

## Answers and Rationale - Breast

### 2007 Advanced Training on the Multiple Primary and Histology Coding Rules Beyond the Basics

Case #	Multiple Primary		Histology			
	Rationale and Process	MP	Rationale and Process 1	Code 1	Rationale and Process 2	Code 2
Practice Case	<p><b>Rationale:</b> The patient had multiple biopsies. Do not assume there were multiple tumors just because there were multiple biopsies.</p>	No	<p><b>Rationale:</b> General Instructions: Code from the most representative specimen which is in Pathology Report # 2.</p> <p>Final DX: DCIS, cribriform and papillary – DCIS and two specific DCIS types.</p> <p><i>Note:</i> LCIS is not included because it is not documented in the most representative specimen.</p>	8523/2	N/A	N/A
	<p><b>Process:</b> There is no information on the number of tumors; use the <b>Unknown If Single or Multiple Tumors</b> module M1 and abstract as a single primary.</p>		<p><b>Process:</b> Use the <b>Single Tumor: In Situ Carcinoma Only</b> module.</p> <p>Begin at H1 stop at H6. Use Table 1 to identify the correct combination code, 8523/2.</p>			
1	<p><b>Rationale:</b> There was one biopsy with negative margins. Using either the <b>Unknown if Single or Multiple Tumor</b> module or the <b>Single Tumor</b> module, this would be a single primary.</p>	No	<p><b>Rationale:</b> Both invasive and in situ carcinomas are present.</p>	8500/3	N/A	N/A
	<p><b>Process:</b> Abstract as a single primary.</p>		<p><b>Process:</b> Use the <b>Single Tumor: Invasive and In Situ Carcinoma</b> module. H9 code the invasive component 8500/3.</p>			

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2	<b>Rationale:</b> There are multiple tumors in the left breast.	Yes	<b>Rationale:</b> Primary # 1- Left breast. General Instructions: Code from the most representative specimen, Pathology Report # 1.  Only one histologic type is present tumor and the behavior is invasive.	8500/3	<b>Rationale:</b> Primary # 2 - Left breast. The General Instructions: Code from the most representative specimen, Pathology Report # 1.  The tumor is a mixture of tubular carcinoma and lobular carcinoma.  Tubular carcinoma is not duct carcinoma, so you cannot code this mixture as duct and lobular.	8524/3
	<b>Process:</b> Use the <b>Multiple Tumors</b> module. Start at M4 stop at M12 multiple primaries		<b>Process:</b> Use the <b>Single Tumor: Invasive Carcinoma Only</b> module. Start at H10; stop at H14, single histologic type code 8500/3.		<b>Process:</b> Use the <b>Single Tumor: Invasive Carcinoma Only</b> module. Start with H10 Stop at H18, lobular and other carcinoma, code 8524/3.	
3	<b>Rationale:</b> The patient had multiple procedures. Do not assume there were multiple tumors just because there were multiple procedures.	No	<b>Rationale:</b> General Instructions: Code from the most representative specimen, Pathology Report #3. In this case the only measure is the number of foci of tumor. The most foci are found in Pathology Report #3.  Both invasive and in situ carcinomas are present.	8500/3	N/A	N/A
	<b>Process:</b> Use the <b>Unknown If Single or Multiple Tumors</b> module M1 single primary		<b>Process:</b> Use the <b>Single Tumor: Invasive and In Situ Carcinoma</b> module H9 code 8500/3.			

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4	<b>Rationale:</b> There is tumor in the right breast and tumor in the left breast.	Yes	<b>Rationale:</b> Primary # 1-Left breast. Code from Pathology Report # 2. Ductal carcinoma in situ is the only histology.	8500/2	<b>Rationale:</b> Primary #2 – Right breast. General Instructions: Code from the most representative specimen, Pathology Report #2.  Three foci of infiltrating duct carcinoma, no special type are identified.	8500/3
	<b>Process:</b> Use the <b>Multiple Tumors</b> module. Start with M4 Stop at M7. There are tumors on both sides (right and left breast) abstract as multiple primaries.		<b>Process:</b> Use the <b>Single Tumor: In Situ Carcinoma Only</b> module. Start at H1 stop at H2, one histologic type only code 8500/2.		<b>Process:</b> Use the <b>Multiple Tumor</b> module. Start H20 stop at H23, one histologic type code 8500/3.	
5	<b>Rationale:</b> Single tumor.	No	<b>Rationale:</b> Use information from addenda and comments.	84903	N/A	N/A
	<b>Process:</b> Use the <b>Single Tumor</b> module. Start with M2 and stop at M3 single primary.		<b>Process:</b> Use the <b>Single Tumor: Invasive Carcinoma Only</b> module. Start with H10 stop at H12 8490/3.			
6	<b>Rationale:</b> Single tumor	No	<b>Rationale:</b> General Instructions: Code from the most representative specimen Pathology Report #2.  Final Dx: Invasive tubular carcinoma and lobular carcinoma in situ.	8211/3	N/A	N/A
	<b>Process:</b> Use the <b>Single Tumor</b> module. Start at M2 stop at M3 single primary.		<b>Process:</b> Use the <b>Single Tumor: Invasive and In Situ Carcinoma</b> , H9. Code the invasive component 8211/3.			
7	<b>Rationale:</b> There is tumor in the right and the left breasts. Tumors are not described as metastasis.	Yes	<b>Rationale:</b> Left breast. General Instructions: Code from the most representative specimen Pathology Report #1	8500/3	<b>Rationale:</b> Right breast General Instructions: Code from the most representative specimen Pathology Report #2.	8520/3

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	Process: Use the <b>Multiple Tumors</b> module. Start at M4 stop at M7 multiple primaries.		Process: Use the <b>Single Tumor: Invasive Carcinoma Only</b> module. Start with H10 stop at H14 code 8500/3.		Process: Use the <b>Single Tumor: Invasive Carcinoma Only</b> module start with H10 Stop at H14 code 8520/3.	
8	<b>Rationale:</b> The first tumor was diagnosed February 2007, the second in August 2013, more than 5 years apart.	Yes	<b>Rationale:</b> Left breast, diagnosed February 2007. No pathology available. Use the physician's statement.	8500/3	<b>Rationale:</b> Left breast, diagnosed August 2013. <i>Note:</i> Do not code inflammatory carcinoma unless it is in the final diagnosis.	8500/3
	<b>Process:</b> Use the <b>Multiple Tumors</b> module. Start at M4 stop at M5 multiple primaries.		<b>Process:</b> 2007 tumor: Use the <b>Single Tumor: Invasive Carcinoma Only</b> module. Start and stop with H10 to identify the document and priority for coding the histology. To choose the histology code, go back to the <b>Single Tumor: Invasive Carcinoma Only</b> . Start with H10 and stop at H14 code 8500/3.		<b>Process:</b> Use the <b>Single Tumor: Invasive Carcinoma Only</b> module. Start with H10 stop at H14 code 8500.	
9	<b>Rationale:</b> There are two tumors in the left breast: adenomyoepithelial and ductal carcinoma with apocrine features.	Yes	<b>Rationale:</b> Left breast. Adenomyoepithelial. General Instructions: Code from the most representative specimen Pathology Report #1.	8983/3	<b>Rationale:</b> Left breast duct carcinoma. General Instructions: Code from the most representative specimen Pathology Report #1. Apocrine is not a specific duct carcinoma..	8523/3
	<b>Process:</b> Use the <b>Multiple Tumors</b> module. Start with M4 stop at M12 multiple primaries		<b>Process:</b> Use the <b>Single Tumor: Invasive Carcinoma Only</b> module. Start with H10 stop at H14. Change behavior of tumor to /3 using the ICD-O-3 matrix principle code 8983/3.		<b>Process:</b> Use the <b>Single Tumor: Invasive Carcinoma Only</b> module. Start with H10 stop at H17 code 8523/3.	

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10	<b>Rationale:</b> Two tumors in left breast both tumors duct carcinoma.	No	<b>Rationale:</b>	8500/3	N/A	N/A
	<b>Process:</b> Use the <b>Multiple Tumors</b> module. Start at M4 stop at M11 single primary.  Use the multiplicity counter to record the number of tumors.		<b>Process:</b> Use the <b>Multiple Tumors Abstracted As a Single Primary</b> module. Start at H20 stop at H23 8500/3.			