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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, sans-serif font. A large, light blue circle is positioned on the right side of the slide. The footer consists of a decorative border of overlapping blue and green triangles.

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# Fabulous Prizes



The image contains three distinct prize items. On the left is a cluster of pumpkins, each with a hand-drawn, smiling face. In the center is a large, circular charcuterie board filled with an assortment of meats, cheeses, breads, and vegetables. On the right is a round, golden-brown pie with a lattice crust, presented in a glass pie dish.

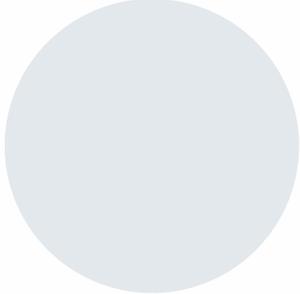


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# Guest Presenter

Wilson Apollo, Radiation Therapist, CTR

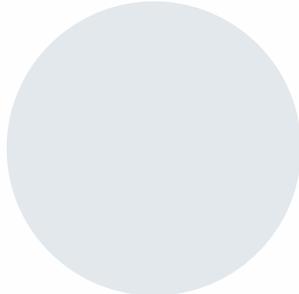


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# Agenda

- 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.

The screenshot shows the NAACCR.org homepage. At the top left, an arrow points to the NAACCR.org logo. The main navigation bar includes links for Education, Certification, Central Registry Standards, Data & Statistics, Research & Analytic Tools, Virtual Pooled Registry, and ORGANIZATION & MEMBERSHIP. A large banner for the "2019 SPRING/SUMMER NARRATIVE" is featured, with the text "New Narrative now available! Read up on the latest articles from the Spring and Summer". Below the banner, there are two columns of content: "RESOURCES AND PROJECTS" and "ANNOUNCEMENTS".

**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

An arrow points to the "RESOURCES AND PROJECTS" section.

The screenshot shows the "SITE SPECIFIC DATA ITEMS (SSDI)/ GRADE" page. The page title is "SITE SPECIFIC DATA ITEMS (SSDI)/ GRADE". Below the title, there is a breadcrumb trail: Home / Schema List. The page is dated "Data Last Updated: Feb. 14, 2019 (Version 1.5)".

**CANCER SCHEMA LIST**

Standard Search  Site/Hist Search  Displaying 118 Schemas

Search Term(s)

**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

Arrows point to the "RESOURCES" section.

Database Version: EOD\_PUBLIC v1.7

**EOD Data** v1.7

SCHEMA LIST | MANUALS | STAGING CALCULATOR | SOFTWARE | CONTACT

EOD Home > Schema List

### Cancer Schema List

Standard Search | Site/Hist Search | Displaying 118 Schemas

Search Term(s) [ ] Search [ ]

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
Anus	Gallbladder	Melanoma Iris	Primary Cutaneous Lymphoma (excluding MF and SS)
Appendix	Genital Female Other	Melanoma Skin	Primary Peritoneal Carcinoma
Bile Duct Distal	Genital Male Other	Merkel Cell Skin	Prostate
Bile Ducts Intrahepatic	GIST	Middle Ear	Respiratory Other
Bile Ducts Perihilar	Gum	Mouth Other	Retinoblastoma
Biliary Other	Heart, Mediastinum and Pleura	Mycosis Fungoides	Retroperitoneum
Bladder	HemeRetic	Nasal Cavity and Ethmoid Sinus	Sinus Other
Bone Appendicular Skeleton	Hypopharynx	Nasopharynx	Skin Eyelid
Bone Pelvis	Ill-Defined Other	NET Adrenal Gland	Skin Other
Bone Spine	Intracranial Gland	NET Ampulla of Vater	Small Intestine
Brain	Kaposi Sarcoma	NET Appendix	Soft Tissue Abdomen and Thoracic
Breast	Kidney Parenchyma		

Data Items | Staging Methods | Outputs

### 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

Home > Forum > Site-Specific Data Items/Grade 2018

## Site-Specific Data Items/Grade 2018

+ SUBSCRIBE

TOPICS	LATEST ACTIVITY	MY SUBSCRIPTIONS	PHOTOS
+ New Topic			
Grade- Choroid Plexus Carcinoma Started by <a href="#">ibuller</a> , 08-27-19, 08:21 AM	0 responses 1 view 0 likes	by <a href="#">ibuller</a> 08-27-19, 08:21 AM	
Coding Grade when stated as Grade 2-3 Started by <a href="#">dulce</a> , 08-26-19, 08:07 AM	0 responses 12 views 0 likes	by <a href="#">dulce</a> 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 same tumor**

- Take the highest/positive results

**Multiple Reports same specimen**

- Take the highest positive results

The diagram illustrates two lumpectomy sites. The left site, labeled 'Lumpectomy', contains a large tumor with three 'Core' samples; one core is highlighted with a green circle. The right site, also labeled 'Lumpectomy', contains a smaller tumor with three 'Core' samples, one of which is crossed out with a red circle and a slash, indicating it should be disregarded.

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## Use the same source for all related data items

**ER**

- Estrogen Receptor
- ER Summary
- ER Percent Positive
- ER Allred Score

**PR**

- Progesterone Receptor
- PR Summary
- PR Percent Positive
- PR Allred Score

**HER2**

- HER2 Overall
- HER2 ISH
- HER2 Overall
- HER2 ISH Single Probe Copy Number
- HER2 ISH Dual Probe Copy Number
- HER2 ISH Ratio

The diagram shows a large light blue circle with a bracket on its right side labeled 'Related', encompassing the lists of ER, PR, and HER2 data items.

- 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	
ER Percent Positive	
ER Allred Score	

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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	
ER Percent Positive	
ER Allred Score	
PR Summary	
PR Percent Positive	
PR Allred Score	
HER 2 IHC	
HER 2 ISH	
HER 2 ISH Single Probe	
HER 2 ISH Dual Probe	
HER 2 ISH DualProbe Ratio	

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## Bilateral Mastectomy

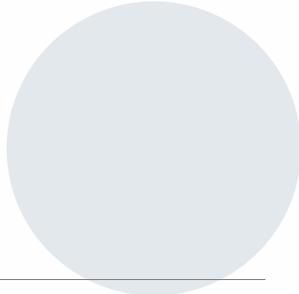
If a bilateral mastectomy is performed, it could be coded 1 of 3 ways depending on the situation.

- 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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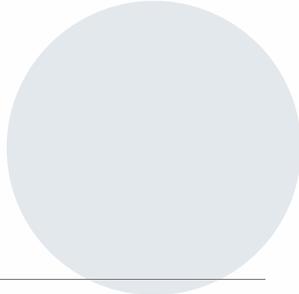
# Questions?



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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

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PLEASE FOLLOW ALONG WITH THE FULL SCENARIO



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# Primary Tumor

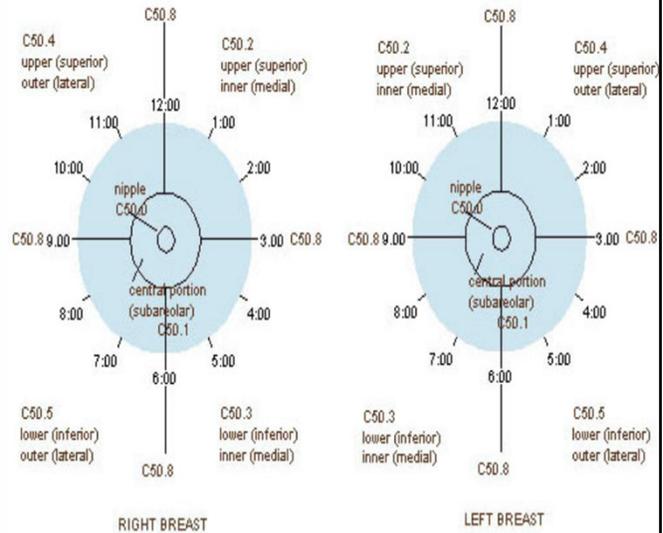
Hypoechoic mass @ 3:00 axis

- C50.8 Overlapping lesion

Invasive duct carcinoma

- 8500/3 Invasive ductal carcinoma

"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	
Histology/Behavior	
Tumor Size Clinical	
Tumor Size Pathological	
Tumor Size Summary	
Grade Clinical	
Grade Pathological	
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	
Clinical T Suffix	
Clinical N	
Clinical N Suffix	
Clinical M	
Clinical Stage Group	
Pathological T	
Pathological T Suffix	
Pathological N	
Pathological N Suffix	
Pathological M	
Pathological Stage Group	

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## Summary Stage/EOD

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

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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	
Regional Nodes Examined	
Sentinel Nodes Positive	
Sentinel Nodes Examined	

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# Testing for HER 2 over expression

## Immunohistochemical testing (IHC)

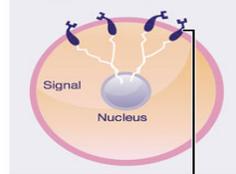
- The results of the IHC test can be
  - 0 (negative)
  - 1+ (negative)
  - 2+ (borderline)
  - 3+ (positive HER2 protein overexpression)

## In Situ Hybridization Testing (ISH)

- Negative
- Equivocal
- Positive

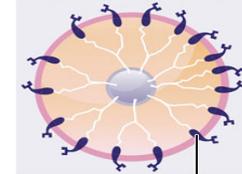
<http://oncodoc.i.ph/blogs/oncodoc/2006/11/19/her-2-positive-early-stage-breast-cancer/>

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

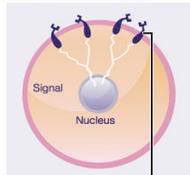
- Detects Her2 signals per nucleus.
- The single probe copy number is the average signals of signals per nucleus.

## 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

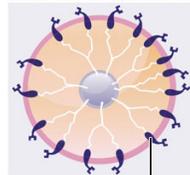
<http://oncodoc.i.ph/blogs/oncodoc/2006/11/19/her-2-positive-early-stage-breast-cancer/>

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 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	
ER Percent Positive	
ER Allred Score	
PR Summary	
PR Percent Positive	
PR Allred Score	
HER 2 Overall Summary	
HER 2 IHC Summary	
HER 2 ISH Summary	
HER 2 Single Probe Copy Number	
HER 2 Dual Probe Copy Number	
Her 2 ISH Dual Probe Ratio	
Ki-67	

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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	
Oncotype Dx Risk Level Invasive	
Oncotype DX Recur Score - DCIS	
Oncotype Dx Risk Level - DCIS	
Multigene Signature Method	
Multigene Signature Result	
Response Neoadjuvant Therapy	

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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

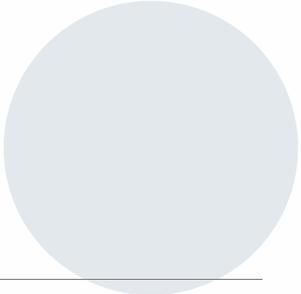
Date Item	Value
Surgical Diagnostic and Staging Procedure	
Surgical Procedure of Primary Site	
Scope of Regional Lymph Node Surgery	
Surgical Procedure/Other Site	



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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

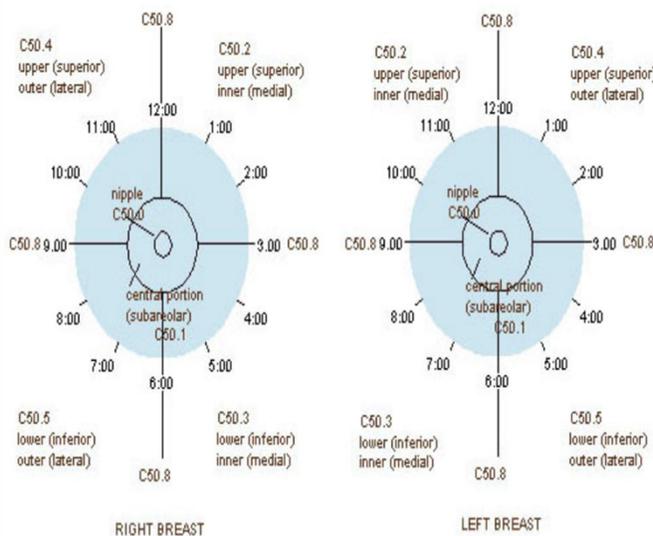
## Primary Tumor

### 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		1	G1: Low combined histologic grade (favorable); SBR score of 3-5 points
Histology/Behavior		2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
<i>Tumor Size Clinical</i>		3	G3: High combined histologic grade (unfavorable); SBR score of 8-9 points
<i>Tumor Size Pathological</i>		L	Nuclear Grade I (Low) (in situ only)
Tumor Size Summary		M	Nuclear Grade II (interMediate) (in situ only)
Grade Clinical		H	Nuclear Grade III (High) (in situ only)
Grade Pathological		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	
Clinical T Suffix	
Clinical N	
Clinical N Suffix	
Clinical M	
Clinical Stage Group	
Pathological T	
Pathological T Suffix	
Pathological N	
Pathological N Suffix	
Pathological M	
Pathological Stage Group	

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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>

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

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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	
EOD Primary Tumor	
EOD Lymph Regional Nodes	
EOD Mets	
Regional Nodes Positive	
Regional Nodes Examined	
Sentinel Nodes Positive	
Sentinel Nodes Examined	

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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	
Regional Nodes Examined	
Sentinel Nodes Positive	
Sentinel Nodes Examined	

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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 of Tumor 1

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

### Biopsy of Tumor 2

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

Lowest number in range (71)

Data Item	Value
ER Summary	
ER Percent Positive	
ER Allred Score	
PR Summary	
PR Percent Positive	
PR Allred Score	
HER 2 Overall Summary	
HER 2 IHC Summary	
HER 2 ISH Summary	
HER 2 Single Probe Copy Number	
HER 2 Dual Probe Copy Number	
Her 2 ISH Dual Probe Ratio	
Ki-67	

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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	
Oncotype Dx Risk Level Invasive	
Oncotype DX Recur Score - DCIS	
Oncotype Dx Risk Level - DCIS	
Multigene Signature Method	
Multigene Signature Result	
Response Neoadjuvant Therapy	



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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

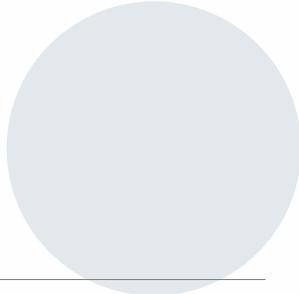
Date Item	Value
Surgical Diagnostic and Staging Procedure	
Surgical Procedure of Primary Site	
Scope of Regional Lymph Node Surgery	
Surgical Procedure/Other Site	



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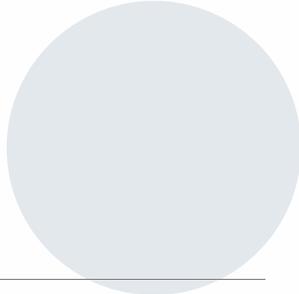
# Questions?



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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'**

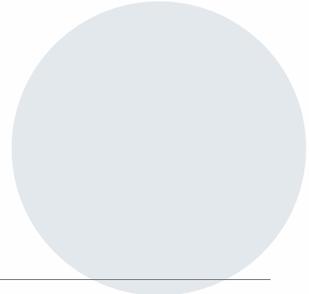
Date of Diagnosis (544): **'Y:2019 M:02 D:28'**

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

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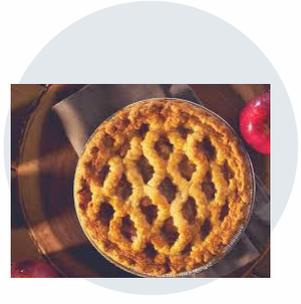
# Questions?



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# Fabulous Prizes





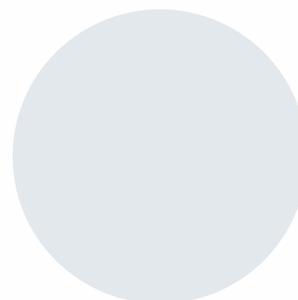
## Coming UP...

### 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!!!

