# Stomach
# C16.1-C16.6, C16.8-C16.9

C16.1 Fundus of stomach
C16.2 Body of stomach
C16.3 Gastric antrum
C16.4 Pylorus
C16.5 Lesser curvature of stomach, NOS
C16.6 Greater curvature of stomach, NOS
C16.8 Overlapping lesion of stomach
C16.9 Stomach, NOS

CS Tumor Size
CS Extension
CS Tumor Size/Ext Eval
CS Lymph Nodes
CS Lymph Nodes Eval
Reg LN Pos
Reg LN Exam
CS Mets at DX
CS Mets Eval

CS Site-Specific Factor 1 Clinical Assessment of Regional Lymph Nodes
CS Site-Specific Factor 2 Specific Location of Tumor
CS Site-Specific Factor 3
CS Site-Specific Factor 4
CS Site-Specific Factor 5
CS Site-Specific Factor 6
CS Site-Specific Factor 7
CS Site-Specific Factor 8
CS Site-Specific Factor 9
CS Site-Specific Factor 10
CS Site-Specific Factor 11
CS Site-Specific Factor 12
CS Site-Specific Factor 13 Carcinoembryonic Antigen (CEA)
CS Site-Specific Factor 14 Carcinoembryonic Antigen (CEA) Lab Value
CS Site-Specific Factor 15 CA 19-9 Lab Value
CS Site-Specific Factor 16
CS Site-Specific Factor 17
CS Site-Specific Factor 18
CS Site-Specific Factor 19
CS Site-Specific Factor 20
CS Site-Specific Factor 21
CS Site-Specific Factor 22
CS Site-Specific Factor 23
CS Site-Specific Factor 24
CS Site-Specific Factor 25 Involvement of Cardia and Distance from Esophagogastric Junction (EGJ)

**The following tables are available at the collaborative staging website:**
Histology Inclusion Table AJCC 7th ed.
Histology Exclusion Table AJCC 6th ed.
AJCC TNM 7 Stage
AJCC TNM 6 Stage
Summary Stage
Lymph Nodes Clinical Evaluation 7th Table
Lymph Nodes Pathologic Evaluation 7th Table Also Used When CS Reg Nodes Eval is Not Coded
Lymph Nodes Clinical Evaluation 6th Table
Lymph Nodes Pathologic Evaluation 6th Table Also Used When CS Reg Nodes Eval is Not Coded

## Stomach
## CS Tumor Size (Revised: 06/30/2008)

| Code | Description |
|---|---|
| 000 | No mass/tumor found |
| 001-988 | 001 - 988 millimeters (code exact size in millimeters) |
| 989 | 989 millimeters or larger |
| 990 | Microscopic focus or foci only, no size of focus given |

| Code | Description |
|---|---|
| 991 | Described as "less than 1 cm" |
| 992 | Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm" |
| 993 | Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm" |
| 994 | Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm" |
| 995 | Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm" |
| 998 | Diffuse; widespread; 3/4's or more: linitis plastica |
| 999 | Unknown; size not stated<br>Not documented in patient record |

## Stomach
## CS Extension (Revised: 12/14/2009)

**Note 1:** INTRALUMINAL or INTRAMURAL extension to esophagus and duodenum is classified by the depth of greatest invasion in any of these sites, including stomach. (For extension to esophagus or duodenum via serosa, see code 600.)
**Note 2:** If the diagnosis states "linitis plastica" and no other information regarding extension is available, use code 350.

| Code | Description | TNM 7 | TNM 6 | SS77 | SS2000 |
|---|---|---|---|---|---|
| 000 | In situ; noninvasive; intraepithelial | Tis | Tis | IS | IS |
| 050 | (Adeno)carcinoma in a polyp, noninvasive | Tis | Tis | IS | IS |
| 100 | Invasive tumor confined to mucosa, NOS (including intramucosal, NOS) | T1a | T1 | L | L |
| 110 | Invades lamina propria | T1a | T1 | L | L |
| 120 | Invades muscularis mucosae | T1a | T1 | L | L |
| 125 | Stated as T1a, NOS | T1a | T1 | L | L |
| 130 | Confined to head of polyp<br>Extension to stalk | T1b | T1 | L | L |
| 140 | Confined to stalk of polyp | T1b | T1 | L | L |
| 150 | Tumor in polyp, NOS | T1NOS | T1 | L | L |
| 160 | Invades submucosa (superficial invasion) | T1b | T1 | L | L |
| 170 | Stated as T1b, NOS | T1b | T1 | L | L |
| 200 | Invades into but not through muscularis propria | T2 | T2a | L | L |
| 300 | Localized, NOS<br>Implants inside stomach | T1NOS | T1 | L | L |
| 340 | Stated as T1, NOS | T1NOS | T1 | L | L |

| Code | Description | TNM 7 | TNM 6 | SS77 | SS2000 |
|---|---|---|---|---|---|
| 350 | Linitis plastica (see Note 2) and no other information regarding extension is available. | T2 | T2a | RE | L |
| 390 | Stated as T2, NOS | T2 | T2NOS | L | L |
| 400 | Invasion through muscularis propria or muscularis, NOS<br>Extension through wall, NOS<br>Perimuscular tissue invaded<br>Subserosal tissue/(sub)serosal fat invaded | T3 | T2b | L | L |
| 450 | Extension to adjacent (connective) tissue<br>WITHOUT perforation of visceral peritoneum:<br>Gastric artery<br>Ligaments:<br>Gastrocolic<br>Gastrohepatic<br>Gastrosplenic<br>Omentum, NOS<br>Greater<br>Lesser<br>Perigastric fat | T3 | T2b | RE | RE |
| 480 | Stated as T3, NOS | T3 | T3 | RE | RE |
| 490 | Stated as T4, NOS | T4NOS | T4 | RE | RE |
| 500 | Invasion of/through serosa (mesothelium)<br>(tunica serosa) (visceral peritoneum), including perforation of<br>visceral peritoneum covering the gastric ligaments or the omentum<br>WITHOUT invasion of adjacent structures<br>Stated as T4a, NOS | T4a | T3 | RE | RE |
| 550 | (450) + (500) | T4a | T3 | RE | RE |
| 600 | Diaphragm<br>Duodenum via serosa or NOS<br>Esophagus via serosa<br>Ileum<br>Jejunum<br>Liver<br>Pancreas<br>Small intestine, NOS<br>Spleen<br>Transverse colon/mesocolon<br>(including flexures)<br>Celiacaxis<br>Aorta | T4b | T4 | RE | RE |
| 690 | Stated as T4b, NOS | T4b | T4 | RE | RE |

| Code | Description | TNM 7 | TNM 6 | SS77 | SS2000 |
|---|---|---|---|---|---|
| 700 | Abdominal wall<br>Adrenal gland<br>Kidney<br>Retroperitoneum | T4b | T4 | D | D |
| 800 | Further contiguous extension | T4b | T4 | D | D |
| 950 | No evidence of primary tumor | T0 | T0 | U | U |
| 999 | Unknown extension<br>Primary tumor cannot be assessed<br>Not documented in patient record | TX | TX | U | U |

## Stomach
## CS Tumor Size/Ext Eval (Revised: 08/10/2009)

| Code | Description | Staging Basis |
|---|---|---|
| 0 | Does not meet criteria for AJCC pathologic staging:<br><br>No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used. | c |
| 1 | Does not meet criteria for AJCC pathologic staging:<br><br>No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used. | c |
| 2 | Meets criteria for AJCC pathologic staging:<br><br>No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy) | p |
| 3 | Either criteria meets AJCC pathologic staging:<br><br>Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation<br>OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed<br>AND Evaluation based on evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen.<br><br>No surgical resection done. Evaluation based on positive biopsy of highest T classification. | p |
| 5 | Does not meet criteria for AJCC y-pathologic (yp) staging:<br><br>Surgical resection performed AFTER neoadjuvant therapy and tumor size/extension based on clinical evidence, unless the pathologic evidence at surgery (AFTER neoadjuvant) is more extensive (see code 6). | c |

| Code | Description | Staging Basis |
|---|---|---|
| 6 | Meets criteria for AJCC y-pathologic (yp) staging:<br><br>Surgical resection performed AFTER neoadjuvant therapy AND tumor size/extension based on pathologic evidence, because pathologic evidence at surgery is more extensive than clinical evidence before treatment. | yp |
| 8 | Meets criteria for autopsy (a) staging:<br><br>Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy) | a |
| 9 | Unknown if surgical resection done<br>Not assessed; cannot be assessed<br>Unknown if assessed<br>Not documented in patient record | c |

## Stomach

## CS Lymph Nodes (Revised: 09/15/2009)

**Note 1:** Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.
**Note 2:** If information about named regional lymph nodes is available, use codes 100, 400, 420, or 500, rather than codes 600, 650, 700, 710, or 720.

| Code | Description | TNM 7 | TNM 6 | SS77 | SS2000 |
|---|---|---|---|---|---|
| 000 | None; no regional lymph node involvement | N0 | N0 | NONE | NONE |

| Code | Description | TNM 7 | TNM 6 | SS77 | SS2000 |
|---|---|---|---|---|---|
| 100 | Regional lymph nodes:<br>Left gastric (superior gastric), NOS:<br>Cardial<br>Cardioesophageal<br>Gastric, left<br>Gastropancreatic, left<br>Lesser curvature<br>Lesser omental<br>Paracardial<br>Pancreaticosplenic (pancreaticolienal)<br>Pancreatoduodenal<br>Perigastric, NOS<br>Peripancreatic<br>Right gastric (inferior gastric), NOS:<br>Gastrocolic<br>Gastroduodenal<br>Gastroepiploic (gastro-omental), right or NOS<br>Gastrohepatic<br>Greater curvature<br>Greater omental<br>Pyloric, NOS<br>Infrapyloric (subpyloric)<br>Suprapyloric<br>Splenic (lienal), NOS:<br>Gastroepiploic (gastro-omental), left<br>Splenic hilar<br>Superior mesenteric<br>Nodule(s) in perigastric fat | ^ | * | RN | RN |
| 400 | Celiac<br>Hepatic (excluding gastrohepatic, [see code 100] and hepatoduodenal [see code 420]) | ^ | * | D | RN |
| 420 | For lesser curvature only:<br>Hepatoduodenal | ^ | * | D | D |
| 500 | Regional lymph nodes, NOS | ^ | * | RN | RN |
| 600 | Stated as N1, NOS | N1 | N1 | RN | RN |
| 650 | Stated as N2, NOS | N2 | N2 | RN | RN |
| 700 | Stated as N3, NOS | N3NOS | N3 | RN | RN |
| 710 | Stated as N3a, NOS | N3a | N3 | RN | RN |
| 720 | Stated as N3b, NOS | N3b | N3 | RN | RN |
| 800 | Lymph nodes, NOS | ^ | * | RN | RN |
| 999 | Unknown; not stated<br>Regional lymph node(s) cannot be assessed<br>Not documented in patient record | NX | NX | U | U |

*** For codes 100-500 and 800 ONLY:** when CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation Table, using Reg LN Pos and CS Site-Specific Factor 1; when CS Lymph

Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation Table Also Used When CS Reg Nodes Eval is Not Coded using Reg LN Pos.
**^ For codes 100-500 and 800 ONLY:** when CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation 7th Table, using Reg LN Pos and CS Site-Specific Factor 1; when CS Lymph Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation 7th Table Also Used When CS Reg Nodes Eval is Not Coded using Reg LN Pos.

## Stomach

## CS Lymph Nodes Eval (Revised: 10/26/2009)

**Note 1:** This field is used primarily to derive the staging basis for the N category in the TNM system. It records how the code for the item "CS Lymph Nodes" was determined based on the diagnostic methods employed and their intent.
**Note 2:**
In the 7th edition of the AJCC manual, the clinical and pathologic classification rules for the N category were changed to reflect current medical practice. The N is designated as clinical or pathologic based on the intent (workup versus treatment) matching with the assessment of the T classification. When the intent is workup, the staging basis is clinical, and when the intent is treatment, the staging basis is pathologic.
A. Microscopic assessment including biopsy of regional nodes or sentinel nodes if being performed as part of the workup to choose the treatment plan, is therefore part of the clinical staging. When it is part of the workup, the T category is clinical, and there has not been a resection of the primary site adequate for pathologic T classification (which would be part of the treatment).
B. Microscopic assessment of regional nodes if being performed as part of the treatment is therefore part of the pathologic staging. When it is part of the treatment, the T category is pathologic, and there has been a resection of the primary site adequate for pathologic T classification (all part of the treatment).

**Note 3:** Microscopic assessment of the highest N category is always pathologic (code 3).
**Note 4:** If lymph node dissection is not performed after neoadjuvant therapy, use code 0 or 1.
**Note 5:** Only codes 5 and 6 are used if the node assessment is performed after neoadjuvant therapy.

| Code | Description | Staging Basis |
|---|---|---|
| 0 | Does not meet criteria for AJCC pathologic staging:<br><br>No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used. | c |
| 1 | Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria:<br><br>No regional lymph nodes removed for examination. Evidence based on endoscopic examination, or other invasive techniques including surgical observation, without biopsy. No autopsy evidence used.<br>OR<br>Fine needle aspiration, incisional core needle biopsy, or excisional biopsy of regional lymph nodes or sentinel nodes as part of the diagnostic workup, WITHOUT removal of the primary site adequate for pathologic T classification (treatment). | c |
| 2 | Meets criteria for AJCC pathologic staging:<br><br>No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy). | p |

| Code | Description | Staging Basis |
|---|---|---|
| 3 | Meets criteria for AJCC pathologic staging based on at least one of the following criteria:<br><br>Any microscopic assessment of regional nodes (including FNA, incisional core needle bx, excisional bx, sentinel node bx or node resection), WITH removal of the primary site adequate for pathologic T classification (treatment) or biopsy assessment of the highest T category.<br>OR<br>Any microscopic assessment of a regional node in the highest N category, regardless of the T category information. | p |
| 5 | Does not meet criteria for AJCC y-pathologic (yp) staging:<br><br>Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on clinical evidence, unless the pathologic evidence at surgery (AFTER neoadjuvant) is more extensive (see code 6). | c |
| 6 | Meets criteria for AJCC y-pathologic (yp) staging:<br><br>Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on pathologic evidence, because the pathologic evidence at surgery is more extensive than clinical evidence before treatment. | yp |
| 8 | Meets criteria for AJCC autopsy (a) staging:<br><br>Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy. | a |
| 9 | Unknown if lymph nodes removed for examination<br>Not assessed; cannot be assessed<br>Unknown if assessed<br>Not documented in patient record | c |

## Stomach
### Reg LN Pos (Revised: 11/18/2009)

**Note:** Record this field even if there has been preoperative treatment.

| Code | Description |
|---|---|
| 00 | All nodes examined negative. |
| 01-89 | 1 - 89 nodes positive (code exact number of nodes positive) |
| 90 | 90 or more nodes positive |
| 95 | Positive aspiration or core biopsy of lymph node(s) |
| 97 | Positive nodes - number unspecified |
| 98 | No nodes examined |
| 99 | Unknown if nodes are positive; not applicable<br>Not documented in patient record |

## Stomach
## Reg LN Exam (Revised: 03/02/2009)

| Code | Description |
|---|---|
| 00 | No nodes examined |
| 01-89 | 1 - 89 nodes examined (code exact number of regional lymph nodes examined) |
| 90 | 90 or more nodes examined |
| 95 | No regional nodes removed, but aspiration or core biopsy of regional nodes performed |
| 96 | Regional lymph node removal documented as sampling and number of nodes unknown/not stated |
| 97 | Regional lymph node removal documented as dissection and number of nodes unknown/not stated |
| 98 | Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined, but number unknown |
| 99 | Unknown if nodes were examined; not applicable or negative<br>Not documented in patient record |

## Stomach
## CS Mets at DX (Revised: 06/09/2009)

| Code | Description | TNM 7 | TNM 6 | SS77 | SS2000 |
|---|---|---|---|---|---|
| 00 | No; none | M0 | M0 | NONE | NONE |
| 10 | Distant lymph node(s):<br>For all subsites:<br>Inferior mesenteric<br>Para-aortic<br>Porta hepatis (portal) (hilar) (in hilus of liver)<br>Retropancreatic<br>Retroperitoneal<br>Superior mesenteric or mesenteric, NOS<br>For all subsites EXCEPT lesser curvature<br>Hepatoduodenal<br>Distant lymph nodes, NOS | M1 | M1 | D | D |
| 40 | Distant metastases except distant lymph node(s) (code 10)<br>Carcinomatosis<br>Malignant peritoneal cytology | M1 | M1 | D | D |
| 50 | (10) + (40)<br>Distant lymph node(s) plus other distant metastases | M1 | M1 | D | D |
| 60 | Distant metastasis, NOS<br>M1, NOS | M1 | M1 | D | D |
| 99 | Unknown if distant metastasis<br>Distant metastasis cannot be assessed<br>Not documented in patient record | M0 | MX | U | U |

## Stomach

### CS Mets Eval (Revised: 08/10/2009)

**Note:** This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

| Code | Description | Staging Basis |
|---|---|---|
| 0 | Does not meet criteria for AJCC pathologic staging of distant metastasis:<br><br>Evaluation of distant metastasis based on physical examination, imaging examination, and/or other non-invasive clinical evidence. No pathologic examination of metastatic tissue performed or pathologic examination was negative. | c |
| 1 | Does not meet criteria for AJCC pathologic staging of distant metastasis:<br><br>Evaluation of distant metastasis based on endoscopic examination or other invasive technique, including surgical observation without biopsy. No pathologic examination of metastatic tissue performed or pathologic examination was negative. | c |
| 2 | Meets criteria for AJCC pathologic staging of distant metastasis:<br><br>No pathologic examination of metastatic specimen done prior to death, but positive metastatic evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy). | p |
| 3 | Meets criteria for AJCC pathologic staging of distant metastasis:<br><br>Specimen from metastatic site microscopically positive WITHOUT pre-surgical systemic treatment or radiation<br>OR specimen from metastatic site microscopically positive, unknown if pre-surgical systemic treatment or radiation performed<br>OR specimen from metastatic site microscopically positive prior to neoadjuvant treatment. | p |
| 5 | Does not meet criteria for AJCC y-pathologic (yp) staging of distant metastasis:<br><br>Specimen from metastatic site microscopically positive WITH pre-surgical systemic treatment or radiation, BUT metastasis based on clinical evidence. | c |
| 6 | Meets criteria for AJCC y-pathologic (yp) staging of distant metastasis:<br>Specimen from metastatic site microscopically positive WITH pre-surgical systemic treatment or radiation, BUT metastasis based on pathologic evidence. | yp |
| 8 | Meets criteria for AJCC autopsy (a) staging of distant metastasis:<br><br>Evidence from autopsy based on examination of positive metastatic tissue AND tumor was unsuspected or undiagnosed prior to autopsy. | a |
| 9 | Not assessed; cannot be assessed<br>Unknown if assessed<br>Not documented in patient record | c |

## Stomach
## CS Site-Specific Factor 1 Clinical Assessment of Regional Lymph Nodes (Revised: 12/31/2009)

**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), and 16 or more nodes as 320 (N3b). If the number is only described as "more than 7 nodes", code as 300 (N3, NOS).

| Code | Description |
|---|---|
| 000 | Nodes not clinically evident |
| 100 | Clinically N1, NOS |
| 200 | Clinically N2, NOS |
| 300 | Clinically N3, NOS |
| 310 | Clinically N3a |
| 320 | Clinically N3b |
| 400 | Clinically positive regional nodes, NOS |
| 888 | OBSOLETE DATA CONVERTED V0200<br>See code 988: Not applicable for this site. |
| 988 | Not applicable: Information not collected for this case<br>(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 |

## Stomach
## CS Site-Specific Factor 2 Specific Location of Tumor (Revised: 12/31/2009)

| Code | Description |
|---|---|
| 010 | Fundus - Anterior Wall |
| 020 | Fundus - Posterior Wall |
| 030 | Fundus, NOS |
| 040 | Body - Anterior Wall |
| 050 | Body - Posterior Wall |
| 060 | Body - Lesser Curvature |
| 070 | Body - Greater Curvature |
| 080 | Body, NOS |
| 090 | Antrum - Anterior Wall |
| 100 | Antrum - Posterior Wall |
| 110 | Antrum - Lesser Curvature |

| Code | Description |
|---|---|
| 120 | Antrum - Greater Curvature |
| 130 | Antrum, NOS |
| 150 | Overlapping Lesion |
| 888 | OBSOLETE DATA CONVERTED V0200<br>See code 988:<br>Not applicable for this site |
| 988 | Not applicable: Information not collected for this case<br>(May include cases converted from code 888 used in CSv1 for "Not applicable" or when the item was not collected. If this item is<br>required to derive T, N, M, or any stage, use of code 988 may result in an error.) |
| 999 | Unknown; Stomach, NOS |

## Stomach
## CS Site-Specific Factor 3 (Revised: 06/30/2008)

| Code | Description |
|---|---|
| 888 | OBSOLETE DATA CONVERTED V0200<br>See code 988<br>Not applicable for this site |
| 988 | Not applicable for this schema |

## Stomach
## CS Site-Specific Factor 4 (Revised: 06/30/2008)

| Code | Description |
|---|---|
| 888 | OBSOLETE DATA CONVERTED V0200<br>See code 988<br>Not applicable for this site |
| 988 | Not applicable for this schema |

## Stomach
## CS Site-Specific Factor 5 (Revised: 06/30/2008)

| Code | Description |
|---|---|
| 888 | OBSOLETE DATA CONVERTED V0200<br>See code 988<br>Not applicable for this site |
| 988 | Not applicable for this schema |

## Stomach
## CS Site-Specific Factor 12 (Revised: 06/30/2008)

| Code | Description |
|---|---|
| 988 | Not applicable for this schema |

## Stomach
## CS Site-Specific Factor 13 Carcinoembryonic Antigen (CEA) (Revised: 11/09/2009)

**Note:** Record the CEA test results documented in the medical record based on information prior to treatment.

| Code | Description |
|---|---|
| 000 | Test not done |
| 010 | Positive/elevated |
| 020 | Negative/normal; within normal limits |
| 030 | Borderline; undetermined whether positive or negative |
| 988 | Not applicable:<br>Information not collected for this case |
| 998 | Test ordered, results not in chart |
| 999 | Unknown or no information<br>Not documented in patient record |

## Stomach
## CS Site-Specific Factor 14 Carcinoembryonic Antigen (CEA) Lab Value (Revised: 11/09/2009)

**Note:** Record in nanograms/millileter the highest CEA lab value recorded in the medical record prior to treatment. Example A pretreatment CEA of 7 nanograms/millileter (ng/ml) would be recorded as 070.

| Code | Description |
|---|---|
| 000 | 0 ng/ml |
| 001 | 0.1 or less ng/ml |
| 002-979 | 0.2-97.9 ng/ml |
| 980 | 98.0 or greater ng/ml |
| 988 | Not applicable:<br>Information not collected for this case |
| 997 | Tests ordered, results not in chart |
| 998 | Test not done (test was not ordered and was not performed) |
| 999 | Unknown or no information<br>Not documented in patient record |

## Stomach
## CS Site-Specific Factor 15 CA 19-9 Lab Value (Revised: 01/27/2010)

**Note 1:** Carbohydrate Antigen 19-9 is a tumor marker that has value in the management of certain malignancies.
**Note 2:** Record in Units/milliliter the highest CA 19-9 lab value recorded in the medical record prior to treatment.
Example: A pretreatment CA 19-9 of 60 Units/milliliter (U/ml) would be recorded as 60.

| Code | Description |
|---|---|
| 000 | 0 U/ml |
| 001 | 0.1 or less U/ml |
| 002-979 | 0.2-97.9 U/ml |
| 980 | 98.0 or greater U/ml |
| 988 | Not applicable:<br>Information not collected for this case |
| 997 | Tests ordered, results not in chart |
| 998 | Test not done (test was not ordered and was not performed) |
| 999 | Unknown or no information<br>Not documented in patient record |

## Stomach
## CS Site-Specific Factor 16 (Revised: 02/23/2009)

| Code | Description |
|---|---|
| 988 | Not applicable for this schema |

## Stomach
## CS Site-Specific Factor 17 (Revised: 02/23/2009)

| Code | Description |
|---|---|
| 988 | Not applicable for this schema |

## Stomach
## CS Site-Specific Factor 18 (Revised: 02/23/2009)

| Code | Description |
|---|---|
| 988 | Not applicable for this schema |

## Stomach
## CS Site-Specific Factor 19 (Revised: 02/23/2009)

| Code | Description |
|---|---|
| 988 | Not applicable for this schema |

## Stomach
## CS Site-Specific Factor 25 Involvement of Cardia and Distance from Esophagogastric Junction (EGJ) (Revised: 01/03/2010)

**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. Due to differences in the schemas for Esophagus and Stomach, a new schema was created in CSv2 to accommodate these changes. In 7th ed., cancers whose midpoint is in the lower thoracic esophagus, esophagogastric junction, or within the proximal 5 cm of the stomach (cardia) that extend into the esophagogastric junction or esophagus are stage grouped similar to adenocarcinoma of the esophagus. All other cancers with a midpoint in the stomach greater than 5 cm distal to the esophagogastric junction, or those within 5 cm of the esophagogastric junction but not extending into the esophagogastric junction or esophagus, are stage grouped using the gastric cancer staging system.
**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. This information will be used to determine whether the case has AJCC TNM and stage group assigned using definitions for esophagus or stomach cancers.
**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.

| Code | Description | Schema |
|---|---|---|
| 000 | No involvement of esophagus or EGJ | Stomach |
| 010 | Tumor located in Cardia or EGJ | EsophagusGEJunction |
| 020 | Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5cm or less | EsophagusGEJunction |
| 030 | Esophagus or EGJ involved AND distance of tumor midpoint from EGJ more than 5cm | Stomach |
| 040 | Esophagus or EGJ involved AND distance of tumor midpoint from EGJ unknown | EsophagusGEJunction |
| 050 | Esophagus and EGJ not involved but distance of tumor midpoint from EGJ is 5cm or less | Stomach |
| 060 | Esophagus involved or esophagus involvement unknown<br>AND distance of tumor midpoint from EGJ more than 5cm or unknown<br>AND physician stages case using esophagus definitions | EsophagusGEJunction |
| 100 | OBSOLETE DATA RETAINED V0200<br>C16.1, C16.2 - originally coded in CSv1 | Stomach |
| 999 | Involvement of esophagus not stated, unknown or no information, not documented in patient record | Stomach |
| | Blank for Stomach cases which are C16.3-C16.9 | Stomach |
| | Blank for Cardia/EGJ cases which are C16.0 | EsophagusGEJunction |