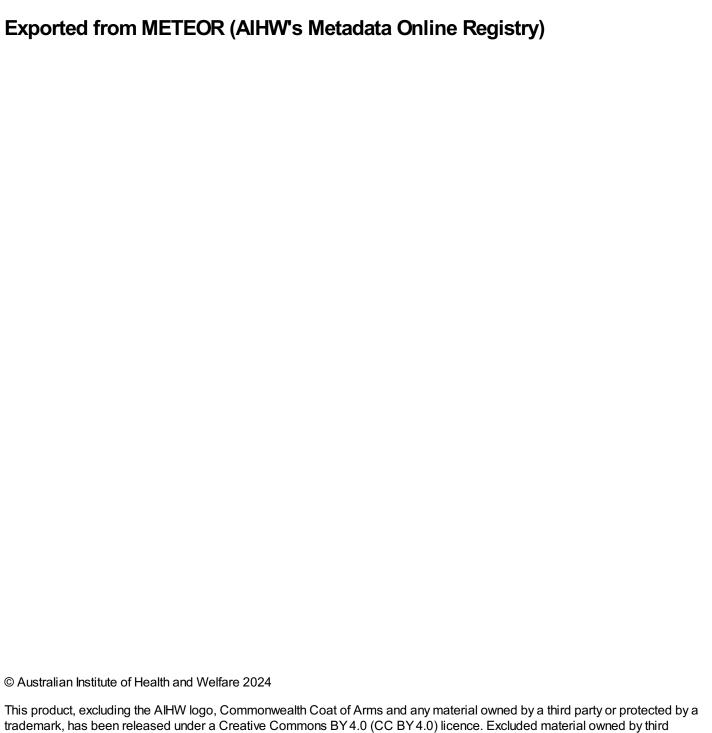
# Person with cancer—oestrogen receptor assay result, code N



This product, excluding the AlHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AlHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

# Person with cancer—oestrogen receptor assay result, code N

# Identifying and definitional attributes

Metadata item type: Data Element

**Short name:** Oestrogen receptor assay result

METEOR identifier: 370036

Registration status: Health, Standard 06/03/2009

**Definition:** The result of oestrogen receptor assay at the time of diagnosis of the primary

breast tumour, as represented by a code.

Data Element Concept: Person with cancer—oestrogen receptor assay result

Value Domain: Oestrogen receptor assay result code N

## Value domain attributes

# Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

ValueMeaningPermissible values:1Positive2Negative3Equivocal

**Supplementary values:** 7 Unknown (test results not available)

8 Not applicable (test not done)

# Collection and usage attributes

Guide for use: Supplementary codes

CODE 7 Unknown (test results not available)

Use this code when the test has been performed but the results are not yet

available for analysis.

CODE 8 Not applicable (test not done)

This code is used as a validation measure, to show that the reason for the lack of

results is due to the test not being performed.

## Data element attributes

# Collection and usage attributes

#### Guide for use:

Where the pathologist has stated the test result in the conclusion of the pathology report as being positive, negative or equivocal this value should be coded. If the report does not specifically state the test result, this should be interpreted from the reported % nuclei stained positive. If => 1% of nuclei are reported as stained regardless of stain intensity (weak, intermediate or high/strong) the result is positive. If % nuclei stained is <1% the result is negative. Definitions from NBOCC & ACN Pathology Reporting Guidelines.

### **Collection methods:**

For cancer registries:

Collection of this data item should only be from notification and pathology reports relating to initial diagnosis and not for recurrent or subsequent metastatic disease.

Where there are multiple reports relating to the primary breast tumour (from different specimens), the 'most positive' value is chosen according to the following hierarchy: Positive > Equivocal > Negative > Test done but results not known > Test not done.

If oestrogen receptor assay tests are completed for invasive tumours with an in situ component, use the values from the invasive tumour.

Do not record oestrogen receptor values for in situ tumours.

For multifocal tumours, use the oestrogen receptor value from the largest focus or from a metastatic deposit, e.g. Lymph node metastasis. A smaller focus that is ER positive may in fact be the source of a metastasis and in this setting the patient would derive benefit from the therapy offered as a result of hormone receptor positive status.

#### Comments:

Hormone receptor status is an important prognostic indicator for breast cancer.

The Australian Cancer Network Working Party established to develop guidelines for the pathology reporting of breast cancer recommends that hormone receptor assays be performed on all cases of invasive breast carcinoma. The report should include

- the percentage of nuclei staining positive and the predominant staining intensity (low, medium, high) and
- a conclusion as to whether the assay is positive or negative.

### Source and reference attributes

Origin: Royal College of Pathologists of Australasia

Australian Cancer Network

Commission on Cancer American College of Surgeons

**Reference documents:** Royal College of Pathologists of Australasia Manual of Use and Interpretation of

Pathology Tests: Third Edition Sydney (2001)

Australian Cancer Network Working Party The pathology reporting of breast cancer. A guide for pathologists, surgeons and radiologists Second Edition Sydney (2001)

(2001)

Commission on Cancer, Standards of the Commission on Cancer Registry Operations and Data Standards (ROADS) Volume II (1998)

## Relational attributes

Related metadata references:

Supersedes Person with cancer—oestrogen receptor assay results, code N

Health, Superseded 06/03/2009

Implementation in Data SetBreast cancer (Cancer registries) DSSSpecifications:Health, Superseded 01/09/2012

Breast cancer (cancer registries) NBPDS Health, Standard 01/09/2012

Cancer (clinical) DSS

Health, Superseded 22/12/2009

Cancer (clinical) DSS

Health, Superseded 07/12/2011