

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>Rationale: The patient had multiple biopsies. Do not assume there were multiple tumors just because there were multiple biopsies.</p>	No	<p>Rationale: 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>Process: There is no information on the number of tumors; use the Unknown If Single or Multiple Tumors module M1 and abstract as a single primary.</p>		<p>Process: Use the Single Tumor: In Situ Carcinoma Only module.</p> <p>Begin at H1 stop at H6. Use Table 1 to identify the correct combination code, 8523/2.</p>			
1	<p>Rationale: There was one biopsy with negative margins. Using either the Unknown if Single or Multiple Tumor module or the Single Tumor module, this would be a single primary.</p>	No	<p>Rationale: Both invasive and in situ carcinomas are present.</p>	8500/3	N/A	N/A
	<p>Process: Abstract as a single primary.</p>		<p>Process: Use the Single Tumor: Invasive and In Situ Carcinoma module. H9 code the invasive component 8500/3.</p>			

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
2	Rationale: There are multiple tumors in the left breast.	Yes	Rationale: 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	Rationale: 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
	Process: Use the Multiple Tumors module. Start at M4 stop at M12 multiple primaries		Process: Use the Single Tumor: Invasive Carcinoma Only module. Start at H10; stop at H14, single histologic type code 8500/3.		Process: Use the Single Tumor: Invasive Carcinoma Only module. Start with H10 Stop at H18, lobular and other carcinoma, code 8524/3.	
3	Rationale: The patient had multiple procedures. Do not assume there were multiple tumors just because there were multiple procedures.	No	Rationale: 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
	Process: Use the Unknown If Single or Multiple Tumors module M1 single primary		Process: Use the Single Tumor: Invasive and In Situ Carcinoma module H9 code 8500/3.			

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

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

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