## Case Scenario 1:

This case has been slightly modified from the case presented during the live session to add clarity.

**Background:**

46 year old married premenopausal female with dense breasts has noticed cysts in the past. Patient noticed a new lump in superior inner quadrant of left breast; did not resolve and has gotten bigger in size. No lumps in axillary.

**Patient History:**

Patient has been happily married for 21 years with 3 children, aged 3, 8, and 10. Patient performs breast self-exams; normal pap 2 years ago. History of asthma and hypertension, exercises on a regular basis. No use of tobacco, alcohol or illegal drugs.

**Risk Factors:**

All 3 kids born after the age of 35; First period at 11yrs of age; dense breasts; Cysts already develop regularly. Family history of breast cancer - paternal grandmother diagnosed at age 45 before menopause, mother diagnosed at age 45 before menopause. Died at age 73 from reoccurrence of breast cancer.

**Mammogram**:

2.3cm x 2.9cm x 3.2cm mass with irregular borders. Mild skin thickening present. An enlarged axillary lymph node was identified. 6 Y-shaped microcalcifications extended toward nipple, abnormal mass into pectoral muscle.

ASSESSMENT: BIRADS 5 - highly suggestive of malignancy appropriate action should be taken.

**Ultrasound**:

A non-cystic mass, solid appearing, abnormal vascularity, some skin thickening and mild tissue edema. Evaluation of the axilla demonstrates fatty-replaced lymph nodes which are slightly enlarged.

**Biopsy**:

Consistent with infiltrating breast cancer, 3-5 mitotic division per high power field, mild pleomorphism, positive for estrogen and progesterone receptors. Negative for HER2/Neu 1+.

**Treatment Plan:**

Physician recommended lumpectomy, sentinel lymph node biopsy followed by radiation and tamoxifen.

**Operative Report**

Superior inner quadrant lumpectomy with sentinel lymph node biopsy

**Pathology Report**

* Tumor Location: Superior inner quadrant, left breast
* Histology: invasive ductal carcinoma
* Tumor Size: 2.0cm x 2.5cm x 3.0cm mass
* Nottingham Histologic Score: 7
  + Glandular/Tubular Differentiation: 3
  + Nuclear Pleomorphism: 3
  + Mitotic Rate: 1
* Margins: microscopically positive for invasive carcinoma.
* Skin involvement: Not identified. No dermal lymphatic involvement.
* Muscle involvement: Not identified
* Sentinel Lymph node biopsy
  + 1 of 2 sentinel nodes positive-metastasis measuring 4mm
* Oncotype DX score of 22

**Radiation:**

Total dose of 40 Gy in 15 fractions of IMRT to the left breast and axillary lymph nodes. Tamoxifen started after radiation treatment finished.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * **What is the primary site?**   **C502 – superior inner quadrant**   * **What is the histology?**   **8500/3** | | | | * **What is the grade/differentiation?**   **2 - Nottingham score of 7 (Instructions for Coding Grade for 2014+ Coding for Solid Tumors Rule 6)** | | |
| **Stage/ Prognostic Factors** | | | | | | |
| CS Tumor Size | 030 | | CS SSF 9 | | 020 | |
| CS Extension | 100 | | CS SSF 10 | | 999 | |
| CS TS/Ext Eval | 3 | | CS SSF 11 | | 999 | |
| CS Lymph Nodes | 250 | | CS SSF 12 | | 988 | |
| CS Lymph Nodes Eval | 3 | | CS SSF 13 | | 999 | |
| Reg Nodes Positive | 01 | | CS SSF 14 | | 999 | |
| Reg Nodes Examined | 02 | | CS SSF 15 | | 020 | |
| CS Mets at Dx | 00 | | CS SSF 16 | | 110 | |
| CS Mets Eval | 0 | | CS SSF 17 | | 988 | |
| CS SSF 1 | 010 | | CS SSF 18 | | 988 | |
| CS SSF 2 | 010 | | CS SSF 19 | | 988 | |
| CS SSF 3 | 001 | | CS SSF 20 | | 988 | |
| CS SSF 4 | 987 | | CS SSF 21 | | 988 | |
| CS SSF 5 | 987 | | CS SSF 22 | | 010 | |
| CS SSF 6 | 987 | | CS SSF 23 | | 022 | |
| CS SSF 7 | 070 | | CS SSF 24 | | 988 | |
| CS SSF 8 | 010 | | CS SSF 25 | | 988 | |
| Summary Stage | 3 - ipsilateral regional lymph node(s) involved | | | | | |
| Clinical Stage | cT2 cN0 cM0 Stage IIA | | Path Stage | | pT2 pN1a cM0 Stage IIB | |
| **Treatment** | | | | | | |
| Diagnostic Staging Procedure | | 02 |  | | |  |
| **Surgery Codes** | |  | **Radiation Codes** | | |  |
| Surgical Procedure of Primary Site | | 22 | Radiation Treatment Volume | | | 19 |
| Scope of Regional Lymph Node Surgery | | 2 | Regional Treatment Modality | | | 31 |
| Surgical Procedure/ Other Site | | 0 | Regional Dose | | | 04000 |
| **Systemic Therapy Codes** | |  | Boost Treatment Modality | | | 00 |
| Chemotherapy | | 00 | Boost Dose | | | 00000 |
| Hormone Therapy | | 01 | Number of Treatments to Volume | | | 015 |
| Immunotherapy | | 00 | Reason No Radiation | | | 0 |
| Hematologic Transplant/Endocrine Procedure | | 00 | Radiation/Surgery Sequence | | | 3 |
| Systemic/Surgery Sequence | | 3 |  | | |  |

## Case Scenario 2

**Background:**

02/15/15 The patient is an 63-year-old, white female who has been post-menopausal for several years. An abnormal mammogram was obtained on 01/07/15. Physical exam revealed a large mass in the upper outer quadrant of the right breast and a second fixed palpable mass in the axillary region. Patient was referred for a guided needle biopsy of the abnormal mammographic area.

The patient has had no bleeding or discharge from the nipple. There is a strong family history of breast cancer in her family sister died of breast cancer. The patient has no symptoms of fever or weight loss but does experience night sweats.

**Ultrasound**

2/15/15- Breast US: an ill-defined hypoechoic speculated nodule is identified measuring 3.4 x 4.3 x 2.2cm spiculated mass in the 11 o’clock right breast with involvement of the pectoralis minor. A 3cm mass in the axillary region most likely represents matted lymph node metastasis. A stereotactic biopsy of the breast nodule and of the axillary mass were performed to evaluate for potential malignancy.

**Pathology Report:**

2/15/15-Stereotactic Core Biopsy of breast mass-Invasive ductal carcinoma with comedo features, ER/PR negative (less than 1%), HER/2 negative 1+ by IHC. Nottingham Bloom Richardson score: 5

Biopsy of axillary mass-invasive carcinoma

**Oncologic Consult**

Patient completed a regimen of doxorubicin and cyclophosphamide followed by paclitaxel. An MRI of the breast showed the breast tumor now has a maximum dimension of 1.2cm and the axillary mass is no longer present. The patient was referred for a partial mastectomy and axillary node dissection. Following surgery she completed her regimen of chemotherapy.

**Operative Procedure-**partial mastectomy and axillary node dissection.

Final Diagnosis: Right breast, partial mastectomy: invasive comedocarcinoma (Modified Bloom Richardson grade I of III).

Synoptic Cancer Staging Report:

* Specimen Laterality: Right
* Tumor Site of Invasive Carcinoma: Upper outer quadrant
* Presence of Invasive Carcinoma: Invasive ductal carcinoma comedo subtype
* Histologic Grade: Tubule formation - Score 2: 10% to 75% of tumor area forming glandular/tubular structures. Nuclear pleomorphism - Score 2: Cells larger than normal with open vesicular nuclei, visible nucleoli, and moderate variability in both size and shape. Mitotic Rate: Score 1 (≤3 mitoses per mm2).

Nottingham Histologic Score of 5.

* Ductal Carcinoma In Situ: No DCIS is present
* Lobular Carcinoma In Situ (LCIS) : Not identified
* Tumor Size: Size of Largest Invasive Carcinoma: 1.1cm
* Skin involvement: Not identified.
* Muscle involvement: Not identified
* Invasive Carcinoma Margins: Margins uninvolved by invasive carcinoma. Distance is < 1mm
* DCIS Margins: DCIS not present in specimen
* Lymph nodes: 23 axillary lymph nodes all negative for metastasis
* Lymph-Vascular Invasion: Not identified
* Dermal Lymph-Vascular Invasion: No skin present
* Microcalcifications: Not identified; Sentinel lymph node biopsy not performed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * **What is the primary site?**   **C50.4 upper outer quadrant**   * **What is the histology?**   **8501/3** | | | | * **What is the grade/differentiation?**   **1 – Nottingham Score 5 (Instructions for Coding Grade for 2014+ Coding for Solid Tumors Rule 6)** | | |
| **Stage/ Prognostic Factors** | | | | | | |
| CS Tumor Size | 043 | | CS SSF 9 | | 020 | |
| CS Extension | 300 | | CS SSF 10 | | 988 | |
| CS Tumor Size/Ext Eval | 5 | | CS SSF 11 | | 999 | |
| CS Lymph Nodes | 510 | | CS SSF 12 | | 988 | |
| CS Lymph Nodes Eval | 5 | | CS SSF 13 | | 999 | |
| Reg Nodes Positive | 95 | | CS SSF 14 | | 999 | |
| Reg Nodes Examined | 23 | | CS SSF 15 | | 020 | |
| CS Mets at Dx | 00 | | CS SSF 16 | | 000 | |
| CS Mets Eval | 0 | | CS SSF 17 | | 988 | |
| CS SSF 1 | 020 | | CS SSF 18 | | 988 | |
| CS SSF 2 | 020 | | CS SSF 19 | | 988 | |
| CS SSF 3 | 095 | | CS SSF 20 | | 988 | |
| CS SSF 4 | 987 | | CS SSF 21 | | 988 | |
| CS SSF 5 | 987 | | CS SSF 22 | | 999 | |
| CS SSF 6 | 987 | | CS SSF 23 | | 999 | |
| CS SSF 7 | 050 | | CS SSF 24 | | 988 | |
| CS SSF 8 | 010 | | CS SSF 25 | | 988 | |
| Summary Stage | 4-Regional by Direct Extension and Ipsilateral regional LN | | | | | |
| Clinical Stage | cT2 cN2a cM0 Stage IIIA | | Path Stage | | pT1c pN0 cM0 Stage IA | |
| TNM Path Descriptor | 4-Y Classification during or after initial multimodality therapy | | | | | |
| **Treatment** | | | | | | |
| Diagnostic Staging Procedure | | 02 |  | | |  |
| **Surgery Codes** | |  | **Radiation Codes** | | |  |
| Surgical Procedure of Primary Site | | 20 | Radiation Treatment Volume | | | 00 |
| Scope of Regional Lymph Node Surgery | | 5 | Regional Treatment Modality | | | 00 |
| Surgical Procedure/ Other Site | | 0 | Regional Dose | | | 00000 |
| **Systemic Therapy Codes** | |  | Boost Treatment Modality | | | 00 |
| Chemotherapy | | 03 | Boost Dose | | | 00000 |
| Hormone Therapy | | 00 | Number of Treatments to Volume | | | 000 |
| Immunotherapy | | 00 | Reason No Radiation | | | 1 |
| Hematologic Transplant/Endocrine Procedure | | 00 | Radiation/Surgery Sequence | | | 0 |
| Systemic/Surgery Sequence | | 4 |  | | |  |