extension only, see code 2 for contiguous extension)
- Lung
- Ovary
- Satellite nodule(s) in skin other than primary breast
- Skin over
  - Axilla
  - Contralateral (opposite) breast
  - Sternum
  - Upper abdomen
- Distant lymph node(s), NOS
  - Axillary (contralateral or bilateral)
  - Cervical, NOS
  - Fixed/matted axillary (level I and II) (contralateral or bilateral)
  - Infraclavicular (subclavicular) (contralateral or bilateral)
  - Internal mammary (parasternal) (contralateral or bilateral)
  - Intramammary (parasternal) (contralateral or bilateral)
  - Supraclavicular (transverse cervical) (ipsilateral, contralateral or bilateral)
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

## **9 Unknown if extension or metastasis**