Agenda

• Overview
• Treatment
• MP/H Rules
• CSv2

Overview

Colon/Rectum/Appendix
Epidemiology

- Estimated new cases and deaths from colon and rectal cancer in the United States in 2009:
  - New cases:
    - 106,100 (colon)
    - 40,870 (rectum)
  - Deaths: 49,920 (colon and rectal combined)
- Estimated new cases and deaths from colon and rectal cancer in Canada in 2009:
  - New Cases: 22,000 (colon and rectum combined)
  - Deaths: 9,100 (colon and rectum)

Function

- Colon/Rectum
  - Digestion
  - Houses over 700 species of bacteria
- Appendix
  - Contains masses of lymphoid tissue
  - Plays an important role in immunity
Layers of the Colon

- Confined to the mucosa
- Invasion into the submucosa
- Invasion of muscularis propria
- Invasion into subserosa
- Invasion through serosa
  - Tumor penetrates the visceral peritoneum
  - Tumor directly invades or is adherent to other organs or structures

Lymph-Vascular Invasion

- Lymph node
- Blood vessel
- Serosa
- Muscle layers
- Submucosa
- Mucosa
- Blood vessel
- Lymphatic vessel
- Tumor
**Lymph-Vascular Invasion**

**Coding Guidelines**
- Based on all pathology reports or information available
- Includes lymphatic invasion, vascular invasion, or lymph-vascular invasion
- Do not use for perineural invasion
- Use CAP checklist as primary source

**Codes**
- 0 Not Present (absent)/Not Identified
- 1 Lymph-vascular Invasion Present/Identified
- 8 Not Applicable
- 9 Unknown/Indeterminate

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**Histology**

- **Adenocarcinoma**
  - Ninety-eight percent of colon cancers are adenocarcinoma
  - Ten to fifteen percent of these cases produce enough mucin to be categorized as mucinous/colloid
  - Mixed histologies and specific types other than mucinous/colloid or signet ring cell are rare
  
  (2007 MPH Manual pg 29)

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**Histology**

- **Mucinous/colloid adenocarcinoma (8480)**
  - An adenocarcinoma containing extra-cellular mucin comprising more than 50% of the tumor
  - Note that "mucin-producing" and "mucin-secreting" are not synonymous with mucinous
- **Signet ring cell carcinoma (8490)**
  - An adenocarcinoma containing intra-cellular mucin comprising more than 50% of the tumor
**Histology**

- Carcinoid, NOS (8240)
  - Also called typical carcinoid or low grade or well-differentiated neuroendocrine carcinoma
- Neuroendocrine carcinoma, NOS (8246)
- Composite carcinoid (8244)
  - Single tumor containing both carcinoid and adenocarcinoma
- Adenocarcinoid (8245)
  - Specific type usually found in appendix
- Atypical carcinoid tumor (8249)

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**Histology**

- Familial adenomatous polypoid/FAP (8220)
  - Familial polyp or polypoid syndromes are caused by a hereditary genetic defect that increases the risk for developing colorectal cancer.
- **Malignant** Gastrointestinal Stromal Tumors/GIST (8936/3)
  - GIST NOS is not reportable (8936/1)

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**Polyps**

- Pedunculated
- Stalk
- Sessile
Polyps

- Tubular
- Tubulovillous
- Villous

Histology

- Adenocarcinoma in an adenomatous polyp (8210)
  - Adenocarcinoma in a tubular adenoma
  - Carcinoma in adenomatous polyp
  - Adenocarcinoma in a polyp, NOS
  - Carcinoma in a polyp, NOS
- Adenocarcinoma in villous adenoma (8261)
- Adenocarcinoma in tubulovillous adenoma (8263)

Terminology

- Exophytic
  - Nodular or polypoid
  - Pedunculated or sessile
- Endophytic
  - Ulcerative
### Grade

<table>
<thead>
<tr>
<th>Two Grade system</th>
<th>Four Grade System</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Low-grade</td>
<td>1 Well Differentiated</td>
</tr>
<tr>
<td>Well differentiated and</td>
<td>2 Mod Differentiated</td>
</tr>
<tr>
<td>moderately differentiated</td>
<td>3 Poorly Differentiated</td>
</tr>
<tr>
<td>4 High-grade</td>
<td>4 Undifferentiated</td>
</tr>
<tr>
<td>Poorly differentiated and</td>
<td></td>
</tr>
<tr>
<td>undifferentiated</td>
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### Grade Path System

<table>
<thead>
<tr>
<th>Grade Path System</th>
<th>Grade Path Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Two-Grade System</td>
<td>1 Recorded as Grade I or 1</td>
</tr>
<tr>
<td>3 Three-Grade System</td>
<td>2 Recorded as Grade II or 2</td>
</tr>
<tr>
<td>4 Four-Grade System</td>
<td>3 Recorded as Grade III or 3</td>
</tr>
<tr>
<td></td>
<td>4 Recorded as Grade IV or 4</td>
</tr>
</tbody>
</table>

### Colon Blood Supply

- Superior mesenteric artery branches
  - 1 Ileocolic
  - 2 Right colic
  - 3 Middle colic
- Inferior mesenteric artery branches
  - 4 Ascending left colic
  - 5 Left colic
  - 6 Sigmoid branches
  - 7 Superior rectal artery
  - 8 Middle rectal artery
  - 9 Inferior rectal artery
  - 10 Inferior mesenteric vein
Lymph Nodes of Colon

Image source: http://training.seer.gov

Common Metastatic Sites

- Liver
- Lung
- Abdominal seeding

Treatment
Surgical Procedure of Primary Site: Colon

- Code 20: Local tumor excision, NOS
  - Code 27: Excisional biopsy
  - Code 26: Polypectomy, NOS
  - Code 28: Polypectomy-endoscopic
  - Code 29: Polypectomy-surgical excision

Polypectomy

- Polypectomy can be curative if margin is negative
  - About one-third of adenomas will recur
- Invasive adenocarcinoma of sessile polyp requires more than polypectomy
Surgical Procedure of Primary Site: Colon

- Code 30: Partial colectomy, segmental resection
  - Code 32: Plus resection of contiguous organ
- Code 40: Subtotal colectomy/hemicolectomy
  - Code 41: Plus resection of contiguous organ

Segmental Resection

Hemicolectomy
Surgical Procedure of Primary Site: Colon

• Code 50: Total colectomy
  – Code 51: Plus resection of contiguous organ
• Code 60: Total proctocolectomy
  – Code 61: Plus resection of contiguous organ

Surgical Procedure of Primary Site: Colon

• Code 70: Colectomy or proctocolectomy with resection of contiguous organ
• Code 80: Colectomy, NOS
Surgical Procedure of Primary Site:
Rectum
- Code 30: Wedge or segmental resection; partial proctectomy
- Code 40: Pull through with sphincter preservation
- Code 50: Total proctectomy
- Code 60: Total proctocolectomy, NOS

Abdominoperineal Resection

Surgical Approach-2010
(RX HOSP--SURG APP 2010)
Description
- Describes the surgical method used to approach the primary site for patients undergoing surgery of the primary site at this facility

Codes
- 0 No surgical procedure of primary site at this facility.
- 1 Robotic assisted.
- 2 Robotic converted to open.
- 3 Laparoscopic.
- 4 Laparoscopic converted to open.
- 5 Open. Approach, NOS.
- 9 Unknown. Death certificate only.
**Treatment-Colon or Rectum**

- Tis, T1 or T2 with no further mets
  - Surgery
  - Surveillance

- T3 without metastasis
  - Surgery
  - Possibly chemo
  - Surveillance

- T4, positive lymph nodes, or distant mets
  - Surgery (if resectable)
  - Chemo
  - Surveillance

**Treatment-Colon**

- cT3 or cN1-2
  - Neoadjuvant radiation and/or neoadjuvant chemo
  - Resection
  - Adjuvant chemo

- T4 or distant mets
  - Neoadjuvant radiation and/or neoadjuvant chemo
  - Resection (if resectable)
  - Adjuvant chemo

**Treatment-Rectum**
Radiation Therapy

- Radiation therapy is not standard treatment for colon cancer
- Radiation therapy may be used with surgery to treat rectal cancer
  - Pre-operative treatment to shrink tumor prior to surgery
  - Endocavitary treatment for small tumors

Radiation Therapy

- Regional treatment modality (FORDS page 155)
  - External beam radiation
    - Codes 20 – 30: Orthovoltage, cobalt, photons, electrons, or neutrons
    - Code 31: Intensity modulated radiation therapy (IMRT)
    - Code 32: Conformal radiation

Chemotherapy

- Colon
  - Post-operative single or multi-agent chemotherapy for stage III and IV
  - Use of chemotherapy for stage II is being studied
- SEER Rx
Chemotherapy

- Rectum
  - Stage II and III
    - Pre-operative chemotherapy to preserve sphincter function
    - Single or multi-agent adjuvant chemotherapy
  - Stage IV
    - Single or multi-agent adjuvant chemotherapy

Immunotherapy

- Colon
  - Tumor vaccines
  - Monoclonal antibodies

Multiple Primary/ Histology Rules
Question

• The pathology from a polypectomy shows portions of adenomatous polyp containing adenocarcinoma.
• The pathology from the final resection shows adenocarcinoma, nos (no mention of a polyp).
• Do we still code the adenocarcinoma in a polyp?

Answer

• Use MPH rule H4 when there is a diagnosis of adenocarcinoma AND reference to a residual or pre-existing polyp within the medical record.
  – This includes references within the operative note, endoscopy note, or even other physician documentation that a polyp was found in the same colon segment within a short time prior to the surgery. Code 8210/3.
  • Curator

Question

• Colonoscopy had a diagnosis of adenocarcinoma in ascending colon. They had a right hemicolectomy for resection of ascending colon mass. Final path said adenocarcinoma invading into fat with regional lymph node mets.
• A second polypoid mass in the cecum with surgical specimen, adenocarcinoma arising in a tubulovillous adenoma extending into the submucosa, margins free. Are they two separate primaries?
**Answer**

- We follow Rule M4 for colon (different at 4th character) for C18.2 and C18.0. These are 2 primaries.
- To code the histology, we stop at Rule H11 for ascending (C18.2) and code 8140/3 (adenoca). We stop at Rule H4 for cecum (C18.0) and code 8263/3 (tubulovillous polyp).
  - Curator

**Question**

- Pathology report for colon resection stated adenocarcinoma NOS with features of neuroendocrine carcinoma.
- Can MP/H rule H13 in the colon chapter be applied for coding the histology or is this used only when both histologies are a form of carcinoma or adenocarcinoma?

**Answer**

- H13 applies when a general type is diagnosed and a more specific type is diagnosed at the same time or later
- In this case, follow Rule H11 to code adenocarcinoma with neuroendocrine (8574/3). Curator (I & R Team)
Question

• A patient with a history of carcinoma of the rectosigmoid colon presents for a colonoscopy. He is found to have a lesion at the anastomotic site of his previous primary.
• The patient had a sigmoid-rectum segmental resection for a mod-diff adenocarcinoma. The physician called this a recurrence, but the pathologist did not compare the present tumor to the original tumor. Is this a second primary?

Answer

• When a patient has colon cancer, the cancer is usually in the "center" of the colon segment that was removed.
• With the prior anterior resection, the entire segment of that part of the colon was removed along with partial removal of the sections on either side of the tumor.
• That means that the so-called "recurrence" at the anastomotic site is not in the same segment of colon. That segment is gone - permanently.
• This tumor is in a different subsite of the colon and is a new primary unless the pathologist calls it metastatic.
  — Curator
Colon, Rectum, and Appendix

Education & Training Team
Collaborative Stage Data Collection System
Version 2.01

Summary of Changes for Colon and Rectum

Summary of Changes

• Appendix removed from colon schema
• T4 subdivided
• N1 & N2 subdivided
• M1 subdivided

3
Summary of Changes

• Satellite peritumoral nodules in pericolorectal adipose tissue
  - Code 050 in CS Lymph Nodes
  - Code total number of tumor deposits in SSF4

• Additional SSFs collected

CS Extension

New and Revised Codes & Definitions

• Code 170
  - Stated T1, NOS

• Code 200
  - Muscularis propria invaded
  - Stated as T2, NOS

• Code 410
  - Stated as T3, NOS

• Code 490
  - Stated as T4, NOS

• Code 500
  - Invasion of/through serosa
  - Stated as 4a, NOS
CS Extension
New and Revised Codes & Definitions

• Code 560: Rectum
  – Stated as T4b, NOS

• Code 690: Colon
  – Stated as T4b, NOS

CS Extension
Code Clarification

• Note 3

• Code 460
  – Tumor is adherent macroscopically only

• Code 570
  – Tumor is adherent microscopically

CS Lymph Nodes
New Codes & Definitions

• Code 050
  – Tumor deposits in subserosa or non-peritonealized pericolic or perirectal tissues without regional nodal metastasis

• Code 410
  – Stated N1a pathologic

• Code 420
  – Stated N1b pathologic
CS Lymph Nodes
New Codes & Definitions

• Code 460
  – Stated N2a pathologic

• Code 470
  – Stated N2b pathologic

MX Eliminated

• MX has been eliminated from 7th Edition
  – Clinical M0
  – Unless clinical or pathologic evidence of mets

• cM only requires history and physical

• Infer cM0 unless known cM1

CS Mets at DX - Colon
New and Revised Codes & Definitions

• Code 10
  –Obsolete data retained V0200

• Code 15
  – Metastasis to a single distant lymph node chain other than code 08

• Code 20
  – Metastasis to a single distant organ
CS Mets at DX - Colon
New and Revised Codes & Definitions

• Code 22
  – Stated as M1a, NOS

• Code 25
  – Metastasis to more than 1 distant lymph node chain other than code 08

• Code 30
  – Metastases to more than 1 distant organ
  – Stated as M1b, NOS

CS Mets at DX - Colon
New and Revised Codes & Definitions

• Code 35
  – Distant lymph nodes (08 or 15 or 25) + other distant metastases (20 or 30)

• Code 40
  – Obsolete data retained V0200

CS Mets at DX - Colon
New and Revised Codes & Definitions

• Code 50
  – Obsolete data retained V0200

• Code 60
  – Distant metastasis, NOS
  – M1, NOS
CS Mets at DX - Rectum
New and Revised Codes & Definitions

• Code 05
  – Metastasis to a single distant lymph node chain, NOS

• Code 10
  – Obsolete data retained V0200

• Code 11
  – Obsolete data retained V0200

CS Mets at DX - Rectum
New and Revised Codes & Definitions

• Code 12
  – Obsolete data retained V0200

• Code 15
  – Metastasis to a single distant lymph node chain
    • Rectosigmoid: internal iliac (hypogastric); obturator

• Code 20
  – Metastasis to other single distant lymph node chains
    including external iliac or common iliac

CS Mets at DX - Rectum
New and Revised Codes & Definitions

• Code 25
  – Metastasis to a single distant organ

• Code 27
  – Stated as M1a, NOS

• Code 30
  – Metastasis to more than 1 distant lymph node chain
### CS Mets at DX - Rectum
#### New and Revised Codes & Definitions

- **Code 35**
  - Distant metastases to more than 1 distant organ
  - Stated as M1b, NOS

- **Code 40**
  - Obsolete data retained V0200

---

### CS Mets at DX - Rectum
#### New and Revised Codes & Definitions

- **Code 45**
  - Distant lymph nodes (05 or 15 or 20) + other distant metastases (25 or 35)

- **Code 50**
  - Obsolete data retained V0200

- **Code 60**
  - Distant metastasis, NOS
  - M1, NOS

---

### Mets at Dx-Metastatic Sites

- 4 new fields
  - Bone excluding marrow
  - Lung excluding pleura and pleural fluid
  - Brain excluding spinal cord and other CNS
  - Liver

- **Code 0** when CS Mets at Dx is 00

- **Code structure**
  - 0 – No
  - 1 – Yes
  - 8 – Not applicable
  - 9 – Unknown
### SSF3 Pre-Operative CEA Lab Value

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<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
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<td>000 value</td>
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<tr>
<td>001</td>
<td>0.1 or less ng/ml</td>
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<tr>
<td>002-979</td>
<td>0.2 - 97.9 ng/ml</td>
</tr>
<tr>
<td>980</td>
<td>98.0 or greater ng/ml</td>
</tr>
<tr>
<td>988</td>
<td>Obsolete data converted &amp; retained in V0200</td>
</tr>
<tr>
<td>997</td>
<td>Test ordered, results not in chart</td>
</tr>
<tr>
<td>998</td>
<td>Test not done (test not ordered &amp; not performed)</td>
</tr>
<tr>
<td>999</td>
<td>Unknown or no information</td>
</tr>
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<td>Not documented in patient record</td>
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</tbody>
</table>

### SSF4 Tumor Deposits

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<tbody>
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<td>000</td>
<td>None</td>
</tr>
<tr>
<td>001-080</td>
<td>1-80 tumor deposits (code exact number of tumor deposits)</td>
</tr>
<tr>
<td>081</td>
<td>Greater than 80 tumor deposits</td>
</tr>
<tr>
<td>888</td>
<td>Obsolete data converted V0200</td>
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<tr>
<td></td>
<td>See code 988: Not applicable for this site</td>
</tr>
<tr>
<td>988</td>
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</tr>
<tr>
<td>998</td>
<td>Tumor deposits identified, number unknown</td>
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<tr>
<td>999</td>
<td>Unknown if tumor deposits are present</td>
</tr>
<tr>
<td></td>
<td>Not documented in patient record</td>
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### SSF5 Tumor Regression Grade

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<th>Description</th>
</tr>
</thead>
<tbody>
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<td>000</td>
<td>Tumor regression grade 0</td>
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<tr>
<td></td>
<td>Complete response – no viable cancer cells</td>
</tr>
<tr>
<td></td>
<td>No residual tumor</td>
</tr>
<tr>
<td>010</td>
<td>Tumor regression grade 1</td>
</tr>
<tr>
<td></td>
<td>Moderate response – single or small groups of cancer cells</td>
</tr>
<tr>
<td>020</td>
<td>Tumor regression grade 2</td>
</tr>
<tr>
<td></td>
<td>Minimal response – residual cancer outgrown by fibrosis</td>
</tr>
</tbody>
</table>
### SSF5 Tumor Regression Grade

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| 030  | Tumor regression grade 3  
Poor response – minimal or no tumor kill; extensive residual cancer |
| 888  | Obsolete data converted V0200  
See code 988: Not applicable for this site |
| 988  | Obsolete data converted and retained V0200 |
| 998  | No preoperative treatment or no surgery  
No histologic confirmation |
| 999  | Unknown  
Not documented in patient record |

### SSF6 Circumferential Resection Margin

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| 000  | Margin is involved with tumor  
Circumferential resection positive  
Described as "less than 1 millimeter" |
| 001-009 | 0.1 – 0.9 mm (code exact size in millimeters) |
| 010-980 | 1 – 98 mm (code exact size in millimeters) |
| 991  | Margins clear, distance from tumor not stated  
Circumferential resection margin negative |
| 992  | Described as "less than 2 mm" or "greater than 1 mm" or "between 1 mm and 2 mm" |
| 993  | Described as "less than 3 mm" or "greater than 2 mm" or "between 2 mm and 3 mm" |
| 994  | Described as "less than 4 mm" or "greater than 3 mm" or "between 3 mm and 4 mm" |
| 995  | Described as "less than 5 mm" or "greater than 4 mm" or "between 4 mm and 5 mm" |
| 996  | Described as "greater than 5 mm" |
### SSF6 Circumferential Resection Margin

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>997</td>
<td>No residual tumor identified on specimen</td>
</tr>
<tr>
<td>988</td>
<td>Obsolete data converted and retained V0200</td>
</tr>
<tr>
<td>998</td>
<td>Patient did not have surgery No histologic confirmation</td>
</tr>
<tr>
<td>999</td>
<td>Unknown CRM not mentioned Not documented in patient record</td>
</tr>
</tbody>
</table>

### SSF7 Microsatellite Instability

<table>
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<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>020</td>
<td>MSI stable; no microsatellite instability</td>
</tr>
<tr>
<td>040</td>
<td>MSI unstable low; positive, low</td>
</tr>
<tr>
<td>050</td>
<td>MSI unstable high; positive, high</td>
</tr>
<tr>
<td>060</td>
<td>MSI unstable, NOS; positive, NOS</td>
</tr>
<tr>
<td>977</td>
<td>Test ordered, but results not in chart</td>
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<tr>
<td>978</td>
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<td>979</td>
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### SSF8 Perineural Invasion

<table>
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<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>None; no perineural invasion present</td>
</tr>
<tr>
<td>010</td>
<td>Perineural invasion present</td>
</tr>
<tr>
<td>988</td>
<td>No histologic examination of primary site</td>
</tr>
<tr>
<td>999</td>
<td>Unknown Not documented in patient record</td>
</tr>
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</table>
### SSF9 KRAS

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<th>Description</th>
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<td>010</td>
<td>Abnormal (mutated)</td>
</tr>
<tr>
<td>020</td>
<td>Normal (wild type)</td>
</tr>
<tr>
<td>997</td>
<td>Test ordered, results not in chart</td>
</tr>
<tr>
<td>998</td>
<td>Test not done (test not ordered &amp; not performed)</td>
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| 999  | Unknown
     Not documented in patient record                  |

### SSF10 18q Loss of Heterozygosity

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<th>Description</th>
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<tr>
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<td>Test positive for loss of heterozygosity</td>
</tr>
<tr>
<td>020</td>
<td>Test negative for loss of heterozygosity</td>
</tr>
<tr>
<td>997</td>
<td>Test ordered, results not in chart</td>
</tr>
<tr>
<td>998</td>
<td>Test not done (test not ordered &amp; not performed)</td>
</tr>
</tbody>
</table>
| 999  | Unknown or no information
     Not documented in patient record                  |

### Appendix
**Appendix - Two Schemas**

- Carcinoma of appendix
  - Separated into mucinous and non-mucinous types

- Carcinoid tumor of appendix
  - Not reportable
  - Not discussed in this lecture

**Summary of Changes**

- Appendix removed from colon schema
- T4 subdivided
- M1 subdivided

**Summary of Changes**

- Satellite peritumoral nodules in pericolorectal adipose tissue
  - Code 050 in CS Lymph Nodes
  - Code total number of tumor deposits in SSF4

- Additional SSFs collected
Extension or Mets at DX

- Intraperitoneal metastasis
  - Coded in CS Extension when peritoneal involvement limited to right lower quadrant
  - Coded in CS Mets at DX when peritoneal involvement is beyond right lower quadrant

- Distant metastasis outside of the peritoneum
  - Coded in CS Mets at DX

CS Extension
New and Revised Codes & Definitions

- Code 170
  - Stated T1, NOS

- Code 200
  - Muscularis propria invaded
  - Stated as T2, NOS

- Code 410
  - Stated as T3, NOS

CS Extension
New and Revised Codes & Definitions

- Code 490
  - Stated as T4, NOS

- Code 510
  - Mucinous tumors only: peritoneal involvement confined within right lower quadrant

- Code 511
  - Mucinous tumors only: peritoneal involvement confined within right lower quadrant (510) + local extension categorized as T1 (130-170) or (300)
CS Extension
New and Revised Codes & Definitions

• Code 512
  – Mucinous tumors only: peritoneal involvement confined within right lower quadrant (510) + invasion of muscularis propria or other local extension categorized as T2 (200)

• Code 513
  – Mucinous tumors only: peritoneal involvement confined within right lower quadrant (510) + local extension categorized as T3 (400-460)

• Code 520
  – Stated as T4a, NOS

• Code 560
  – Stated as T4b, NOS

• Code 670
  – (570-650) + (510)

• Code 675
  – (570-650) + (511)

• Code 680
  – (570-650) + (512)

• Code 690
  – (570-650) + (513)
CS Extension
Code Clarification

- Note 3

- Code 460
  - Tumor is adherent macroscopically only

- Code 570
  - Tumor is adherent microscopically

CS Lymph Nodes
New Codes & Definitions

- Code 050
  - Tumor deposits in subserosa or non-peritonealized pericolic or perirectal tissues without regional nodal metastasis

- Code 200
  - Prececal
  - Retrocecal

CS Mets at DX
New Codes & Definitions

- Code 05
  - Mucinous tumors only: Intraperitoneal metastasis beyond RLQ, including pseudomyxoma peritonei

- Code 07
  - Non-mucinous tumors: Any intraperitoneal spread

- Code 08
  - Superior mesenteric lymph nodes
CS Mets at DX
New Codes & Definitions

• Code 10
  – Distant lymph nodes

• Code 20
  – Mucinous tumors only: Distant lymph nodes (08 or 10) + intraperitoneal metastasis beyond RLQ, including pseudomyxoma peritonei (05)

• Code 25
  – Non-mucinous tumors only: Distant lymph nodes (08 or 10) + intraperitoneal spread (07)

• Code 40
  – Obsolete data retained V0200

• Code 45
  – Distant metastases except distant lymph nodes (10) or peritoneal spread
    – Carcinomatosis

• Code 50
  – Distant lymph nodes (10) + other distant metastases (45)

• Code 60
  – Distant metastasis, NOS
    – M1, NOS
### SSF1 Pre-Operative CEA

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>Test not done</td>
</tr>
<tr>
<td>010</td>
<td>Positive/elevated</td>
</tr>
<tr>
<td>020</td>
<td>Negative/normal; within normal limits</td>
</tr>
<tr>
<td>030</td>
<td>Borderline; undetermined whether positive or negative</td>
</tr>
<tr>
<td>098</td>
<td>Test ordered, results not in chart</td>
</tr>
<tr>
<td>099</td>
<td>Unknown or no information</td>
</tr>
<tr>
<td></td>
<td>Not documented in patient record</td>
</tr>
</tbody>
</table>

### SSF2 Clinical Assessment Regional Nodes

<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>400</td>
<td>Clinically positive regional nodes, NOS</td>
</tr>
<tr>
<td>099</td>
<td>Unknown if nodes are clinically evident</td>
</tr>
</tbody>
</table>

### SSF3 Pre-Operative CEA Lab Value

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>000 value</td>
</tr>
<tr>
<td>001</td>
<td>0.1 or less ng/ml</td>
</tr>
<tr>
<td>002-979</td>
<td>0.2 - 97.9 ng/ml</td>
</tr>
<tr>
<td>980</td>
<td>98.0 or greater ng/ml</td>
</tr>
<tr>
<td>988</td>
<td>Obsolete data converted &amp; retained in V0200</td>
</tr>
<tr>
<td>997</td>
<td>Test ordered, results not in chart</td>
</tr>
<tr>
<td>998</td>
<td>Test not done (test not ordered &amp; not performed)</td>
</tr>
<tr>
<td>099</td>
<td>Unknown or no information</td>
</tr>
<tr>
<td></td>
<td>Not documented in patient record</td>
</tr>
</tbody>
</table>
### SSF4 Tumor Deposits

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>None</td>
</tr>
<tr>
<td>001-080</td>
<td>1-80 tumor deposits (code exact number of tumor deposits)</td>
</tr>
<tr>
<td>081</td>
<td>Greater than 80 tumor deposits</td>
</tr>
<tr>
<td>888</td>
<td>Obsolete data converted V0200</td>
</tr>
<tr>
<td>988</td>
<td>Obsolete data converted and retained V0200</td>
</tr>
<tr>
<td>998</td>
<td>Tumor deposits identified, number unknown</td>
</tr>
<tr>
<td>999</td>
<td>Unknown if tumor deposits are present</td>
</tr>
<tr>
<td></td>
<td>Not documented in patient record</td>
</tr>
</tbody>
</table>

### SSF7 Microsatellite Instability

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>020</td>
<td>MSI stable; no microsatellite instability</td>
</tr>
<tr>
<td>040</td>
<td>MSI unstable low; positive, low</td>
</tr>
<tr>
<td>050</td>
<td>MSI unstable high; positive, high</td>
</tr>
<tr>
<td>060</td>
<td>MSI unstable, NOS; positive, NOS</td>
</tr>
<tr>
<td>997</td>
<td>MSI test ordered, but results not in chart</td>
</tr>
<tr>
<td>998</td>
<td>MSI test not done (test not ordered &amp; not performed)</td>
</tr>
<tr>
<td>999</td>
<td>Unknown or no information</td>
</tr>
<tr>
<td></td>
<td>Not documented in patient record</td>
</tr>
</tbody>
</table>

### SSF10 18q Loss of Heterozygosity

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>010</td>
<td>Test positive for loss of heterozygosity</td>
</tr>
<tr>
<td>020</td>
<td>Test negative for loss of heterozygosity</td>
</tr>
<tr>
<td>997</td>
<td>Test ordered, results not in chart</td>
</tr>
<tr>
<td>998</td>
<td>Test not done (test not ordered &amp; not performed)</td>
</tr>
<tr>
<td>999</td>
<td>Unknown or no information</td>
</tr>
<tr>
<td></td>
<td>Not documented in patient record</td>
</tr>
</tbody>
</table>
### SSF11 Histopathological Grading

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| 001  | For mucinous tumors: low grade  
      | For all carcinomas: well differentiated |
| 002  | For mucinous tumors: high grade  
      | For all carcinomas: moderately differentiated |
| 003  | Poorly differentiated |
| 004  | Undifferentiated |

*Mucinous tumors with codes 8480, 8481, and 8490

### SSF11 Histopathological Grading

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| 998  | Patient did not have surgery  
      | No histologic confirmation |
| 999  | Unknown grade  
      | Unknown or no information  
      | Not documented in patient record |

### SSF12 Pre-operative CA 19-9 Lab Value

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>000 value</td>
</tr>
<tr>
<td>001</td>
<td>0.1 or less ng/ml</td>
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<td>002-979</td>
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<td>997</td>
<td>Test ordered, results not in chart</td>
</tr>
<tr>
<td>998</td>
<td>Test not done (test not ordered &amp; not performed)</td>
</tr>
</tbody>
</table>
| 999  | Unknown or no information  
      | Not documented in patient record |
Inquiry & Response System

- Submit questions to Inquiry & Response System
  - Allows tracking for educational purposes
  - Provides information for all

  ![Inquiry & Response System](image)

- [http://web.facs.org/coc/default.htm](http://web.facs.org/coc/default.htm)

Do you have any questions about the information presented?

American Joint Committee on Cancer
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General Inquiries can be directed to AJCC@facs.org

Collaborative Stage Data Collection System Web Site
[www.cancerstaging.org/cstage](http://www.cancerstaging.org/cstage)