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

Objective
Anatomy
Esophagus
Stomach
Small Intestine
• SSF 1 – 24
• SSF 25
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

Anatomic name | ICD-0-3 Name | Anatomic boundaries
--- | --- | ---
Cervical (C15.0) | C15.3 | Upper Hypopharynx to sternal notch

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 EG</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

<table>
<thead>
<tr>
<th>C15.0-C15.5, C15.8-C15.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS Site-Specific Factor 1</td>
</tr>
<tr>
<td>CS Site-Specific Factor 2</td>
</tr>
<tr>
<td>CS Site-Specific Factor 3</td>
</tr>
<tr>
<td>CS Site-Specific Factor 4</td>
</tr>
<tr>
<td>CS Site-Specific Factor 5</td>
</tr>
<tr>
<td>CS Site-Specific Factor 6-25</td>
</tr>
</tbody>
</table>
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

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
Site Specific Factors 25 – EGJ

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

Note 1: Since primary site codes C16.1 (fundus of stomach) and C16.2 (body of stomach) can be assigned to either schema, Esophagus 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

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 TSM and AdCC stage.
### Site Specific Factors 25 – EGJ

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Schema</th>
</tr>
</thead>
<tbody>
<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 5cm or less</td>
<td>Stomach</td>
</tr>
</tbody>
</table>
Upper Gastrointestinal Tract

Objective
Anatomy
Stomach

- SSF 1 – 24
- SSF 25

Anatomy - 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
Site Specific Factor 1 - Stomach

Stomach CS Site-Specific Factor 1

**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)

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Site Specific Factors 1 - Stomach

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>Nodes not locally excised</td>
</tr>
<tr>
<td>100</td>
<td>Clinical N1, NOS</td>
</tr>
<tr>
<td>200</td>
<td>Clinical N2, NOS</td>
</tr>
<tr>
<td>300</td>
<td>Clinical N3a, NOS</td>
</tr>
<tr>
<td>400</td>
<td>Clinical N4, NOS</td>
</tr>
<tr>
<td>800</td>
<td>Not applicable: information not collected for this case</td>
</tr>
<tr>
<td>899</td>
<td>Information not collected or code 899 is not applicable in this site</td>
</tr>
<tr>
<td>999</td>
<td>Information not collected or code 999 is not applicable in this site</td>
</tr>
</tbody>
</table>

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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
**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

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**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
  - 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

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**SSF 1 – Melanoma SKIN**

- 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)
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.

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
SSF 1 – Melanoma SKIN

• 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 – Melanoma SKIN

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
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.

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).
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.

Note 4:
Code 001 if there is microscopic confirmation of lymph node metastases but there is no documentation of the clinical status.
Note 5:
Code 002 if there are clinically apparent lymph node metastases whether they are confirmed by pathology or pathology is not performed.
SSF 3 – Melanoma SKIN

Clinical Status of Lymph Node Mets
Use code 000
  • There is no regional involvement
  • Lymph node metastases are clinically apparent but pathologically negative
  • Intrasit metastases or satellite nodules are present (CS lymph nodes = 130, 140, 150) but no lymph nodes are involved

SSF 3 – Melanoma SKIN

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
CS Site-Specific Factor 4
LDH

- 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."

### Code | Description
--- | ---
000 | Test not done, test was not ordered and was not performed
002 | Within normal limits
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](http://www.health.ny.gov/).
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

### 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</td>
<td>1 - 10 mitoses per square millimeter</td>
</tr>
<tr>
<td>002</td>
<td>Code exact measurement</td>
</tr>
<tr>
<td>003</td>
<td>11 mitoses per square millimeter</td>
</tr>
<tr>
<td>011</td>
<td>1 - 10 mitoses per square millimeter</td>
</tr>
<tr>
<td>012</td>
<td>11 mitoses per square millimeter or greater</td>
</tr>
<tr>
<td>099</td>
<td>Not applicable</td>
</tr>
<tr>
<td>555</td>
<td>Information not collected for this case</td>
</tr>
<tr>
<td>999</td>
<td>No histologic examination of primary site</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Not stated</td>
</tr>
<tr>
<td>555</td>
<td>Not documented in patient record</td>
</tr>
</tbody>
</table>

Part I Section 2: Site-Specific Notes

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

- **BILARY ORGANS AND PANCREAS** p1-2-41
  - (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** p1-2-48

- **BONE** p1-2-52

- **SKIN** p1-2-54
  - Skin, MelanomaSkin, MerkelCell (Skin, Penis, Scrotum, Vulva), KaposiSarcoma, MycosisFungoides (MelanomaEyelid is discussed with Eye sites)

- **BREAST** p1-2-68

- **FEMALE GENITAL ORGANS** p1-2-82
  - Vulva, Vagina, Cervix, CorpusCarcinoma, CorpusAdenosarcoma,
  - CorpusSarcoma, Ovary, FallopianTube, Placenta, PeritoneumFemaleGen

- **MALE GENITAL ORGANS** p1-2-92
  - Prostate, Testis, Penis, Scrotum

- **SOFT TISSUE** p1-2-65
  - Soft Tissue, Retroperitoneum, Peritoneum
  - (PeritoneumFemaleGen is discussed with GYN sites.)

- **BREAST** p1-2-68

- **FEMALE GENITAL ORGANS** p1-2-82
  - Vulva, Vagina, Cervix, CorpusCarcinoma, CorpusAdenosarcoma,
  - CorpusSarcoma, Ovary, FallopianTube, Placenta, PeritoneumFemaleGen

- **MALE GENITAL ORGANS** p1-2-92
  - Prostate, Testis, Penis, Scrotum

- **URINARY TRACT** p1-2-104
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- **ENDOCRINE GLANDS** p1-2-114
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- **KAPOSI SARCOMA** p1-2-116

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Part I Section 2: Site-Specific Notes

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  – 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
  Part I Section 2: Site-Specific Notes
  VERSION 02.00.00
  INCORPORATING UPDATES
  THROUGH JANUARY 1, 2010