

## GISTStomach

### CS Tumor Size

- Note: Code the specific tumor size as documented in the medical record. If the ONLY information regarding tumor size is the physician's statement of the "T" category, assign code 011 (T1, NOS), 021 (T2, NOS) or 051 (T3, NOS) or 101 (T4, NOS). (Refer to the CS Extension table for instructions on coding extension).

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
991	Described as "less than 1 cm"
992	OBSOLETE DATA RETAINED V0200 Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"
993	OBSOLETE DATA RETAINED V0200 Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	OBSOLETE DATA RETAINED V0200 Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	OBSOLETE DATA RETAINED V0200 Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
998	OBSOLETE DATA RETAINED V0200 Diffuse; widespread; 3/4s or more; linitis plastica
999	Unknown; size not stated Not documented in patient record

## GISTStomach

### CS Extension

- Note: Ignore intraluminal extension to the esophagus or duodenum; code depth of invasion or other direct extension as indicated.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ; noninvasive; intraepithelial	^	NA	IS	IS
050	(Adeno)carcinoma in a polyp, noninvasive	^	NA	IS	IS
100	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	^	NA	L	L
110	Invades lamina propria	^	NA	L	L
120	Invades muscularis mucosae	^	NA	L	L
130	Confined to head of polyp Extension to stalk	^	NA	L	L
140	Confined to stalk of polyp	^	NA	L	L
150	Tumor in polyp, NOS	^	NA	L	L
160	Invades submucosa (superficial invasion)	^	NA	L	L
200	Invades into but not through muscularis propria	^	NA	L	L
300	Localized, NOS Implants inside stomach	^	NA	L	L
340	Stated as T1, NOS	^	NA	L	L
350	OBSOLETE DATA RETAINED V0200 Linitis plastica and no other information regarding extension is available.	ERROR	NA	RE	L
390	Stated as T2, NOS	^	NA	L	L

400	Invasion through muscularis propria or muscularis, NOS Extension through wall, NOS Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded	^	NA	L	L
450	Extension to adjacent (connective) tissue WITHOUT perforation of visceral peritoneum: Gastric artery Ligaments: Gastrocolic Gastrohepatic Gastrosplenic Omentum, NOS Greater Lesser Perigastric fat	^	NA	RE	RE
480	Stated as T3, NOS	^	NA	RE	RE
490	Stated as T4, NOS	^	NA	RE	RE
500	Invasion of/through serosa (mesothelium) (tunica serosa) (visceral peritoneum), including perforation of visceral peritoneum covering the gastric ligaments or the omentum WITHOUT invasion of adjacent structures	^	NA	RE	RE
550	(450) + (500)	^	NA	RE	RE
600	Diaphragm Duodenum via serosa or NOS Esophagus via serosa Ileum Jejunum Liver Pancreas Small intestine, NOS Spleen Transverse colon/mesocolon (including flexures) Celiacaxis Aorta	^	NA	RE	RE

700	Abdominal wall Adrenal gland Kidney Retroperitoneum	^	NA	D	D
800	Further contiguous extension	^	NA	D	D
950	No evidence of primary tumor	T0	NA	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	NA	U	U

- ^For codes 050-800 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size 7th Table for this site.

## GISTStomach

### CS Lymph Nodes

- 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 code 600.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	NA	NONE	NONE
100	Regional lymph nodes: Left gastric (superior gastric), NOS: Cardial Cardioesophageal Gastric, left Gastropancreatic, left Lesser curvature Lesser omental Paracardial Pancreaticosplenic (pancreaticolienal) Pancreatoduodenal Perigastric, NOS Peripancreatic Right gastric (inferior gastric), NOS: Gastrocolic Gastroduodenal Gastroepiploic (gastro-omental), right or NOS Gastrohepatic Greater curvature Greater omental Pyloric, NOS Infrapyloric (subpyloric) Suprapyloric Splenic (lienal), NOS: Gastroepiploic (gastro-omental), left	N1	NA	RN	RN

	Splenic hilar Superior mesenteric Nodule(s) in perigastric fat				
400	Celiac Hepatic (excluding gastrohepatic, [see code 100] and hepatoduodenal [see code 420])	N1	NA	D	RN
420	For lesser curvature only: Hepatoduodenal	N1	NA	D	D
500	Regional lymph nodes, NOS	N1	NA	RN	RN
600	Stated as N1, NOS	N1	NA	RN	RN
650	OBSOLETE DATA RETAINED V0200 Stated as N2, NOS	ERROR	NA	RN	RN
700	OBSOLETE DATA RETAINED V0200 Stated as N3, NOS	ERROR	NA	RN	RN
800	Lymph nodes, NOS	N1	NA	RN	RN
999	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	N0	NA	U	U

## GISTStomach

### CS Mets at DX

- Note 1: Liver metastasis implies the presence of tumor inside the liver parenchyma as one or more nodules. Adherence to liver capsule, even if extensive, should not be considered distant metastasis. Code direct adherence to the liver in CS Extension code 600.
- Note 2: Distant metastases are relatively rare in GISTs, but they are increasingly detected with sophisticated radiological studies. Tumor multiplicity, i.e. the presence of anatomically separate, multiple gastrointestinal primary tumors of various sizes, usually in the setting of neurofibromatosis type 1 or familial GIST syndrome, should not be considered intra-abdominal dissemination. Code the present of multiple tumors in SSF10.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	NA	NONE	NONE
10	Distant lymph node(s): For all subsites: Inferior mesenteric Para-aortic Porta hepatis (portal) (hilar) (in hilus of liver) Retropancreatic Retroperitoneal Superior mesenteric or mesenteric, NOS For all subsites EXCEPT lesser curvature Hepatoduodenal Distant lymph nodes, NOS	M1	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Carcinomatosis Malignant peritoneal cytology	M1	NA	D	D

50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	NA	D	D
60	Distant metastasis, NOS M1, NOS	M1	NA	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	NA	U	U



## GISTStomach

### CS Site-Specific Factor 6 Mitotic Count

- Note: Record mitotic count as documented in the pathology report. For gastrointestinal stromal tumors, this count is usually documented as mitoses per 50 high power fields (40X field). For other sites in which mitotic count is collected, this denominator may vary.

Code	Description
000	0 mitoses per 50 high-power fields (40x field) 0 mitoses per 5 square millimeters Mitoses absent No mitoses present
001-008	.1-.8 mitoses per 50 high-power fields (40x field) .1-.8 mitoses per 5 square millimeters
009	.9 mitoses per 50 high-power fields (40x field) .9 mitoses per 5 square millimeters Stated as less than 1 mitoses per 50 high-power fields (40x field) Stated as less than 1 mitoses per 5 square millimeters
010-100	1-10 mitoses per 50 high-power fields (40x field) 1-10 mitoses per 5 square millimeters
110	11 or more mitoses per 50 high-power fields (40x field) 11 or more mitoses per 5 square millimeters
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.)

990	Specific number not stated, described less than or equal to 5 mitoses per 50 high-power fields (40x field) Specific number not stated, described less than or equal to 5 mitoses per 5 square millimeters
995	Specific number not stated, described as greater than 5 mitoses per 50 high-power fields (40x field) Specific number not stated, described as greater than 5 mitoses per 5 square millimeters
999	Unknown Not stated Not documented in patient record

## GISTStomach

### CS Site-Specific Factor 7 KIT Immunohistochemistry (IHC)

- Note: This test is sometimes referred to as CD117.

Code	Description
010	Positive
020	Negative/normal; within normal limits
030	Borderline; undetermined whether positive or negative
988	Not applicable: Information not collected for this case
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown or no information Not documented in patient record

## GISTStomach

### CS Site-Specific Factor 8 KIT Gene Mutation

- Note 1: Some gastrointestinal stromal tumors (GISTs) contain oncogenic mutations of the KIT receptor tyrosine kinase gene. The mutations are primarily of exon 11 and rarely of exons 9, 13 and 17.
- Note 2: The KIT gene may also be referred to as CD117.

Code	Description
000	KIT gene test performed, negative for mutations
010	KIT gene test performed, positive for mutation of exon 9
020	KIT gene test performed, positive for mutation of exon 11
030	KIT gene test performed, positive for mutation of exon 13
040	KIT gene test performed, positive for mutation of exon 17
800	KIT gene test performed, positive for other specified mutation
810	KIT gene test performed, positive for more than one mutation
850	KIT gene test performed, positive NOS; specific mutation(s) not stated
988	Not applicable: Information not collected for this case
997	KIT gene test ordered, results not in chart
998	KIT gene not done (test was not ordered and was not performed)
999	Unknown Not documented in patient record

## GISTStomach

### CS Site-Specific Factor 9 PDGFRA Gene Mutation

- Note 1: Some gastrointestinal stromal tumors (GISTs) contain oncogenic mutations of the PDGFRA receptor tyrosine kinase gene.
- Note 2: The PDGFRA gene may also be referred to as CD140A.

Code	Description
010	PDGFRA gene test performed, positive for mutations
020	PDGFRA gene test performed, negative for mutations
988	Not applicable: Information not collected for this case
997	PDGFRA gene test ordered, results not in chart
998	PDGFRA gene test not done (test was not ordered and not performed)
999	Unknown Not documented in patient record

## GISTStomach

### CS Site-Specific Factor 10 Tumor Multiplicity

- Note: The presence of anatomically separate, multiple gastrointestinal primary tumors of various sizes may occur in the setting of neurofibromatosis type 1 or familial GIST syndrome. Record whether or not multiple GIST primaries are present.

Code	Description
000	Multiple GIST primaries are not present
010	Multiple GIST primaries are present
988	Not applicable: Information not collected for this case
999	Unknown Not documented in patient record

## NETSmallIntestine

### CS Tumor Size

- Note: Code the specific tumor size as documented in the medical record. If the ONLY information regarding tumor size is the physician's statement of the "T" category, assign code 997 (T1, NOS), 998 (T2, NOS) or 999 (T3, NOS or T4, NOS). (Refer to the CS Extension table for instructions on coding extension).

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
991	Described as "less than or equal to 1 cm"
992	OBSOLETE DATA RETAINED V0200 Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"
993	OBSOLETE DATA RETAINED V0200 Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	OBSOLETE DATA RETAINED V0200 Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	OBSOLETE DATA RETAINED V0200 Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
996	Described as "greater than 1 cm"
997	Stated as T1, NOS with no other information on size
998	Stated as T2, NOS with no other information on size
999	Unknown; size not stated Not documented in patient record

## NETSmallIntestine

### CS Extension

- Note 1: Ignore intraluminal or lateral extension to adjacent segment(s) of small intestine and code depth of invasion or spread outside the small intestine as indicated.
- Note 2: The nonperitonealized perimuscular tissue is, for jejunum and ileum, part of the mesentery and, for duodenum in areas where serosa is lacking, part of the retroperitoneum.
- Note 3: Code 200 takes priority over code 300.

Code	Description	TNM 7th Map	TNM 6th Map	SS77 Map	SS2000 Map
000	In situ; non-invasive; intraepithelial	^	Tis	IS	IS
050	(Adeno)carcinoma in a polyp, noninvasive	^	Tis	IS	IS
100	Invasive tumor confined to mucosa, NOS, including intramucosal, NOS	^	T1	L	L
110	Invasion of lamina propria	^	T1	L	L
120	Invasion of muscularis mucosae	^	T1	L	L
130	Confined to head of polyp	^	T1	L	L
140	Confined to stalk of polyp	^	T1	L	L
150	Invasion of polyp, NOS	^	T1	L	L
160	Invasion of submucosa (superficial invasion)	^	T1	L	L
170	Stated as T1, NOS with no other information on extension	^	T1	L	L
200	Muscularis propria invaded	^	T2	L	L
210	Stated as T2, NOS with no other information on extension	^	T2	L	L



300	Localized, NOS Intraluminal spread to other segments of small intestine or cecum	^	T1	L	L
400	Invasion through muscularis propria or muscularis, NOS Extension through wall, NOS Subserosal tissue/(sub) serosal fat invaded Transmural, NOS	T3	T3	L	L
410	Stated as T3, NOS with no other information on extension	T3	T3	RE	RE
420	Fat, NOS	T3	T3	RE	RE
450	OBSOLETE DATA RETAINED V0200 See codes 460-470 and 560 Adjacent connective tissue Mesentery, including mesenteric fat, invaded less than or equal to 2 cm in depth or NOS Nonperitonealized perimuscular tissue invaded less than or equal to 2 cm in depth or NOS Retroperitoneum invaded less than or equal to 2 cm in depth or NOS	ERROR	T3	RE	RE
460	Adjacent connective tissue Mesentery, including mesenteric fat Perimuscular tissue	T3	T3	RE	RE
470	For duodenum primary only: Retroperitoneum	T3	T3	RE	RE
480	For duodenum primary only: Ampulla of Vater Pancreas Pancreatic duct	T3	T3	RE	RE
500	Invasion of/through serosa(mesothelium) (tunica serosa) (visceral peritoneum)	T4	T4	L	RE
550	OBSOLETE DATA RETAINED V0200 (500) + [(420) or (450)]	T4	T4	RE	RE
560	(500) + [(420) or (460) or (470) or (480)]	T4	T4	RE	RE

600	<p>OBSOLETE DATA RETAINED V0200  See codes 480 and 610  For duodenum primary only:  Ampulla of Vater  Diaphragm  Extrahepatic bile ducts  Gallbladder  Pancreas  Pancreatic duct</p>	ERROR	T4	RE	RE
610	<p>For duodenum primary only:  Diaphragm  Extrahepatic bile ducts  Gallbladder</p>	T4	T4	RE	RE
650	<p>For duodenum primary only:  Blood vessel(s), major:  Aorta  Gastroduodenal artery  Portal vein  Renal vein  Superior mesenteric artery or vein  Vena cava  Greater omentum  Hepatic flexure  Kidney, NOS  Kidney, right  Liver, NOS  Liver, quadrate lobe  Liver, right lobe  Omentum, NOS  Transverse colon  Ureter, right  For jejunum or ileum primary only:  Colon, including appendix</p>	T4	T4	RE	RE
660	<p>For duodenum primary only:  Stomach</p>	T4	T4	RE	RE

670	OBSOLETE DATA RETAINED V0200 For all small intestine sites: Abdominal wall Mesentery invaded greater than 2 cm in depth Non-peritonealized perimuscular tissue invaded greater than 2 cm in depth Retroperitoneum invaded greater than 2 cm in depth	T4	T4	RE	RE
675	For all small intestine site: Abdominal wall	T4	T4	RE	RE
680	For all small intestine sites: Other segments of the small intestine via serosa	T4	T4	RE	RE
690	Stated as T4, NOS with no other information on extension	T4	T4	RE	RE
700	For jejunum or ileum primary only: Bladder Fallopian tube Ovary Uterus	T4	T4	D	D
800	Further contiguous extension	T4	T4	D	D
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

- ^ For codes 000-300 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size 7th Table for this site.

## NETSmallIntestine

### CS Lymph Nodes

- Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
100	Regional lymph node(s): Duodenum: Duodenal Gastroduodenal Hepatic Infrapyloric (subpyloric) Pancreaticoduodenal Pyloric Jejunum or ileum: Superior mesenteric Mesenteric, NOS Leum Cecal (anterior, posterior or retrocecal)	N1	N1	RN	RN
200	Regional lymph node(s) for duodenum primaries only: Pericholodochal (common bile duct) Superior mesenteric (See code 11 in CS Mets at DX for other lymph nodes of small intestine)	N1	N1	D	RN
300	Regional lymph node(s), NOS	N1	N1	RN	RN
400	Stated as N1, NOS	N1	N1	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

## NETSmallIntestine

### CS Mets at DX

Code	Description	TNM 7th Map	TNM 6th Map	SS77 Map	SS2000 Map
00	No; none Stated as M0, NOS	M0	M0	NONE	NONE
10	Distant lymph node(s), other than those listed in code 11 including celiac lymph node(s) Distant lymph node(s), NOS	M1	M1	D	D
11	For jejunum and ileum primaries only: Pericholodochal (For duodenal primary, see Lymph Nodes field)	M1	M1	D	RN
40	Distant metastases except distant lymph node(s) (code 10) Carcinomatosis	M1	M1	D	D
50	40 + any of [(10) or (11)] Distant lymph node(s) plus other distant metastases	M1	M1	D	D
60	Distant metastasis, NOS M1, NOS	M1	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

## NETSmallIntestine

### CS Site-Specific Factor 6 Mitotic Count

- Note: Record mitotic count as documented in the pathology report. For NETs, this count is usually documented as mitoses per 10 high power fields (40X field). For other sites in which mitotic count is collected, this denominator may vary.

Code	Description
000	0 mitoses per 10 high-power fields (40x field) 0 mitoses per 2 square millimeters Mitoses absent No mitoses present
001	.1 mitoses per 10 high-power fields (40x field) .1 mitoses per 2 square millimeters
002	.2 mitoses per 10 high-power fields (40x field) .2 mitoses per 2 square millimeters
003	.3 mitoses per 10 high-power fields (40x field) .3 mitoses per 2 square millimeters
004	.4 mitoses per 10 high-power fields (40x field) .4 mitoses per 2 square millimeters
005	.5 mitoses per 10 high-power fields (40x field) .5 mitoses per 2 square millimeters
006	.6 mitoses per 10 high-power fields (40x field) .6 mitoses per 2 square millimeters
007	.7 mitoses per 10 high-power fields (40x field) .7 mitoses per 2 square millimeters
008	.8 mitoses per 10 high-power fields (40x field) .8 mitoses per 2 square millimeters

009	.9 mitoses per 10 high-power fields (40x field) .9 mitoses per 2 square millimeters squared Stated as less than 1 mitoses per 10 high-power fields (40x field) Stated as less than 1 mitoses per 2 square millimeters
010-500	1-50 mitoses per 10 high-power fields (40x field) 1-50 mitoses per 2 square millimeters
510	51 or more mitoses per 10 high-power fields (40x field) 51 or more mitoses per 2 square millimeters
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.)
990	Specific number not stated, described less than 2 mitoses per 10 high-power fields (40x field) Specific number not stated, described less than 2 mitoses per square millimeter
995	Specific number not stated, described as between 2-20 mitoses per 10 high-power fields (40x field) Specific number not stated, described as between 2-20 mitoses per square millimeter
997	Specific number not stated, described as more than 20 mitoses per 10 high-power fields (40x field) Specific number not stated, described as more than 20 mitoses per square millimeter
999	Unknown Not stated Not documented in patient record

## NETSmallIntestine

### CS Site-Specific Factor 11

### Serum Chromogranin A (CgA) Lab Value

- Note 1: Chromogranins are a family of proteins in secretory granules found throughout the neuroendocrine system. Serum Chromogranin A has shown to be a useful marker for neuroendocrine tumors.
- Note 2: Record the highest CgA lab value recorded in the medical record prior to treatment. A pretreatment CgA of 400 nanograms/millileter (ng/ml) would be recorded as 400.

Code	Description
000	Test not done (test not ordered or not performed)
001	1 or less ng/ml
002-979	002-979 ng/ml
980	980 or greater ng/ml
988	Not applicable: Information not collected for this case
998	Test ordered, results not in chart
999	Unknown or no information Not documented in patient record



## NETSmallIntestine

### CS Site-Specific Factor 12 Urinary 5-HIAA Lab Value Level

- Note 1: Carcinoid tumors can release large amounts of serotonin. 5-HIAA is a urine test that measures the amount of 5-hydroxyindoleacetic acid (5-HIAA) -- a break-down product of the hormone serotonin.
- Note 2: Record the highest urinary 5-HIAA lab value recorded in the medical record prior to treatment. A pre-treatment 5-HIAA of 550 milligrams/24 hours would be recorded as 550.

Code	Description
000	0 milligrams/24hours
001	1 or less milligrams/24hours
002-979	2-979 milligrams/24hours
980	980 or greater milligrams/24hours
988	Not applicable: Information not collected for this case
998	Test ordered, results not in chart
999	Unknown or no information Not documented in patient record

## Soft Tissue

### CS Tumor Size

- Note 1: Use code 995 or 996 if the physician's statement about T value is the only information available about the size of the tumor.

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 and, no size of focus given
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" Stated as T1a or T1b
996	Described as "greater than 5 cm" Stated as T2a or T2b
999	Unknown; size not stated Not documented in patient record

## **Soft Tissue**

### **CS Extension**

- Note 1: Connective tissue includes adipose tissue; aponeuroses; arteries; blood vessels; bursa; connective tissue, NOS; fascia; fatty tissue; fibrous tissue; ligaments; lymphatic channels (not nodes); muscle; skeletal muscle; subcutaneous tissue; synovia; tendons; tendon sheaths; veins; and vessels, NOS. Peripheral nerves and autonomic nervous system includes: ganglia, nerve, parasympathetic nervous system, peripheral nerves, spinal nerves, sympathetic nervous system.
- Note 2: SUPERFICIAL lesions are located entirely in the subcutaneous tissues without any degree of extension through the muscular fascia or into underlying muscle. (Definition from AJCC 7th edition).
- Note 3: DEEP lesions are located partly or completely within one or more muscle groups within the extremity. Deep tumors may extend through the muscular fascia into the subcutaneous tissues or even to the skin but the critical criterion is location of any portion of the tumor within the muscular components of the extremity. (Definition from AJCC 7th edition).
- Note 4: If a vessel has a name, for example, brachial artery or recurrent laryngeal nerve, consider it a structure (code 600).
- Note 5: For tumors of the extremities and trunk ONLY, superficial lesions are defined as those not involving the superficial muscular fascia. Deep lesions are those that involve or are beneath the superficial fascia.
- Note 6: According to AJCC, "All intraperitoneal visceral lesions, retroperitoneal lesions, and intrathoracic lesions, and the majority of head and neck tumors are considered deep." For coding extension of soft tissue tumors in these sites (C47.0, C47.3-5, C49.0, C49.3-5), use only codes 120, 312, 315, 320, 420, 620, 800, 950, or 990.
- Note 7: Definition of Adjacent Connective Tissue: Some of the schemes for ill-defined or non-specific sites in this manual contain a code 400, adjacent connective tissue, which is defined here as the unnamed tissues that immediately surround an organ or structure containing a primary cancer. Use this code when a tumor has invaded past the outer border (capsule, serosa, or other edge) of the primary organ into the organ's surrounding supportive structures but has not invaded into larger structures or adjacent organs.

In general, these tissues do not have specific names. These tissues form the framework of many organs, provide support to hold organs in place, bind tissues and organs together, and serve as storage sites for nutrients. Blood, cartilage and bone are

sometimes considered connective tissues, but in this manual they are listed separately.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100	Invasive tumor confined to site/tissue of origin, NOS	^	*	L	L
110	Superficial invasive tumor confined to site/tissue of origin (lesion does not involve superficial fascia)	^	*	L	L
120	Deep tumor confined to site/tissue of origin	^	*	L	L
300	Localized, NOS	^	*	L	L
302	Stated as T1a with no other information on extension	^	*	L	L
305	Stated as T2a with no other information on extension	^	*	L	L
310	Superficial: localized tumor, NOS	^	*	L	L
312	Stated as T1b with no other information on extension	^	*	L	L
315	Stated as T2b with no other information on extension	^	*	L	L
320	Deep: localized tumor, NOS	^	*	L	L
322	Stated as T1 [NOS] with no other information on extension	^	*	L	L
325	Stated as T2 [NOS] with no other information on extension	^	*	L	L
400	Adjacent connective tissue (see Note 5)	^	*	RE	RE
410	Superficial tumor involving adjacent connective tissue	^	*	RE	RE
420	Deep tumor involving adjacent connective tissue	^	*	RE	RE
600	Adjacent organs/structures including bone/cartilage (including major vessel invasion) (see Note 5)	^	*	RE	RE

610	Superficial tumor involving adjacent organs/ structures including bone/cartilage (including major vessel invasion) (see Note 5)	^	*	RE	RE
620	Deep tumor involving adjacent organs/ structures including bone/cartilage (including major vessel invasion) (see Note 5)	^	*	RE	RE
800	Further contiguous extension	^	*	D	D
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

- \* For Extension codes 100-800 the T category is assigned based on the value of CS Tumor Size as shown in the Extension Size Table for this site.
- ^ For Extension codes 100-800, the T category is assigned based on the value of CS Tumor Size as shown in the Extension Size Table for this site.

## Soft Tissue

### CS Lymph Nodes

- Note 1: Regional lymph nodes are defined as those in the vicinity of the primary tumor.
- Note 2: Regional lymph node involvement is rare. For this schema, if there is no mention of lymph node involvement clinically, assume that lymph nodes are negative (code 000). Use code 999 (Unknown) only when there is no available information on the extent of the patient's disease, for example, when a lab-only case is abstracted from a biopsy report and no clinical history is available.
- Note 3: For head, neck and trunk primaries ONLY, regional lymph nodes include bilateral or contralateral nodes.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	N0	NONE	NONE
	Regional lymph nodes by primary site: All Head and Neck Subsites: Cervical Lip: Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Submental Parotid, NOS: Infra-auricular Preauricular Eyelid/canthus: Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Submental Parotid, NOS:				

Infra-auricular  
 External ear and auditory canal:  
   Mastoid (posterior, retro-auricular)  
 (occipital)  
   Preauricular  
 Face, Other (cheek, chin, forehead, jaw,  
 nose, and temple):  
   Facial, NOS:  
     Buccinator (buccal)  
     Nasolabial  
   Mandibular, NOS:  
     Submandibular (submaxillary)  
     Submental  
   Parotid, NOS:  
     Infra-auricular  
     Preauricular  
 Scalp:  
   Mastoid (posterior, retro-auricular)  
 (occipital)  
   Parotid, NOS:  
     Infra-auricular  
     Preauricular  
   Spinal accessory (posterior cervical)  
 Neck:  
   Axillary  
   Mastoid (posterior, retro-auricular)  
 (occipital)  
   Mandibular, NOS  
   Parotid, NOS:  
     Infra-auricular  
     Preauricular  
   Spinal accessory (posterior cervical)  
   Supraclavicular (transverse cervical)  
 Arm/shoulder:  
   Axillary  
   Spinal accessory for shoulder  
   Epitrochlear for hand/forearm  
 Leg/hip:  
   Femoral (superficial inguinal)  
   Popliteal for heel and calf  
 Thorax:  
   Hilar (bronchopulmonary) (proximal  
 lobar) (pulmonary root)

100

N1

N1

RN

RN

Mediastinal  
 Abdomen:  
   Celiac  
   Iliac  
   Para-aortic  
 Pelvis:  
   Deep inguinal, NOS:  
     Rosenmuller or Cloquet node  
     Superficial inguinal (femoral)  
 Upper trunk:  
   Axillary  
   Cervical  
   Internal mammary  
   Supraclavicular (transverse cervical)  
 Lower trunk:  
   Superficial inguinal (femoral)  
 All sites:  
   Regional lymph node(s), NOS  
 Stated as N1

120	Submental nodes for neck primary only (including bilateral or contralateral)	N1	N1	D	RN
150	Neck primary only: (100) + (120)	N1	N1	D	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown (see Note 2)	NX	NX	U	U



**SoftTissue**

**CS Mets at DX**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	M0	NONE	NONE
10	Distant lymph node(s)	M1	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Carcinomatosis	M1	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1, NOS	M1	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

## Soft Tissue

### CS Site-Specific Factor 1 Grade for Sarcomas

- Note 1: Comprehensive grading of soft tissue sarcomas is strongly correlated with disease specific survival and incorporates differentiation, mitotic rate and extent of necrosis. The French Federation of Cancer Centers Sarcoma Group (FNCLCC) is the preferred grading system; however, record the grade from any 3 grade sarcoma grading system the pathologist uses. Do not code terms such as "well differentiated" or "poorly differentiated" in this field. See also Note 2.
- Note 2: In some cases, especially for needle biopsies, grade may be specified only as "low grade" or "high grade" . In this case, use codes 100, which maps to G1 or 200, which maps to G3. Codes 010-030 take priority over codes 100 and 200.
- Note 3: The mapping of this SSF is used in AJCC 7th Staging.

Code	Description	Mapping of Grade
010	Specified as Grade 1 [of 3]	1
020	Specified as Grade 2 [of 3]	2
030	Specified as Grade 3 [of 3]	3
100	Grade stated as "low grade" [NOS]	1
200	Grade stated as "high grade" [NOS]	3
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema	9
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.)	9
998	No histologic examination of primary site	9

999	Unknown Insufficient information Not documented in patient record	9
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## SoftTissue

### CS Site-Specific Factor 2 Neurovascular Invasion

- Note: Neurovascular invasion is based on pathology and should be reported where possible.

Code	Description
000	Neurovascular invasion not present/not identified
010	Neurovascular invasion present/identified
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
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.)
998	No histologic examination of primary site
999	Unknown Insufficient information Not documented in patient record

## SoftTissue

### CS Site-Specific Factor 3

#### Bone invasion

- Note 1: Record bone invasion for primary tumor only.
- Note 2: Bone invasion is based on imaging only and should be reported where possible. For pathologic confirmation of bone mets, see SSF #4.

Code	Description
000	Bone invasion not present/not identified
010	Bone invasion present/identified
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
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.)
998	No imaging done for bone invasion
999	Unknown Insufficient information Not documented in patient record

**SoftTissue**

**CS Site-Specific Factor 4**

**Pathologic P1: Source of pathologic metastatic specimen**

Code	Description
000	No pathological mets at diagnosis identified
010	Liver mets present/identified
020	Lung mets present/identified
030	Brain mets present/identified
040	Bone mets present/identified
050	Other mets present/identified
060	Combination of codes 100-500
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this schema
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.)
998	No microscopic examination of metastatic site
999	Unknown Insufficient information Not documented in patient record