CS Data Collection System
Coding Manual and Instructions

Part 1, Section 2
Site Specific Notes

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7/22/2010 - Orlando, FL
UPPER GASTROINTESTINAL (UGI) TRACT
Esophagus, Stomach, Small Intestine
Part I Section 2: Site-Specific Notes
Version date: 25 January 2010 I-2-28 Version 02.00.01
Upper Gastrointestinal Tract

Objective

Anatomy

Esophagus

Stomach

Small Intestine

• SSF 1 – 24

• SSF 25

Figure I-2-3. Anatomic Landmarks of Esophagus.
Anatomy - Esophagus

Esophagus divided

- Cervical esophagus
- Thoracic esophagus (upper, middle, lower sections)

• Specific subsites
  • C15.0 Cervical esophagus
  • C15.1 Thoracic esophagus
  • C15.2 Abdominal esophagus
  • C15.3 Upper third of esophagus
  • C15.4 Middle third of esophagus
  • C15.5 Lower third of esophagus
  • C15.8 Overlapping lesion of esophagus
  • C15.9 Esophagus, NOS
### Anatomy - Esophagus

<table>
<thead>
<tr>
<th>Anatomic name</th>
<th>ICD-0-3</th>
<th>Name</th>
<th>Anatomic boundaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical (C15.0)</td>
<td>C15.3</td>
<td>Upper</td>
<td>Hypopharynx to sternal notch</td>
</tr>
</tbody>
</table>

*Table 10.1 Primary Site of Esophageal cancer based on proximal edge of tumor, AJCC, 7th Ed.*
## Anatomy - Esophagus

<table>
<thead>
<tr>
<th>Anatomic name</th>
<th>ICD-0-3</th>
<th>Name</th>
<th>Anatomic boundaries</th>
<th>Typical Esophagectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoracic (C15.1)</td>
<td>C15.3</td>
<td>Upper</td>
<td>Sternal notch to azygos vein</td>
<td>15 to &lt;25cm</td>
</tr>
<tr>
<td>C15.4</td>
<td>Middle</td>
<td>Lower border of azygos vein to inferior pulmonary vein</td>
<td>25 to &lt;30cm</td>
<td></td>
</tr>
<tr>
<td>C15.5</td>
<td>Lower</td>
<td>Lower border of inferior pulmonary vein to EG junction</td>
<td>30 to &lt;40cm</td>
<td></td>
</tr>
</tbody>
</table>

Table 10.1 Primary Site of Esophageal cancer based on proximal edge of tumor, AJCC, 7th Ed.
## Anatomy - Esophagus

<table>
<thead>
<tr>
<th>Anatomic name</th>
<th>ICD-0-3</th>
<th>Name</th>
<th>Anatomic boundaries</th>
<th>Typical Esophagectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal (C15.2)</td>
<td>C15.5</td>
<td>Lower</td>
<td>EG junction to 5cm below EG junction</td>
<td>40-45cm</td>
</tr>
<tr>
<td></td>
<td>C16.0</td>
<td>EG Junction/cardia</td>
<td>EG junction to 5cm below EG junction</td>
<td>40-45cm</td>
</tr>
</tbody>
</table>

Table 10.1 Primary Site of Esophageal cancer based on proximal edge of tumor, AJCC, 7th Ed.
SSF 25 – Schema Discriminator

- Determining which schema should be used for gastric tumors within 5 cm of the GE junction
  - Select the code that best describes the location and extent of the tumor
  - A computer algorithm will bring the correct schema to the screen
Site Specific Factors - Esophagus

C15.0-C15.5, C15.8-C15.9

**CS Site-Specific Factor 1**  
FCDS & CoC required  
Clinical Assessment of Regional Lymph Nodes

**CS Site-Specific Factor 2**  
Specific Location of Tumor

**CS Site-Specific Factor 3**  
Number of Regional Lymph Nodes with Extracapsular tumor

**CS Site-Specific Factor 4**  
Distance to proximal edge of tumor from incisors

**CS Site-Specific Factor 5**  
Distance to distal edge of tumor from incisors

**CS Site-Specific Factor 6-25 = 988**
Site Specific Factor 1 - Esophagus

Esophagus 7th edition TNM AJCC

N0  No regional lymph node metastasis
N1  1 to 2 regional lymph nodes
N2  3 to 6 regional lymph nodes
N3  >6 regional lymph nodes
**Site Specific Factor 1 - Esophagus**

**Esophagus**

**CS Site-Specific Factor 1**

**Clinical Assessment of Regional Lymph Nodes**

- Note: In the rare instance that the number of clinically positive nodes is stated but a clinical N category is not stated, code 1-2 nodes as 100 (N1), 3-6 nodes as 200 (N2), and 7 or more nodes as 300 (N3).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>Nodes not clinically evident</td>
</tr>
<tr>
<td>100</td>
<td>Clinically N1</td>
</tr>
<tr>
<td>200</td>
<td>Clinically N2</td>
</tr>
<tr>
<td>300</td>
<td>Clinically N3</td>
</tr>
<tr>
<td>400</td>
<td>Clinically positive regional nodes, NOS</td>
</tr>
</tbody>
</table>
| 888  | OBSOLETE DATA CONVERTED V0200  
See code 988  
Not applicable for this site |
| 988  | Not applicable: Information not collected for this case  
(May include cases converted from code 888 used in CSv1 for “Not applicable” or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.) |
| 999  | Unknown if nodes are clinically evident |
Anatomy – Stomach change

• The cardia/EGJ, and the proximal 5cm of the fundus and body of the stomach

• (C16.0-C16.2) to CS Esophagus

• New schema for esophago-gastric junction (EGJ) includes subsite C16.0, C16.1, C16.2
EsophagusGEJunction
C16.0, C16.1, C16.2

**CS Site-Specific Factor 1**  
FCDS & CoC required  
Clinical Assessment of Regional Lymph Nodes

**CS Site-Specific Factor 2** = 988

**CS Site-Specific Factor 3**  
Number of Regional Lymph Nodes with Extracapsular tumor

**CS Site-Specific Factor 4**  
Distance to proximal edge of tumor from incisors

**CS Site-Specific Factor 5**  
Distance to distal edge of tumor from incisors

**CS Site-Specific Factor 6-24** = 988
Site Specific Factors 25 – EGJ

EsophagusGEJunction
C16.0, C16.1, C16.2

**CS Site-Specific Factor 25**  FCDS & CoC required
Involvement of Cardia and Distance from Esophagogastric
Junction (EGJ)

**Note 1:** Since primary site codes C16.1 (fundus of stomach) and
C16.2 (body of stomach) can be assigned to either schema,
EsophagusGEJunction or Stomach, this schema discriminator
field is needed for the CS Algorithm to determine which schema
to select only when the site is C16.1 or C16.2

**Note 2:** In 7th ed., Esophagogastric junction and the proximal 5
cm of the Stomach were removed from the Stomach schema and
added to the Esophagus chapter
EsophagusGEJunction
C16.0, C16.1, C16.2 CS Site-Specific Factor 25
Site-Specific Factor 25 FCDS & CoC required
Involvement of Cardia and Distance from Esophagogastric Junction (EGJ)

Note 3: For cases coded to primary site code C16.1 or C16.2 and histology: 8000-8152,8154-8231,8243-8245,8247,8248,8250-8934,8940-9136,9141-9582,9700-9701, code whether or not tumor extends to esophagus (crosses the EGJ) and code the stated distance of the midpoint of the tumor from the EGJ

Note 4: If the primary site code is stomach and involvement of EGJ and distance from EGJ is unknown but a physician stages the case using esophagus definitions, assign to code 060.

Collaborative Stage will use the EsophagusGEJunction schema to assign TNM and AJCC stage.
# Site Specific Factors 25 – EGJ

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Schema</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>No involvement of esophagus or EGJ</td>
<td>Stomach</td>
</tr>
<tr>
<td>010</td>
<td>Tumor located in Cardia or EGJ</td>
<td>EsophagusGEJunction</td>
</tr>
<tr>
<td>020</td>
<td>Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5cm or less</td>
<td>EsophagusGEJunction</td>
</tr>
<tr>
<td>030</td>
<td>Esophagus or EGJ involved AND distance of tumor midpoint from EGJ more than 5cm</td>
<td>Stomach</td>
</tr>
<tr>
<td>040</td>
<td>Esophagus or EGJ involved AND distance of tumor midpoint from EGJ unknown</td>
<td>EsophagusGEJunction</td>
</tr>
<tr>
<td>050</td>
<td>Esophagus and EGJ not involved but distance of tumor midpoint from EGJ is 5cm or less</td>
<td>Stomach</td>
</tr>
<tr>
<td>060</td>
<td>Esophagus involved or esophagus involvement unknown AND distance of tumor midpoint from EGJ more than 5cm or unknown AND physician stages case using esophagus definitions</td>
<td>EsophagusGEJunction</td>
</tr>
<tr>
<td>100</td>
<td>OBSOLETE DATA RETAINED V0200 C16.1, C16.2 - originally coded in CSV1</td>
<td>Stomach</td>
</tr>
<tr>
<td>999</td>
<td>Involvement of esophagus not stated, unknown or no information, not documented in patient record</td>
<td>Stomach</td>
</tr>
<tr>
<td></td>
<td>Blank for Stomach cases which are C16.3-C16.9</td>
<td>Stomach</td>
</tr>
<tr>
<td></td>
<td>Blank for Cardia/EGJ cases which are C16.0</td>
<td>EsophagusGEJunction</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Schema</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>000</td>
<td>No involvement of esophagus or EGJ</td>
<td>Stomach</td>
</tr>
<tr>
<td>010</td>
<td>Tumor located in Cardia or EGJ</td>
<td>EsophagusGEJunction</td>
</tr>
<tr>
<td>020</td>
<td>Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5cm or less</td>
<td>EsophagusGEJunction</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Location</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>030</td>
<td>Esophagus or EGJ involved AND distance of tumor midpoint from EGJ more than 5cm</td>
<td>Stomach</td>
</tr>
<tr>
<td>040</td>
<td>Esophagus or EGJ involved AND distance of tumor midpoint from EGJ unknown</td>
<td>EsophagusGEJunction</td>
</tr>
<tr>
<td>050</td>
<td>Esophagus and EGJ not involved but distance of tumor midpoint from EGJ is 5cm or less</td>
<td>Stomach</td>
</tr>
</tbody>
</table>
Upper Gastrointestinal Tract

Objective
Anatomy
Stomach
• SSF 1 – 24
• SSF 25

Figure I-2-4. Anatomic Landmarks of Stomach.
Stomach subsites describes

- anterior or posterior wall
- lesser curvature (medial edge)
- greater curvature (lateral or distal edge)

• Specific subsites
  - Fundus (C16.1)
  - Body (C16.2)
  - Antrum (C16.3)

• Midpoint of the tumor is within 5 cm below the cardia and the lesion does not extend to the cardia

• Any tumor with a midpoint more distal than 5 cm from the cardia
Site Specific Factor 1 - Stomach

Stomach CS Site-Specific Factor 1
Clinical Assessment of Regional Lymph Nodes
AJCC TNM 7th edition
N1  1 to 2 nodes

N2  3 to 6 nodes *(was N1)*

N3a  7 - 15 nodes *(was N2)*

N3b  16 or more *(was N3)*

Changes from 6th edition
Note: In the rare instance that the number of clinically positive nodes is stated but a clinical N category is not stated code:
1-2 nodes as 100 (N1)
3-6 nodes as 200 (N2)
7-15 nodes as 310 (N3a)
16 or more nodes as 320 (N3b)
If the number is only described as "more than 7 nodes", code as 300 (N3, NOS)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>Nodes not clinically evident</td>
</tr>
<tr>
<td>100</td>
<td>Clinically N1, NOS</td>
</tr>
<tr>
<td>200</td>
<td>Clinically N2, NOS</td>
</tr>
<tr>
<td>300</td>
<td>Clinically N3, NOS</td>
</tr>
<tr>
<td>310</td>
<td>Clinically N3a</td>
</tr>
<tr>
<td>320</td>
<td>Clinically N3b</td>
</tr>
<tr>
<td>400</td>
<td>Clinically positive regional nodes, NOS</td>
</tr>
</tbody>
</table>
| 888  | OBSOLETE DATA CONVERTED V0200  
See code 988: Not applicable for this site. |
| 988  | Not applicable: Information not collected for this case  
(May include cases converted from code 888 used in CSV1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.) |
| 999  | Unknown if nodes are clinically evident |
CSv2 Coding Issues

Schemas for some sites split by morphology
Esophagus: separate staging for squamous vs. adenocarcinoma

Site-Specific Factors
If information regarding SSF is not in path report or medical record
  • Registrar is not required to go looking for it
  – Information may not be available in some facilities
  – Not registrar’s role to enforce practice standards
  – Instructions included in schemas on how to code missing information
Part 1, Section 2 - Skin

- Melanoma Skin
- Merkel Cell Skin – new schema
- Kaposi Sarcoma
- Mycosis Fungoides
MelanomaSkin

http://skincancer.about.com/od/skincancerbasics/ss/melanomaimages_9.htm
SSFs – Melanoma SKIN

FCDS & CoC required

- CS Site-Specific Factor 1
  Measured Thickness (Depth), Breslow's Measurement

- CS Site-Specific Factor 2
  Ulceration

- CS Site-Specific Factor 3
  Clinical Status of Lymph Node Mets

- CS Site-Specific Factor 4
  LDH
SSF – Melanoma SKIN

- **CS Site-Specific Factor 1 Measured Thickness (Depth), Breslow's**
  - This site-specific factor measures tumor thickness or tumor depth (vertical dimension), not the size (lateral dimension)
  - Found in the pathology report

College of American Pathologists (CAP checklist) as a vertical measurement from the granular layer of the epidermis (or base of ulceration) to the deepest point of invasion, as measured on a calibrated ocular micrometer
• Code a measurement specifically labeled as “thickness” or “depth” or “Breslow depth of invasion” in the path report
• Information is not available, a measurement described as taken from the cut surface of the specimen may be coded
• Absence of either of these labels, the third dimension in a statement of tumor size can be used by the registrar to code this field
SSF 1 – Melanoma SKIN

• Important to identify the correct unit of measurement

• The value collected for skin, scrotum and melanoma of skin is measured in hundredths of millimeters
SSF 1 – Melanoma SKIN

- Tumor described as 0.15 mm in
  - Depth – code as 015

- Lesion 1 mm
  - Thick – code as 100

- Breslow 2.5 mm code as 250

- Thickness of 10 mm (1 cm) – code as 980 (9.80 millimeters or larger)
### Measured Thickness (Depth), Breslow's Measurement

- Note: Code MEASURED THICKNESS (Depth) of tumor (Breslow's measurement), not size. Record actual measurement in hundredths of millimeters from the pathology report.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>No mass/tumor found</td>
</tr>
<tr>
<td>001-979</td>
<td>0.01 - 9.79 millimeters &lt;br&gt; Code exact measurement in HUNDREDTHS of millimeters. &lt;br&gt; Examples: &lt;br&gt; 001 0.01 millimeter &lt;br&gt; 002 0.02 millimeters &lt;br&gt; 010 0.1 millimeter &lt;br&gt; 074 0.74 millimeters &lt;br&gt; 100 1 millimeter &lt;br&gt; 105 1.05 millimeters &lt;br&gt; 979 9.79 millimeters</td>
</tr>
<tr>
<td>980</td>
<td>9.80 millimeters or larger</td>
</tr>
</tbody>
</table>
SSF 1 – Melanoma SKIN

- The 900 codes are used to document specific case situations
- Use code 988 when tumor thickness, Breslow’s measurement or tumor thickness is not collected for the case
SSF 1 – Melanoma SKIN

- Code 990 for skin and scrotum only when
  - Statement of microinvasion but *no depth is given*
  - Description of a microscopic focus or foci but *no depth is given*
• Use code 999 when
  – tumor depth or thickness information is unknown, including cases in which the primary tumor is removed but the measurement of thickness cannot be determined from the pathology report
  – tumor thickness or depth is not documented in the medical record
  – for melanoma of skin only: there is a statement of microinvasion but no depth is given
  – for melanoma of skin only: there is a description of a microscopic focus or foci but no depth is given
SSF 2 – Melanoma SKIN

SSF 2 Ulceration

Source documents: pathology report, physical exam, consultant notes, other statement in the medical record

• **Note 1:** Melanoma ulceration is the absence of an intact epidermis overlying the primary melanoma based upon histopathological examination

• **Note 2:** If there is no documentation or no mention of ulceration in the pathology report, assume ulceration is not present and code 000
SSF 2 Ulceration

- Code whether ulceration of the melanoma is present, based on information in the pathology report.
- If there is no mention of ulceration in the pathology report, assume ulceration is not present and code 000.
Melanoma Skin

CS Site-Specific Factor 2
Ulcration

- Note 1: Melanoma ulceration is the absence of an intact epidermis overlying the primary melanoma based upon histopathological examination.
- Note 2: If there is no documentation or no mention of ulceration in the pathology report, assume ulceration is not present and code 000.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>No ulceration present</td>
</tr>
<tr>
<td>001</td>
<td>Ulceration present</td>
</tr>
</tbody>
</table>
| 999  | Unknown
Not stated
Not documented in patient record |
 CS Site-Specific Factor 3
  Clinical Status of Lymph Node Mets
  • Site-specific factor records whether microscopic lymph node metastases are present
  • Site-specific factor applies to tumor in regional lymph nodes only; do not code the status of in-transit metastases or satellite nodules in this field even though this information is collected in CS Lymph Nodes
SSF 3 – Melanoma SKIN

CS Site-Specific Factor 3
Clinical Status of Lymph Node Mets

Note 1:
• Code 000 if either there is no lymph node involvement (CS Lymph Nodes is coded 000)
• There are in-transit metastases
• Satellite nodules, but no regional lymph node involvement (CS Lymph Nodes is coded 130, 140 or 150)
CS Site-Specific Factor 3
Clinical Status of Lymph Node Mets

**Note 2:**
- Code 000 if there are clinically apparent lymph node metastases but they are pathologically negative

**Note 3:**
Code 001 if lymph nodes are negative on palpation and/or imaging but are positive on pathology
Note 3:
AJCC defines microscopic lymph node metastases or "micrometastases" as those which are clinically inapparent by palpation and/or imaging but are pathologically positive.
SSF 3 – Melanoma SKIN

CS Site-Specific Factor 3
Clinical Status of Lymph Node Mets

**Note 4:**
Code 001 if there is microscopic confirmation of lymph node metastases but there is no documentation of the clinical status
SSF 3 – Melanoma SKIN

CS Site-Specific Factor 3
Clinical Status of Lymph Node Mets

Note 5:
Code 002 if there are clinically apparent lymph node metastases whether they are confirmed by pathology or pathology is not performed
Note 5:
Code 002 if there are clinically apparent lymph node metastases whether they are confirmed by pathology or pathology is not performed.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>No lymph node metastases</td>
</tr>
<tr>
<td>001</td>
<td>Clinically occult (microscopic) lymph node metastases only</td>
</tr>
<tr>
<td>002</td>
<td>Clinically apparent (macroscopic) lymph node metastases</td>
</tr>
<tr>
<td>999</td>
<td>Unknown if nodes are involved&lt;br&gt;Unknown or no information&lt;br&gt;Not documented in patient record</td>
</tr>
</tbody>
</table>
Clinical Status of Lymph Node Mets
Use code 000

• There is no regional involvement

• Lymph node metastases are clinically apparent but pathologically negative

• Intrasisit metastases or satellite nodules are present (CS lymph nodes = 130, 140, 150) but no lymph nodes are involved
Clinical Status of Lymph Node Mets
Use code 001

• There are microscopic lymph node metastases or “micrometastases”

• Lymph nodes are negative on palpation or imaging but contain metastases on pathology

• Lymph node metastases are confirmed microscopically but there is no statement of the clinical status in the medical record
SSF 3 – Melanoma SKIN

Clinical Status of Lymph Node Mets

Use code 002

- Lymph node metastases are clinically apparent whether or not they are confirmed microscopically
Note: Per AJCC, "An elevated serum LDH should be used only when there are 2 or more determinations obtained more than 24 hours apart, because an elevated serum LDH on a single determination can be falsely positive as a result of hemolysis or other factors unrelated to melanoma metastases."
## SSF 4 – Melanoma SKIN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>Test not done, test was not ordered and was not performed</td>
</tr>
<tr>
<td>002</td>
<td>Within normal limits</td>
</tr>
</tbody>
</table>
| 004  | Range 1: Less than 1.5 x upper limit of normal for LDH assay  
Stated as elevated, NOS |
CS Site-Specific Factor 7
Primary Tumor Mitotic Count/Rate

The *mitotic rate* is a measurement of how fast tumor cells are dividing in patients with *melanoma*.

Measuring the number of dividing cells can help predict survival in patients with melanoma. *Photo © NY Department of Health*. 

[Source: skincancer.about.com/od/diagnosis/a/mitotic_rate.htm]
Primary Tumor Mitotic Count/Rate

- Mitotic count or mitotic rate is a site-specific factor for a number of primary sites
- Cutaneous melanoma, the standard measurement is the total number of mitoses per 1 square millimeter
- Melanoma of skin, a mitotic rate of 1 or more mitotic figure per square millimeter is a powerful adverse prognostic factor, according to the College of American Pathologists
# SSF 7 – Melanoma SKIN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>Mitotic rate &lt;1 per square millimeter</td>
</tr>
<tr>
<td>001-010</td>
<td>1 - 10 mitoses per square millimeter&lt;br&gt;Code exact measurement&lt;br&gt;Examples:&lt;br&gt;001 = 1 mitosis per square millimeter&lt;br&gt;002 = 2 mitosis per square millimeter&lt;br&gt;010 = 10 mitoses per square millimeter</td>
</tr>
<tr>
<td>011</td>
<td>11 mitoses per square millimeter or greater</td>
</tr>
<tr>
<td>988</td>
<td>Not applicable:&lt;br&gt;Information not collected for this case</td>
</tr>
<tr>
<td>998</td>
<td>No histologic examination of primary site.</td>
</tr>
<tr>
<td>999</td>
<td>Unknown&lt;br&gt;Not stated&lt;br&gt;Not documented in patient record</td>
</tr>
</tbody>
</table>
Part I Section 2: Site-Specific Notes

- HEAD AND NECK SITES pI-2-17
- UPPER GASTROINTESTINAL (UGI) TRACT pI-2-28
  - Esophagus, Stomach, Small Intestine
- COLON, APPENDIX, RECTUM, ANUS 1-2-32
- GASTROINTESTINAL STROMAL TUMORS (GIST) pI-2-36
- NEUROENDOCRINE TUMORS (NET) pI-2-39
  - (Stomach, Small intestine, Appendix, Colon, Rectum and Ampulla of Vater)
Part I Section 2: Site-Specific Notes

- **BILIARY ORGANS AND PANCREAS** pI-2-41
  (Liver, Intrahepatic Bile Ducts, Perihilar Bile Ducts, Cystic Duct, Distal Bile Duct, Ampulla of Vater, Gallbladder, Pancreas {Head, Body and Tail, Other})

- **LUNG AND PLEURA** pI-2-48

- **BONE** pI-2-52

- **SKIN** pI-2-54
  - Skin, MelanomaSkin, MerkelCell (Skin, Penis, Scrotum, Vulva), KaposiSarcoma, MycosisFungoides (MelanomaEyelid is discussed with Eye sites)
Part I Section 2: Site-Specific Notes

- **SOFT TISSUE pI-2-65**
  - Soft Tissue, Retroperitoneum, Peritoneum
  - (PeritoneumFemaleGen is discussed with GYN sites.)

- **BREAST pI-2-68**

- **FEMALE GENITAL ORGANS pI-2-82**
  - Vulva, Vagina, Cervix, CorpusCarcinoma, CorpusAdenosarcoma,
  - CorpusSarcoma, Ovary, FallopianTube, Placenta, PeritoneumFemaleGen

- **MALE GENITAL ORGANS pI-2-92**
  - Prostate, Testis, Penis, Scrotum
Part I Section 2: Site-Specific Notes

- **URINARY TRACT pI-2-104**
  - Kidney Parenchyma, Kidney Renal Pelvis [includes Ureter], Bladder, Urethra

- **CENTRAL NERVOUS SYSTEM pI-2-110**
  - Brain, CNS Other, Intracranial Gland Central

- **ENDOCRINE GLANDS I-2-114**
  - Thyroid, Adrenal Gland, Endocrine Other

- **KAPOSI SARCOMA I-2-116**

- **LYMPHOMA & HEMATOPOIETIC p I-2-116**
  - Lymphoma, Heme Retic
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- OPHTHALMIC SITES I-2-121
  - SkinEyelid, Conjunctiva, Melanoma Conjunctiva, Melanoma Choroid, Melanoma Ciliary Body, Melanoma Iris, Lacrimal Gland, Lacrimal Sac, Retinoblastoma, Lymphoma Ocular Adnexa
Reference

• Collaborative Stage Data Collection System Coding Manual and Instructions

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VERSION 02.00.00

INCORPORATING UPDATES THROUGH JANUARY 1, 2010