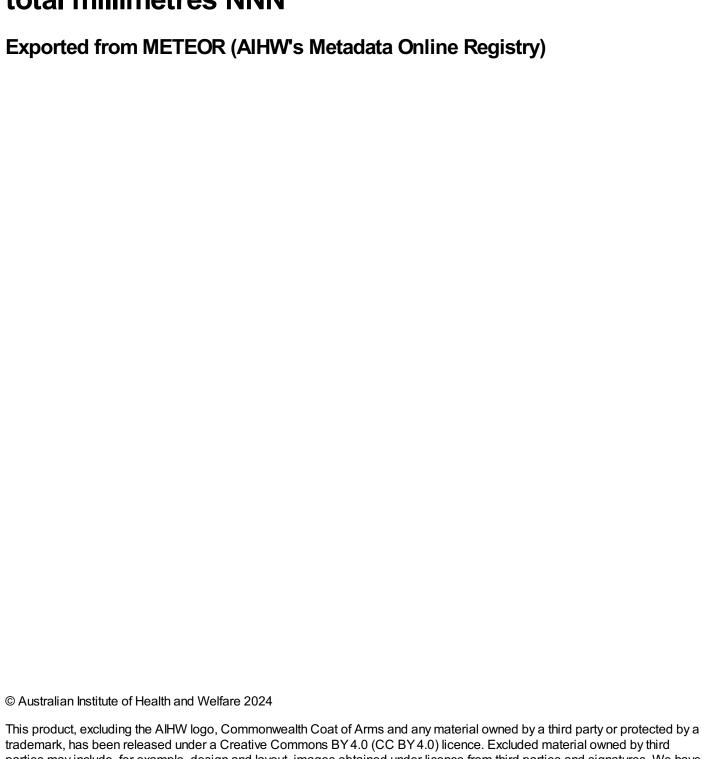
## Person with cancer—solid tumour size (at diagnosis), total millimetres NNN



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# Person with cancer—solid tumour size (at diagnosis), total millimetres NNN

## Identifying and definitional attributes

Metadata item type: Data Element

**Short name:** Tumour size at diagnosis (solid tumours)

METEOR identifier: 370042

Registration status: Health, Superseded 07/12/2011

**Definition:** The largest dimension of a solid tumour, measured in millimetres.

## Data element concept attributes

#### Identifying and definitional attributes

Data element concept: Person with cancer—solid tumour size

METEOR identifier: 269651

Registration status: Health, Standard 01/03/2005

**Definition:** The largest dimension of a solid tumour.

Object class: Person with cancer
Property: Solid tumour size

#### Value domain attributes

## Identifying and definitional attributes

Value domain: <u>Total millimetres NNN</u>

METEOR identifier: 270760

Registration status: Health, Standard 01/03/2005

Definition: Total number of millimetres.

## Representational attributes

Representation class: Total

Data type: String

Format: NNN

Maximum character length: 3

Value Meaning

**Supplementary values:** 999 Unknown

Unit of measure: Millimetre (mm)

## Collection and usage attributes

**Guide for use:** Size in millimetres with valid values 001 to 997.

#### Data element attributes

## Collection and usage attributes

#### Guide for use:

The reporting standard for the size of solid tumours is:

Breast cancer or other solid neoplasms - the largest tumour dimension, measured to a precision of 1mm.

Round to the nearest millimetre, rounding up if size is  $\geq$  .5 mm (e.g. 1.50mm, 1.54mm recorded as 2mm, 1.47mm recorded as 1mm).

General coding rules:

Recorded size:

Only record measured size if stated, otherwise record size as unknown. Do not attempt to estimate size from descriptions of the tumour, such as 'tumour occupying three quarters of tissue'.

Do not take values for size from sources other than histopathology (such as imaging, mammography or clinical examination).

Size reported for multiple specimens:

If tumour is removed in more than one procedure (e.g. biopsy and excision, local excision and re-excision) do not sum the sizes across multiple pathology reports but rather use the larger of the measured sizes from the separate pathology reports.

If tumour is divided into several parts (in the same pathology report), do not sum sizes together but rather use the larger of the measured sizes. However, if the pathologist states an aggregate or composite size, record that size.

Multifocal tumour:

If the tumour is multifocal, record the size of the largest measured focus. Do not attempt to sum sizes of different foci.

Macroscopic size:

If only macroscopic size is given, record this value.

If the macroscopic and microscopic measurements differ, the microscopic measurement should be recorded.

Exclusions:

Size is not recorded for Phyllodes tumours, sarcomas, or lymphomas.

#### Invasive breast cancer coding rules:

Note: These rules are to be used only when the record pertains to an invasive breast cancer (as per Person with cancer-primary site of cancer, code (ICDO-3), ANN{.N[N]}).

Invasive tumours with an in situ component:

When an invasive tumour contains an in situ component, only record the size of the invasive component as stated.

If the size of the invasive tumour is not recorded separately to the in-situ component, then record the total size of the tumour without any attempt to estimate the invasive component using percentage or size of the in situ component.

Microinvasive tumour:

For microinvasive tumours, record size in millimetres if stated. If microinvasion is stated but no size is recorded, enter 990 in size field to enable these very small tumours to be differentiated from other tumours without measured sizes.

Bilateral breasts tumours:

Bilateral tumours are recorded as two separate primary tumours each having their own size (and other data elements).

Multifocal tumours with different morphology:

Foci with different morphology should be considered to be separate primary tumours each having their own size (and other data elements). The coder needs to ascertain whether two foci with differing morphology are separate primaries with different morphology or a single multifocal primary with a mixed histology. In the latter case the rule of taking the size from the larger focus would apply as stated.

**Collection methods:** 

This data item is collected for the size of tumours as specified in pathology reports.

#### Source and reference attributes

Reference documents:

Johnson CH, Adamo M (eds.). SEER Program Coding and Staging Manual 2007. National Cancer Institute, NIH Publication number 07-5581, Bethesda, MD 2007.

National Breast and Ovarian Cancer Centre and Australian Cancer Network. The Pathology reporting of breast cancer. A guide for pathologists, surgeons, radiologists and oncologists (3rd edition). National Breast and Ovarian Cancer Centre, Surry Hills, NSW, 2008.

#### Relational attributes

Related metadata references:

Supersedes Person with cancer—solid tumour size (at diagnosis), total millimetres **NNN** 

Health, Superseded 06/03/2009

Has been superseded by Person with cancer—solid tumour size (at diagnosis), total millimetres NNN

Health, Standard 07/12/2011

Is used in the formation of Person with cancer—primary tumour status, T stage (UICC TNM Classification of Malignant Tumours, 6th ed) code XX[X]

Health, Superseded 07/12/2011

See also Person with cancer—primary tumour status, T stage (UICC TNM Classification of Malignant Tumours, 7th ed) code X[XXX]

Health, Standard 07/12/2011

See also Person with cancer—primary tumour status, T stage (UICC TNM) Classification of Malignant Tumours, 8th ed) code X[XXX]

Health, Recorded 14/06/2023

**Specifications:** 

Implementation in Data Set Breast cancer (Cancer registries) DSS Health, Superseded 01/09/2012

Cancer (clinical) DSS

Health, Superseded 22/12/2009

DSS specific information: This is used to measure the diameter of the largest dimension of breast cancers and other solid neoplasms for patient management, population cancer statistics and research.

Cancer (clinical) DSS

Health, Superseded 07/12/2011

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