

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:	422642
Registration status:	HealthI , Standard 07/12/2011
Definition:	The largest dimension of a solid tumour, measured in millimetres.
Data Element Concept:	Person with cancer—solid tumour size
Value Domain:	Total millimetres NNN

Value domain attributes

Representational attributes

Representation class:	Total				
Data type:	String				
Format:	NNN				
Maximum character length:	3				
Supplementary values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>999</td><td>Unknown</td></tr></tbody></table>	Value	Meaning	999	Unknown
Value	Meaning				
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, topography code (ICD-O-3) ANN.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 information should be obtained from the patient's pathology reports.

Comments: The diameter of the largest dimension of solid neoplasms is collected for patient management, population cancer statistics and research.

Source and reference attributes

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

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

Relational attributes

Related metadata references: Supersedes [Person with cancer—solid tumour size \(at diagnosis\), total millimetres NNN](#)
[Health!](#), Superseded 07/12/2011

Implementation in Data Set Specifications: [Breast cancer \(cancer registries\) NBPDS](#)
[Health!](#), Standard 01/09/2012

[Cancer \(clinical\) DSS](#)
[Health!](#), Superseded 08/05/2014

Conditional obligation: Conditional on the histopathological examination of the tumour, and excludes Phyllodes tumours, sarcomas or lymphomas.

[Cancer \(clinical\) DSS](#)
[Health!](#), Superseded 14/05/2015

Conditional obligation: Conditional on the histopathological examination of the tumour, and excludes Phyllodes tumours, sarcomas or lymphomas.

[Cancer \(clinical\) NBPDS](#)
[Health!](#), Standard 14/05/2015

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