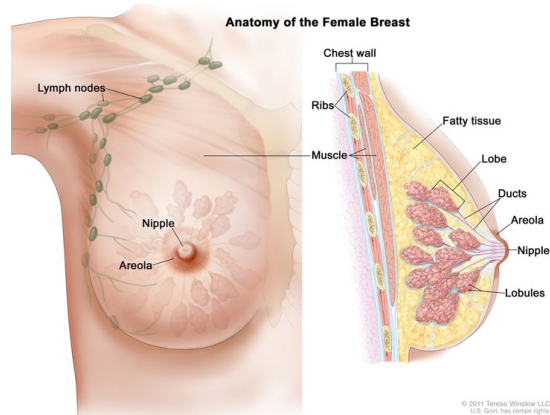


# Breast

NAACCR 2018-2019 WEBINAR SERIES



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## Q&A

Please submit all questions concerning the webinar content through the Q&A panel.

If you have participants watching this webinar at your site, please collect their names and emails

We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

2



# Fabulous Prizes



# Guest Speaker

Wilson Apollo, Radiation Therapist and CTR

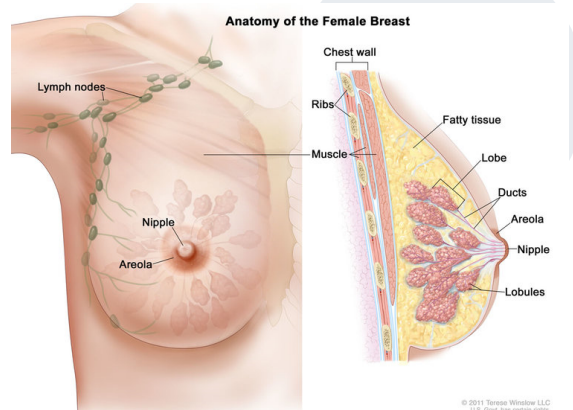
## Agenda

### Solid Tumor Rules

### Staging

- AJCC
- Summary Stage
- EOD
- SSDI

### Radiation



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## 2018 Solid Tumor Rules-Breast

Current rules (8/20/18) are posted at

- <https://seer.cancer.gov/tools/solidtumor/>

Expect an update in mid-January

- Registrars should use the current rules as written until the new rules are published.
- These "new" rules provide clarification for multiple tumors diagnosed prior to 2018 with a subsequent tumor diagnosed 2018 or after
- **Registrars will not need to review cases that have already been abstracted using the current solid tumor rules**

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## Case Scenario 1-STM Summary

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Number of tumors

- Single Tumor

Histologies present

- Right breast biopsy
  - Invasive ductal carcinoma, poorly differentiated (8500/3)
- Right breast partial mastectomy
  - Invasive duct carcinoma (8500/3)
  - DCIS present. Solid & cribriform, intermediate nuclear grade with focal central necrosis (8500/2)

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## Case Scenario 1-STM Summary

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One primary per rule

M3

Histology 8500 per rule

H4 (H10)

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## What if...

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Excisional biopsy showed ductal carcinoma (8500) with a focus of pleomorphic carcinoma (8022)?

- *Pleomorphic carcinoma is a subtype of ductal carcinoma (see table 3).*
- Code 8500/3 assume focus is less than 90% (see rule H13)
- 8500 would also be coded if the percentage was unknown or couldn't be assessed.

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## What if...

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Excisional biopsy showed pleomorphic carcinoma (8022) with a focus of ductal carcinoma (8500)?

- *Pleomorphic carcinoma is a subtype of ductal carcinoma (see table 3).*
- Code 8022/3 assume focus is less than 90% (see rule H12)

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## What if...

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Excisional biopsy showed medullary carcinoma(8510) *and* ductal carcinoma (8500)?

- *8510 and 8500 are in different rows on table 3*
- Code Carcinoma NST/duct mixed with other types of carcinoma 8523/3 (H15)

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## Case Scenario 2-STM Summary

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Number of tumors

- Single Tumor

Histologies present

- Right breast biopsy
  - Ductal carcinoma in situ (DCIS), solid and cribriform *patterns*(8500/2)
- Right breast partial mastectomy
  - Ductal Carcinoma In Situ (DCIS), solid and cribriform *types* (8500/2)

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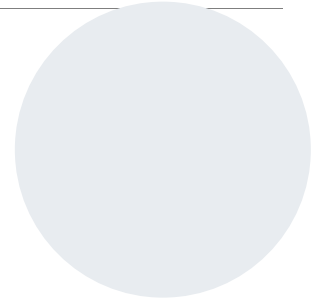


## Case Scenario 2-STM Summary

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One primary per rule M3

Histology 8500 per rule H2



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## Case Scenario 3-STM Summary

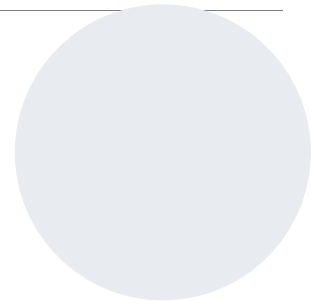
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Number of tumors

- Single Tumor

Histologies present

- Right breast biopsy
  - Invasive ductal carcinoma(8500/3)
- Right breast partial mastectomy
  - Invasive carcinoma of no special type (NST) with lobular features (8500/3)
  - DCIS, cribriform, solid, intermediate nuclear grade



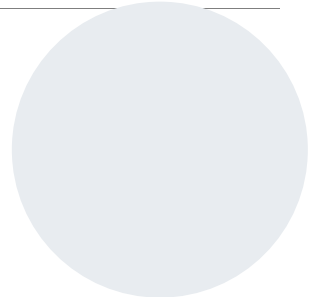
14



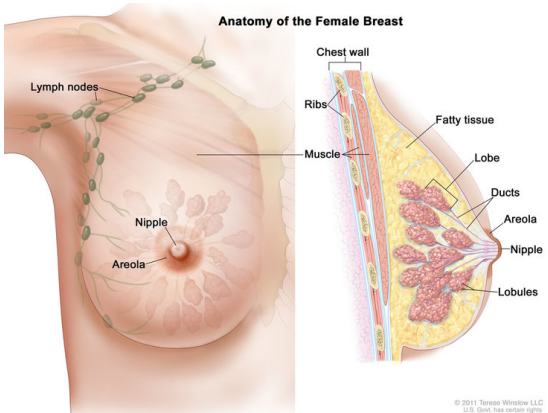
# Case Scenario 3-STM Summary

One primary per rule M3

Histology 8500 per rule H4 (H10)



Questions?





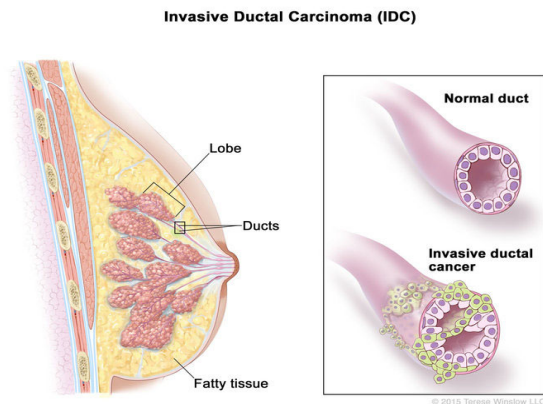
## Staging

AJCC Staging

Summary Stage

EOD

SSDI



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## Case Scenario 1-Staging Summary

### Primary Tumor

- Tumor Size
  - Pre-treatment
    - 2.4cm
  - Post-surgery
    - 32mm
- Extension
  - Pre-Treatment
    - *Confined to the breast*
  - Post Surgery
    - *Confined to the breast*

### Lymph Nodes

- Pre-treatment
  - No significant axillary lymphadenopathy bilaterally
- Post Surgery
  - 1 of 2 positive sentinel nodes.
  - No extranodal extension identified.
  - Size of largest metastatic deposit= 3 mm.
  - No axillary node dissection

### Distant metastasis

- No indication of distant metastasis

G3, HER 2 -, ER +, PR +

Scenario 1

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## AJCC Staging

AJCC Eighth Edition  
Webinars

- <https://cancerstaging.org/CE/Registrar/Pages/Eighth-Edition-Webinars.aspx>

Chapter Review

- Breast Chapter 48 page 589

Data Item	Value	Data Items	Value
cT	cT2	pT	pT2
cT Suffix		pT Suffix	
cN	cN0	pN	pN1a
cN Suffix		pN Suffix	(sn)
cM	cM0	pM	cM0
cStage	2A	pStage	2A

Scenario 1

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## What if...

What if the patient went on to have an axillary node dissection after the sentinel node biopsy?

All of the lymph nodes removed during the axillary node dissection were negative for metastasis.

(sn) would not be used

Data Item	Value	Data Items	Value
cT	cT2	pT	pT2
cT Suffix		pT Suffix	
cN	cN0	pN	pN1a
cN Suffix		pN Suffix	
cM	cM0	pM	cM0
cStage	2A	pStage	2A

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## Edit Issue

The only valid value for post-therapy stage group is 88.

- The edit *AJCC TNM, TNM Edition Number, AJCC ID (COC)* does not allow 88 for post-therapy stage group.
- Any cases where the patient had neoadjuvant treatment followed by surgery, should be held in suspense until the next edit metafile is released.

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## Tumor Size

- Tumor Size
  - Pre-treatment
    - 2.4cm
  - Post-surgery
    - 32mm

Note on rounding:

Standard rules except for tumors 1.2-1.4mm

- Always round these up to 002

Data Item	Value
<i>Tumor Size Clinical</i>	024
<i>Tumor Size Pathological</i>	032
<i>Tumor Size Summary</i>	032

Scenario 1

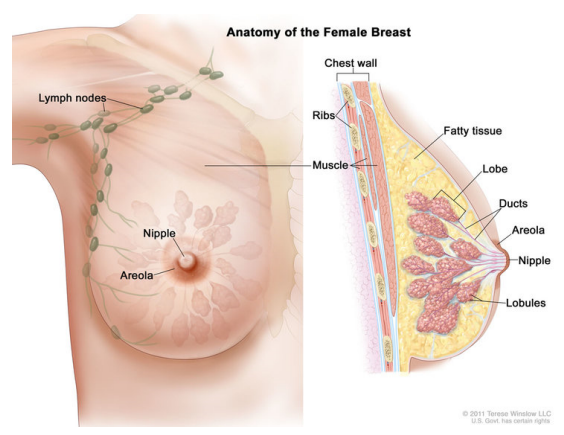
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# Summary Stage/EOD

Data Item	Value	Data Item	Value
<b>Summary Stage</b>	3-R LN	<b>Regional Nodes Pos</b>	01
<b>EOD Primary Tumor</b>	100	<b>Regional Nodes Ex</b>	02
<b>EOD Regional Nodes</b>	200	<b>Sentinel Nodes Pos</b>	01
<b>EOD Mets</b>	00	<b>Sentinel Nodes Ex</b>	02
		<b>Lymphovascular Inv</b>	1

## Questions?



## Case Scenario 1-SSDI Summary

### Grade

- Tumor Grade from bx 9/9
- No grade from resection

ER= 100% 3+ (Strongly positive)

PR= 95% 3+ (Strongly positive)

HER2 by IHC: 2+, Equivocal

HER2 by FISH: Negative.

- Her2:CEP17 ratio: 1.2
- Average number of Her2 signals per cell: 4.15
- Average number of CEP17 signals per cell: 3.35

Ki-67= 3+ in 21%, high proliferation.

Scenario 1

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## Grade

### Biopsy

- Nottingham Histologic Grade
  - Tubular differentiation: 3
  - Nuclear pleomorphism: 3
  - Mitotic count: 3
  - Tumor grade: 9/9
  - Overall grade: 3

### Partial resection

- No grade documented

Data Item	Value
Clinical Grade	3
Pathological Grade	3
Post Therapy Grade	

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**Allred Score\* for Estrogen and Progesterone Receptor Evaluation**

The Allred Score is a method of quantifying ER and PR using both intensity and percentage of positive cells. The Allred Score is calculated by adding the Proportion Score, as defined in the following table, and the Intensity Score.

Proportion Score	Positive Cells, %	Intensity	Intensity Score
0	0	None	0
1	<1	Weak	1
2	1 to 10	Intermediate/Moderate	2
3	11 to 33	Strong	3
4	34 to 66		
5	≥67		

\* The Allred score combines the percentage of positive cells and the intensity of the reaction product in most of the carcinoma. The 2 scores are added together for a final score with 8 possible values.

<https://www.naacccr.org/SSDI/SSDI-Manual.pdf?v=1543512389>

Page 169

ER

- 100%
- 3+ (Strongly positive)

PR

- 95%
- 3+ (Strongly positive)

Proportion score of 5

+

Intensity score of 3

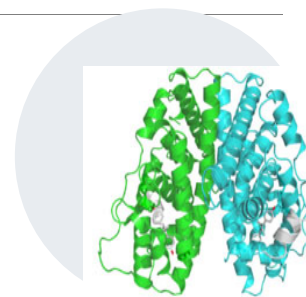
=

Allred score 8

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## Site Specific Data Items (SSDI)

Data Item	Value
Lymph Nodes Positive Axillary Level I-II	01
ER Summary	1
ER Percent Positive	100
ER Allred Score	08
PR Summary	1
PR Percent Positive	095
PR Allred Score	08



## HER2 ISH DP Ratio

HER2 by IHC: 2+, Equivocal

HER2 by FISH: Negative.

- Her2:CEP17 ratio: 1.2
- Average number of Her2 signals per cell: 4.15
- Average number of CEP17 signals per cell: 3.35

Ratio indicates dual probe  
-Compares the number of Her2 signals  
against the number of CEP17 signals.

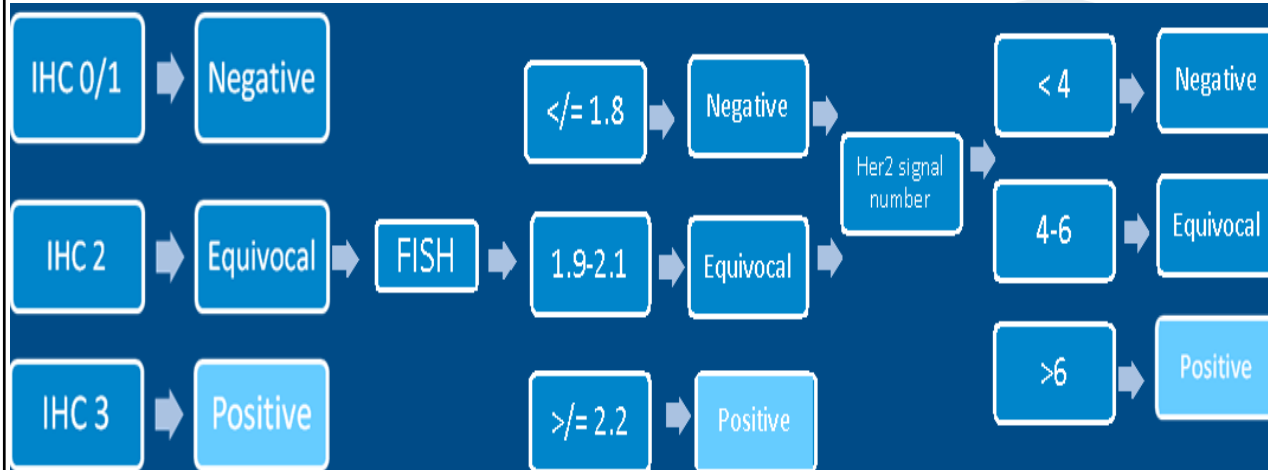
Copy number

The bigger the difference between Her2 and  
CEP17, the more "overexpression" of Her2 is  
present.

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## Her2 Sequence



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## SSDI: HER2 ISH Dual Probe Ratio

A dual probe test will report results for both HER2 and CEP17 (used for control)

Any type of ISH test can be used

ISH may be called ERBB2

Code to nearest tenth decimal

- Do NOT round

Code	Description
0.0 – 99.9	Ratio of 0.0 to 99.9
XX.2	Less than 2.0
XX.3	Greater than or equal 2.0
XX.7	Test ordered, results not in chart
XX.8	N/A, Info not collected
XX.9	Not documented in med record. Results can't be determined. HER2 ISH dual probe ratio not assessed or unk if assessed.

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## SSDI: HER2 ISH Dual Probe Copy #

A dual probe test will report average number or mean signals per cell for both HER2 and CEP17 (control)

Registrars do NOT calculate

Any type of ISH test can be used

Code to nearest tenth decimal

Do NOT round

Code	Description
0.0 – 99.9	Reported HER2 copy number of 0.0 – 99.9
XX.1	Reported HER2 copy number 100 or greater
XX.7	Test ordered, results not in chart
XX.8	N/A, Info not collected
XX.9	Not documented in med record. Results can't be determined. HER2 ISH dual probe copy number not assessed or unk if

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## SSDI: HER2 ISH Single Probe Copy #

A single probe test will report average number or mean signals per cell for HER2

Any type of ISH test can be used

ISH may be called ERBB2

Registrars do NOT calculate

Code to nearest tenth decimal

- Do NOT round

Code	Description
0.0 – 99.9	Reported HER2 copy number of 0.0 – 99.9
XX.1	Reported HER2 copy number 100 or greater
XX.7	Test ordered, results not in chart
XX.8	N/A, Info not collected
XX.9	Not documented in med record. Results can't be determined. HER2 ISH single probe copy number not assessed or unk if

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## Site Specific Data Items (SSDI)

Data Item	Value
HER2 Overall Summary	0
HER2 IHC Summary	2
HER2 ISH Summary	0
HER2 ISH DP Ratio	1.2
HER2 ISH DP Copy No	4.1
HER2 ISH SP Copy No	XX.9
Ki-67 (MIB-1)	21.0

HER2 by IHC: 2+, Equivocal

HER2 by FISH: Negative.

- Her2:CEP17 ratio: 1.2
- Average number of Her2 signals per cell: 4.15
- Average number of CEP17 signals per cell: 3.35

Ki-67= 3+ in 21%, high proliferation.

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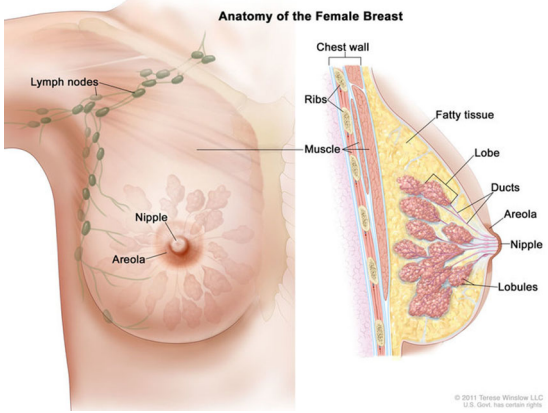
# Site Specific Data Items (SSDI)

Data Item	Value
Oncotype DX Recur Score	XX9
Oncotype Dx Risk Level Invasive	9
Oncotype DX Recur Score - DCIS	XX6
Oncotype Dx Risk Level - DCIS	6
Multigene Signature Method	9
Multigene Signature Result	9
Response Neoadjuv Therapy	0

← If low score, patient may not need chemo

← If low score, patient may not need radiation

## Questions?



## Fabulous Prize Winners



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## Coming UP...

Collecting Cancer Data: Testis

- 01/10/2019

Collecting Cancer Data: Colon

- 02/07/2019

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## CE Certificate Quiz/Survey

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Phrase

Link

◦ <https://www.surveymzmo.com/s3/4722647/Breast-2018>

