

Coding stage: Session 8

Breast Cancer

Liesbet Van Eycken

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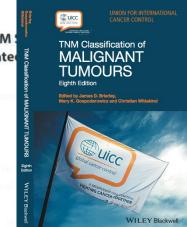
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Breast

- Topography C50, male and female
- **Histology**: All carcinomas
 - Excluded: phyllodes tumours, sarcoma, lymphoma
- Histopathological grade:
 - Nottingham histological score is recommended
- Bilateral tumour: 2 TNM's!
- Read the 'notes'...!





T-categories: size and extension

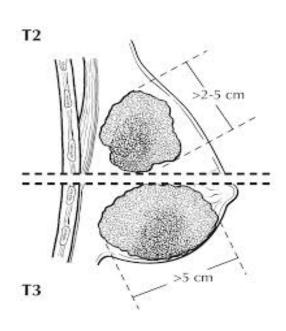
- TX
- T0
- Tis (DCIS) (LCIS) (PAGET)
- **T1** ≤ 2 cm
- **T2** >2 cm, ≤ 5 cm
- **T3** >5 cm

T 1mi ≤ 0.1 cm microinvasion

T 1a > 0.1 - 0.5 cm

T 1b > 0.5 cm - 1.0 cm

T 1c > 1.0-2.0 cm



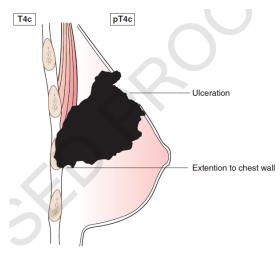
Multifocal tumour

- Use the 'm' suffix (or number): e.g. T1b(m) or T1b(2)
- Take the dimension of the largest lesion
- Combination of invasive and in situ lesion=> only the dimension of the invasive



T-categories: size and extension (2)

T4 involving chest wall and/or skin



Source of figure: Union for International Cancer Control - TNM Atlas Illustrated Guide to the TNM Classification of Malignant Tumours - Sixth Edition edited by Ch. Wittekind/h. Asamura/ L.H. Sobin -Published by Wiley Blackwell

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T 4a Chest wall (ribs, intercostal muscles, m. serratus anterior, NOT m. pectorali

T 4b Skin ulceration, satellite skin nodules, skin oedema

T 4c Both T4a and T4b

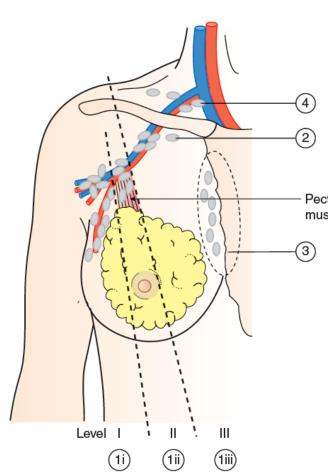
T 4d Inflammatory carcinoma

Notes:

- Dimpling of the skin, nipple retraction => does not affect the T-category
- Peau d'orange skin oedema T4b
 - cT and pT => take into account clinical aspect for pT
 - Clinical + surgical + pathological info!
- Clinically mastitis carcinomatosa (cT4d) but skin biopsy negative and no localized tumour => pTX.
- pT: Invasion of the dermis alone is not enough to qualify as T4



N-category values and principles (1)



The regional lymph nodes

- 1. Axillary (ipsilateral)
 - i) Level I (low-axilla)
 - (ii) Level II (mid-axilla)
 - (iii) Level III (apical axilla)
- 2. Infraclavicular (subclavicular) (ipsilateral).
- 3. *Internal mammary* (ipsilateral)
- 4. Supraclavicular (ipsilateral).

Pectoralis minor muscle

Note:

- 1. cN is different from pN!
- 2. No pN if no resection of the primary tumour => use cN
- 3. Avoid cNX
- Intramammary node => N category (level I)
- 5. pN: at least axillary lymph node level I, 6 nodes recommended

Source of figure: UICC - TNM Atlas Illustrated Guide to the TNM Classification of Malignant Tumours - Sixth Edition edited by Ch. Wittekind/h. Asamura/ L.H. Sobin – Published by Wiley Blackwell. Permission kindly granted by Wiley on 26/9/2018

N-category

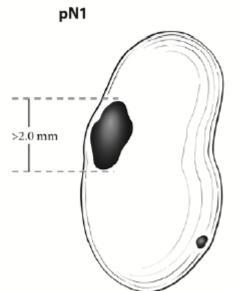
cN

pN

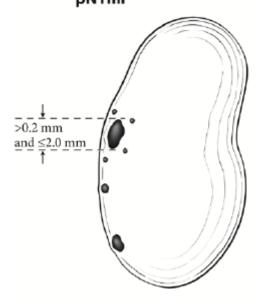
N1	Movable axillary level I/II	pN1	Micrometastasis, 1–3 axillary nodes	
		pN1mi	Micrometastasis > 0.2–2 mm	
		pN1a	1–3 axillary nodes (at least one > 2 mm)	
		pN1b	Internal mammary nodes Not clinically detected!	
		pN1c	1–3 axillary nodes and internal	
N2a	Axillary, fixed	pN2a		
	or matted			
N2b	Internal	pN2b	Internal mammary nodes, clinical	ally Clinically detected!
Clinically detected!	mammary		detected, without axillary nodes	
	nodes, clinically			
	detected, ^d			
without axillary				
	nodes			
N3a	Axillary level III,	pN3a	Axillary ipsilateral≥10 (at least one	>2 mm),
	infraclavicular		Infraclavicular, level III lymph nodes Internal mammary nodes and axillary nodes, > 3 axillary nodes and in internal mammary nodes with microscopic or macroscopic metastasis detected by	
N3b	Axillary and	pN3b		
	internal			
	mammary			
			sentinel node biopsy but not clini	cally
Curanaan Nativaria			detected	
European Network N3c Supraclavicular of Cancer Registries lymph nodes		pN3c	pN3c Ipsilateral supraclavicular lymph nodes	
of Lancer Registries	lymph nodes			

pN: Macrometastasis versus Micrometastasis versus ITC

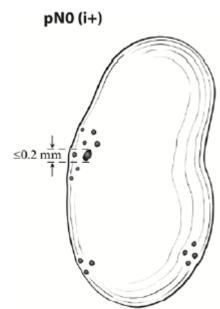
Macrometastasis pN1 pN1



Micrometastasis pN1mi pN1mi



ITC pN0(i+)



AJCC, Cancer Staging manual, 8th edition, Breast

https://cancerstaging.org/references-tools/deskreferences/Pages/Breast-Cancer-Staging.aspx

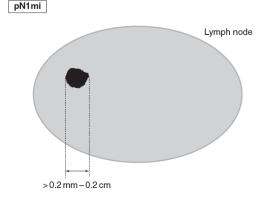




N-category

Micrometastasis in a lymph node → pN1(mi) >0.2mm but none larger than 2.0 mm

- Isolated tumour cells (<0.2 mm or <200 cells/cross-section): ITC's
 - IHC pos/neg (morphological technique) => pNO(i+) or pNO(i-)
 - Molecular technique => pN0 (mol+)

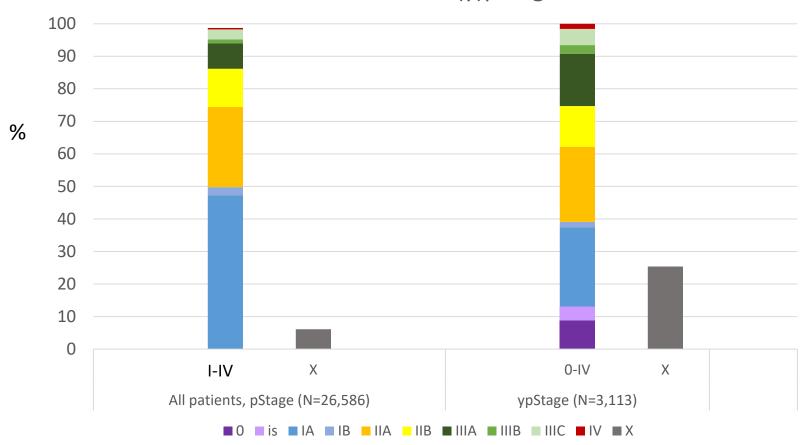


- Sn: Sentinel node
 - (p)NX(sn)
 - (p)N0(sn)
 - (p)N1(sn): sentinel lymph node metastasis (at least one node >0.2 mm)
- ypN = pN categories



Belgium, 2012-2014, Breast Cancer





Use of the TNM after Neoadjuvant Therapy: ypTNM

- y: Patient treated with neoadjuvant therapy (before surgery)
- **Neoadjuvant therapy**: systemic therapy (chemotherapy, hormone therapy, immunotherapy) and/or radiotherapy, given before surgery.
 - E.g. also endocrine therapy combined with anti-Her2 therapy
- **ypTNM**: Histopathological examination of surgical resection after neoadjuvant therapy => `response' to therapy
- **ypT/ypN** = pT/pN categories
- ypT ypN
 - should be based on the measurement of the largest contiguous focus of residual invasive cancer, if any. Treatment associated fibrosis, scars is not taken into account.



TNM Breast cancer: UICC - AJCC

- General aim UICC and AJCC TNM: there should be as little difference as possible
- UICC effective as from 2017 AJCC 2018: Note the edition used
- Identical in the definitions of the T, N and M categories
 - Exception: LCIS has been excluded in the AJCC 8th edition
- Tumour measurement: Rounding is different
- AJCC introduced 'prognostic groups', revised November 2017
 - T, N, M and ER, PR, Her-2, Grade => Prognostic group
 - Modification of pathologic prognostic stage possible with results of genomic profiles (not obligatory to be used)





