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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.

The slide includes a small number '2' in the top left corner and the NAACCR logo in the top right corner. The text is centered and presented in a clean, professional layout. A decorative footer with a pattern of overlapping triangles in shades of blue, green, and grey is located at the bottom of the slide.

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# Fabulous Prizes



The slide features three images of prizes. On the left is a group of pumpkins with hand-drawn faces. In the center is a large charcuterie board with various meats, cheeses, fruits, and dips. On the right is a round pie with a lattice crust, shown in a circular frame.

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# Guest Presenter

Wilson Apollo, Radiation Therapist, CTR



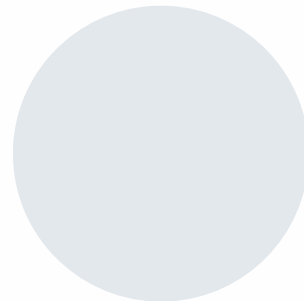
The slide features a large, light blue circle on the right side, which is currently empty.

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## Agenda

Updates to Breast SSDI's  
Review of Case Scenario 1  
Review of Case Scenario 2  
Radiation  
QC/Edits Moment (if time allows)



## 1.7 Update

SOURCES  
BREAST SSDI'S.

naaccr.org

NAACCR North American Association of Central Cancer Registries

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Education Certification Central Registry Standards Data & Statistics Research & Analytic Tools Virtual Pooled Registry ORGANIZATION & MEMBERSHIP

### 2019 SPRING/SUMMER NARRATIVE

New Narrative now available! Read up on the latest articles from the Spring and Summer

**RESOURCES AND PROJECTS**

- Data Standards & Data Dictionary (Volume II)
- Resources for International Registries
- Cancer Surveillance Timeline
- Site Specific Data Items (SSDI)
- Cancer Data & Maps (Interactive)

**ANNOUNCEMENTS**

- SEER Pre-Solicitation Notice
- CINA Publication (2012-2016)
- 2019 Spring/Summer Narrative
- NCRA 2020 Annual Educational Conference
- Annual Report to the Nation 2019
- 2019-2020 NAACCR Webinar Series
- NAACCR Plan to Implement XML
- Cancer Surveillance Standard Setters Agree to No Changes for 2020

https://apps.naaccr.org/ssdi/list/

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Home

## SITE SPECIFIC DATA ITEMS (SSDI)/ GRADE

Home / Schema List

Data Last Updated: Feb. 14, 2019 (Version 1.5)

### CANCER SCHEMA LIST

Displaying 118 Schemas

Standard Search Site/Hist Search

Search Term(s) SEARCH

**RESOURCES**

- SSDI Manual
- SSDI Manual Appendix A
- SSDI Manual Appendix B
- Grade Manual
- Change Log

Comments or suggestions concerning the SSDI's are welcome and can be posted at the American College of Surgeons **CAnswer Forum**.

Adnexa Uterine Other	Eye Other	Melanoma Choroid and Ciliary Body	Plasma Cell Disorders
Adrenal Gland	Fallopian Tube	Melanoma Conjunctiva	Plasma Cell Myeloma
Ampulla of Vater	Floor of Mouth	Melanoma Head and Neck	Pleural Mesothelioma

The screenshot shows the EOD Data SEER\*RSA website interface. At the top, there is a navigation bar with the NIH logo and 'SEER Registrar Staging Assistant'. A dropdown menu for 'Database Version' is set to 'EOD\_PUBLIC v1.7'. Below the navigation bar, the 'EOD Data v1.7' logo is displayed. The main content area is titled 'Cancer Schema List' and includes a search bar with 'Standard Search' selected. A grid of 16 columns of cancer schemas is shown, with 'Breast' highlighted in the first column. An arrow points to the 'Breast' entry.

Data Items					
Name	Default Value	Used for Staging	NAACCR Item	Required By	Metadata
Year of Diagnosis	<BLANK>	No	NAACCR #390		None
Primary Site	<BLANK>	Yes	NAACCR #400		None
Histology	<BLANK>	Yes	NAACCR #522		None
Behavior	<BLANK>	Yes	NAACCR #523		None
Tumor Size Clinical	<BLANK>	No	NAACCR #752		None
Tumor Size Pathological	<BLANK>	No	NAACCR #754		None
Tumor Size Summary	999	Yes	NAACCR #756		None
Regional Nodes Positive	99	No	NAACCR #820		None
Regional Nodes Examined	99	No	NAACCR #830		None
LVI	9	No	NAACCR #1182		None
RX Summ Surgery/Radiation Sequence	<BLANK>	No	NAACCR #1380		None
RX Summ Systemic/Surgery Sequence	<BLANK>	No	NAACCR #1639		None
EOD Primary Tumor	999	Yes	NAACCR #772		None
EOD Regional Nodes	999	Yes	NAACCR #774		None
EOD Mets	00	Yes	NAACCR #776		None
SS2018	<BLANK>	No	NAACCR #764		None
Grade Clinical	9	Yes	NAACCR #3843	All	SSDI
Grade Pathological	9	Yes	NAACCR #3844	All	SSDI
Grade Post Therapy	<BLANK>	No	NAACCR #3845	CCCR/Canada COC NPCR SEER	SSDI
Lymph Nodes Positive Axillary Level I-III	98	Yes	NAACCR #2882	All	SSDI

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# Implementation

Your registry software will not show the updated coding instructions until the software is updated.

- Registrars should start using the updates as soon as they are aware of the updates.
- Registrars are not required by the standard setters to go back and change previously abstracted cases.
- Many of the coding clarifications have been previously available on the CAnswer forum.



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# CAnswer Forum

cancerbulletin.facs.org/forums/forum/site-specific-data-items--grade-2018

NAACCR Outlook Web App NAACCR WebEx Ent... My Meetings - Zoom Schemas | SSDI Dat... NAACCR Online Ed... Schemas | EOD Dat... Messages 74 jhofferkamp



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*Inspiring Quality:  
 Highest Standards, Better Outcomes*

- Home Forums Standards Resource Library Help
- New Topics Who's Online Mark Channels Read Member List

## Site-Specific Data Items/Grade 2018

+ SUBSCRIBE

TOPICS	LATEST ACTIVITY	MY SUBSCRIPTIONS	PHOTOS
+ New Topic			
Grade- Choroid Plexus Carcinoma Started by ibuller, 08-27-19, 08:21 AM	Statistics 0 responses 1 view 0 likes	Last Post by ibuller 08-27-19, 08:21 AM	
Coding Grade when stated as Grade 2-3 Started by dulce, 08-26-19, 08:07 AM	Statistics 0 responses 12 views 0 likes	Last Post by dulce 08-26-19, 08:07 AM	



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# Breast SSDI Updates v1.7

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## ER/PR Ranges

If the range on the report uses steps smaller than 10 and the range is fully or at least 80% contained within a range provided in the table, code to that range in the table.

- Report says **1-5%**
  - Code R10 (1-10%)
- Report says **90-95%**
  - Code R99 (91-100% because almost all of the range is contained within code R99)

Code	Description
000	ER negative, or stated as less than 1%
001-100	1-100 percent
R10	Stated as 1-10%
R20	Stated as 11-20%
R30	Stated as 21-30%
R40	Stated as 31-40%
R50	Stated as 41-50%
R60	Stated as 51-60%
R70	Stated as 61-70%
R80	Stated as 71-80%
R90	Stated as 81-90%
R99	Stated as 91-100%

<http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/86277-er-pr-percent-positive>



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## ER/PR Ranges

If the range on the report uses steps larger than 10 or uses steps of 10 that are different from those provided in the table, code to the range that contains the low number of the range in the report.

Report says 67-100%.

- Code R70

Code	Description
000	ER negative, or stated as less than 1%
001-100	1-100 percent
R10	Stated as 1-10%
R20	Stated as 11-20%
R30	Stated as 21-30%
R40	Stated as 31-40%
R50	Stated as 41-50%
R60	Stated as 51-60%
R70	Stated as 61-70%
R80	Stated as 71-80%
R90	Stated as 81-90%

<http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/86277-er-pr-percent-positive>

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## Invasive vs In Situ

In cases where there are invasive and in situ components and ER is done on both, ignore the in situ results.

- If ER is positive on an in situ component and ER is negative on all tested invasive components, code ER as negative (code 0)
- If in situ and invasive components present and ER only done on the in situ component, code unknown (code 9)



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## Multiple Specimens

### Multiple Tumors

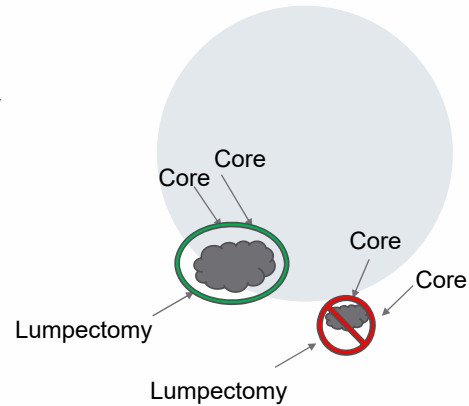
- Take the results from the largest tumor

### Multiple Specimens from the same tumor

- Take the highest/positive results

### Multiple Results from the same specimen

- Take the highest positive results



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## Use the same results for all related data items

- |         |   |                         |   |         |   |                                      |
|---------|---|-------------------------|---|---------|---|--------------------------------------|
| Related | [ | ◦ Estrogen Receptor     | ] | Related | ] | ◦ HER2                               |
|         |   | ◦ ER Summary            |   |         |   | ◦ HER 2 Overall                      |
|         |   | ◦ ER Percent Positive   |   |         |   | ◦ HER 2 ISH                          |
| Related | [ | ◦ ER Allred Score       | ] | Related | ] | ◦ HER 2 Overall                      |
|         |   | ◦ Progesterone Receptor |   |         |   | ◦ HER 2 ISH Single Probe Copy Number |
|         |   | ◦ PR Summary            |   |         |   | ◦ HER 2 ISH Dual Probe Copy Number   |
| Related | [ | ◦ PR Percent Positive   | ] | Related | ] | ◦ HER 2 ISH Ratio                    |
|         |   | ◦ PR Allred Score       |   |         |   |                                      |
|         |   |                         |   |         |   |                                      |

- The same specimen report should be used for all related data items.
- Different specimens can be used for unrelated data items.
- Disregard in situ if both in situ and invasive results are included on the same report.

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## Allred Score Components

Proportion Score	Positive Cells, %
0	0
1	<1
2	1-10
3	11-33
4	34-66
5	≥67

Intensity	Intensity Score
None	0
Weak	1
Intermediate/Moderate	2
Strong	3

### Proportion score + Intensity score = Allred score

- Registrars may calculate Allred score if Proportion score and Intensity score are available.
  - If either Proportion score or Intensity score are missing, then registrar cannot calculate Allred score.
- If intensity is given as a range (2-3+), go with the higher value.
- Weak, Intermediate, Moderate, Strong, may be used to assign the score.
- See page 174 of the SSDI manual for additional instructions.

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## Estrogen Receptor Total Allred Score

Code	Definition
00	Total ER Allred score of 0
01	Total ER Allred score of 1
02	Total ER Allred score of 2
03	Total ER Allred score of 3
04	Total ER Allred score of 4
05	Total ER Allred score of 5
06	Total ER Allred score of 6
07	Total ER Allred score of 7
08	Total ER Allred score of 8
X9	Not documented in medical record ER (Estrogen Receptor) Total Allred Score not assessed, or unknown if assessed

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## Allred

Allred is a stronger predictor of ER/PR positivity than ER/PR percent positive.

- If multiple tumors use specimen from larger tumor.
- If there are multiple specimens from the same tumor, use the specimen with the highest Allred score.
- If multiple specimens have the same Allred scores, go with the highest percentage.

<http://cancerbulletin.facs.org/forums/forum/site-specific-data-items-grade-2018/87715-er-allred-score-multiple-test-results>

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## Pop Quiz

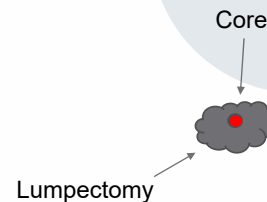
Specimen from core biopsy: ER 3% Strong Positive

- Proportion Score 2 + Intensity Score 3 is Allred Score of 5

Specimen from lumpectomy: ER 20% Weak Positive

- Proportion Score 3 + Intensity Score 1 is Allred Score of 4

Data Item	Value
ER Summary	1
ER Percent Positive	003
ER Allred Score	5



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## Pop Quiz

A patient presents with two tumors in the same breast. Multiple specimens from the **larger tumor** were sent for testing

- Specimen 1- Core biopsy
  - ER POS ( 100%, 3+)
  - PR NEG (<1% 2+)
  - HER2 POS BY IHC (3+)
- Specimen 2-Core biopsy
  - ER POS (97%, 3+)
  - PR POS ( 80%, 3+)
  - HER2 NEG (2+) BY IHC
- Specimen 3-Lumpectomy
  - ER POS ( 75%, 1+)
  - PR NEG (<1% 1+)
  - HER2 POS BY IHC (3+)

Data Item	Value
ER Summary	1
ER Percent Positive	100
ER Allred Score	08
PR Summary	1
PR Percent Positive	080
PR Allred Score	08
HER 2 IHC	3
HER 2 ISH	9
HER 2 ISH Single Probe	XX.9
HER 2 ISH Dual Probe	XX.9
HER 2 ISH DualProbe Ratio	XX.9

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## Bilateral Mastectomy


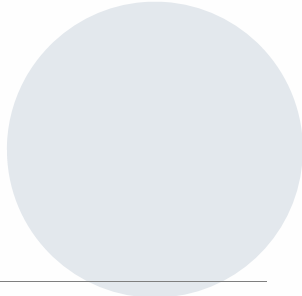
If a bilateral mastectomy is performed, it could be coded 1 of 3 ways depending on the situation.

- Tumors in both breast. MRM of each breast.
  - Two primaries. Use code 51 *MRM without removal of contralateral breast* in each abstract.
- Tumor in one breast. Contralateral breast removed prophylactically.
  - One primary. Code procedure a 52 MRM with removal of contralateral breast.
- Inflammatory carcinoma in both breasts (one primary) or direct extension from one breast to the other.
  - One primary. Code 76 *Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma.*

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# Questions?



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# Review of Case Scenarios



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## Other Training Resources

For a complete review of the AJCC Breast chapter see

- <https://cancerstaging.org/CSE/Registrar/Pages/Eight-Edition-Webinars.aspx>

Solid Tumor Rules

- NAACCR Webinar Series 2018-2019




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## Case Scenario 1

PLEASE FOLLOW ALONG WITH THE FULL SCENARIO



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# Primary Tumor

Imaging: Hypoechoic mass @ 3:00 axis, retroareolar

Path: RT breast@ LIQ

Invasive duct carcinoma

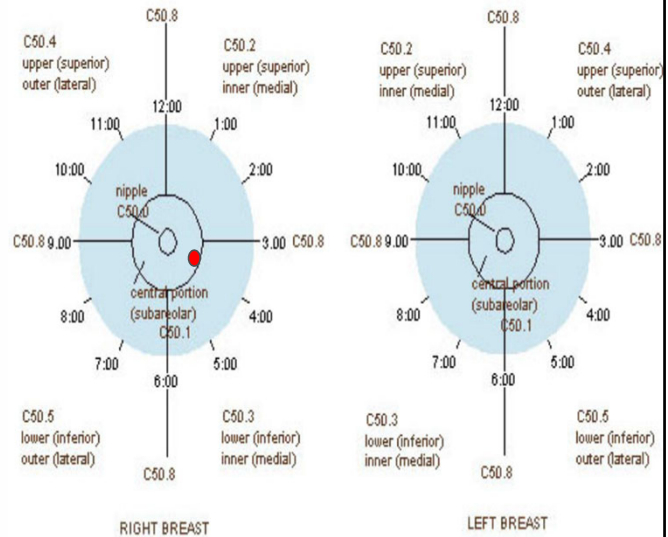
- 8500/3 Invasive ductal carcinoma

Use the information from reports in the following priority order to code a subsite when there is conflicting information:

1. Operative report
2. Pathology report
3. Mammogram, ultrasound (ultrasound becoming more frequently used)
4. Physical examination

SEER Manual

"Clock" Positions, Quadrants and ICD-O Codes of the Breast



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# Grade and Tumor Size

## Tumor Size

- Ultrasound: Hypoechoic mass @ 3:00 axis, retroareolar, measures 2.1 cm
- Lumpectomy: 15 mm unifocal invasive duct carcinoma

## Grade

- Biopsy: Invasive ductal carcinoma, well differentiated.
  - Nottingham grade= 5/9. G1.
  - DCIS, cribriform & micropapillary, low nuclear grade.
- Lumpectomy
  - Tubular differentiation: 2
  - Nuclear pleomorphism: 2
  - Mitotic count: 1
  - Tumor grade: 5/9.
  - Overall grade: 1.

Data Item	Value
Primary Site	C50.3
Histology/Behavior	8500/3
Tumor Size Clinical	021
Tumor Size Pathological	015
Tumor Size Summary	015
Grade Clinical	1
Grade Pathological	1
Grade Post Therapy	



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## AJCC Stage

**Clinical**

- Tumor Size: 2.1
  - Unifocal
- Regional Nodes: Neg
- Distant Mets: Neg
- Grade: G1
- Her2: Neg
- ER: Pos
- PR: Pos

**Pathological**

- Tumor Size: 1.5
  - unifocal
- Regional Nodes: 00/03 SN
- Distant Mets: Neg
- Grade: G1
- Her2: Neg
- ER: Pos
- PR: Pos

Data Item	Value
Clinical T	cT2
Clinical T Suffix	
Clinical N	cN0
Clinical N Suffix	
Clinical M	cM0
Clinical Stage Group	1B
Pathological T	pT1c
Pathological T Suffix	
Pathological N	pN0
Pathological N Suffix	(sn)
Pathological M	cM0
Pathological Stage Group	1A

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## Summary Stage/EOD

SS2018	Description
0	In situ, intraepithelial, noninvasive <ul style="list-style-type: none"> <li>&gt; In situ, noninfiltrating, intraepithelial</li> <li>&gt; Intraductal WITHOUT infiltration</li> <li>&gt; Lobular neoplasia, grade 3 (LIN 3)</li> <li>&gt; Paget disease, in situ</li> </ul>
1	Localized only (localized, NOS) <ul style="list-style-type: none"> <li>&gt; Confined to breast tissue and fat including nipple and/or areola</li> <li>&gt; Paget disease WITH or WITHOUT underlying tumor</li> </ul>
2	Regional by direct extension only <ul style="list-style-type: none"> <li>&gt; Attachment or fixation to pectoral muscle(s) or underlying tumor</li> <li>&gt; Chest wall</li> <li>&gt; Deep fixation</li> <li>&gt; Extensive skin involvement WITH or WITHOUT dermal lymphatic filtration                             <ul style="list-style-type: none"> <li>&gt; Edema of skin</li> <li>&gt; En cuirasse</li> <li>&gt; Erythema</li> <li>&gt; Inflammation of skin</li> </ul> </li> </ul>

Code	Description
100	Any size tumor Confined to breast tissue and fat including nipple and/or areola Localized, NOS EXCLUDES: skin invasion of breast, nipple and areola (see code 200)
200	Any size tumor Attachment or fixation to pectoral muscle(s) or underlying tumor
000	No clinical regional lymph node involvement
030	PATHOLOGICAL assessment only ITCs only (malignant cell clusters no larger than 0.2 mm) in regional lymph node(s)
050	PATHOLOGICAL assessment only Positive molecular findings by reverse transcriptase polymerase chain reaction (RT-PCR), no ITCs detected
070	No regional lymph node involvement pathologically (lymph nodes removed and pathologically negative) WITHOUT ITCs or ITC testing unknown
100	Melanocytic, less than or equal to 2 mm

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## Sentinel Nodes Examined

### Coding Instructions

- If, during a sentinel node biopsy procedure, a few non-sentinel nodes happen to be sampled, document the total number of nodes sampled during the sentinel node procedure in this data item.
- If a sentinel node biopsy procedure and then a subsequent, separate regional node dissection procedure are performed, record the total number of nodes biopsied during the sentinel node procedure

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## Sentinel Nodes Positive

FOR BREAST ONLY: If a sentinel lymph node biopsy is performed during the same procedure as the regional node dissection, **use code 97** in this data item, and record the total number of positive regional lymph nodes biopsied/dissected (both sentinel and regional) in Regional Lymph Nodes Positive [820].

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## Summary Stage/EOD/Nodes

Sentinel Lymph Nodes  
examined= 3

Lymph nodes involved= 0

Lymph nodes examined= 3

Data Item	Value
Summary Stage 2018	1 Localized
<i>EOD Primary Tumor</i>	100
<i>EOD Lymph Regional Nodes</i>	070
<i>EOD Mets</i>	00
RegionalNodes Positive	00
RegionalNodes Examined	03
Sentinel Nodes Positive	00
SentinelNodes Examined	03

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## What if....

A sentinel node procedure failed to map and surgeon went directly into an axillary node dissection.

Sentinel nodes dissection

- Sentinel nodes positive: 00
- Sentinel nodes examined: Failed to map

Axillary lymph node dissection

- Nodes positive: 00
- Nodes examined: 18

Data Item	Value
Regional Nodes Positive	00
Regional Nodes Examined	18
Sentinel Nodes Positive	98
Sentinel Nodes Examined	00

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## Testing for HER 2 over expression

### Immunohistochemical testing (IHC)

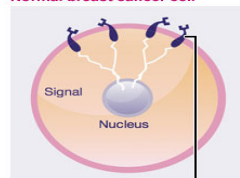
- The results of the IHC test can be
  - 0 (negative)
  - 1+ (negative)
  - 2+ (borderline)
  - 3+ (positive HER2 protein overexpression)

### In Situ Hybridization Testing (ISH)

- Negative
- Equivocal
- Positive

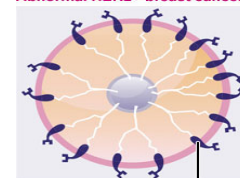
<http://oncocodoc.i.ph/blogs/oncodoc/2006/11/19/her-2-positive-early-stage-breast-cancer/>

Normal breast cancer cell



Normal amount of HER2 receptors send signals telling cells to grow and divide.\*

Abnormal HER2+ breast cancer cell



Too many HER2 receptors send more signals, causing cells to grow too quickly.\*

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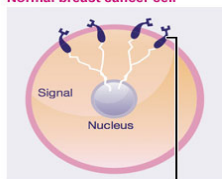
## HER 2 ISH

### Single Probe Copy Number

- Detects Her2 signals per nucleus.
- The single probe copy number is the average signals of signals per nucleus.

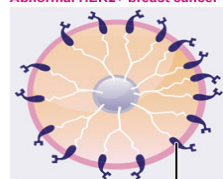
<http://oncocodoc.i.ph/blogs/oncodoc/2006/11/19/her-2-positive-early-stage-breast-cancer/>

Normal breast cancer cell



Normal amount of HER2 receptors send signals telling cells to grow and divide.\*

Abnormal HER2+ breast cancer cell



Too many HER2 receptors send more signals, causing cells to grow too quickly.\*

### Dual Probe Copy Number

- Detects HER2 signals per nucleus AND
- Detects average number of CEP17 signals per nucleus.
  - D17Z1 is equivalent to CEP17
  - TP52, SMSCR and RARA may be used to calculate the ratio.
  - If another test, check CAnswer forum
  - HERmark cannot be used to code HER2

### Dual Probe Ratio

- The ratio of Her 2 signals to the number of CEP17 signals

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## SSDI's Tumor Markers

Markers from biopsy specimen

- ER= 94%, strong (3+)
- PR= 99%, strong (3+)
- Ki-67= 3-5%

HER2 IHC not performed.

HER2 ISH= Not amplified.

Average HER2 copy number: 2.28

Average CEP17 copy number: 2.00

Ratio of average HER2/CEP17: 1.1

Sample adequate for analysis: Yes

Ki-67= 3-5%.

Data Item	Value
ER Summary	1
ER Percent Positive	094
ER Allred Score	08
PR Summary	1
PR Percent Positive	099
PR Allred Score	08
HER 2 Overall Summary	0
HER 2 IHC Summary	9
HER 2 ISH Summary	0
HER 2 Single Probe Copy Number	XX.9
HER 2 Dual Probe Copy Number	2.2
Her 2 ISH Dual Probe Ratio	1.1
Ki-67	3.1

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## Other SSDI's

Record did not indicate an Oncotype DX or other multigene signature test was performed.

- Patient was eligible for Oncotype DX
  - Stage 1 or 2a
  - ER/PR positive
  - Her2 negative

Patient did not have neoadjuvant treatment

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 Neoadjuvant Therapy	0

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# Dx/Staging and Surgery

RT breast @ 3:00 axis, US-guided core biopsy

RT breast@ LIQ, SAVI Scout localized lumpectomy with sentinel lymph node bx

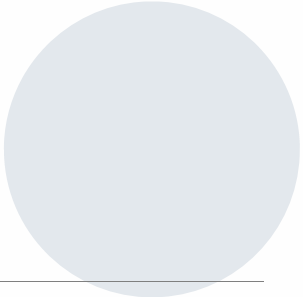
Date Item	Value
Surgical Diagnostic and Staging Procedure	02
Surgical Procedure of Primary Site	22
Scope of Regional Lymph Node Surgery	2
Surgical Procedure/Other Site	0



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# Questions?



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# Case Scenario 2

PLEASE FOLLOW ALONG WITH THE FULL SCENARIO

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"Clock" Positions, Quadrants and ICD-O Codes of the Breast

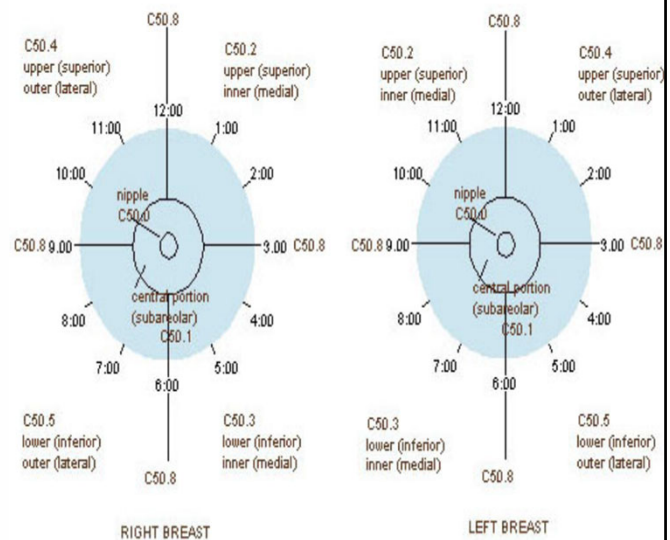
## Primary Tumor

### Primary Site

- US: lobular hypoechoic mass @ 2:00 position
- MRI
  - Irregular spiculated mass @ UOQ
  - Additional enhancement @ 4:00 axis, smaller mass

### Invasive duct carcinoma

- 8500/3 Invasive ductal carcinoma





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## Grade

### Clinical (biopsy)


- Tumor 1 (larger tumor)
  - Tubule formation 3/3
  - Nuclear pleomorphism 2/3
  - Mitotic count 1/3
- Tumor 2
  - Tubule formation 2/3
  - Nuclear pleomorphism 2/3
  - Mitotic count 1/3

$3+2+1=6$

### Pathological (lumpectomy)

- Tumor 1 (larger tumor)
  - Tubular Differentiation: 3/3
  - Nuclear Pleomorphism: 2/3
  - Mitotic Count: 3/3
  - Overall Grade: 8/9
  - Grade 3
- Tumor 2
  - 3

When multiple tumors are present, assign grade from the larger tumor.



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## Tumor Size

### Clinical

- Tumor 1
  - MMG-TOMO/US-1.6 x 1.4 x 0.8 cm
  - MRI-2.6 x 1.5 x 1.4 cm
- Tumor 2
  - MMG-TOMO/US- Tumor not identified
  - MRI-1.3 x 1.0 x 0.6 cm

### Pathological

- Tumor 1
  - 17mm
- Tumor 2
  - 9mm



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## Grade and Tumor Size

Data Item	Value	Code	Description
Primary Site	C50.9	1	G1: Low combined histologic grade (favorable); SBR score of 3-5 points
Histology/Behavior	8500/3	2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
<i>Tumor Size Clinical</i>	026	3	G3: High combined histologic grade (unfavorable); SBR score of 8-9 points
<i>Tumor Size Pathological</i>	017	L	Nuclear Grade I (Low) (in situ only)
Tumor Size Summary	017	M	Nuclear Grade II (interMediate) (in situ only)
Grade Clinical	2	H	Nuclear Grade III (High) (in situ only)
Grade Pathological	3	A	Well differentiated
Grade Post Therapy		B	Moderately differentiated
		C	Poorly differentiated
		D	Undifferentiated, anaplastic
		9	Grade cannot be assessed (GX); Unknown

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## AJCC Stage

### Clinical

- Tumor Size: 2.6
- Multifocal
- Regional Nodes: Neg
- Distant Mets: Neg
- Grade: G2
- Her2: Neg
- ER: Pos
- PR: Pos

### Pathological

- Tumor Size: 1.5
- Multifocal
- Regional Nodes: 02/04 SN
- Distant Mets: Neg
- Grade: G3
- Her2: Neg
- ER: Pos
- PR: Pos

Data Item	Value
Clinical T	cT2
Clinical T Suffix	(m)
Clinical N	cN0
Clinical N Suffix	
Clinical M	cM0
Clinical Stage Group	1B
Pathological T	pT1c
Pathological T Suffix	(m)
Pathological N	pN1a
Pathological N Suffix	(sn)
Pathological M	cM0
Pathological Stage Group	1B

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## Summary Stage/EOD

3	Regional lymph node(s) involved only <ul style="list-style-type: none"> <li>&gt; Axillary, NOS (ipsilateral)           <ul style="list-style-type: none"> <li>&gt; Level I (low-axilla) (low) (superficial), NOS (adjacent to tail of breast)               <ul style="list-style-type: none"> <li>&gt; Anterior (pectoral)                   <ul style="list-style-type: none"> <li>&gt; Lateral (brachial)</li> <li>&gt; Posterior (subscapular)</li> </ul> </li> <li>&gt; Level II (mid-axilla) (central), NOS               <ul style="list-style-type: none"> <li>&gt; Interpectoral (Rotter's)</li> </ul> </li> <li>&gt; Level III (high) (deep), NOS               <ul style="list-style-type: none"> <li>&gt; Apical (subclavian)</li> <li>&gt; Axillary vein</li> </ul> </li> </ul> </li> <li>&gt; Fixed/matted axillary (level I and II) (ipsilateral)</li> <li>&gt; Infradavicular (subclavicular) (ipsilateral)</li> <li>&gt; Internal mammary (parasternal) (ipsilateral)</li> <li>&gt; Intramammary (ipsilateral)</li> <li>&gt; Regional lymph node(s), NOS               <ul style="list-style-type: none"> <li>&gt; Lymph node(s), NOS</li> </ul> </li> </ul> </li></ul>	100	Any size tumor Confined to breast tissue and fat including nipple and/or areola Localized, NOS EXCLUDES: skin invasion of breast, nipple and areola (see code 200)
		200	Any size tumor Attachment or fixation to pectoral muscle(s) or underlying tumor
		200	PATHOLOGICAL assessment only Positive axillary (level I and II) lymph node(s), ipsilateral WITH more than micrometastasis (At least one metastasis greater than 2 mm, or size of metastasis not stated) WITHOUT internal mammary lymph node(s) or not stated
4	Regional by BOTH direct extension AND regional lymph node(s) involved		

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## Summary Stage/EOD/Nodes

Four lymph nodes removed during sentinel node procedure.

Two were positive for metastasis.

No further lymph nodes removed.

Data Item	Value
Summary Stage 2018	3 Regional Nodes
EOD Primary Tumor	100
EOD Lymph Regional Nodes	200
EOD Mets	00
Regional Nodes Positive	02
Regional Nodes Examined	04
Sentinel Nodes Positive	02
Sentinel Nodes Examined	04

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## What if....

An axillary node dissection was done immediately after the sentinel node dissection (part of the same procedure).

### Sentinel nodes dissection

- Sentinel nodes positive 02
- Sentinel nodes examined 04

### Axillary lymph node dissection

- Nodes positive 03
- Nodes examined 18

Data Item	Value
Regional Nodes Positive	05
Regional Nodes Examined	22
Sentinel Nodes Positive	97
Sentinel Nodes Examined	04

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## SSDI Tumor Marker

When multiple tumors are present, code the breast SSDI tumor markers based on the largest tumor.

- Do not use results from tumor 2 for ER, PR, or HER 2.

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## Allred Score Components

Proportion Score	Positive Cells, %
0	0
1	<1
2	1-10
3	11-33
4	34-66
5	≥67

Intensity	Intensity Score
None	0
Weak	1
Intermediate/Moderate	2
Strong	3

### Proportion score + Intensity score = Allred score

- Registrars may calculate Allred score if Proportion score and Intensity score are available.
- If either Proportion score or Intensity score are missing, then registrar cannot calculate Allred score.
- See page 174 of the SSDI manual for additional instructions.

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## SSDI's Tumor Markers

### Biopsy Specimen

- ER 5+3=8 > 90%, 3+
- PR One higher (91) 25%, 2-3+
- Her 2 IHC 0 3+3=6

### Tumor Specimen

- ER 5+3=8 71-99%, 3+
- PR 4+3=7 45%, 3+
- Her 2 IHC 1+, Negative
- Ki-67 27%

Disregard specimens from small tumor!

Lowest number in range (71)

Data Item	Value
ER Summary	1
ER Percent Positive	091
ER Allred Score	08
PR Summary	1
PR Percent Positive	045
PR Allred Score	07
HER 2 Overall Summary	0
HER 2 IHC Summary	1
HER 2 ISH Summary	9
HER 2 Single Probe Copy Number	XX.9
HER 2 Dual Probe Copy Number	XX.9
Her 2 ISH Dual Probe Ratio	XX.9
Ki-67	27.0

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## Other SSDI's

Record did not indicate an Oncotype DX or other multigene signature test was performed.

- Patient was eligible for Oncotype DX
  - Stage 1 or 2a
  - ER/PR positive
  - Her2 negative

Patient did not have neoadjuvant treatment

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 Neoadjuvant Therapy	0

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## Dx/Staging and Surgery

RT breast @ 3:00 axis, US-guided core biopsy


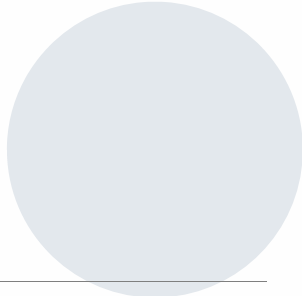
RT breast@ LIQ, SAVI Scout localized lumpectomy with sentinel lymph node bx

Date Item	Value
Surgical Diagnostic and Staging Procedure	02
Surgical Procedure of Primary Site	22
Scope of Regional Lymph Node Surgery	2
Surgical Procedure/Other Site	0

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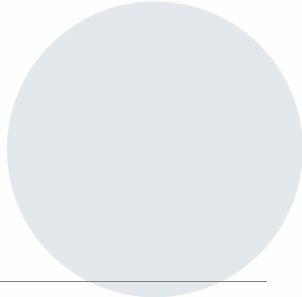
# Questions?



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# Radiation






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# QC/Edits Moment




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## QC Feedback

Comments from central registry consolidator

- Use of old code 8523/2 instead of 8500/2 for 2018+
- Use of 8521 instead of 8500 for invasive ductal carcinoma. 8521 is listed in ICDO3 as invasive DUCTULAR carcinoma, but not in the STM at all.
- Coding features of when they are not supposed to (I wonder if the fact the synonyms for carcinoma NST is broken over 3 pages in STM confuses people?)



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## Edits

Edit: RX Summ--Surgical Margins, Primary Site,ICDO3 (COC) [N0607]

Error: Conflict among RX Summ--Surgical Margins: 0, RX Summ--Surg Prim Site: 00, Primary Site: C501, and Histologic Type ICD-O-3: 8500

RX Summ--Surgical Margins (2232): **'0'**

RX Summ--Surg Prim Site (2225): **'00'**

Primary Site (554): **'C501'**

Histologic Type ICD-O-3 (564): **'8500'**

Date of Diagnosis (544): **'Y:2018 M:03 D:15'**

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## Edits

Edit: Summary Stage 2018, Behavior Code ICDO3 (NAACCR) [N5000] [NAACCR]

Error: Summary Stage 2018: 0 conflicts with Behavior Code ICD-O-3: 3

Summary Stage 2018 (987): **'0'**

Behavior Code ICD-O-3 (568): **'3'**

Schema ID (1726): **'00480'**

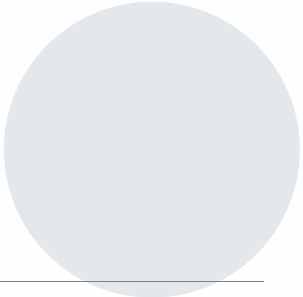
Date of Diagnosis (544): **'Y:2019 M:02 D:28'**

Type of Reporting Source (577): **'1'**

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# Questions?



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# Fabulous Prizes



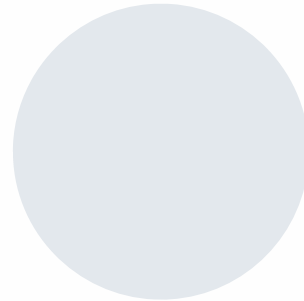
## Coming UP...

### Bladder

- Guest Host: Iris Chilton
- 11/7/19

### Base of Tongue/Head and Neck

- 12/05/2019



## CE Certificate Quiz/Survey

### Phrase

### Link

- <https://www.surveygizmo.com/s3/5240328/Breast-2019>



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# Thank You!!!

