Breast

C50.0-C50.6, C50.8-C50.9

C50.0 Nipple
C50.1 Central portion of breast
C50.2 Upper-inner quadrant of breast
C50.3 Lower-inner quadrant of breast
C50.4 Upper-outer quadrant of breast
C50.5 Lower-outer quadrant of breast
C50.6 Axillary Tail of breast
C50.8 Overlapping lesion of breast
C50.9 Breast, NOS

Note: Laterality must be coded for this site.

CS Tumor Size
CS Extension
CS Tumor Size/Ext Eval
CS Lymph Nodes
CS Lymph Nodes Eval
Reg LN Pos
Reg LN Exam
CS Mets at DX
CS Mets Eval

CS Site-Specific Factor 1 Estrogen Receptor Assay (ERA)
CS Site-Specific Factor 2 Progesterone Receptor Assay (PRA)
CS Site-Specific Factor 3 Number of Positive Ipsilateral Level I-II Axillary Lymph Nodes
CS Site-Specific Factor 4 Immunohistochemistry (IHC) of Regional Lymph Nodes
CS Site-Specific Factor 5 Molecular Studies of Regional Lymph Nodes
CS Site-Specific Factor 6 Size of Tumor--Invasive Component
CS Site-Specific Factor 7 Nottingham or Bloom-Richardson (BR) Score/Grade
CS Site-Specific Factor 8 HER2: IHC Test Lab Value
CS Site-Specific Factor 9 HER2: IHC Test Interpretation
CS Site-Specific Factor 10 HER2: Fish Test Lab Value
CS Site-Specific Factor 11 HER2: FISH Test Interpretation
CS Site-Specific Factor 12 HER2: CISH Test Lab Value
CS Site-Specific Factor 13 HER2: CISH Test Interpretation
CS Site-Specific Factor 14 HER2: Result of other or unknown test
CS Site-Specific Factor 15 HER2: Summary Result of Testing
CS Site-Specific Factor 16 Combinations of ER, PR, and HER2
CS Site-Specific Factor 17 Circulating Tumor Cells (CTC) and method of detection
CS Site-Specific Factor 18 Disseminated Tumor Cells (DTC) and method of detection
CS Site-Specific Factor 19 Assessment of Positive Ipsilateral Axillary Lymph Nodes
CS Site-Specific Factor 20 Assessment of Positive Distant Metastases
CS Site-Specific Factor 21 Response to Neoadjuvant Therapy
CS Site-Specific Factor 22 Multigene Signature Method
CS Site-Specific Factor 23 Code the result/score of the multigene signature
CS Site-Specific Factor 24 Paget Disease
CS Site-Specific Factor 25

The following tables are available at the collaborative staging website:
Histology Inclusion Table AJCC 7th ed.
Histology Exclusion Table AJCC 6th ed.
AJCC TNM 7 Stage
AJCC TNM 6 Stage
Summary Stage
Extension Size Table
Extension Behavior Table
Lymph Nodes Positive Axillary Node Table
IHC MOL Table
Lymph Nodes Pathologic Evaluation Table
Lymph Nodes Clinical Evaluation Table

Breast

CS Tumor Size (Revised: 12/10/2009)

Note 1: See part I for information on timing and rules for coding this field.
Note 2: Code the specific tumor size as documented in the medical record. If the ONLY information regarding tumor size is the physician's statement of the "T" category, assign code 990 (T1mi), 991 (T1b), 992 (T1 or T1c), or 995 (T2). If the physician's statement of the "T" category is T1a, NOS with no documentation of tumor size, code tumor size as 005. If the physician's statement of the "T" category is T3, NOS with no documentation of tumor size OR a statement only specifying that the tumor size is greater than 5 cm, code tumor size as 051.
Note 3: For tumor size, some breast cancers cannot be sized pathologically.
Note 4: When coding pathologic size, code the measurement of the invasive component. For example, if there is a large in situ component (e.g., 4 cm) and a small invasive component see Site-Specific Factor 6 to code more information about the reported tumor size. If the size of invasive component is not given, code the size of the entire tumor and record what it represents in Site-Specific Factor 6.
Note 5: Microinvasion is the extension of cancer cells beyond the basement membrane into the adjacent tissues with no focus more than 0.1 cm in greatest dimension. When there are multiple foci of microinvasion, the size of only the largest focus is used to classify the microinvasion. (Do not use the sum of all the individual foci.)

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microinvasion; microscopic focus or foci only, no size given; described as less than 1 mm Stated as T1mi, NOS with no other information on size
991	Described as "less than 1 cm" Stated as T1b, NOS with no other information on size
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm" Stated as T1, NOS or T1c, NOS with no other information on size
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm" Stated as T2 with no other information on size
996	Mammographic/xerographic diagnosis only, no size given; clinically not palpable
997	Paget Disease of nipple with no demonstrable tumor
998	Diffuse
999	Unknown; size not stated Not documented in patient record

Breast

CS Extension (Revised: 04/20/2010)

Note 1: See Part 1 for what information this field is based on including timing rules.
Note 2: 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 3: Consider adherence, attachment, fixation, induration, and thickening as clinical evidence of extension to skin or subcutaneous tissue, code '200'.
Note 4: Consider "fixation, NOS" as involvement of pectoralis muscle, code '300'.
Note 5: If extension code is 000, then Behavior code must be 2; if extension code is 050 or 070, then behavior code may be 2 or 3; and, if extension code is 100, then behavior code must be 3.
Note 6: Inflammatory Carcinoma. AJCC includes the following text in the 7th edition Staging Manual, "Inflammatory carcinoma is a clinicopathologic entity characterized by diffuse erythema and edema (peau d'orange) of the breast, often without an underlying palpable mass. These clinical findings should involve the majority of the skin of the breast. Classically, the skin changes arise quickly in the affected breast. Thus the term of inflammatory carcinoma should not be applied to a patient with neglected locally advanced cancer of the breast presenting late in the course of her disease. On imaging, there may be a detectable mass and characteristic thickening of the skin over the breast. This clinical presentation is due to tumor emboli within dermal lymphatics, which may or may not be apparent on skin biopsy. The tumor of inflammatory carcinoma is classified T4d. It is important to remember that inflammatory carcinoma is primarily a clinical diagnosis. Involvement of the dermal lymphatics alone does not indicate inflammatory carcinoma in the absence of clinical findings. In addition to the clinical picture, however, a biopsy is still necessary to demonstrate cancer either within the dermal lymphatics or in the breast parenchyma itself."
Note 7: For Collaborative Staging, the abstractor should record a stated diagnosis of inflammatory carcinoma, and also record any clinical statement of the character and extent of skin involvement in the text area. Code 600 should be used if there is a stated diagnosis of inflammatory carcinoma and a clinical description of the skin involvement is less than one-third (33%) of the skin of the breast. Code 725 should be used if there is a stated diagnosis of inflammatory carcinoma and a clinical description of the skin involvement is greater than or equal to one-third (33%) and less than or equal to one half (50%) of the skin of the breast. Code 730 should be used if there is a stated diagnosis of inflammatory carcinoma and a clinical description of the skin involvement in more than 50% (majority or diffuse) of the skin of the breast. Cases with a stated diagnosis of inflammatory carcinoma but no such clinical description should be coded 750. A clinical description of inflammation, erythema, edema, peau d'orange, etc. without a stated diagnosis of inflammatory carcinoma should be coded 510, 514, 610, or 620, depending on described extent of the condition.

Code	Description	TNM 7	TNM 6	SS77	SS2000
000	In situ: noninfiltrating; intraepithelial Intraductal WITHOUT infiltration Lobular neoplasia	Tis	Tis	IS	IS
050	Paget Disease of nipple (WITHOUT underlying tumor)	Tis	Tis	**	**
070	Paget Disease of nipple (WITHOUT underlying invasive carcinoma pathologically)	Tis	Tis	**	**
100	Confined to breast tissue and fat including nipple and/or areola Localized, NOS	^	*	L	L
170	Stated as T1 [NOS] with no other information on extension or size	T1NOS	T1NOS	RE	RE
180	Stated as T2 [NOS] with no other information on extension or size	T2	T2	RE	RE
190	Stated as T3 [NOS] with no other information on extension or size	T3	T3	RE	RE

Code	Description	TNM 7	TNM 6	SS77	SS2000
200	Invasion of subcutaneous tissue Local infiltration of dermal lymphatics adjacent to primary tumor involving skin by direct extension Skin infiltration of primary breast including skin of nipple and/or areola	^	*	RE	RE
300	Attached or fixation to pectoral muscle(s) or underlying tissue Deep fixation Invasion of (or fixation to) pectoral fascia or muscle	^	*	RE	RE
380	Stated as T4 [NOS] with no other information on extension	T4NOS	T4NOS	RE	RE
390	Stated as T4a with no other information on extension	T4a	T4a	RE	RE
400	Invasion of (or fixation to): Chest wall Intercostal or serratus anterior muscle(s) Rib(s)	T4a	T4a	RE	RE
510	OBSOLETE DATA RETAINED V0200 Extensive skin involvement, including: Satellite nodule(s) in skin of primary breast Ulceration of skin of breast Any of the following conditions described as involving not more than 50% of the breast, or amount or percent of involvement not stated: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	ERROR	T4b	RE	RE
512	Extensive skin involvement, including: Satellite nodule(s) in skin of primary breast Ulceration of skin of breast	T4b	T4b	RE	RE
514	Any of the following conditions described as involving less than one-third (33%) of the breast WITHOUT a stated diagnosis of inflammatory carcinoma WITH or WITHOUT dermal lymphatic infiltration Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	T4b	RE	RE
516	(514) + (512)	T4b	T4b	RE	RE

Code	Description	TNM 7	TNM 6	SS77	SS2000
518	Any of the following conditions described as involving one third (33%) or more but less than or equal to half (50%) of the breast WITHOUT a stated diagnosis of inflammatory carcinoma WITH or WITHOUT dermal lymphatic infiltration: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	T4b	RE	RE
519	(518) + (512)	T4b	T4b	RE	RE
520	Any of the following conditions described as involving more than 50% of the breast WITHOUT a stated diagnosis of inflammatory carcinoma WITH or WITHOUT dermal lymphatic infiltration: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	T4b	RE	RE
575	(520) + (512)	T4b	T4b	RE	RE
580	Any of the following conditions with amount or percent of breast involvement not stated and WITHOUT a stated diagnosis of inflammatory carcinoma WITH or WITHOUT dermal lymphatic infiltration: Edema of skin En cuirasse Erythema Inflammation of skin Peau d'orange ("pigskin")	T4b	T4b	RE	RE
585	(580) + (512)	T4b	T4b	RE	RE
590	Stated as T4b with no other information on extension	T4b	T4b	RE	RE
600	Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving less than one-third (33%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration	T4b	T4d	RE	RE
610	OBSOLETE DATA RETAINED V0200 (400) + (510)	ERROR	T4c	RE	RE
612	Any of (512-514) + (400)	T4c	T4b	RE	RE
615	Any of (520-585) + (400)	T4c	T4b	RE	RE
620	OBSOLETE DATA RETAINED V0200 (400) + (520)	ERROR	T4c	RE	RE

Code	Description	TNM 7	TNM 6	SS77	SS2000
680	Stated as T4c with no other information on extension	T4c	T4c	RE	RE
710	OBSOLETE DATA RETAINED V0200 Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than 50% of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration Inflammatory carcinoma, NOS	ERROR	T4d	RE	RE
715	OBSOLETE DATA RETAINED V0202 Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than one-third (33%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration	T4b	T4d	RE	RE
720	OBSOLETE DATA CONVERTED V0102 Diagnosis of inflammatory WITH a clinical diagnosis of inflammation, erythema, edema, peau d'orange, etc., of not more than 50% of the breast, WITH or WITHOUT dermal lymphatic infiltration Inflammatory carcinoma, NOS NOTE: Code 720 has been combined with code 710. Any cases coded to 720 should be re-coded to code 710.	ERROR	ERROR	ERROR	ERROR
725	Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving one-third (33%) or more but less than or equal to half (50%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration	T4d	T4d	RE	RE
730	Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving more than 50% of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration	T4d	T4d	RE	RE
750	Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., but percent of involvement not stated, WITH or WITHOUT dermal lymphatic infiltration. If percentage is known, code to 600, 725, or 730. Diagnosis of inflammatory carcinoma WITHOUT a clinical description of inflammation, erythema, edema, peau d'orange, etc., WITH or WITHOUT dermal lymphatic infiltration Inflammatory carcinoma, NOS	T4d	T4d	RE	RE

Code	Description	TNM 7	TNM 6	SS77	SS2000
780	Stated as T4d with no other information on extension	T4d	T4d	RE	RE
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

* For Extension codes 100, 200, and 300 ONLY, the T category is assigned based on value of CS Tumor Size as shown in the Extension Size Table for this site.
^ For Extension codes 100, 200, and 300 ONLY, the T category is assigned based on value of CS Tumor Size as shown in the Extension Size Table for this site.
** For codes 050 and 070 ONLY, summary stage is assigned based on the value of Behavior Code ICD-O-3 as shown in the Extension Behavior Table for this site.

Breast
CS Tumor Size/Ext Eval (Revised: 08/10/2009)

Code	Description	Staging Basis
0	Does not meet criteria for AJCC pathologic staging: No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	Does not meet criteria for AJCC pathologic staging: No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used.	c
2	Meets criteria for AJCC pathologic staging: No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy)	p
3	Either criteria meets AJCC pathologic staging: Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed AND Evaluation based on evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen. No surgical resection done. Evaluation based on positive biopsy of highest T classification.	p
5	Does not meet criteria for AJCC y-pathologic (yp) staging: Surgical resection performed AFTER neoadjuvant therapy and tumor size/extension based on clinical evidence, unless the pathologic evidence at surgery (AFTER neoadjuvant) is more extensive (see code 6).	c

Code	Description	Staging Basis
6	Meets criteria for AJCC y-pathologic (yp) staging: Surgical resection performed AFTER neoadjuvant therapy AND tumor size/extension based on pathologic evidence, because pathologic evidence at surgery is more extensive than clinical evidence before treatment.	yp
8	Meets criteria for autopsy (a) staging: Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Breast

CS Lymph Nodes (Revised: 11/16/2009)

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes such as cervical (excluding supraclavicular) or contralateral axillary are coded in the field Mets at DX.
Note 2: 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. Use code 600 in the absence of other information about regional nodes.
Note 3: In a physical exam if palpable nodes are not described as fixed, assume that nodes are movable.
Note 4: Codes 130-600 are used for positive axillary nodes . Axillary lymph nodes refer to level I and level II ipsilateral axillary lymph nodes and ipsilateral intramammary nodes only. It does not include ipsilateral level III axillary lymph nodes which are also known as infraclavicular or apical nodes and are coded in 750 or higher. Axillary does not include internal mammary or ipsilateral supraclavicular lymph nodes.
Note 5: If no lymph nodes were removed for evaluation (Reg Nodes Eval code 0 or 1) or if it is unknown if lymph nodes were removed (Reg Nodes Eval code 9), or if neoadjuvant therapy was given and clinical lymph node involvement is AS extensive or MORE extensive than pathologic lymph node involvement (Reg Nodes Eval code 5), then use only the following codes for clinical evaluation of regional nodes: 000, 255, 260, 290, 510, 600, 740, 745, 750, 760, 780, 790,800, and 999. Do not use codes 290 and 510 when Reg Nodes Eval 2, 3, 6, or 8.
Note 6: Isolated tumor cells (ITC) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected only by immunohistochemical (IHC) or molecular methods but which may be verified on H and E stains. ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction). Lymph nodes with ITCs only are not considered positive lymph nodes. If the record only states N0(i+), code to 000 and see CS SSF-4.
Note 7: Unless nodes are stated to be fixed or matted, assume that they are moveable.

Code	Description	TNM 7	TNM 6	SS77	SS2000
000	None; no regional lymph node involvement, or ITCs detected by immunohistochemistry or molecular methods ONLY. (See Note 6 and Site-specific Factors 4 and 5.)	^	*	NONE	NONE
050	None; no regional lymph node(s) but with (ITCs) detected on routine H and E stains. (See Note 6)	N0(i+)	N0(i+)	NONE	NONE

Code	Description	TNM 7	TNM 6	SS77	SS2000
130	Axillary lymph node(s), ipsilateral, micrometastasis ONLY detected by immunohistochemical (IHC) means ONLY (at least one micrometastasis greater than 0.2 mm or more than 200 cells and all micrometastases less than or equal to 2 mm)	N1mi	N1mi	RN	RN
150	Axillary lymph node(s), ipsilateral, micrometastasis ONLY detected or verified on H&E (at least one micrometastasis greater than 0.2 mm (or more than 200 cells) and all micrometastases less than or equal to 2 mm) Micrometastasis, NOS	N1mi	N1mi	RN	RN
250	Movable axillary lymph node(s), ipsilateral, positive with more than micrometastasis (i.e., at least one metastasis greater than 2 mm) (See Note 7.)	^^	**	RN	RN
255	Clinically movable axillary lymph node(s), ipsilateral, positive (clinical assessment because of neoadjuvant therapy or no pathology)(See Note 7.)	N1	N1	RN	RN
260	Stated as N1, NOS	N1	**	RN	RN
280	OBSOLETE DATA RETAINED V0200- Stated as N2, NOS	ERROR	**	RN	RN
290	Clinically stated only as N2, NOS (clinical assessment because of neoadjuvant therapy or no pathology)	N2NOS	**	RN	RN
300	Pathologically stated only as N2 NOS; no information on which nodes were involved	^^	**	RN	RN
500	OBSOLETE DATA RETAINED V0200- Fixed/matted ipsilateral axillary nodes, positive with more than micrometastasis (i.e., at least one metastasis greater than 2 mm) Fixed/matted ipsilateral axillary nodes, NOS	ERROR	**	RN	RN
510	Fixed/matted ipsilateral axillary nodes clinically (clinical assessment because of neoadjuvant therapy or no pathology) Stated clinically as N2a, NOS (clinical assessment because of neoadjuvant therapy or no pathology)	^^	**	RN	RN
520	Fixed/matted ipsilateral axillary nodes clinically with pathologic involvement of lymph nodes at least one metastasis greater than 2mm	^^	**	RN	RN
600	Axillary/regional lymph node(s), NOS Lymph nodes NOS	^^	**	RN	RN
710	Internal mammary node(s), ipsilateral, positive on sentinel nodes but not clinically apparent (no positive imaging or clinical exam) WITHOUT axillary lymph node(s), ispilateral	N1b	N1b	RN	RN

Code	Description	TNM 7	TNM 6	SS77	SS2000
720	Internal mammary node(s), ipsilateral, positive on sentinel nodes but not clinically apparent (no positive imaging or clinical exam) WITH axillary lymph node(s), ispilateral	^^	**	RN	RN
730	Internal mammary node(s), ipsilateral, positive on sentinel nodes but not clinically apparent (no positive imaging or clinical exam) UNKNOWN if positive axillary lymph node(s), ispilateral	N1b	N1b	RN	RN
740	Internal mammary node(s), ipsilateral, clinically apparent (on imaging or clinical exam) WITHOUT axillary lymph node(s), ispilateral	N2b	N2b	RN	RN
745	Internal mammary node(s), ipsilateral, clinically apparent (on imaging or clinical exam) and UNKNOWN if positive axillary lymph node(s), ispilateral	N2b	N2b	RN	RN
750	Infraclavicular lymph node(s)(subclavicular) (level III axillary nodes) (apical), ispilateral	N3a	N3a	D	RN
760	Internal mammary node(s), ipsilateral, clinically apparent (on imaging or clinical exam) WITH axillary lymph node(s), ipsilateral, codes 150 to 600 WITH or WITHOUT infraclavicular (level III axillary nodes) (apical) lymph nodes	N3b	N3b	RN	RN
770	OBSOLETE DATA RETAINED V0200 Internal mammary node(s), ipsilateral, clinically apparent (on imaging or clinical exam) UNKNOWN if positive axillary lymph node(s), ispilateral	ERROR	N2b	RN	RN
780	OBSOLETE DATA RETAINED V0200 (750) + (770)	ERROR	N3a	D	RN
790	Stated as N3, NOS	N3NOS	N3NOS	RN	RN
800	Supraclavicular node(s), ispilateral	N3c	N3c	D	D
999	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	NX	U	U

* For code 000 ONLY, the N category is assigned based on the coding of Site-Specific Factors 4 and 5 using the IHC MOL Table for this site.
^ For code 000 ONLY, the N category is assigned based on the coding of Site-Specific Factors 4 and 5 using the IHC MOL Table for this site.
** For codes 250, 260, 280, 290, 300, 500, 510, 520, 600, and 720 ONLY, the N category is assigned based on the values of Site-Specific Factor 3 (Number of Positive Ipsilateral Axillary Lymph Nodes) and CS Reg Nodes Eval. If the Eval code is 2 (p), 3 (p), 6 (y), or 8 (a), the N category is determined by reference to the Lymph Nodes Pathologic Evaluation Table. If the Eval code is 0 (c), 1(c), 5(c), or 9 (c), the N category is determined by reference

to the Lymph Nodes Clinical Evaluation Table. If the Eval field is not coded, the N category is determined by reference to the Lymph Nodes Positive Axillary Node Table.
^^ For codes 250, 260, 280, 290, 300, 500, 510, 520, 600, and 720 ONLY, the N category is assigned based on the values of Site-Specific Factor 3 (Number of Positive Ipsilateral Axillary Lymph Nodes) and CS Reg Nodes Eval. If the Eval code is 2 (p), 3 (p), 6 (y), or 8 (a), the N category is determined by reference to the Lymph Nodes Pathologic Evaluation Table. If the Eval code is 0 (c), 1(c), 5(c), or 9 (c), the N category is determined by reference to the Lymph Nodes Clinical Evaluation Table. If the Eval field is not coded, the N category is determined by reference to the Lymph Nodes Positive Axillary Node Table.

Breast

CS Lymph Nodes Eval (Revised: 10/26/2009)

Note 1: This field is used primarily to derive the staging basis for the N category in the TNM system. It records how the code for the item "CS Lymph Nodes" was determined based on the diagnostic methods employed and their intent.

Note 2:

In the 7th edition of the AJCC manual, the clinical and pathologic classification rules for the N category were changed to reflect current medical practice. The N is designated as clinical or pathologic based on the intent (workup versus treatment) matching with the assessment of the T classification. When the intent is workup, the staging basis is clinical, and when the intent is treatment, the staging basis is pathologic.

A. Microscopic assessment including biopsy of regional nodes or sentinel nodes if being performed as part of the workup to choose the treatment plan, is therefore part of the clinical staging. When it is part of the workup, the T category is clinical, and there has not been a resection of the primary site adequate for pathologic T classification (which would be part of the treatment).

B. Microscopic assessment of regional nodes if being performed as part of the treatment is therefore part of the pathologic staging. When it is part of the treatment, the T category is pathologic, and there has been a resection of the primary site adequate for pathologic T classification (all part of the treatment).

Note 3: Microscopic assessment of the highest N category is always pathologic (code 3).
Note 4: If lymph node dissection is not performed after neoadjuvant therapy, use code 0 or 1.
Note 5: Only codes 5 and 6 are used if the node assessment is performed after neoadjuvant therapy.

Code	Description	Staging Basis
0	Does not meet criteria for AJCC pathologic staging: No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria: No regional lymph nodes removed for examination. Evidence based on endoscopic examination, or other invasive techniques including surgical observation, without biopsy. No autopsy evidence used. OR Fine needle aspiration, incisional core needle biopsy, or excisional biopsy of regional lymph nodes or sentinel nodes as part of the diagnostic workup, WITHOUT removal of the primary site adequate for pathologic T classification (treatment).	c
2	Meets criteria for AJCC pathologic staging: No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p

Code	Description	Staging Basis
3	Meets criteria for AJCC pathologic staging based on at least one of the following criteria: Any microscopic assessment of regional nodes (including FNA, incisional core needle bx, excisional bx, sentinel node bx or node resection), WITH removal of the primary site adequate for pathologic T classification (treatment) or biopsy assessment of the highest T category. OR Any microscopic assessment of a regional node in the highest N category, regardless of the T category information.	p
5	Does not meet criteria for AJCC y-pathologic (yp) staging: Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on clinical evidence, unless the pathologic evidence at surgery (AFTER neoadjuvant) is more extensive (see code 6).	c
6	Meets criteria for AJCC y-pathologic (yp) staging: Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on pathologic evidence, because the pathologic evidence at surgery is more extensive than clinical evidence before treatment.	yp
8	Meets criteria for AJCC autopsy (a) staging: Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Unknown if lymph nodes removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Breast

Reg LN Pos (Revised: 07/27/2009)

Note 1: Record this field even if there has been preoperative treatment.
Note 2: Lymph nodes with only isolated tumor cells (ITCs) are NOT counted as positive lymph nodes. Only lymph nodes with metastases greater than 0.2mm (micrometastases or larger) should be counted as positive. If the pathology report indicates that nodes are positive but size of the metastases is not stated, assume the metastases are > 0.2mm and code the lymph nodes as positive in this field.
Note 3: Record all positive regional lymph nodes in this field. Record the number of positive ipsilateral regional level I-II axillary nodes separately in the appropriate Site-Specific Factor field.

Code	Description
00	All nodes examined negative.
01-89	1 - 89 nodes positive (code exact number of nodes positive)
90	90 or more nodes positive
95	Positive aspiration or core biopsy of lymph node(s)
97	Positive nodes - number unspecified

Code	Description
98	No nodes examined
99	Unknown if nodes are positive; not applicable Not documented in patient record

Breast
Reg LN Exam (Revised: 03/02/2009)

Code	Description
00	No nodes examined
01-89	1 - 89 nodes examined (code exact number of regional lymph nodes examined)
90	90 or more nodes examined
95	No regional nodes removed, but aspiration or core biopsy of regional nodes performed
96	Regional lymph node removal documented as sampling and number of nodes unknown/not stated
97	Regional lymph node removal documented as dissection and number of nodes unknown/not stated
98	Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined, but number unknown
99	Unknown if nodes were examined; not applicable or negative Not documented in patient record

Breast
CS Mets at DX (Revised: 07/27/2009)

Note 1: Do not code involvement of supraclavicular (transverse cervical) lymph nodes in CS Mets at DX (see CS Lymph Nodes).

Note 2: Cases in which there are no distant metastasis as determined by clinical and/or radiographic methods are designated cM0 (use code 00), and cases in which one or more distant metastases are identified by clinical and/or radiographic methods are designated cM1. A case is classified as clinically free of metastases (cM0) unless there is documented evidence of metastases by clinical means or by biopsy of a metastatic site (pathologic).

Code	Description	TNM 7	TNM 6	SS77	SS2000
00	No; none	M0	M0	NONE	NONE
05	No clinical or radiographic evidence of distant metastasis, but deposits of molecularly or microscopically detected tumor cells in circulating blood, bone marrow or other non-regional nodal tissue that are 0.2mm or less in a patient without symptoms or signs of metastases.	M0(i+)	M0	NONE	NONE

Code	Description	TNM 7	TNM 6	SS77	SS2000
10	Distant lymph node(s) Cervical, NOS Contralateral/bilateral axillary and/or internal mammary Other than above Distant lymph node(s), NOS	M1	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Carcinomatosis	M1	M1	D	D
42	Further contiguous extension: Skin over: Axilla Contralateral (opposite) breast Sternum Upper abdomen	M1	M1	D	D
44	Metastasis: Adrenal (suprarenal) gland Bone, other than adjacent rib Contralateral (opposite) breast - if stated as metastatic Lung Ovary Satellite nodule(s) in skin other than primary breast	M1	M1	D	D
50	(10) + any of [(40 to 44)] Distant lymph node(s) plus other distant metastases	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1, NOS	M1	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

Breast

CS Mets Eval (Revised: 08/10/2009)

Note: This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

Code	Description	Staging Basis
0	Does not meet criteria for AJCC pathologic staging of distant metastasis: Evaluation of distant metastasis based on physical examination, imaging examination, and/or other non-invasive clinical evidence. No pathologic examination of metastatic tissue performed or pathologic examination was negative.	c

Code	Description	Staging Basis
1	Does not meet criteria for AJCC pathologic staging of distant metastasis: Evaluation of distant metastasis based on endoscopic examination or other invasive technique, including surgical observation without biopsy. No pathologic examination of metastatic tissue performed or pathologic examination was negative.	c
2	Meets criteria for AJCC pathologic staging of distant metastasis: No pathologic examination of metastatic specimen done prior to death, but positive metastatic evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Meets criteria for AJCC pathologic staging of distant metastasis: Specimen from metastatic site microscopically positive WITHOUT pre-surgical systemic treatment or radiation OR specimen from metastatic site microscopically positive, unknown if pre-surgical systemic treatment or radiation performed OR specimen from metastatic site microscopically positive prior to neoadjuvant treatment.	p
5	Does not meet criteria for AJCC y-pathologic (yp) staging of distant metastasis: Specimen from metastatic site microscopically positive WITH pre-surgical systemic treatment or radiation, BUT metastasis based on clinical evidence.	c
6	Meets criteria for AJCC y-pathologic (yp) staging of distant metastasis: Specimen from metastatic site microscopically positive WITH pre-surgical systemic treatment or radiation, BUT metastasis based on pathologic evidence.	yp
8	Meets criteria for AJCC autopsy (a) staging of distant metastasis: Evidence from autopsy based on examination of positive metastatic tissue AND tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Breast

CS Site-Specific Factor 1 Estrogen Receptor Assay (ERA) (Revised: 09/29/2009)

Note 1:

A. In cases where ER and PR are reported on more than one tumor specimen, record the highest value (if any sample is positive, record as positive).

B. If neoadjuvant therapy is given, record the assay from tumor specimens prior to neoadjuvant therapy.

C. If neoadjuvant therapy is given and there are no ER or PR results from pre-treatment specimens, report the findings from post-treatment specimens.

Note 2: In general, ER/PR is only done on one sample. In cases where it is done on more than one sample, there is not necessarily any reason to think that the most accurate is the test done on the "largest" tumor specimen. Clinically, treatment will be based on any positive test - in other words, given the benefit and minimal toxicity of hormonal therapy, most patients will be given the "benefit of the doubt" and given hormonal therapy if any ER test is positive.

Note 3: The most recent interpretation guidelines for ER/PR do not allow for a borderline result. Therefore, code 030 will rarely be used. If 1% or greater cells stain positive, the test results are considered positive. If less tha 1% stain positive, the results are considered negative.

Note 4: If the patient is ER positive and node negative a multigene tests such as OncotypeDX may be performed in which case another ER/PR test will be done. Do not record the results of that test in this field. Record only the results of the test which made the patient eligible to be given the multigene test.

Code	Description
000	Test not done (test was not ordered and was not performed)
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
080	Ordered, but results not in chart
996	Ordered, results not interpretable
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 2 Progesterone Receptor Assay (PRA) (Revised: 09/29/2009)

Note 1:

A. In cases where ER and PR are reported on more than one tumor specimen, record the highest value (if any sample is positive, record as positive).

B. If neoadjuvant therapy is given, record the assay from tumor specimens prior to neoadjuvant therapy.

C. If neoadjuvant therapy is given and there are no ER or PR results from pre-treatment specimens, report the findings from post-treatment specimens.

Note 2: In general, ER/PR is only done on one sample. In cases where it is done on more than one sample, there is not necessarily any reason to think that the most accurate is the test done on the "largest" tumor specimen.

Note 3: The most recent interpretation guidelines for ER/PR do not allow for a borderline result. Therefore, code 030 will rarely be used. If 1% or greater cells stain positive, the test results are considered positive. If less tha 1% stain positive, the results are considered negative.

Note 4: If the patient is ER positive and node negative a multigene tests such as OncotypeDX may be performed in which case another ER/PR test will be done. Do not record the results of that test in this field. Record only the results of the test which made the patient eligible to be given the multigene test.

Code	Description
000	Test not done (test was not ordered and was not performed)
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
080	Ordered, but results not in chart
996	Ordered, results not interpretable
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 3 Number of Positive Ipsilateral Level I-II Axillary Lymph Nodes

(Revised: 07/27/2009)

Note 1: Only include the number of positive ipsilateral level I and II axillary lymph nodes and intramammary lymph nodes in this field beginning with CS version 2. Intramammary are not the same as internal mammary.
Note 2: Record this field even if there has been preoperative treatment.
Note 3: Lymph nodes with only isolated tumor cells (ITCs) are NOT counted as positive lymph nodes. Only lymph nodes with metastases greater than 0.2 mm (micrometastases or larger) should be counted as positive. 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 4: This field is based on pathologic information only. If no ipsilateral axillary nodes were removed for examination, or if an ipsilateral axillary lymph node drainage area was removed but no lymph nodes were found, code 098.
Note 5: The general coding instructions in Part I for Regional Nodes Positive also apply to this field (although the codes in Regional Nodes Positive are 2 digits rather than 3). When positive ipsilateral axillary lymph nodes are coded in this field, the number of positive ipsilateral axillary lymph nodes must be less than or equal to the number coded in Regional Nodes Positive (i.e., the number of positive ipsilateral axillary nodes will always be a subset of the number of positive regional 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 positive
095	Positive aspiration of lymph node(s)
097	Positive nodes - number unspecified
098	No axillary nodes examined
099	Unknown if axillary nodes are positive; not applicable Not documented in patient record

Breast

CS Site-Specific Factor 4 Immunohistochemistry (IHC) of Regional Lymph Nodes (Revised: 12/03/2009)

Note 1: Use codes 000-009 only to report results of IHC on otherwise histologically negative or that have only ITCs on routine H and E stains., i.e., only when CS Lymph Nodes is coded 000. Otherwise code 987 in this field.
Note 2: Isolated tumor cells (ITC) are defined as single tumor cells or small clusters not greater than 0.2 mm, usually detected by immunohistochemical (IHC), H and E (see code 050 of CS Lymph Nodes), or molecular methods (RT-PCR: Reverse Transcriptase Polymerase Chain Reaction) (see CS Site-Specific Factor 5). ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction.) If both IHC and H and E report positive ITC findings, record as 002 or 009 depending on whether size of clusters was given.
Note 3: If it is unstated whether or not tests were done for IHC assume they were not done.
Note 4: If the record states N0(i+) and no other information, code to 009.

Code	Description
000	Regional lymph nodes negative on routine H and E, no IHC studies or Unknown if tested for ITCs by IHC studies Nodes clinically negative, not examined pathologically
001	Regional lymph nodes negative on routine H and E, IHC studies done, negative for tumor

Code	Description
002	Regional lymph nodes negative on routine H and E, IHC studies done, positive for ITCs (tumor cell clusters not greater than 0.2mm)
009	Regional lymph nodes negative on routine H and E, positive for tumor detected by IHC, size of tumor cell clusters or metastases not stated; stated as N0(i+) with no further information
888	OBSOLETE DATA CONVERTED V0200 See code 987 Not applicable CS Lymph Nodes not coded 000
987	Not applicable CS Lymph Nodes not coded 000

Breast

CS Site-Specific Factor 5 Molecular Studies of Regional Lymph Nodes (Revised: 12/03/2009)

Note 1: Use codes 000-002 only to report results of molecular studies (RT-PCR: Reverse Transcriptase Polymerase Chain Reaction) on otherwise histologically negative lymph nodes on routine H and E stains, i.e., only when CS Lymph Nodes is coded 000. Otherwise code 987 in this field.

Note 2: Isolated tumor cells (ITC) are defined as single tumor cells or small clusters not greater than 0.2 mm, detected by immunohistochemical (IHC) (see CS Site_Specific Factor 4) or by H and E (CS Lymph Nodes code 050) or molecular methods (RT-PCR: Reverse Transcriptase Polymerase Chain Reaction). ITCs do not usually show evidence of malignant activity (e.g., proliferation or stromal reaction.)

Note 3: If it is not stated whether molecular tests were done, assume they were not done.

Code	Description
000	Regional lymph nodes negative on H and E, no RT-PCR molecular studies done or unknown if RT-PCR studies done Nodes clinically negative, not examined pathologically
001	Regional lymph nodes negative on H and E, RT-PCR molecular studies done, negative for tumor
002	Regional lymph nodes negative on H and E, RT-PCR molecular studies done, positive for tumor
888	OBSOLETE DATA CONVERTED V0200 See code 987 Not applicable CS Lymph Nodes not coded 000
987	Not applicable CS Lymph Nodes not coded 000

Breast

CS Site-Specific Factor 6 Size of Tumor--Invasive Component (Revised: 10/26/2009)

Note 1: Record the code that indicates how the pathological tumor size was coded in CS Tumor Size.

Note 2: For this field, "mixed" indicates a tumor with both invasive and in situ components. Such a "mixed" tumor may be a single histology such as mixed infiltrating ductal and ductal carcinoma in situ or combined histology such as mixed infiltrating ductal and lobular carcinoma in situ. "Pure" indicates a tumor that contains only invasive or only in situ tumor.

Note 3: This information is collected for analytic purposes and does not affect the stage grouping algorithm. Different codes in this field may explain differences in outcome for patients in the same T category or stage group. Example: Patient 1 has a "mixed" (see Note 2) tumor measuring 2.5 cm with extensive areas of in situ tumor, and the size of the invasive component is not stated. This would be coded 025 in CS Tumor Size, and would be classified as T2. It would be coded 040 in Site-Specific Factor 6. Patient 2 has a purely invasive tumor measuring 2.5 cm. This would also be coded 025 in CS Tumor Size and would also be classified as T2. However, it would be coded 000 in Site-Specific Factor 6. Patient 1's tumor would probably have a better survival than Patient 2's tumor, since it would more likely be a T1 lesion if the true dimensions of the invasive component were known.

Code	Description
000	Entire tumor reported as invasive (no in situ component reported)
010	Entire tumor reported as in situ (no invasive component reported)
020	Invasive and in situ components present, size of invasive component stated and coded in CS Tumor Size
030	Invasive and in situ components present, size of entire tumor coded in CS Tumor Size because size of invasive component not stated AND in situ described as minimal (less than 25%)
040	Invasive and in situ components present, size of entire tumor coded in CS Tumor Size because size of invasive component not stated AND in situ described as extensive (25% or more)
050	Invasive and in situ components present, size of entire tumor coded in CS Tumor Size because size of invasive component not stated AND proportions of in situ and invasive not known
060	Invasive and in situ components present, unknown size of tumor (CS Tumor Size coded 999)
888	OBSOLETE DATA CONVERTED V0200 See code 987 Unknown if invasive and in situ components present, unknown if tumor size represents mixed tumor or a "pure" tumor. (See Note 2.) Clinical tumor size coded.
987	Unknown if invasive and in situ components present, unknown if tumor size represents mixed tumor or a "pure" tumor. (See Note 2.) Clinical tumor size coded.

Breast

CS Site-Specific Factor 7 Nottingham or Bloom-Richardson (BR) Score/Grade (Revised: 08/27/2009)

Note 1: BR may also be called: modified Bloom-Richardson, Scarff-Bloom-Richardson, SBR grading, BR grading, Elston-Ellis modification of Bloom Richardson score, the Nottingham modification of Bloom Richardson score, Nottingham-Tenovus, or Nottingham grade.
Note 2: Code the tumor grade using the following priority order: a). Bloom-Richardson scores 3-9; b). Bloom Richardson grade (low, intermediate, high).
Note 3: BR score may be expressed as a range, 3-9. The score is based on three morphologic features of "invasive no-special-type" breast cancers (degree of tubule formation/histologic grade, mitotic activity, nuclear pleomorphism/nuclear grade of tumor cells). If a report describes any of the factors with words (low, intermediate, high) rather than numbers, do NOT attempt to translate these words into a score/number.

Code	Description
030	Score of 3
040	Score of 4
050	Score of 5
060	Score of 6
070	Score of 7
080	Score of 8
090	Score of 9
110	Low Grade, BR grade 1, score not given
120	Medium Grade, BR grade 2, score not given
130	High Grade, BR grade 3, score not given
988	Not applicable: Information not collected for this case
998	No histologic examination of primary site
999	Neither BR grade nor BR score given Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 8 HER2: IHC Test Lab Value (Revised: 09/25/2009)

Note 1: Record the results of only the ImmunoHistoChemical (IHC) test for Human Epidermal growth factor Receptor 2 (HER2) in this field. The test determines whether there are additional copies of the HER2/neugene in the tumor cells compared to the normal number.
Note 2: If the test was done but the actual score is not stated, code 998.

Code	Description
000	Score 0
001	Score 1+
002	Score 2+

Code	Description
003	Score 3+
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 9 HER2: IHC Test Interpretation (Revised: 09/23/2009)

Note 1: Record the results of only the ImmunoHistoChemical (IHC) test for Human Epidermal growth factor Receptor 2 (HER2) in this field.

Code	Description
010	Positive/elevated
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 10 HER2: Fish Test Lab Value (Revised: 07/27/2009)

Note 1: Record the results of only the Fluorescence In Situ Hybridization (FISH) test for Human Epidermal growth factor Receptor 2 (HER2) in this field. The test determines whether there are additional copies of the HER2/neugene in the tumor cells compared to the normal number. The results are reported as a ratio between the number of copies of the HER2/neugene and the control.

Note 2: Record the actual ratio if given. Enter the stated ratio to two decimal places. Use a trailing zero if needed. Example: a ratio of 1.8 is entered as 180. Ratio of 5.64 is entered as 564.

Note 3: If the test was done but the actual ratio is not stated, code 998.

Code	Description
100-986	Ratio of 1.00 to 9.86 (enter exact ratio to two decimal places)
987	Ratio of 9.87 or greater
988	Not applicable: Information not collected for this case

Code	Description
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 11 HER2: FISH Test Interpretation (Revised: 09/23/2009)

Note: Record the interpretation of only the Fluorescence In Situ Hybridization (FISH) test for Human Epidermal growth factor Receptor 2 (HER2) in this field.

Code	Description
010	Positive/elevated; amplified
020	Negative/normal; within normal limits; not amplified
030	Borderline; equivocal; undetermined whether positive or negative
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 12 HER2: CISH Test Lab Value (Revised: 09/22/2009)

Note 1: Record the results of only the Chromogenic In Situ Hybridization (CISH) test for Human Epidermal growth factor Receptor 2 (HER2) in this field. The test determines whether there are additional copies of the HER2/neugene in the tumor cells. The results are reported as the mean number of copies of the HER2/neugene on either 30 or 60 tumor cells.

Note 2: Record the actual mean if given. Enter the stated mean to two decimal places. Use a trailing zero if needed. Example: a mean of 1.8 is entered as 180. A mean of 5.64 is entered as 564.

Note 3: If the test was done but the actual mean is not stated, code 998.

Code	Description
100-986	Mean of 1.00 to 9.86 (enter exact mean to two decimal places)
987	Mean of 9.87 or greater
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)

Code	Description
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 13 HER2: CISH Test Interpretation (Revised: 09/23/2009)

Note: Record the interpretation of only the Chromogenic In Situ Hybridization (CISH) test for Human Epidermal growth factor Receptor 2 (HER2) in this field.

Code	Description
010	Positive/elevated; amplified
020	Negative/normal; within normal limits; not amplified
030	Borderline; undetermined whether positive or negative
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 14 HER2: Result of other or unknown test (Revised: 09/29/2009)

Note: If the Human Epidermal growth factor Receptor 2 (HER2) test wasn't a FISH test or IHC test OR it is unknown which HER2 test was performed, record the results here.

Code	Description
010	Positive/elevated; amplified
020	Negative/normal; within normal limits; not amplified
030	Borderline; equivocal; undetermined whether positive or negative
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 15 HER2: Summary Result of Testing (Revised: 09/23/2009)

Note 1: The summary of the results of the IHC, FISH, or other/unknown Human Epidermal growth factor Receptor 2 (HER2) test is recorded here. This variable can be derived from the results of CS Site-Specific Factors 9,11,13,14.
Note 2: If both an IHC and a gene-amplification test (FISH, CISH, etc.) were given, record the result of the gene-amplification test in this field. However, if the gene-amplification test was given first and the result was borderline/equivocal and an IHC was done to clarify these equivocal results, take the result of the IHC.

Code	Description
010	Positive/elevated; amplified
020	Negative/normal; within normal limits; not amplified
030	Borderline; undetermined whether positive or negative
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 16 Combinations of ER, PR, and HER2 (Revised: 09/22/2009)

Note 1: There is an interest in triple negative breast cancer. This field could be derived from SSF 1, 2, and 15.
Note 2: ER: the first digit is 0 for negative and 1 for positive for ER.
Note 3: PR: the second digit is 0 for negative and 1 for positive for PR.
Note 4: HER2: the third digit is 0 for negative and 1 for positive for HER2.

Code	Description
000	ER Negative, PR Negative, HER2 Negative (Triple Negative)
001	ER Negative, PR Negative, HER2 Positive
010	ER Negative, PR Positive, HER2 Negative
011	ER Negative, PR Positive, HER2 Positive
100	ER Positive, PR Negative, HER2 Negative
101	ER Positive, PR Negative PR, HER2 Positive
110	ER Positive, PR Positive, HER2 Negative
111	ER Positive, PR Positive, HER2 Positive
988	Not applicable: Information not collected for this case
999	One or more tests were unknown if performed One or more tests had unknown or borderline results Not documented in patient record

Breast

CS Site-Specific Factor 17 Circulating Tumor Cells (CTC) and method of detection (Revised: 09/23/2009)

Note: The immunomagnetic separation test takes precedence over RT-PCR test.

Code	Description
010	Positive, RT-PCR test
020	Positive, immunomagnetic separation (IMS) test
030	Positive, other test type
040	Positive, unknown test type
110	Negative/normal, RT-PCR test
120	Negative/normal, immunomagnetic separation (IMS) test
130	Negative/normal, other test type
140	Negative/normal, unknown test type
210	Borderline, undetermined if positive or negative, RT-PCR test
220	Borderline, undetermined if positive or negative, immunomagnetic separation (IMS) test
230	Borderline, undetermined if positive or negative, other test type
240	Borderline, undetermined if positive or negative, unknown test type
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 18 Disseminated Tumor Cells (DTC) and method of detection (Revised: 09/23/2009)

Note: The immunohistochemical test takes precedence over RT-PCR test.

Code	Description
010	Positive, RT-PCR test
020	Positive, immunohistochemical separation (IHC) test
030	Positive, other test type
040	Positive, unknown test type
110	Negative/normal, RT-PCR test

Code	Description
120	Negative/normal, immunohistochemical separation (IHC) test
130	Negative/normal, other test type
140	Negative/normal, unknown test type
210	Borderline, undetermined if positive or negative, RT-PCR test
220	Borderline, undetermined if positive or negative, immunohistochemical separation (IHC) test
230	Borderline, undetermined if positive or negative, other test type
240	Borderline, undetermined if positive or negative, unknown test type
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 19 Assessment of Positive Ipsilateral Axillary Lymph Nodes (Revised: 12/10/2009)

Note: Includes ipsilateral level I and II axillary plus intramammary. Code the assessment used for the number of positive axillary lymph nodes SSF3 (Number of positive axillary lymph nodes).

Code	Description
000	No ipsilateral axillary lymph nodes were positive
010	Only clinical assessment showed positive nodes
020	Positive Fine Needle Aspiration (FNA) only
030	Positive Core biopsy: incisional
040	Positive Core biopsy: excisional
050	Positive Core biopsy: type not specified
100	Positive sentinel lymph node biopsy(ies) and no lymph node dissection
110	Positive sentinel lymph node biopsy(ies) and negative lymph node dissection
120	Positive sentinel lymph node biopsy(ies) and positive lymph node dissection
130	Negative sentinel node biopsy(ies) AND positive lymph node dissection
140	No sentinel node biopsy AND positive lymph node dissection
988	Not applicable: Information not collected for this case

Code	Description
998	Nodes positive, but method of assessment unknown
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 20 Assessment of Positive Distant Metastases (Revised: 12/18/2009)

Note 1: This Site-Specific Factor evaluates how the information regarding positive metastasis in CS metastasis and CS metastasis to the bone, lung, liver, and brain were determined. If distant metastasis is coded as 00 - no positive metastasis, this field must also be coded to 000.

Note 2: Code to the highest code if multiple assessments. See part I for tests to be included.

Code	Description
000	No positive metastases were identified
010	Clinical assessment
020	Radiography; Imaging (US, CT, MRI, PET)
030	Incisional biopsy; FNA
040	Excisional biopsy or resection with microscopic confirmation other than by biopsy
988	Not applicable: Information not collected for this case
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 21 Response to Neoadjuvant Therapy (Revised: 07/27/2009)

Note: The registrar should look in the medical record for a specific statement as to the response to neoadjuvant therapy. The registrar should not try to interpret or infer a response based on the medical record.

Code	Description
010	Complete Response (CR)
020	Partial Response (PR)
030	No Response (NR)
988	Not applicable: Information not collected for this case
998	No neoadjuvant therapy
999	Unknown if response Unknown or no information Not documented in patient record

Breast
CS Site-Specific Factor 22 Multigene Signature Method (Revised: 09/22/2009)

Code	Description
010	Oncotype DX
020	Mamma Print
030	Other
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

Breast
CS Site-Specific Factor 23 Code the result/score of the multigene signature (Revised: 11/11/2009)

Code	Description
001-099	Actual score
100	100+
200	Low risk of recurrence (good prognosis)
205	High risk of recurrence (poor prognosis)
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

Breast
CS Site-Specific Factor 24 Paget Disease (Revised: 07/27/2009)

Note: Record any mention of Paget disease, whether clinical or pathological, giving priority to the pathologic assessment. Interpret a negative exam of the nipple as Paget disease not present. Code unknown when no examination of the nipple, clinical or pathologic, is available in the medical record.

Code	Description
000	Paget disease absent
010	Paget disease present

Code	Description
988	Not applicable: Information not collected for this case
999	Unknown or no information Not documented in patient record

Breast

CS Site-Specific Factor 25 (Revised: 02/23/2009)

Code	Description
988	Not applicable for this schema