# Colon, Rectum, and Appendix

**2011 Reporting Requirements and CSv02.03.02**
**NCCN/ASCO Treatment Guidelines by Stage**

**FCDS 2011 Educational Webcast Series**

September 15, 2011

Steven Peace, CTR

# Presentation Outline

- Overview – Tumor Characteristics
- Anatomy of Colon/Rectum – Layers
- Multiple Primary and Histology Coding Rules Refresher
- Collaborative Stage Data Collection System (CSv02.03.02)
- 2011 FCDS Required C.S. Site Specific Factors
- NCCN/ASCO Treatment Guidelines by Stage
- Documentation

# Overview – Tumor Characteristics

# Colon/Rectal Cancer – 3rd most common

- 2011 estimates in the United States
  - 101,340 new colon cancer cases
  - 39,870 new rectal cancer cases
  - 49,380 deaths

- 2011 estimates in Florida
  - 10,180 new cases
  - 3,370 deaths

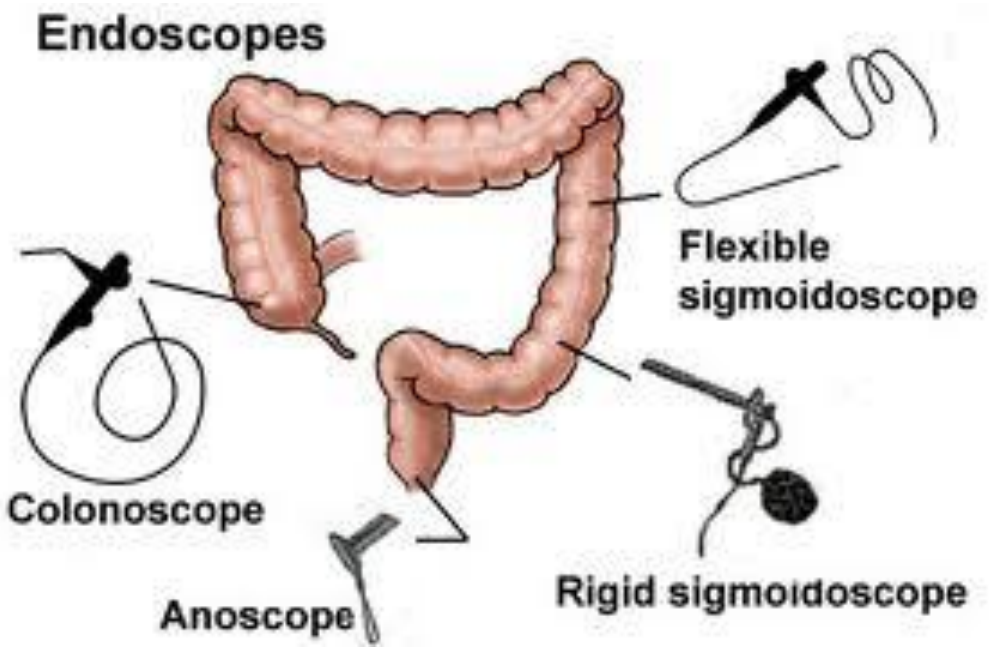
Source: American Cancer Society Cancer Facts and Figures 2011

# Colorectal Cancer Histology

- Many originate in polyps
- 95% - 98% adenocarcinoma
- Most produce mucin (glandular)
- 10% or more are mucinous (>50% mucin production)
- <1% are signet ring cell (>50% signet rings) - more aggressive
- 2% - 5% other cancers (GIST, NET, etc.)

# Screening Advancements

- Rigid Sigmoidoscopy
- Flexible Sigmoidoscopy
- Full Colonoscopy
- Virtual Colonoscopy
- Other Testing



# Large Intestine Anatomy

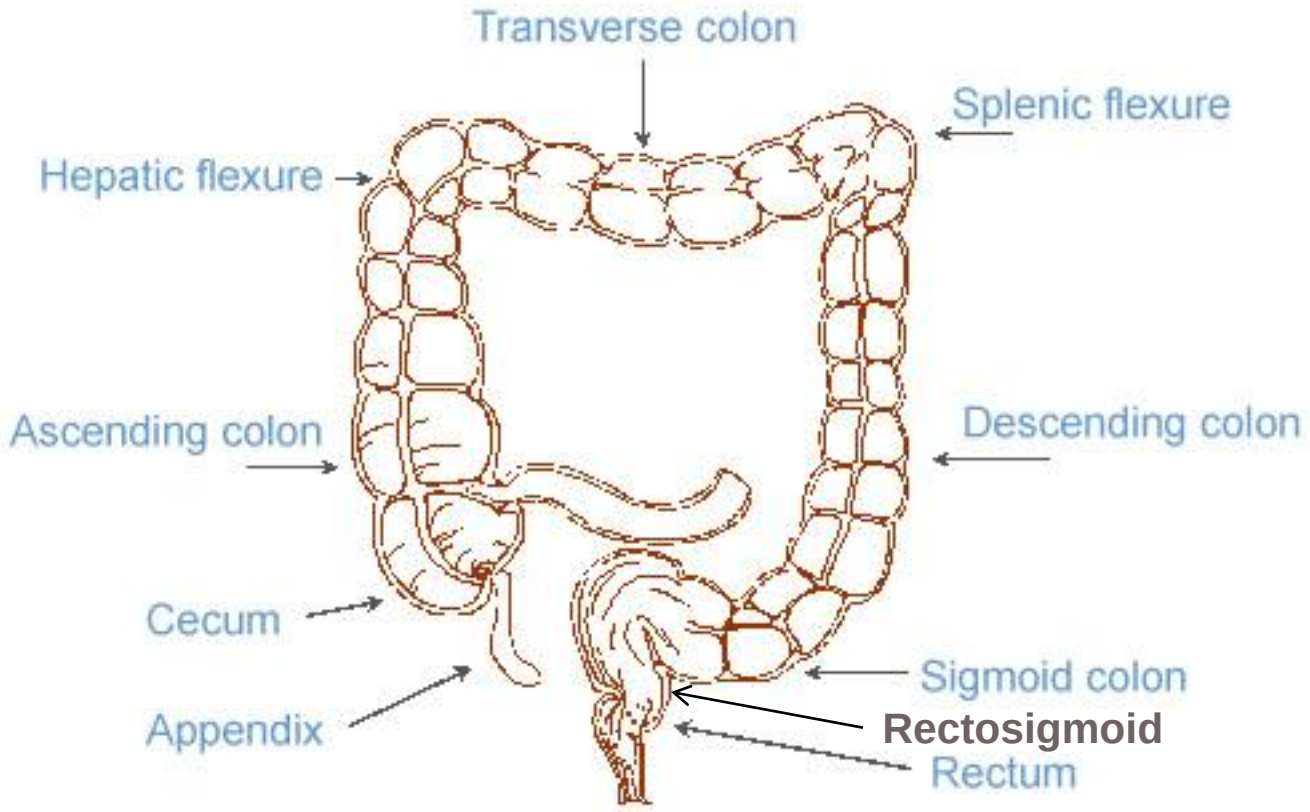
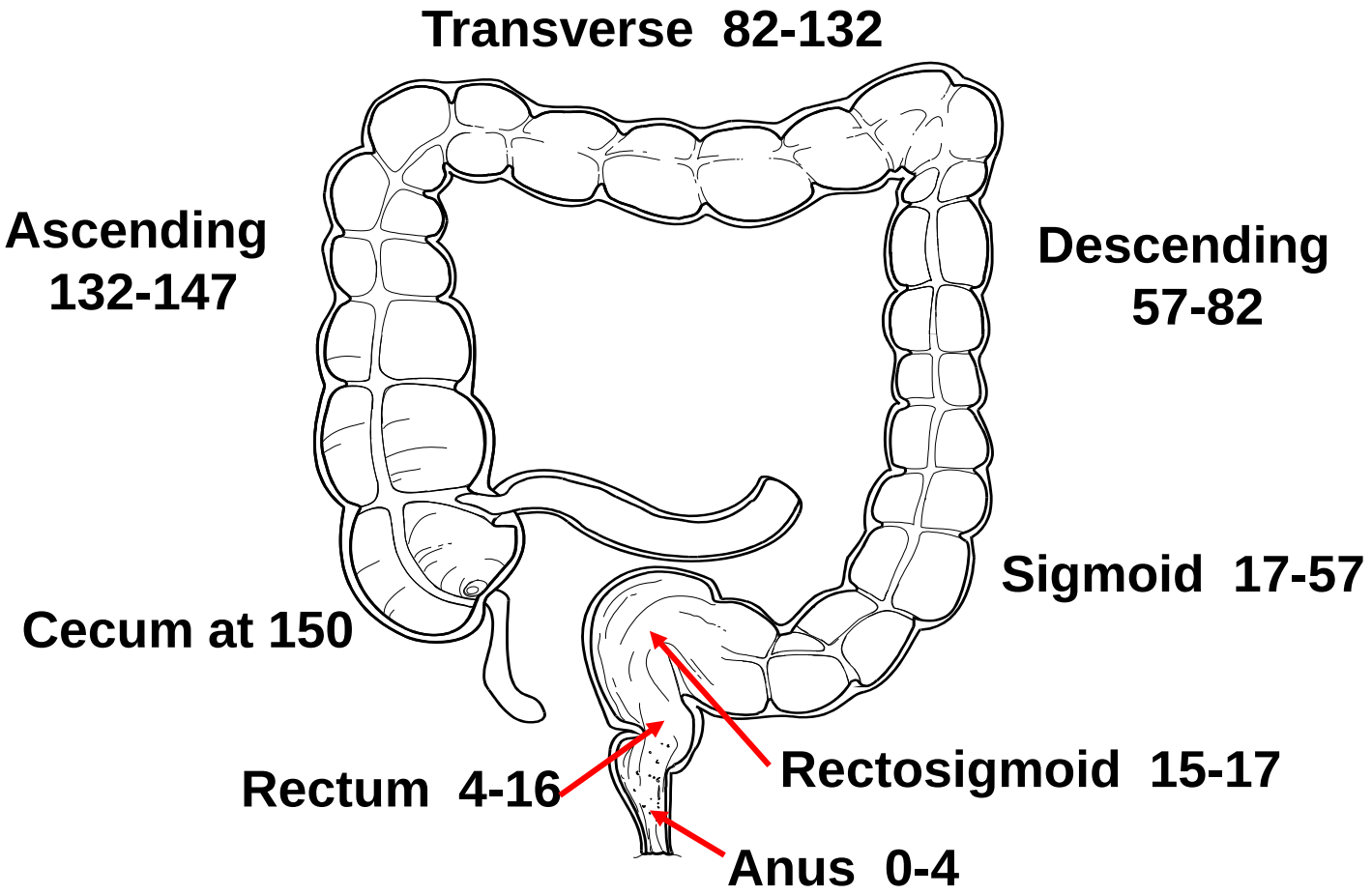



Image source: SEER Training Modules Colorectal Cancer

# Colonoscopy Measurements




**Distance from anal verge - approximations only.**
**Source: AJCC Cancer Staging Manual, fifth edition, page 85, 1997.**

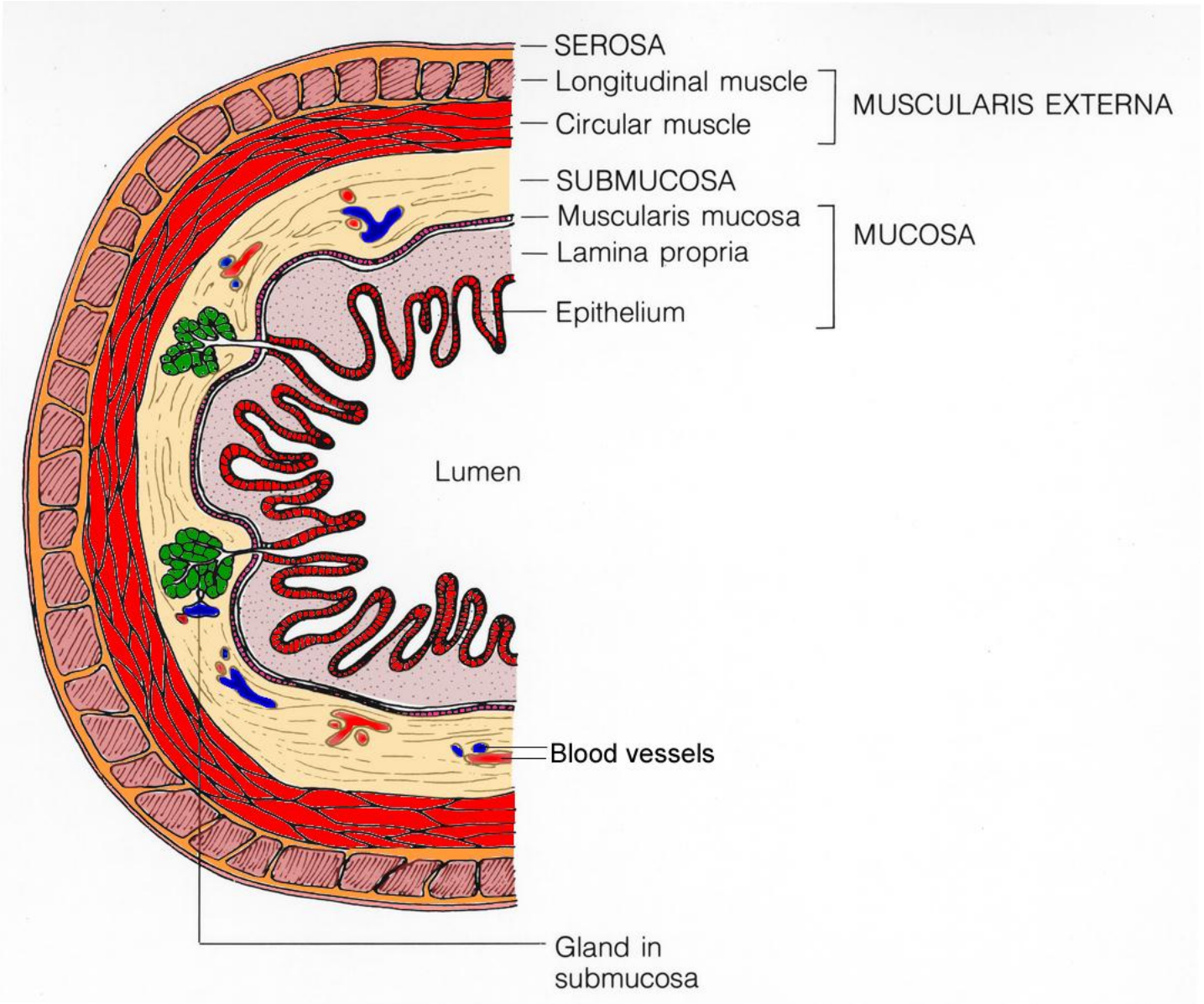



Image source: Emory Cancer Institute

# Colorectal Wall Anatomy

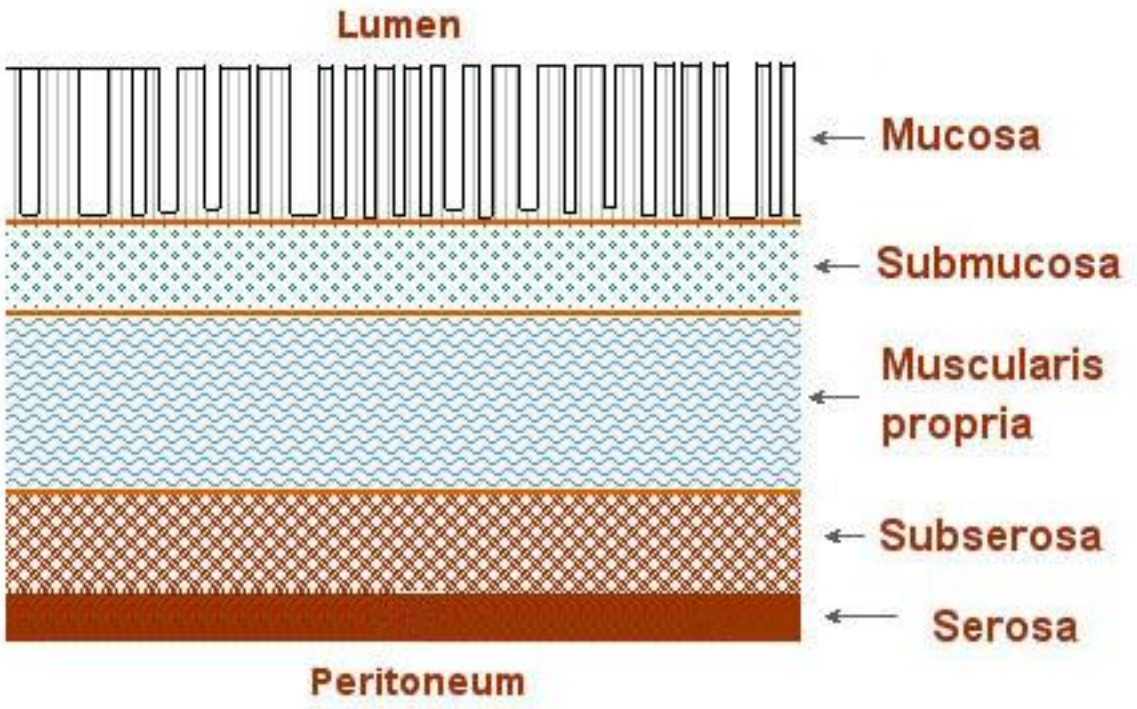
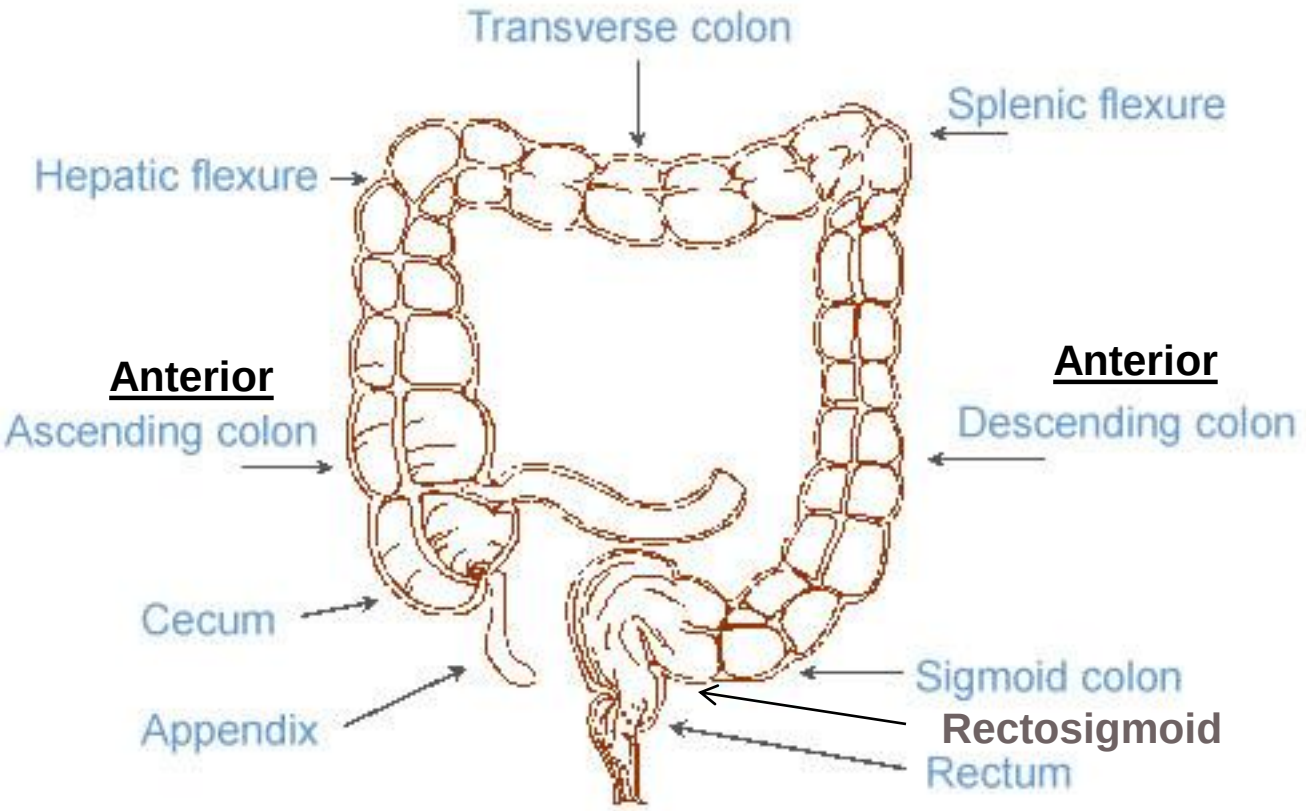



Image source: SEER Training Modules Colorectal Cancer

# Intraperitoneal Colorectal Subsites



# Rectosigmoid/Rectum Anatomy

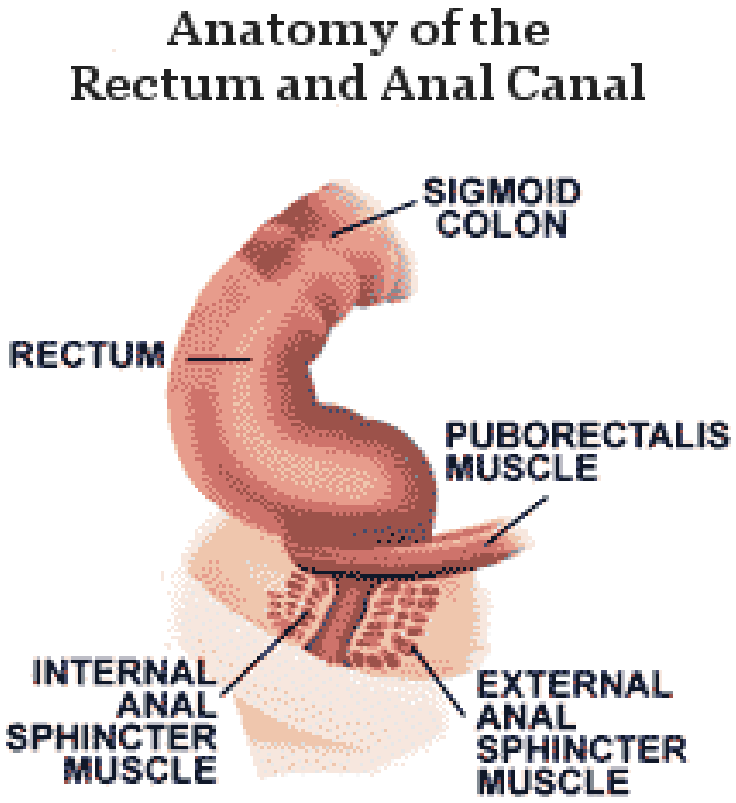



Image source: International Foundation for Functional Gastrointestinal Disorders (IFFGD)

# Regional Lymph Nodes

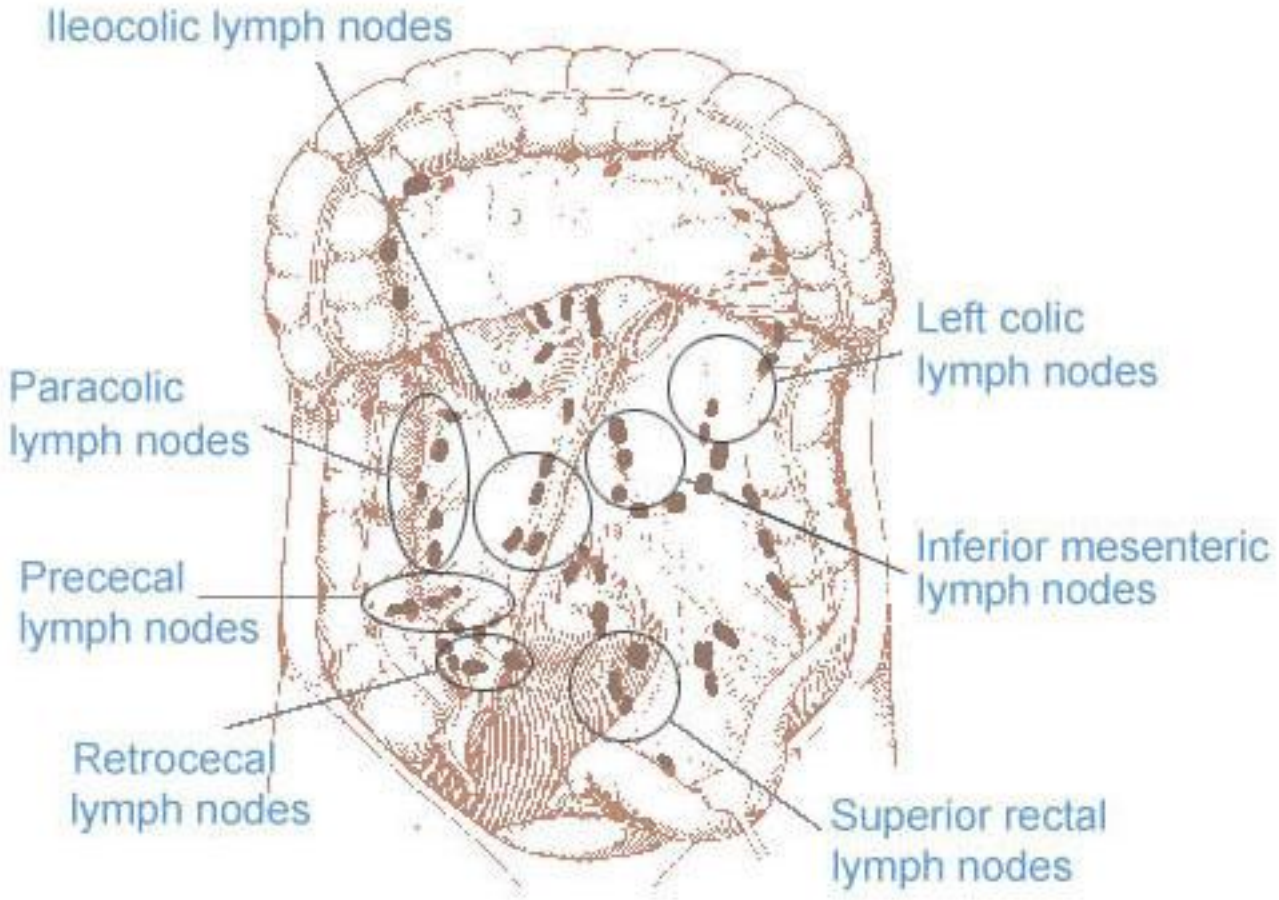



Image source: SEER Training Modules Colorectal Cancer

# Metastatic Sites

- Large intestine
  - Liver
  - Lung
  - Seeding of other segments of colon, small intestine, or peritoneum
- Mucinous carcinoma of appendix
  - Peritoneal surfaces

# Multiple Primary Rules
# Histology Coding Rules


# Multiple Primary and Histology Coding Rules

January 01, 2007

National Cancer Institute
Surveillance Epidemiology and End Results Program
Bethesda, MD

## Colon Equivalent Terms, Definitions and Illustrations
## C180-C189
## (Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

### Introduction

*Note 1*: Rectum and rectosigmoid are covered by The Other Sites rules.
*Note 2:* For the purpose of these rules, the words "exophytic" and "polypoid" are not synonymous with a polyp.

Use these rules only for cases with primary colon cancer.

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.

**ACS Clinical Oncology*

### Equivalent or Equal Terms

***Note*:** For the purpose of these rules, the words "exophytic" and "polypoid" are not synonymous with a polyp

- Familial polyposis, familial adenomatous polyposis, (FAP)
- Intramucosal, lateral extension
- Invasion through colon wall, extension through colon wall, transmural
- Low grade neuroendocrine carcinoma, carcinoid
- Most invasive, most extensive
- Mucin producing, mucin secreting
- Mucinous, colloid
- Polyp, adenoma
- Serosa, visceral peritoneum
- Tumor, mass, lesion, neoplasm
- Type, subtype, predominantly, with features of, major, or with ____differentiation

### Definitions

**Adenocarcinoid (8245/3):** A specific histology commonly found in the appendix.

**Adenocarcinoma with mixed subtypes (8255):** Rarely used for colon primaries (see introduction).

**Adenocarcinoma, intestinal type (8144)** is a form of stomach cancer. Do not use this code when the tumor arises in the colon.

**Adenoma:** A **benign** lesion composed of tubular or villous structures showing **intraepithelial neoplasia** (See definition of **intraepithelial neoplasia**).

## Colon Multiple Primary Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.


| UNKNOWN IF SINGLE OR MULTIPLE TUMORS | DECISION | NOTES |
|---|---|---|
| | | Tumor(s) not described as metastasis |
| M1 Is it impossible to determine if there is a single tumor or multiple tumors? YES → SINGLE Primary* | End of instructions for Unknown Number of Tumors. | Use this rule only after all information sources have been exhausted. |
| NO → Go to Single Tumor or Multiple Tumors | | |
| **SINGLE TUMOR** | **DECISION** | **NOTES** |
| | | 1. Tumor not described as metastasis<br>2. Includes combinations of in situ and invasive. |
| M2 Is there a single tumor? YES → SINGLE Primary* | End of instructions for Single Tumor. | The tumor may overlap onto or extend into adjacent/contiguous site or subsite. |
| NO → Go to Multiple Tumors. | | |

## Colon Multiple Primary Rules - Flowchart

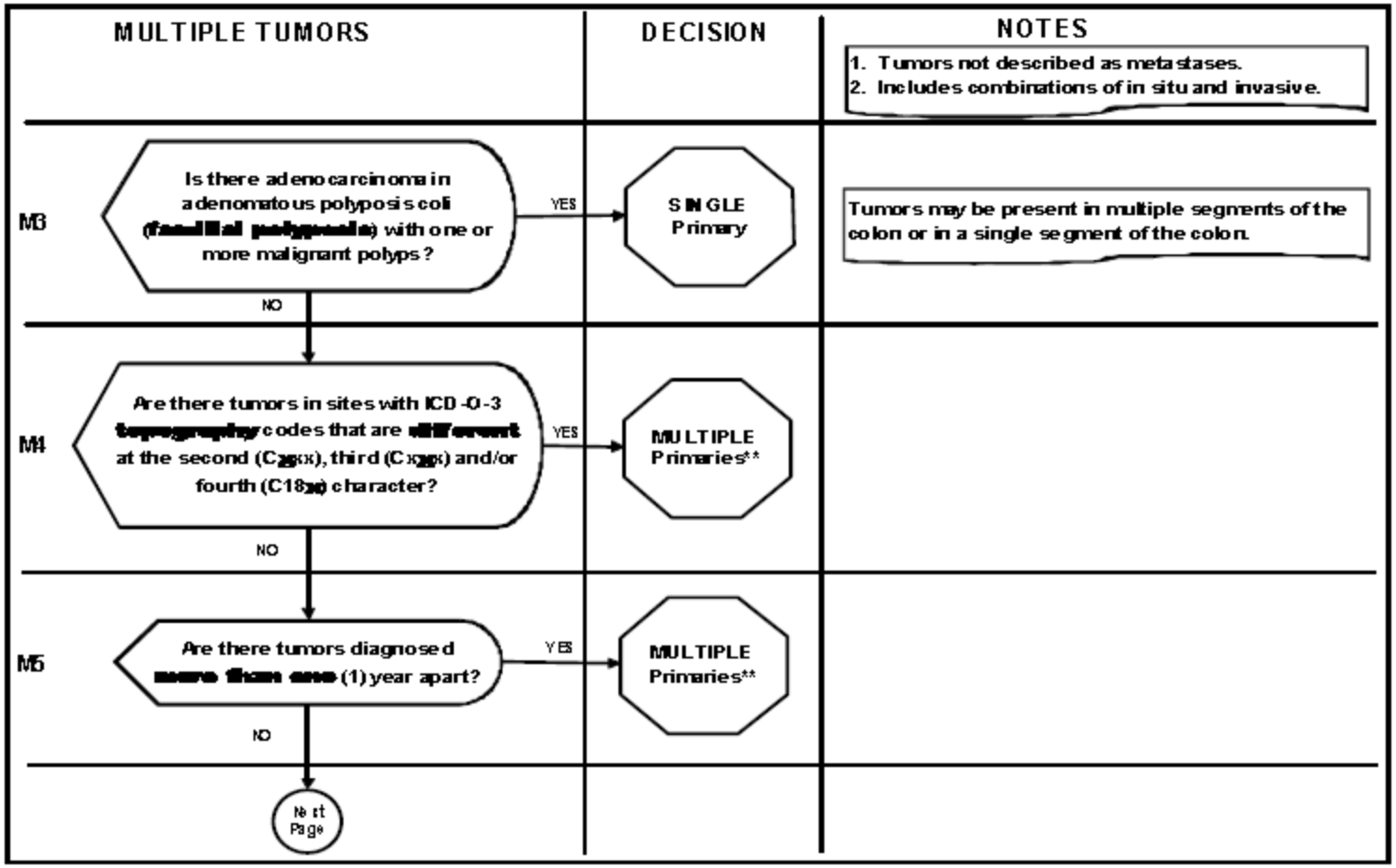
(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key: Question, Decision, Note, Flo-Direction

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



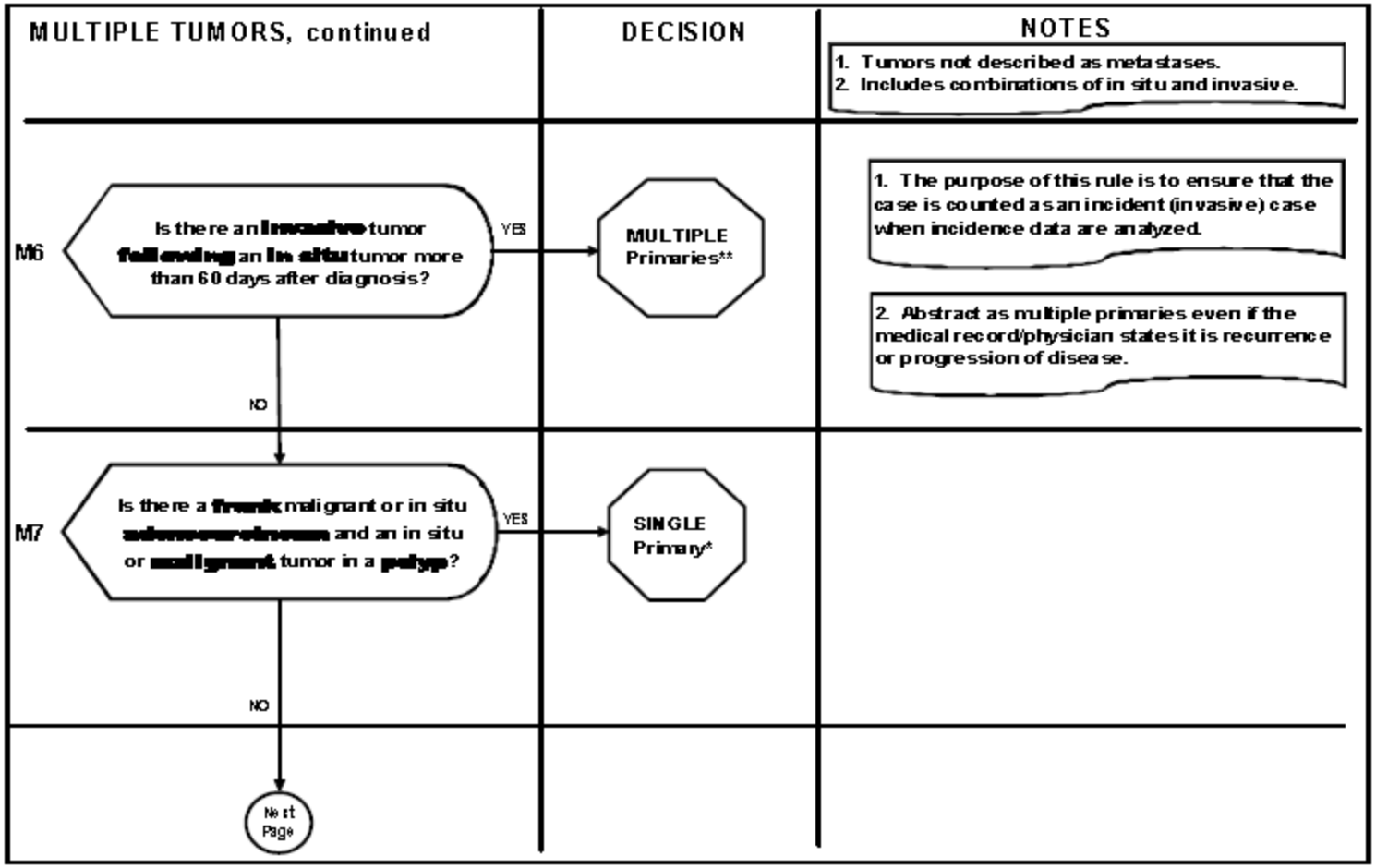
## Colon Multiple Primary Rules -Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

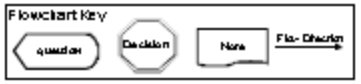
# Colon Multiple Primary Rules - Flowchart

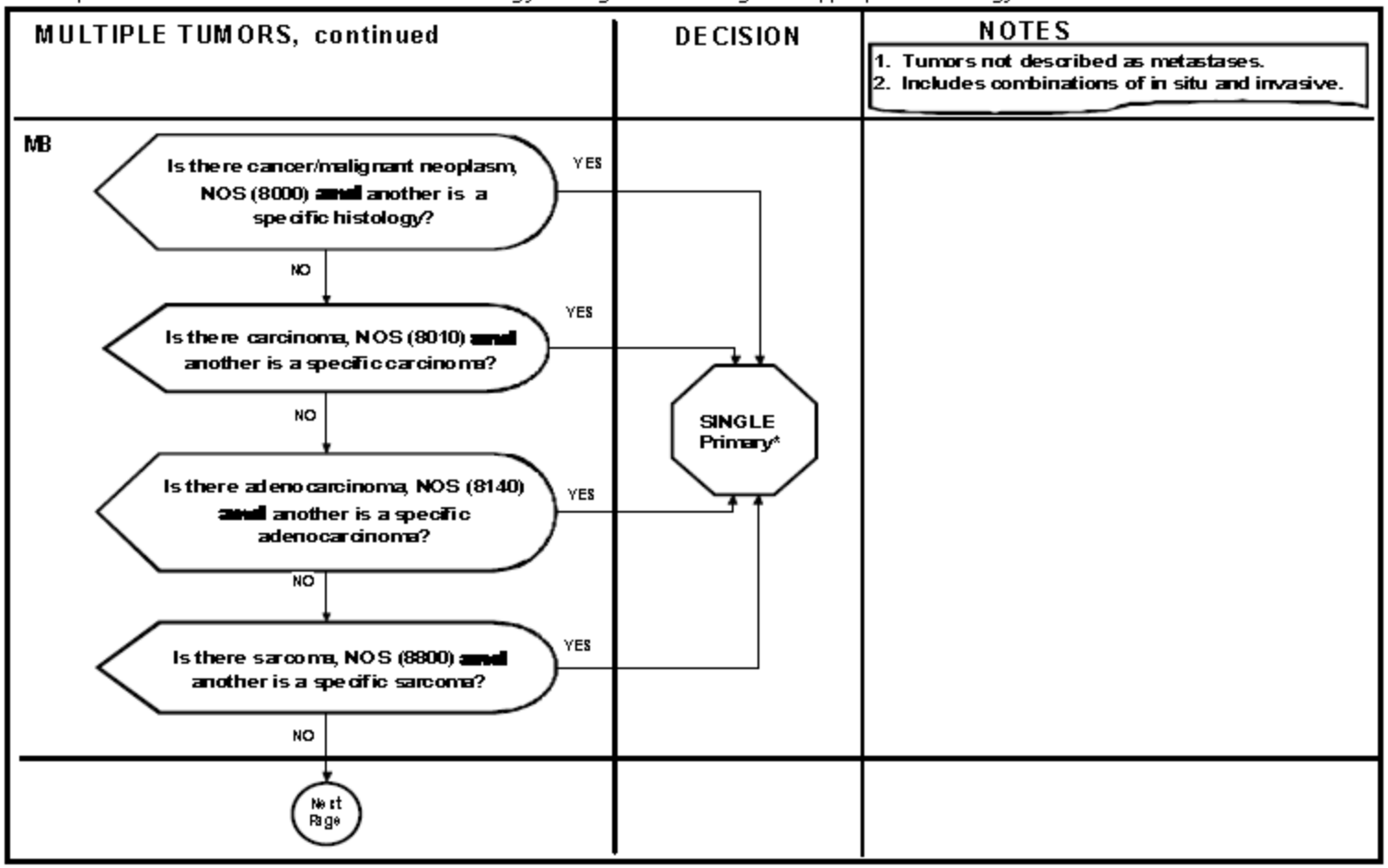
(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



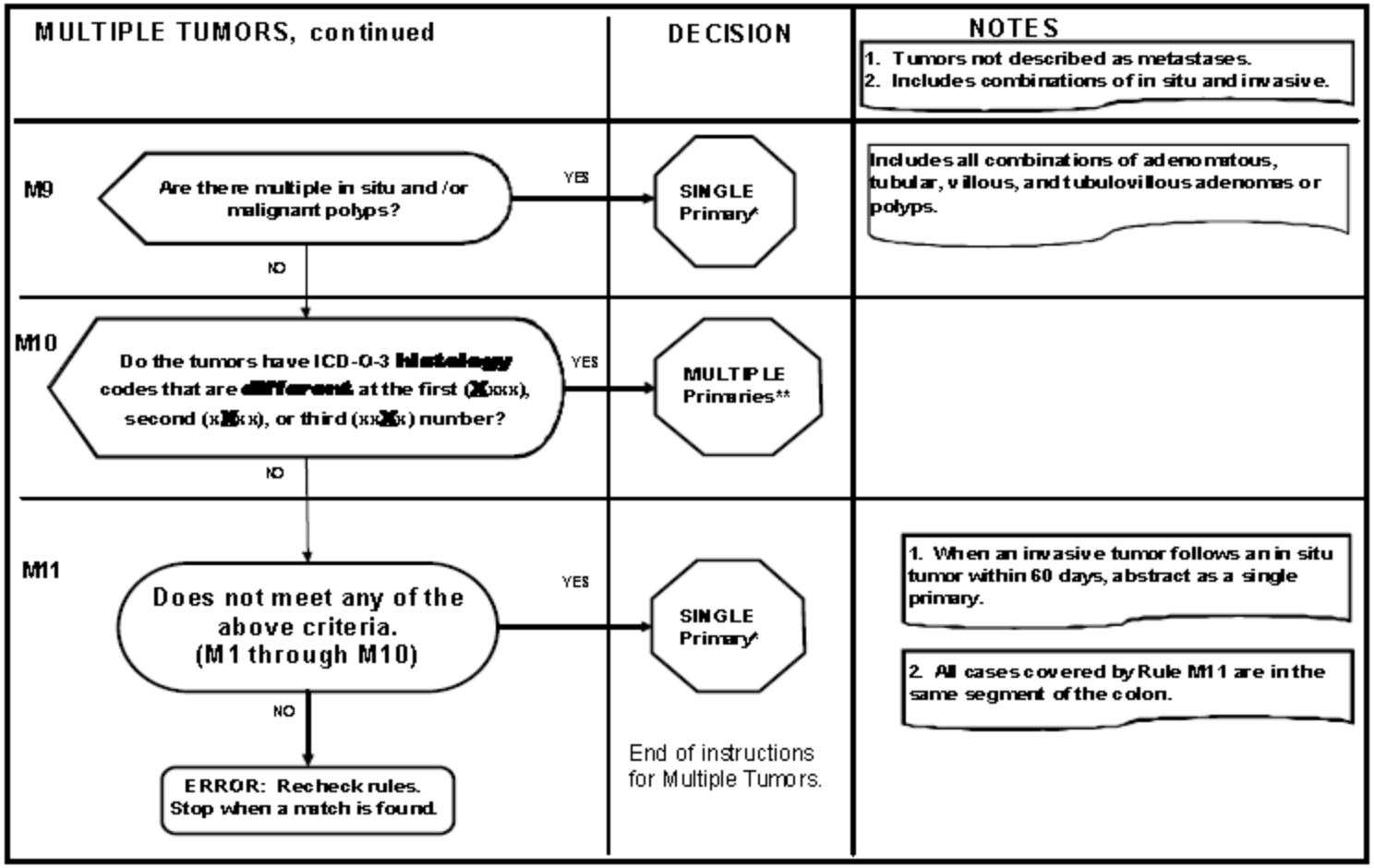
## Colon Multiple Primary Rules - Flowchart

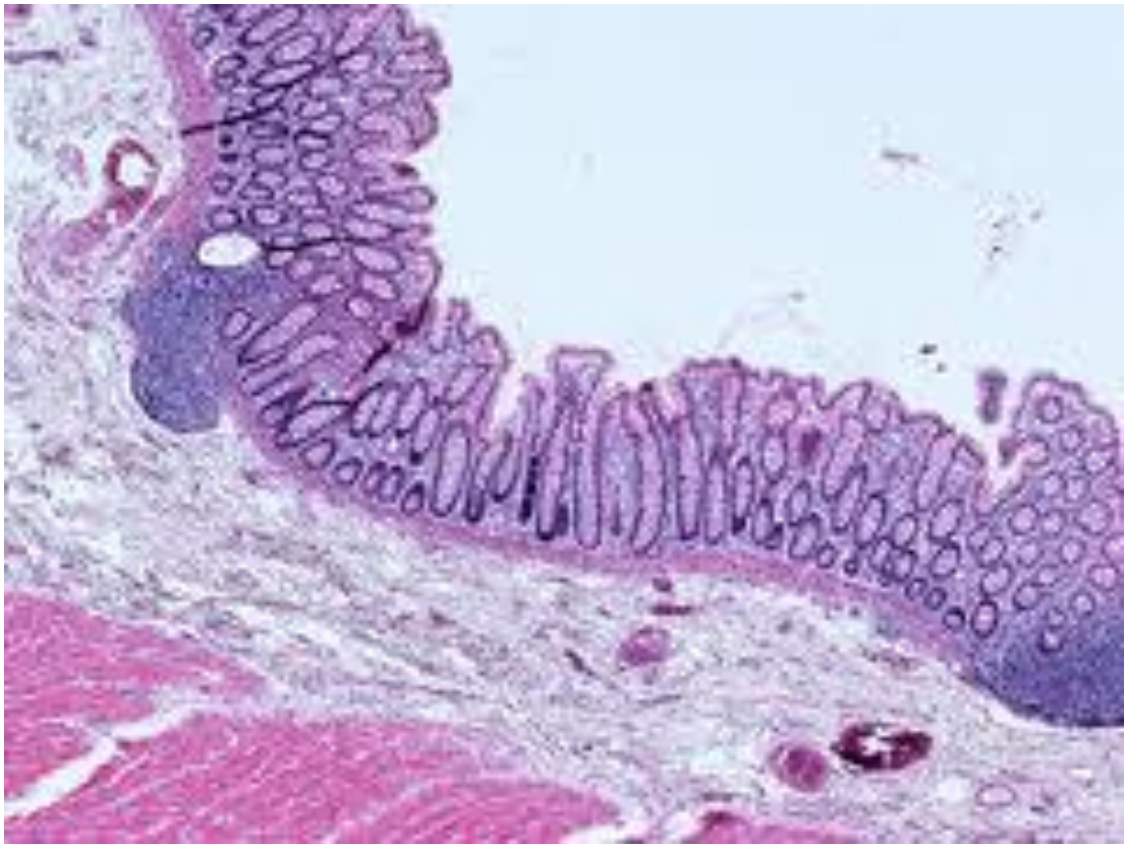
(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi's sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.



## Colon Histology Coding Rules - Flowchart

(C180-C189)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)


SINGLE TUMOR

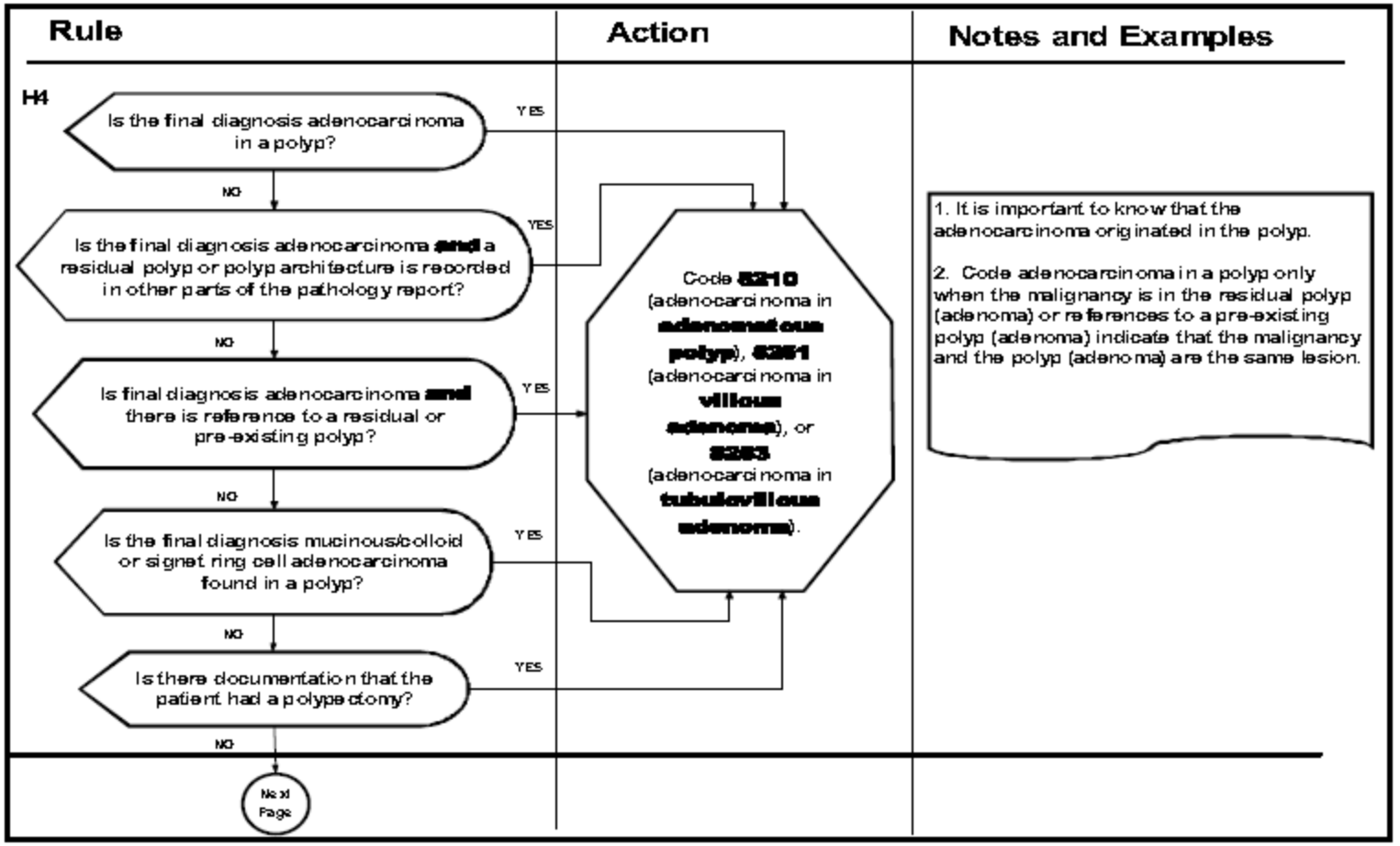
| Rule | Action | Notes and Examples |
|---|---|---|
| H1 Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? YES → | Code the histology documented by the physician. | 1. Priority for using documents to code the histology<br>o Documentation in the medical record that refers to pathologic or cytologic findings<br>o Physician's reference to type of cancer (histology) in the medical record<br>o CT, PET or MRI scans<br>2. Code the specific histology when documented.<br>3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented. |
| NO ↓ | | |
| H2 Is the specimen from a metastatic site? (There is no pathology/cytology specimen from the primary site) YES → | Code the histology from a metastatic site. | Code the behavior /3. |
| NO ↓ | | |
| H3 Does the pathology report describe only **intestinal type adenocarcinoma** or adenocarcinoma, intestinal type? YES → | Code **8144** (adeno-carcinoma, NOS). | 1. Intestinal type adenocarcinoma usually occurs in the stomach.<br>2. When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule. |
| NO ↓ | | |
| Next Page | | |

## Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**SINGLE TUMOR**

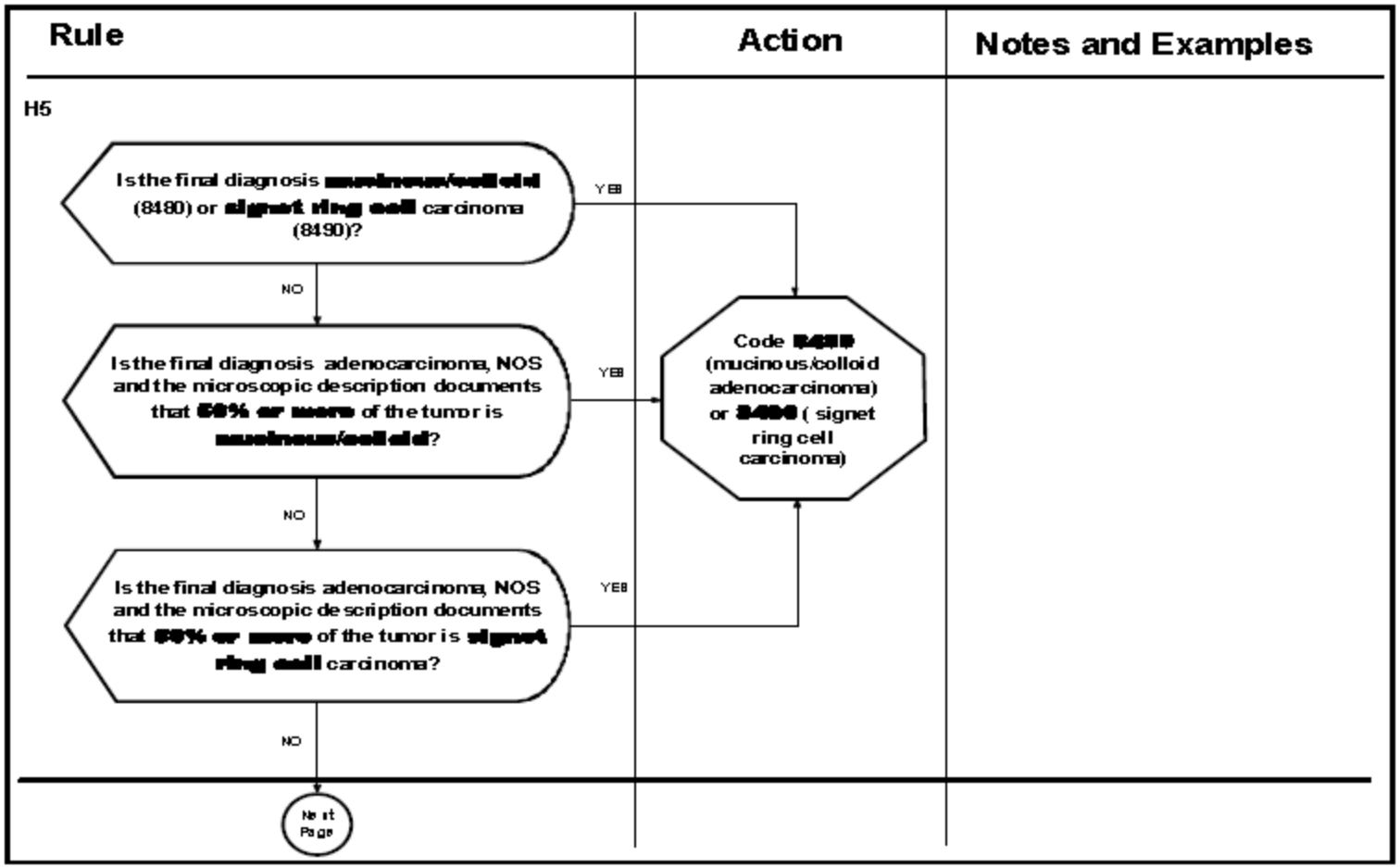



## Colon Histology Coding Rules - Flowchart

(C 180- C 189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

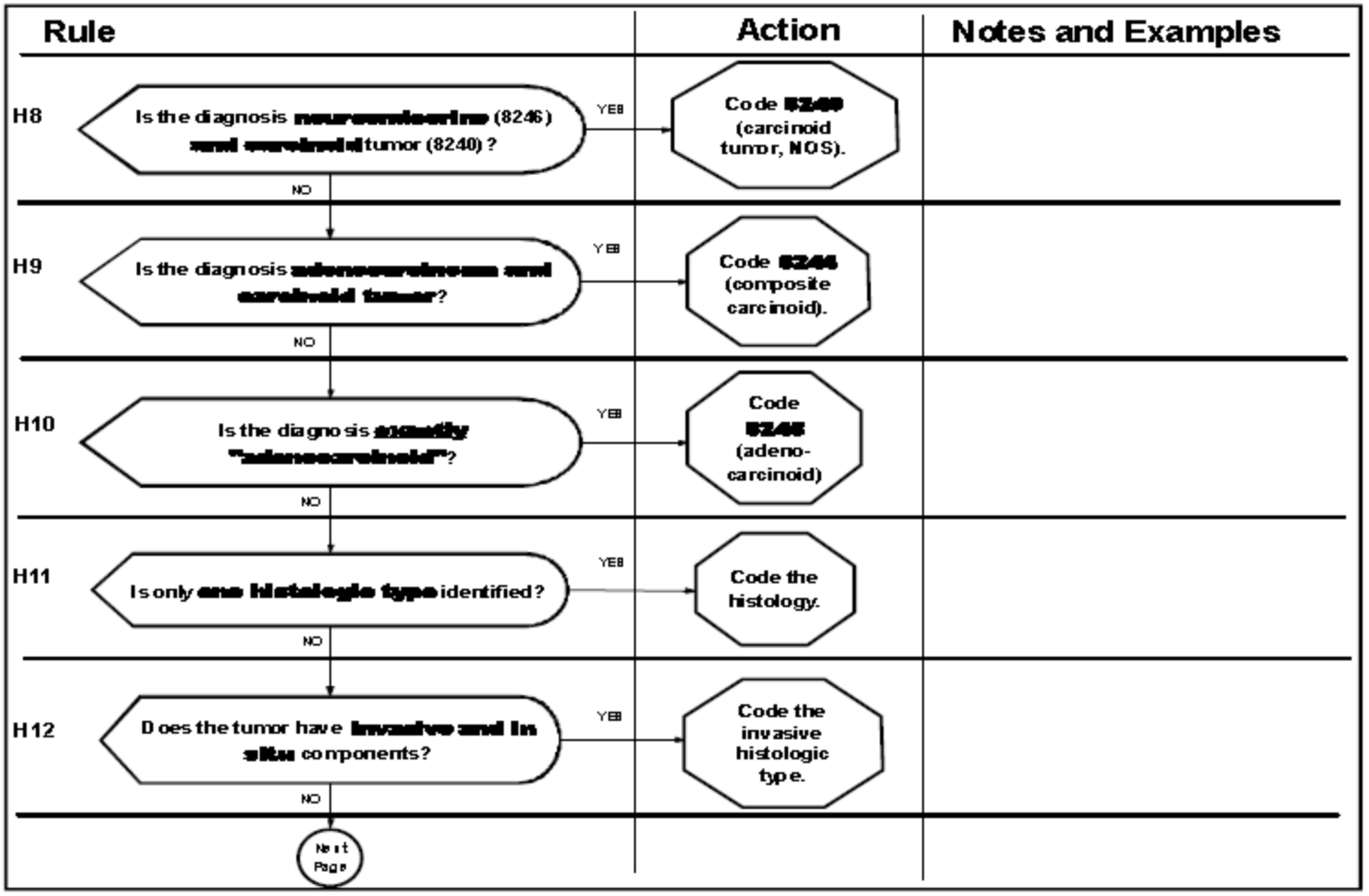



## Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

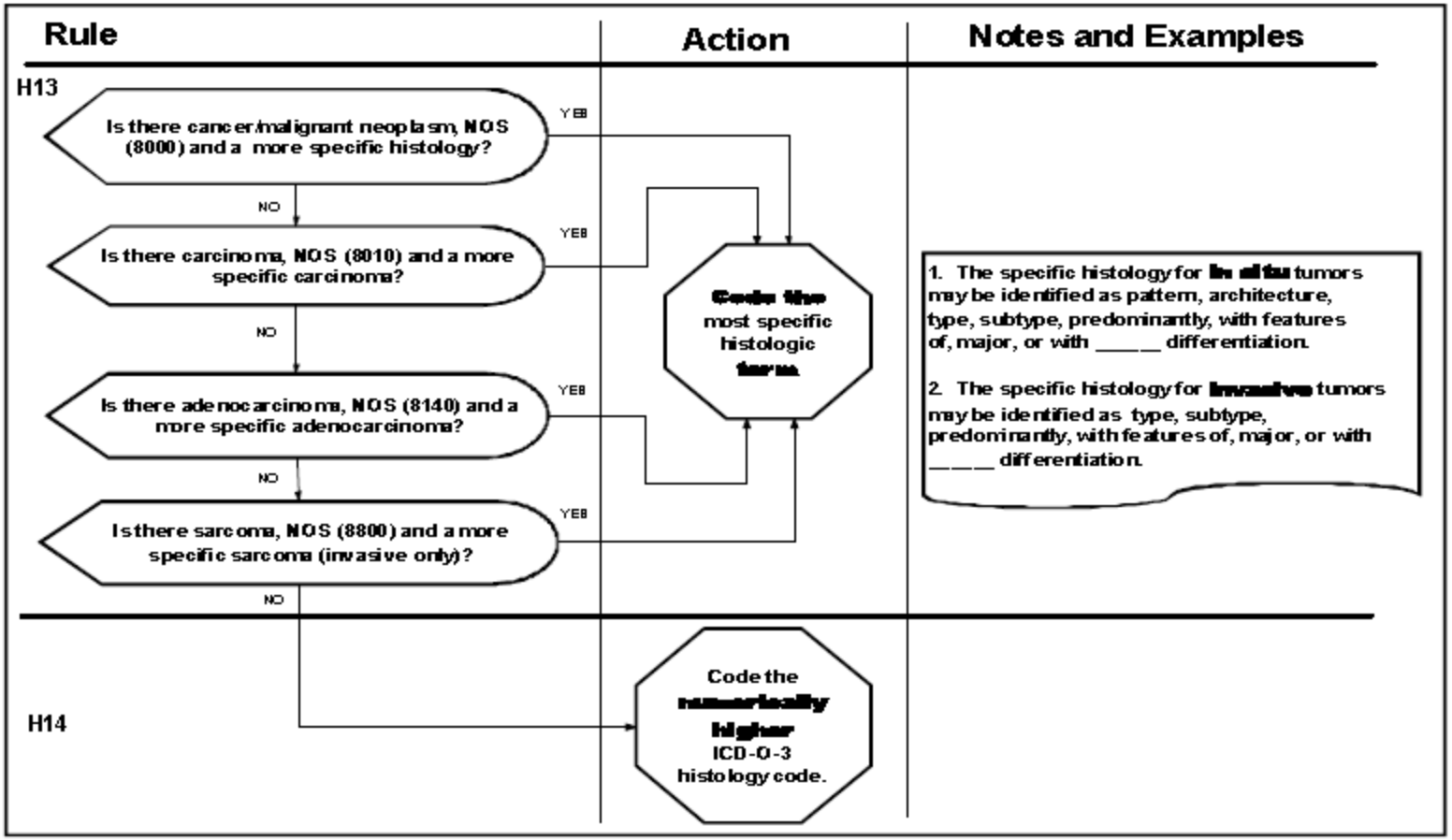



## Colon Histology Coding Rules - Flowchart

(C180-C189)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

# Colon

## C18.0-C18.9 (excluding appendix)

# Schema Selection

- http://www.cancerstaging.org/cstage/index.html
- Colon (excludes Appendix, GIST, NET) of Colon
- Click on Site Specific Schema tab on the left
- Select the **Colon** Schema
- All Florida Cases are coded in CSv02.03.02

# CSv02.03.02, Select Correct Schema

# Colon

## Colon (excluding Appendix, Gastrointestnal Stromal Tumor, and Neuroendocrine Tumor)

### C18.0, C18.2--C18.9

- C18.0 Cecum
- C18.2 Ascending colon
- C18.3 Hepatic flexure of colon
- C18.4 Transverse colon
- C18.5 Splenic flexure of colon
- C18.6 Descending colon
- C18.7 Sigmoid colon
- C18.8 Overlapping lesion of colon
- C18.9 Colon, NOS

CS Tumor Size
CS Extension
CS Tumor Size/Ext Eval
CS Lymph Nodes
CS Lymph Nodes Eval
Regional Nodes Positive
Regional Nodes Examined
CS Mets at DX
CS Mets Eval
CS Site-Specific Factor 1
Carcinoembryonic Antigen (CEA)
CS Site-Specific Factor 2
Clinical Assessment of Regional Lymph Nodes
CS Site-Specific Factor 3
Carcinoembryonic Antigen (CEA) Lab Value
CS Site-Specific Factor 4
Tumor Deposits
CS Site-Specific Factor 5
Tumor Regression Grade
CS Site-Specific Factor 6
Circumferential Resection Margin (CRM)

CS Site-Specific Factor 7
Microsatellite Instability (MSI)
CS Site-Specific Factor 8
Perineural Invasion
CS Site-Specific Factor 9
KRAS
CS Site-Specific Factor 10
18q Loss of Heterozygosity (LOH)
CS Site-Specific Factor 11 = **988**
CS Site-Specific Factor 12 = **988**
CS Site-Specific Factor 13 = **988**
CS Site-Specific Factor 14 = **988**
CS Site-Specific Factor 15 = **988**
CS Site-Specific Factor 16 = **988**
CS Site-Specific Factor 17 = **988**
CS Site-Specific Factor 18 = **988**
CS Site-Specific Factor 19 = **988**
CS Site-Specific Factor 20 = **988**
CS Site-Specific Factor 21 = **988**
CS Site-Specific Factor 22 = **988**
CS Site-Specific Factor 23 = **988**
CS Site-Specific Factor 24 = **988**
CS Site-Specific Factor 25 = **988**

*Collaborative Stage for TNM 7 - Revised 10/05/2009 [ Schema ]*

**Colon**

## Histology Inclusion Table AJCC 7th ed.

| Code |
|---|
| 8000-8152 |
| 8154-8231 |
| 8243-8245 |
| 8247 |
| 8248 |
| 8250-8576 |
| 8940-8950 |
| 8980-8981 |

**Colon**

## CS Tumor Size

| Code | Description |
|---|---|
| 000 | No mass/tumor found |
| 001-988 | 001 - 988 millimeters (mm)<br>(Exact size in mm) |
| 989 | 989 mm or larger |
| 990 | Microscopic focus or foci only, 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" |
| 998 | Familial/multiple polyposis (M-8220/8221) |
| 999 | Unknown; size not stated<br>Size of tumor cannot be assessed<br>Not documented in patient record |

# Colon - CS Tumor Size

- 998 = Familial/multiple polyposis
- (M-8220/8221)

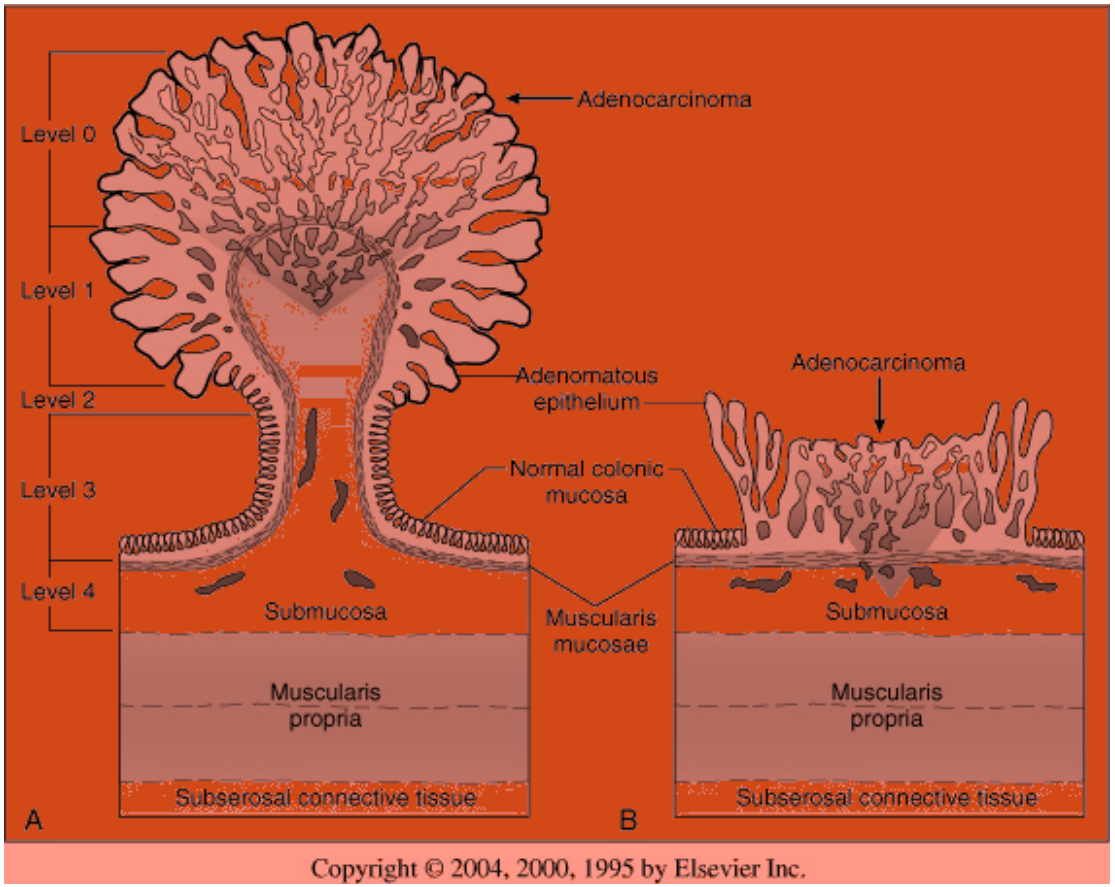
## Colon

## CS Extension

- Note 1: Ignore intraluminal extension to adjacent segment(s) of colon/rectum or to the ileum from the cecum; code depth of invasion or extracolonic spread as indicated.
- Note 2: Codes 600-800 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.
- Note 3: Tumor that is adherent to other organs or structures, macroscopically, is classified as T4b. If tumor is present in adhesion(s) upon microscopic examination, the tumor is classified as pT4b. Use code 565 for macroscopic adhesions if no pathologic confirmation, and for pathologically confirmed tumor in adhesions. However, if no tumor is present in adhesion(s) upon microscopic examination, the classification is based upon extent of tumor invasion into or through the wall; use codes 000-160, 200, 400-450, 458, 500 and 550 as appropriate to describe the microscopically confirmed depth of tumor invasion for these cases. Use codes 600, 610-800 to code invasion of underlying structures from the adherent tumor.
- Note 4: High grade dysplasia and severe dysplasia are generally not reportable in cancer registries, but if a registry does collect these, code 000 should be used.

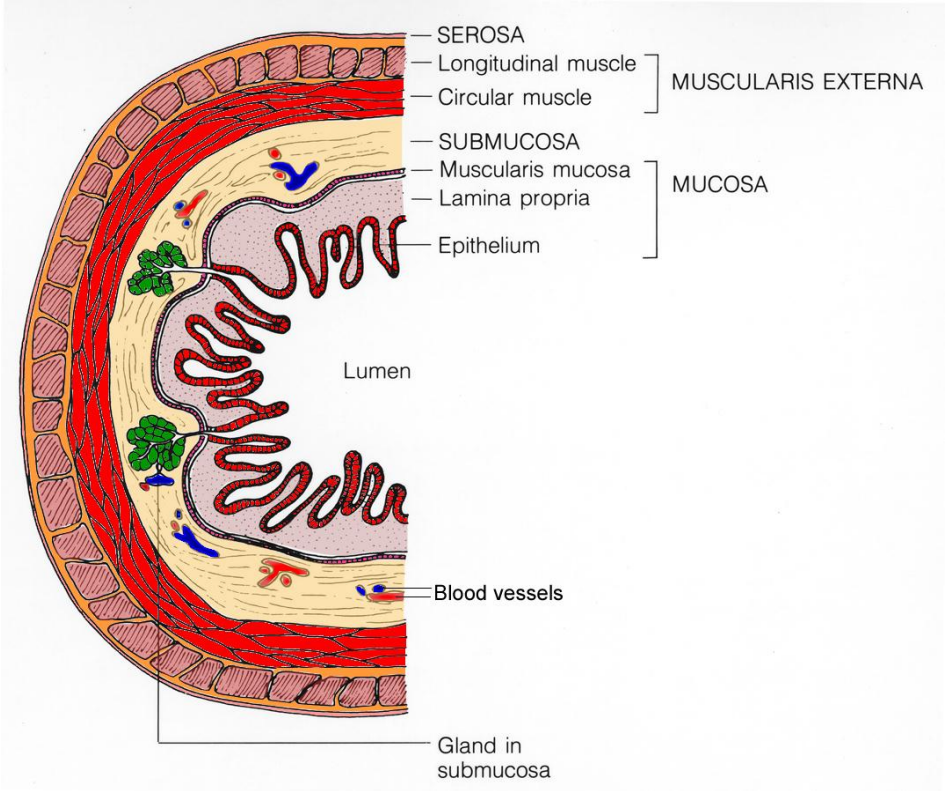
| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---|---|---|---|---|---|
| 000 | In situ, intraepithelial, noninvasive | Tis | Tis | IS | IS |
| 050 | (Adeno)carcinoma, noninvasive, in a polyp or adenoma | Tis | Tis | IS | IS |
| 100 | Invasive tumor confined to mucosa, NOS, including intramucosal, NOS | Tis | Tis | L | L |
| 110 | Invades lamina propria, including lamina propria in the stalk of a polyp | Tis | Tis | L | L |
| 120 | Confined to and not through the muscularis mucosae, including muscularis mucosae in the stalk of a polyp. | Tis | Tis | L | L |
| 130 | Confined to head of polyp, NOS | T1 | T1 | L | L |
| 140 | Confined to stalk of polyp, NOS | T1 | T1 | L | L |
| 150 | Invasive tumor in polyp, NOS | T1 | T1 | L | L |
| 160 | Invades submucosa (superficial invasion), including submucosa in the head or stalk of a polyp | T1 | T1 | L | L |
| 170 | Stated as T1 with no other information on extension | T1 | T1 | L | L |

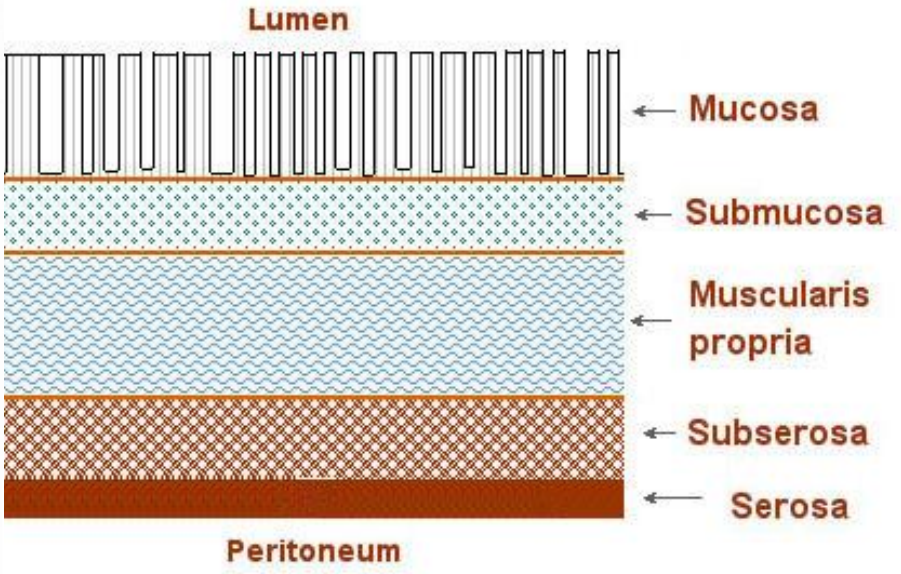
# Types of Colon Polyps




**Source: Abeloff et al: Clinical Oncology, third edition, Elsevier Churchill Livingstone, 2004**

# Colorectal Wall Anatomy



| | | | | | |
|---|---|---|---|---|---|
| 200 | Muscularis propria invaded<br><br>Stated as T2 with no other information on extension | T2 | T2 | L | L |
| 300 | Localized, NOS<br>Confined to colon, NOS | T1 | T1 | L | L |
| 400 | Extension through wall, NOS<br>Invasion through muscularis propria or muscularis, NOS<br>Non-peritonealized pericolic tissues invaded<br>Perimuscular tissue invaded<br>Subserosal tissue/(sub)serosal fat invaded<br>Transmural, NOS<br>Wall, NOS | T3 | T3 | L | L |
| 410 | OBSOLETE DATA CONVERTED V0203<br>See code 470<br><br>Stated as T3 with no other information on extension | ERROR | ERROR | ERROR | ERROR |
| 420 | OBSOLETE DATA CONVERTED V0203<br>See code 458<br><br>Fat, NOS | ERROR | ERROR | ERROR | ERROR |
| 450 | Extension to:<br>All colon sites:<br>Adjacent tissue(s), NOS<br>Connective tissue<br>Mesenteric fat<br>Mesentery<br>Mesocolon<br>Pericolic fat<br>Ascending and descending colon<br>Retroperitoneal fat<br>Transverse colon and flexures<br>Gastrocolic ligament<br>Greater omentum | T3 | T3 | RE | RE |
| 458 | Fat, NOS | T3 | T3 | RE | RE |
| 460 | OBSOLETE DATA RETAINED AND REVIEWED V0203<br>See Note 3, codes 565 and 570<br><br>Adherent to other organs or structures, but no microscopic tumor | T3 | T3 | RE | RE |

| | | | | | |
|---|---|---|---|---|---|
| 470 | Stated as T3 with no other information on extension | T3 | T3 | RE | RE |
| 500 | Invasion of/through serosa (mesothelium) (visceral peritoneum)<br>Tumor penetrates to surface of visceral peritoneum | T4a | T4 | RE | RE |
| 550 | 500 + (450 + 458) | T4a | T4 | RE | RE |
| 560 | Stated as T4a with no other information on extension | T4a | T4 | RE | RE |
| 565 | Adherent to other organs or structures clinically with no microscopic examination<br>Tumor found in adhesion(s) if microscopic examination performed | T4b | T4 | RE | RE |
| 570 | Adherent to other organs or structures, NOS | T4b | T4 | RE | RE |
| 600 | All colon sites:<br>Small intestine<br>Cecum:<br>Greater omentum<br>Ascending colon:<br>Greater omentum<br>Liver, right lobe<br>Transverse colon and flexures:<br>Gallbladder/bile ducts<br>Kidney<br>Liver<br>Pancreas<br>Spleen<br>Stomach<br>Descending colon:<br>Greater omentum<br>Pelvic wall<br>Spleen<br>Sigmoid colon:<br>Greater omentum<br>Pelvic wall | T4b | T4 | RE | RE |
| 650 | OBSOLETE DATA RETAINED AND REVIEWED V0203<br>See codes 655 and 675<br><br>All colon sites:<br>Abdominal wall<br>Retroperitoneum (excluding fat) | T4b | T4 | RE | RE |

| | | | | | |
|---|---|---|---|---|---|
| 675 | Sigmoid colon:<br>Retroperitoneum (excluding fat) | T4b | T4 | D | RE |
| 700 | Cecum, ascending, descending and sigmoid colon:<br>Fallopian tube<br>Ovary<br>Uterus | T4b | T4 | D | D |
| 750 | All colon sites unless otherwise stated above:<br>Adrenal (suprarenal) gland<br>Bladder<br>Diaphragm<br>Fistula to skin<br>Gallbladder<br>Other segment(s) of colon via serosa | T4b | T4 | D | D |
| 800 | Further contiguous extension:<br>Cecum:<br>Kidney<br>Liver<br>Ureter<br>Transverse colon and flexures:<br>Ovary<br>Fallopian tube<br>Uterus<br>Ureter<br>Sigmoid colon:<br>Cul de sac (rectouterine pouch)<br>Ureter | T4b | T4 | D | D |
| 850 | Stated as T4b with no other information on extension | T4b | T4 | RE | RE |
| 900 | Stated as T4 [NOS] with no other information on extension | T4NOS | T4 | RE | RE |
| 950 | No evidence of primary tumor | T0 | T0 | U | U |
| 999 | Unknown; extension not stated<br>Primary tumor cannot be assessed<br>Not documented in patient record | TX | TX | U | U |

# Colon - CS Extension

- Codes 600-800 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

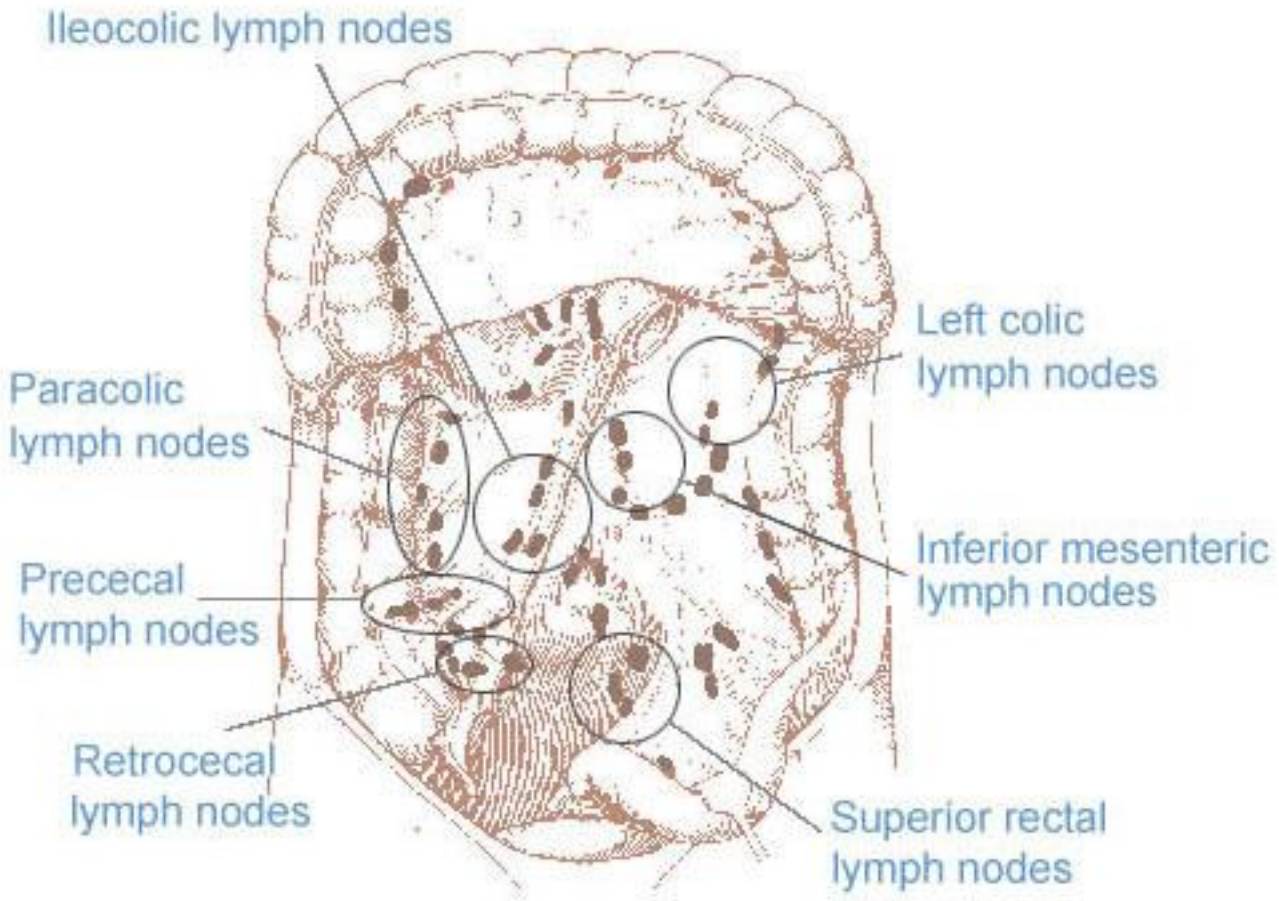
**Colon**

## CS Lymph Nodes

- Note 1: Code only regional nodes and nodes, NOS in this field. Note 2 specifies when to code certain tumor deposits (TD) here. Distant nodes are coded in CS Mets at DX.
- Note 2: One or more malignant satellite peritumoral nodules in the pericolorectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule(s) may represent discontinuous spread, venous invasion with extravascular spread, or a totally replaced lymph node. If the primary tumor is localized and maps to T1 or T2 and this is the only information on lymph nodes, use code 050. The total number of TD must also be coded in CS Site-Specific Factor 4. If there are TD and node involvement, code only the information on node involvement in this field; use a higher code number than 050.
- Note 3: Inferior mesenteric nodes are coded in CS Mets at DX for cecum, ascending colon, transverse colon, and hepatic flexure. Superior mesenteric nodes are coded in CS Mets at DX for all colon sites.
- Note 4: The number of positive regional nodes is required to calculate the correct N category for this schema. Use codes 400-470 when the pathology report assigns an N1 or N2 category but does not specify the number of nodes involved, or the record identifies an N1 or N2 category but the specific information about number of nodes involved is not available. Use codes 110- -300 rather than codes 400-470 when information about the number of positive nodes is available, or when nodes are clinically positive but not removed for examination.
- Note 5: Sigmoid nodes for descending colon have been moved from code 200 in CS Version 1 to code 210.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---|---|---|---|---|---|
| 000 | No regional lymph node involvement and no tumor deposits (TD) | N0 | N0 | NONE | NONE |
| 050 | TD in the subserosa, mesentery, or nonperitonealized pericolic or perirectal tissues<br>WITHOUT regional nodal metastasis<br><br>Stated as N1c with no other information on regional lymph nodes | N1c | N1 | RN | RN |
| 100 | OBSOLETE DATA RETAINED AND REVIEWED V0203<br>Code 100 was defined as "Regional lymph nodes for all colon sites: Colic (NOS), Epicolic (adjacent to bowel wall), Mesocolic (NOS), Paracolic/pericolic, Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat" in CSv1. Code 100 was defined as "Regional lymph nodes for all colon sites: Colic (NOS), Epicolic (adjacent to bowel wall), Mesocolic (NOS), Paracolic/pericolic" in CSv2:V0201, V0202. All cases should be reviewed and recoded to appropriate codes; see codes 050 and 110.<br><br>Regional lymph nodes for all colon sites:<br>Colic (NOS)<br>Epicolic (adjacent to bowel wall) | ^ | * | RN | RN |

# Regional Lymph Nodes



| | | | | | |
|---|---|---|---|---|---|
| 210 | Regional lymph nodes, for specific colon sites:<br>Cecum:<br>Cecal:<br>Anterior (prececal),<br>Posterior (retrocecal); NOS<br>Ileocolic<br>Right colic<br>Ascending colon:<br>Ileocolic<br>Middle colic<br>Right colic<br>Transverse colon and flexures:<br>Inferior mesenteric for splenic flexure only<br>Left colic for splenic flexure only<br>Middle colic<br>Right colic for hepatic flexure only<br>Descending colon:<br>Inferior mesenteric<br>Left colic<br>Sigmoid colon:<br>Inferior mesenteric<br>Sigmoidal (sigmoid mesenteric)<br>Superior hemorrhoidal<br>Superior rectal | ^ | * | RN | RN |
| 220 | Regional lymph nodes for descending colon:<br>Sigmoid | ^ | * | D | RN |
| 300 | Regional lymph nodes for all colon sites:<br>Mesenteric, NOS<br>Regional lymph node(s), NOS | ^ | * | RN | RN |
| 400 | OBSOLETE DATA CONVERTED V0203<br>See code 430<br><br>Stated as N1 pathologic | ERROR | ERROR | ERROR | ERROR |
| 410 | Stated as pathologic N1a with no other pathologic information on regional lymph nodes | N1a | N1 | RN | RN |
| 420 | Stated as pathologic N1b with no other pathologic information on regional lymph nodes | N1b | N1 | RN | RN |
| 430 | Stated as pathologic N1 [NOS] with no other pathologic information on regional lymph nodes | N1NOS | N1 | RN | RN |

| | | | | | |
|---|---|---|---|---|---|
| 450 | OBSOLETE DATA CONVERTED V0203<br>See code 480<br><br>Stated as N2 pathologic | ERROR | ERROR | ERROR | ERROR |
| 460 | Stated as pathologic N2a with no other pathologic information on regional lymph nodes | N2a | N2 | RN | RN |
| 470 | Stated as pathologic N2b with no other pathologic information on regional lymph nodes | N2b | N2 | RN | RN |
| 480 | Stated as Pathologic N2 [NOS] with no other pathologic information on regional lymph nodes | N2NOS | N2 | RN | RN |
| 800 | Lymph nodes, NOS | N1NOS | N1 | RN | RN |
| 999 | Unknown; regional nodes not stated<br>Regional lymph node(s) cannot be assessed<br>Not documented in patient record | NX | NX | U | U |

* For codes 100-300 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 6th Table, using Regional Nodes Positive and CS Site-Specific Factor 2; when CS Regional Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation 6th Table Also Used When CS Reg Nodes Eval is Not Coded using Regional Nodes Positive.
^ For codes 100-300 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 Regional Nodes Positive and CS Site-Specific Factor 2; when CS Regional 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 Regional Nodes Positive.

## Colon

## CS Mets at DX

- Note: For metastasis limited to a single distant lymph node chain, use code 08 or 16. For metastases involving multiple distant lymph node chains, use codes 29 or 31.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---|---|---|---|---|---|
| 00 | No distant metastasis | M0 | M0 | NONE | NONE |
| 08 | Metastasis limited to a single distant lymph node chain:<br>For cecum, ascending, hepatic flexure and transverse colon:<br>Superior mesentric lymph nodes only | M1a | M1 | RN | D |
| 10 | OBSOLETE DATA RETAINED V0200<br>See codes 15 and 25<br><br>Distant lymph node(s) other than code 08<br>For all colon sites:<br>Common iliac<br>Distant lymph node(s), NOS<br>External iliac<br>Para-aortic<br>Retroperitoneal<br>For cecum,<br>appendix,<br>ascending<br>colon,<br>transverse colon,<br>and hepatic flexure;<br>Inferior mesenteric<br>For splenic flexure,<br>descending colon, and<br>sigmoid colon:<br>Superior mesenteric | ERROR | M1 | D | D |
| | OBSOLETE DATA CONVERTED V0203<br>See code 16<br><br>Metastasis to a single distant lymph node chain other than code 08<br>For all colon sites: | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 16 | Common iliac<br>Distant lymph node(s), NOS<br>External iliac<br>Para-aortic<br>Retroperitoneal<br>For cecum, ascending colon, transverse colon, and hepatic flexure:<br>Inferior mesenteric<br>For splenic flexure, descending colon, and sigmoid colon:<br>Superior mesenteric | M1a | M1 | D | D |
| 18 | Metastasis limited to a single distant lymph node chain, NOS | M1a | M1 | RN | D |
| 20 | OBSOLETE DATA CONVERTED V0203<br>See code 26<br><br>Metastasis to a single distant organ | ERROR | ERROR | ERROR | ERROR |
| 22 | OBSOLETE DATA CONVERTED V0203<br>See code 27<br><br>Stated as M1a with no other information on distant metastases | ERROR | ERROR | ERROR | ERROR |
| 25 | OBSOLETE DATA CONVERTED V0203<br>See code 31<br><br>Metastasis to more than one distant lymph node chain other than code 08<br>For all colon sites:<br>Common iliac<br>Distant lymph node(s), NOS<br>External iliac<br>Para-aortic<br>Retroperitoneal<br>For cecum, ascending colon, transverse colon, and hepatic flexure:<br>Inferior mesenteric<br>Superior mesenteric<br>For splenic flexure, descending colon, and sigmoid colon:<br>Superior mesenteric | ERROR | ERROR | ERROR | ERROR |
| 26 | Metastasis limited to a single distant organ except peritoneum | M1a | M1 | D | D |
| 27 | Stated as M1a with no other information on distant metastasis | M1a | M1 | D | D |
| 29 | Metastases to multiple distant lymph node chains included in code 08 only | M1b | M1 | D | D |

# Rectosigmoid & Rectum
# C19.9-C20.9

# Schema Selection

- http://www.cancerstaging.org/cstage/index.html
- Rectum (escludes GIST and NET of rectum)
- Rectosigmoid and Rectum are combined
- Click on Site Specific Schema tab on the left
- Select the **Rectum** Schema
- All Florida Cases are coded in CSv02.03.02


COLLABORATIVE STAGE
DATA COLLECTION SYSTEM
Home
News
Calendar
Education
Coding Instructions
Site Specific Schema
Software
CSv2 Questions
AJCC Homepage
About Us
Collaborative Stage Version 2
TNM 7 Schema List (v.02.03)
Natural Order • Alphabetical Order •
LipUpper
MelanomaLipUpper
LipLower
MelanomaLipLower
LipOther
MelanomaLipOther
TongueBase
MelanomaTongueBase
TongueAnterior
MelanomaTongueAnterior
GumUpper
MelanomaGumUpper
GumLower
MelanomaGumLower
GumOther
MelanomaGumOther
FloorMouth
MelanomaFloorMouth
PalateHard
MelanomaPalateHard
PalateSoft
MelanomaPalateSoft
MouthOther
MelanomaMouthOther
BuccalMucosa
MelanomaBuccalMucosa
ParotidGland
SubmandibularGland
SalivaryGlandOther
Oropharynx
MelanomaOropharynx
EpiglottisAnterior
MelanomaEpiglottisAnterior
Nasopharynx
MelanomaNasopharynx
PharyngealTonsil
Hypopharynx
MelanomaHypopharynx
PharynxOther
MelanomaPharynxOther
Esophagus
GISTEsophagus
EsophagusGEJunction
Stomach
GISTStomach
NETStomach
SmallIntestine
GISTSmallIntestine
NETSmallIntestine
Appendix
CarcinoidAppendix
GISTAppendix
Colon
GISTColon
NETColon
Rectum
GISTRectum
NETRectum
Anus
Liver
BileDuctsIntraHepat
Gallbladder
BileDuctsPerihilar
CysticDuct
BileDuctsDistal
AmpullaVater
NETAmpulla
BiliaryOther
PancreasHead
PancreasBodyTail
PancreasOther
DigestiveOther
NasalCavity
MelanomaNasalCavity
MiddleEar
SinusMaxillary
MelanomaSinusMaxillary
SinusEthmoid
MelanomaSinusEthmoid
SinusOther
MelanomaSinusOther
LarynxGlottic
MelanomaLarynxGlottic
LarynxSupraglottic
MelanomaLarynxSupraglottic
LarynxSubglottic
MelanomaLarynxSubglottic
LarynxOther
MelanomaLarynxOther
Trachea
Lung
HeartMediastinum
Pleura
Bone
Skin
SkinEyelid
MerkelCellSkin
MelanomaSkin
MycosisFungoides
SoftTissue
Peritoneum
Retroperitoneum
GISTPeritoneum
PeritoneumFemaleGen
Breast
Vulva
MerkelCellVulva
Vagina
Cervix
CorpusCarcinoma
CorpusAdenosarcoma
CorpusSarcoma
Ovary
FallopianTube
AdnexaUterineOther
GenitalFemaleOther
Placenta
Penis
MerkelCellPenis
Prostate
Testis
GenitalMaleOther
Scrotum
MerkelCellScrotum
KidneyParenchyma
KidneyRenalPelvis
Bladder
Urethra
UrinaryOther
Conjunctiva
EyeOther
Melanomalris
MelanomaCiliaryBody
MelanomaChoroid
MelanomaEyeOther
LacrimalGland
LacrimalSac
Orbit
Retinoblastoma
LymphomaOcularAdnexa
Brain
CNSOther
IntracranialGland
Thyroid
AdrenalGland
EndocrineOther
KaposiSarcoma
Lymphoma
HemeRetic
MyelomaPlasmaCellDisorder
IllDefinedOther
Check Version
Check Schema

# Rectum

## Rectosigmoid, Rectum (excluding Gastrointestinal Stromal Tumor and Neuroendocrine Tumor)

### C19.9, C20.9

- M-8000-8152,8154-8231,8243-8245,8247-8248,8250-8576,8940-8950,8980-8981
- C19.9 Rectosigmoid junction
- C20.9 Rectum, NOS

CS Tumor Size
CS Extension
CS Tumor Size/Ext Eval
CS Lymph Nodes
CS Lymph Nodes Eval
Regional Nodes Positive
Regional Nodes Examined
CS Mets at DX
CS Mets Eval
CS Site-Specific Factor 1
Carcinoembryonic Antigen (CEA)
CS Site-Specific Factor 2
Clinical Assessment of Regional Lymph Nodes
CS Site-Specific Factor 3
Carcinoembryonic Antigen (CEA) Lab Value
CS Site-Specific Factor 4
Tumor Deposits
CS Site-Specific Factor 5
Tumor Regression Grade
CS Site-Specific Factor 6
Circumferential Resection Margin (CRM)

CS Site-Specific Factor 7
Microsatellite Instability (MSI)
CS Site-Specific Factor 8
Perineural Invasion
CS Site-Specific Factor 9
KRAS
CS Site-Specific Factor 10
18q Loss of Heterozygosity (LOH)
CS Site-Specific Factor 11 = **988**
CS Site-Specific Factor 12 = **988**
CS Site-Specific Factor 13 = **988**
CS Site-Specific Factor 14 = **988**
CS Site-Specific Factor 15 = **988**
CS Site-Specific Factor 16 = **988**
CS Site-Specific Factor 17 = **988**
CS Site-Specific Factor 18 = **988**
CS Site-Specific Factor 19 = **988**
CS Site-Specific Factor 20 = **988**
CS Site-Specific Factor 21 = **988**
CS Site-Specific Factor 22 = **988**
CS Site-Specific Factor 23 = **988**
CS Site-Specific Factor 24 = **988**
CS Site-Specific Factor 25 = **988**

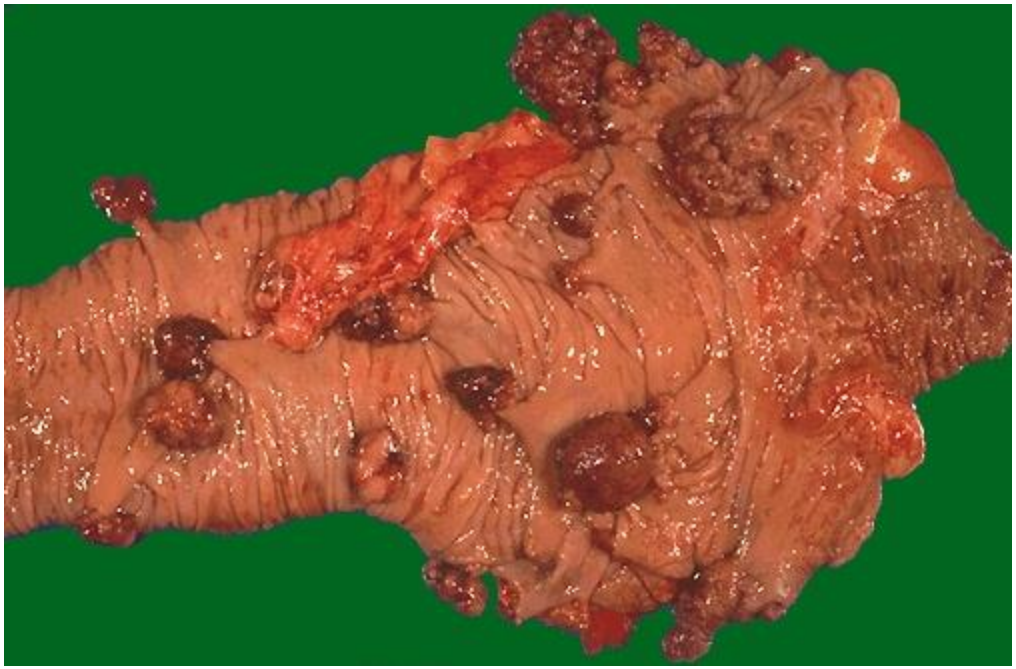
**Rectum**

## CS Tumor Size

| Code | Description |
|---|---|
| 000 | No mass/tumor found |
| 001-988 | 001 - 988 millimeters (mm)<br>(Exact size in mm) |
| 989 | 989 mm or larger |
| 990 | Microscopic focus or foci only; no size 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" |
| 998 | Familial/multiple polyposis (M-8220/8221) |
| 999 | Unknown; size not stated<br>Not documented in patient record |

# Rectum - CS Tumor Size

- 998 = Familial/multiple polyposis
- (M-8220/8221)



**Rectum**

## CS Extension

- Note 1: For rectosigmoid, ignore intraluminal extension to adjacent segment(s) of colon and rectum; code depth of invasion or extra-rectosigmoidal spread as indicated.
- Note 2: Codes 600 - 750 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.
- Note 3: Tumor that is adherent to other organs or structures, macroscopically, is classified 4b; If tumor is esent in adhesion(s) upon microscopic examination, the tumor is classified as pT4b. Use code 565 for macroscopic hesions if no thologic confirmation, and for pathologically confirmed tumor in adhesions. However, if no tumor is present in adhesion( pon microsc c examination, the classification is based upon extent of tumor invasion into or through the wall; use codes 000 - 163, 200, 21 00, 415, 45 58, 500, and 555 as appropriate to describe the microscopically confirmed depth of tumor invasion for these cases. Use co 610-800 to de invasion of underlying structures from the adherent tumor.
- Note 4: High grade dysplasia and severe dysplasia are generally not reportable in cancer istries but, i egistry does collect these, code 000 should be used.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---|---|---|---|---|---|
| 000 | In situ, intraepithelial, noninvasive | Tis | Tis | IS | IS |
| 050 | (Adeno)carcinoma, noninvasive, in a polyp or adenoma | Tis | Tis | IS | IS |
| 100 | Invasive tumor confined to mucosa, NOS including intram | Tis | Tis | L | L |
| 110 | Invades lamina propria, including lamina propria in the sta | Tis | Tis | L | L |
| 120 | Confined to and not through the muscularis mucosae, including muscularis mucosae in the stalk of a polyp. | Tis | Tis | L | L |
| 130 | Confined to head of polyp, NOS | T1 | T1 | L | L |
| 140 | Confined to stalk of polyp, NOS | T1 | T1 | L | L |
| 150 | Invasive tumor in polyp, NOS | T1 | T1 | L | L |
| 160 | Submucosa (superficial invasion), including submucosa in the head or stalk of a polyp | T1 | T1 | L | L |
| 165 | For rectum:<br>Tumor invading submucosa with intraluminal extension to colon | T1 | T1 | L | L |

| | | | | | |
|---|---|---|---|---|---|
| 140 | Confined to stalk of polyp, NOS | T1 | T1 | L | L |
| 150 | Invasive tumor in polyp, NOS | T1 | T1 | L | L |
| 160 | Submucosa (superficial invasion), including submucosa in the head or stalk of a polyp | T1 | T1 | L | L |
| 165 | For rectum:<br>Tumor invading submucosa with intraluminal extension to colon and/or anal canal/anus | T1 | T1 | L | L |
| 170 | Stated as T1 with no other information on extension | T1 | T1 | L | L |
| 200 | Muscularis propria invaded | T2 | T2 | L | L |
| 210 | For rectum:<br>Tumor invading muscularis propria with intraluminal extension to colon and/or anal canal/anus | T2 | T2 | RE | L |
| 250 | Stated as T2 with no other information on extension | T2 | T2 | L | L |
| 300 | Confined to rectosigmoid junction, NOS<br>Confined to rectum, NOS<br>Localized, NOS | T1 | T1 | L | L |
| 400 | Extension through wall, NOS<br>Invasion through muscularis propria or muscularis, NOS<br>Non-peritonealized perirectal tissues invaded<br>Perimuscular tissue invaded<br>Subserosal tissue/(sub)serosal fat invaded<br>Transmural, NOS | T3 | T3 | L | L |
| 410 | OBSOLETE DATA CONVERTED V0203<br>See code 470<br><br>Stated as T3 with no other information on extension | ERROR | ERROR | ERROR | ERROR |
| 415 | For rectum:<br>Tumor invading through muscularis propria with intraluminal extension to colon and/or anal canal/anus | T3 | T3 | RE | L |
| 420 | OBSOLETE DATA CONVERTED V0203<br>See code 458 | ERROR | ERROR | ERROR | ERROR |

| | | | | | |
|---|---|---|---|---|---|
| 450 | extraluminal extension<br>See codes 165, 210, 415, 455, and 610<br><br>Adjacent (connective) tissue:<br>For all sites:<br>Perirectal fat<br>For rectosigmoid:<br>Mesentery (including mesenteric fat, mesocolon)<br>Pericolic fat<br>For rectum:<br>Extension to anus<br>Rectovaginal septum | T3 | T3 | RE | RE |
| 455 | Adjacent (connective) tissue:<br>For all sites:<br>Perirectal fat<br>For rectosigmoid:<br>Mesentery (including mesenteric fat, mesocolon)<br>Pericolic fat<br>For rectum:<br>Rectovaginal septum | T3 | T3 | RE | RE |
| 458 | Fat, NOS | T3 | T3 | RE | RE |
| 460 | OBSOLETE DATA RETAINED AND REVIEWED V0203<br>See Note 3, codes 565, 570<br><br>Adherent to other organs or structures but no tumor found in adhesion(s) | T3 | T3 | RE | RE |
| 470 | Stated as T3 with no other information on extension | T3 | T3 | RE | RE |
| 490 | OBSOLETE DATA CONVERTED V0203<br>See code 900<br><br>Stated as T4[NOS] with no other information on extension | ERROR | ERROR | ERROR | ERROR |
| 500 | Invasion of/through serosa (mesothelium) (visceral peritoneum)<br>Tumor penetrates visceral peritoneum | T4a | T4 | RE | RE |
| 550 | OBSOLETE DATA RETAINED AND REVIEWED V0203<br>See codes 555, 610<br><br>(500) with [(420) or (450)] | T4a | T4 | RE | RE |

| | | | | | |
|---|---|---|---|---|---|
| 555 | 500 + (165, 210, 415, or 458) | T4a | T4 | RE | RE |
| 560 | Stated as T4a with no other information on extension | T4a | T4 | RE | RE |
| 565 | Adherent to other organs or structures clinically with no microscopic examination<br>Tumor found in adhesion(s) if microscopic examination performed | T4b | T4 | RE | RE |
| 570 | Adherent to other organs or structures, NOS | T4b | T4 | RE | RE |
| 600 | OBSOLETE DATA CONVERTED V0203<br>See code 610<br><br>Rectosigmoid:<br>Cul de sac (rectouterine pouch)<br>Pelvic wall<br>Small intestine<br>Rectum:<br>Bladder for males only<br>Cul de sac (rectouterine pouch)<br>Ductus deferens<br>Pelvic wall<br>Prostate<br>Rectovesical fascia for male only<br>Seminal vesicle(s)<br>Skeletal muscle of pelvic floor<br>Vagina | ERROR | ERROR | ERROR | ERROR |
| 610 | For rectosigmoid:<br>Cul de sac (rectouterine pouch)<br>Pelvic wall/pelvic plexuses<br>Small intestine<br>For rectum:<br>Anal canal/anus extraluminally<br>Bladder for males only<br>Cul de sac (rectouterine pouch)<br>Ductus deferens<br>Pelvic wall<br>Prostate<br>Rectovesical fascia for males only<br>Seminal vesicle(s)<br>Skeletal muscle of pelvic floor<br>Vagina | T4b | T4 | RE | RE |
| | For all sites: | | | | |

# Rectum - CS Extension

- Codes 600-800 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

**Rectum**

## CS Lymph Nodes

- Note 1: Code only regional nodes and nodes, NOS, in this field. Note 2 specifies when to code tumor deposits (TD) here. Distant nodes are coded in CS Mets at DX.
- Note 2: One or more malignant satellite peritumoral nodules in the pericolorectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule(s) may represent discontinuous spread, venous invasion with extravascular spread, or a totally replaced lymph node. If the primary tumor is localized and maps to T1 or T2 and this is the only information on lymph nodes, use code 050. The total number of TD must always be coded in CS Site-Specific Factor 4. If there are TD and node involvement, code only the information on node involvement in this field; use a higher code number than 050.
- Note 3: Rectal nodes, NOS are coded 100. Middle or superior rectal nodes are coded 200 for both rectosigmoidal and rectal primaries. Inferior rectal nodes are coded 200 for rectal primaries. Inferior rectal nodes are coded in CS Mets at DX for rectosigmoidal primaries.
- Note 4: . Middle or superior hemorrhoidal nodes are coded 200 for both rectosigmoidal and rectal primaries. Inferior hemorrhoidal nodes are coded 200 for rectal primaries. Inferior hemorrhoidal nodes are coded in CS Mets at DX for rectosigmoidal primaries.
- Note 5: Mesenteric nodes, NOS are coded 300. Inferior mesenteric or sigmoid mesenteric nodes are coded 200. Superior mesenteric nodes are coded in CS Mets at DX.
- Note 6: CS does not collect information on otherwise negative lymph nodes containing isolated tumor cells (ITCs) for this schema. CS does not derive ITC status for this schema. Count otherwise negative regional nodes containing ITCs as negative nodes.
- Note 7: The number of positive regional nodes is required to calculate the correct N category for this schema. Use codes 400-470 when the pathology report assigns an N1 or N2 category but does not specify the number of nodes involved, or the record identifies an N1 or N2 category but the specific information about number of nodes involved is not available. Use codes 100-300 rather than codes 400-470 when information about the number of positive nodes is available, or when nodes are clinically positive but not removed for examination.

| Code | Description | TNM 7 Mapping | TNM 6 Mapping | SS77 Map | SS2000 Map |
|---|---|---|---|---|---|
| 000 | No regional lymph node involvement and no tumor deposits (TD) | N0 | N0 | NONE | NONE |
| 050 | TD in the subserosa, mesentery, or nonperitonealized pericolic or perirectal tissues<br>WITHOUT regional nodal metastasis<br><br>Stated as N1c with information that regional lymph nodes are not involved | N1c | N1 | RE | RE |
| 100 | OBSOLETE DATA RETAINED AND REVIEWED V0203<br>See codes 050, 110<br><br>Regional lymph nodes:<br>Rectosigmoid:<br>Paracolic/pericolic<br>Perirectal<br>Rectal | ^ | * | RN | RN |

| | | | | | |
|---|---|---|---|---|---|
| 100 | Regional lymph nodes:<br>Rectosigmoid:<br>Paracolic/pericolic<br>Perirectal<br>Rectal<br>Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat<br>Rectum:<br>Perirectal<br>Rectal, NOS<br>Nodule(s) or foci in perirectal fat | ^ | * | RN | RN |
| 110 | Regional lymph nodes:<br>All sites:<br>Perirectal<br>Rectal, NOS<br>Rectosigmoid:<br>Paracolic/pericolic | ^ | * | RN | RN |
| 200 | Regional lymph nodes for rectosigmoid and rectum:<br>Hemorrhoidal, middle<br>Hemorrhoidal, superior<br>Inferior mesenteric<br>Rectal, middle<br>Rectal, superior<br>Sigmoidal (sigmoid mesenteric)<br>Regional lymph nodes for rectosigmoid:<br>Colic, NOS<br>Left colic<br>Regional lymph nodes for rectum:<br>Hemorrhoidal, inferior<br>Internal iliac (hypogastric), NOS<br>Obturator<br>Rectal, inferior<br>Sacral, NOS<br>Lateral (laterosacral)<br>Middle (promontorial) (Gerota's node)<br>Presacral<br>Sacral promontory | ^ | * | RN | RN |
| 300 | Mesenteric, NOS<br>Regional lymph node(s), NOS | ^ | * | RN | RN |
| 400 | OBSOLETE DATA CONVERTED V0203<br>See code 430 | ERROR | ERROR | ERROR | ERROR |

**Rectum**

## CS Mets at DX

- Note: For metastasis limited to a single distant lymph node chain, use code 08 or 16. For metastases involving multiple distant lymph node chains, use codes 29 or 31.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---|---|---|---|---|---|
| 00 | No distant metastasis | M0 | M0 | NONE | NONE |
| 05 | OBSOLETE DATA CONVERTED V0203<br>See code 18<br><br>Metastasis to a single distant lymph node chain, NOS | ERROR | ERROR | ERROR | ERROR |
| 08 | Metastasis limited to a single distant lymph node chain:<br>For rectosigmoid:<br>Internal iliac (hypogastric), NOS<br>Obturator | M1a | M1 | RN | D |
| 10 | OBSOLETE DATA RETAINED V0200<br>See codes 15 and 20<br><br>Distant lymph node(s), NOS | ERROR | M1 | D | D |
| 11 | OBSOLETE DATA RETAINED V0200<br>See codes 15 and 20<br><br>Rectosigmoid:<br>Internal iliac (hypogastric)<br>Obturator | ERROR | M1 | RN | D |
| 12 | OBSOLETE DATA RETAINED V0200<br>See codes 15 and 20<br><br>Other distant lymph node(s), including<br>external iliac<br>or common iliac | ERROR | M1 | D | D |
| | OBSOLETE DATA CONVERTED V0203 | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 18 | Metastases limited to a single distant lymph node chain, NOS | M1a | M1 | RN | D |
| 20 | OBSOLETE DATA CONVERTED V0203<br>See code 16<br><br>Metastasis to other single distant lymph node chains, including external iliac or common iliac | ERROR | ERROR | ERROR | ERROR |
| 25 | OBSOLETE DATA CONVERTED V0203<br>See code 26<br><br>Metastasis to a single distant organ | ERROR | ERROR | ERROR | ERROR |
| 26 | Metastasis limited to a single distant organ except peritoneum | M1a | M1 | D | D |
| 27 | Stated as M1a with no other information on distant metastasis | M1a | M1 | RN | D |
| 29 | Mestatases to multiple distant lymph node chains included in code 08 only | M1b | M1 | RN | D |
| 30 | OBSOLETE DATA CONVERTED V0203<br>See code 31<br><br>Metastasis to more than one distant lymph node chain | ERROR | ERROR | ERROR | ERROR |
| 31 | Metastasis to multiple distant lymph node chains listed in code 16, with or without distant lymph node chains listed in code 08 | M1b | M1 | D | D |
| 33 | Metastases to multiple distant lymph node chains, NOS | M1b | M1 | D | RN |
| 35 | OBSOLETE DATA REVIEWED V0203<br>See codes 36, 48<br><br>Distant metastases to more than one distant organ<br>Metastases to the peritoneum<br>Carcinomatosis<br>Stated as M1b, NOS | M1b | M1 | D | D |
| 36 | Metastasis to more than one distant organ except distant lymph node(s)<br>Metastasis to peritoneum<br>Carcinomatosis | M1b | M1 | D | D |

# Colon and Rectum
# Site-Specific Factors

FCDS-Required ONLY SSFs for this Presentation

| Schema Number | Schema Name | FCDS Required | CoC Additional Required |
|---|---|---|---|
| 50 | Appendix | 2, 7, 10, 11 | 1, 3 |
| 53 | Colon | 2, 7, 9, 10 | 1, 3, 4, 6, 8 |
| 56 | Rectum | 2, 5, 7, 9, 10 | 1, 3, 4, 6, 8 |

## CS Site-Specific Factor 2
## Clinical Assessment of Regional Lymph Nodes

- Note: In the rare instance that the number of clinically positive nodes is stated but a clinical N category is not stated, code 1-3 nodes as 100 (N1), and 4 or more nodes as 200 (N2).

| Code | Description |
|---|---|
| 000 | Nodes not clinically evident |
| 100 | Clinically N1 |
| 200 | Clinically N2 |
| 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 |

FCDS Required = YES

CoC Required = Yes

**Rectum**

## CS Site-Specific Factor 5
## Tumor Regression Grade

- Note 1: Record the pathologic response to preoperative adjuvant treatment as documented in the pathology report. The response may be called "treatment effect" and will often be stated in terms of a Tumor Regression Grade of 0 to 3. The response may also be characterized in descriptive terms. Consult the pathologist if a different grading system is used.
- Note 2: Tumor regression grade or treatment effect should only be assessed on the primary tumor.
- Note 3: If a response is stated to be present or found but is not described further, use code 990.

| Code | Description |
|---|---|
| 000 | Tumor Regression Grade 0<br>Complete response: No viable cancer cells<br>No residual tumor |
| 010 | Tumor Regression Grade 1<br>Moderate response: Single cells or small groups of cancer cells |
| 020 | Tumor Regression Grade 2<br>Minimal response: Residual cancer outgrown by fibrosis |
| 030 | Tumor Regression Grade 3<br>Poor response: Minimal or no tumor kill; extensive residual cancer |
| 888 | OBSOLETE DATA CONVERTED V0200<br>See code 988<br><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 required to derive T, N, M, or any stage, use of code 988 may result in an error.) |
| 990 | Response present, but degree of response not further described |
| 998 | No preoperative treatment or no resection of primary site after preoperative treatment |
| 999 | Unknown or no information<br>Not documented in patient record |

**FCDS Required = YES – RECTUM ONLY**

**CoC Required = No**

## CS Site-Specific Factor 7
## Microsatellite Instability

- Note: The Microsatellite Instability (MSI) test is a genetic test performed ontumor tissue to look for differences in length of certain non-functioning sections of DNA. The differences are caused by problems with the genes that normally repair DNA. MSI testing is less expensive and faster than testing for the defects in the functional genes. A high-positive MSI result may indicate that the gene repair problem is related to the development of the cancer, and that the patient may have HNPCC (Hereditary NonPolyposis Colorectal Cancer, also known as Lynch syndrome .) A low-positive or stable MSI result (stable meaning that there are no differences in the lengths) means it is unlikely that the cancer is genetic.

| Code | Description |
|---|---|
| 020 | MSI Stable; No microsatellite instability |
| 040 | MSI unstable low; Positive, low |
| 050 | MSI unstable high; Positive, high |
| 060 | MSI unstable, NOS; Positive, NOS |
| 988 | Not applicable:<br>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<br>Not documented in patient record |

FCDS Required = YES - NEW

CoC Required = NO

## CS Site-Specific Factor 9
## KRAS

- Note: KRAS is a gene which belongs to a class of genes known as oncogenes. When mutated, oncogenes have the potential to cause normal cells to become cancerous. Studies suggest that KRAS gene mutations are often present in colorectal cancer.

| Code | Description |
|---|---|
| 010 | Abnormal (mutated)<br>Positive for mutations |
| 020 | Normal (wild type)<br>Negative for mutations |
| 988 | Not applicable:<br>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<br>Not documented in patient record |

FCDS Required = YES - NEW

COC Required = YES

## CS Site-Specific Factor 10
## 18q Loss of Heterozygosity (LOH)

- Note 1: This is a special molecular diagnostic test performed on tumor tissue to identify loss of genetic material normally found on the long arm of one of the patient's two copies of chromosome 18. A normal cell will contain two complete copies of each chromosome, one from each parent, and this normal state is termed heterozygous. Loss of heterozygosity (LOH) is an abnormal state reflecting damage to the chromosome.
- Note 2: Other terms for loss of heterozygosity include gene deletion and allelic loss.

| Code | Description |
|---|---|
| 010 | Test positive for loss of heterozygosity |
| 020 | Test negative for loss of heterozygosity |
| 988 | Not applicable:<br>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<br>Not documented in patient record |

FCDS Required = YES – NEW

COC Required = NO

# SSF10 18q Loss of Heterozygosity

| Code | Description |
|---|---|
| 010 | Test positive for loss of heterozygosity |
| 020 | Test negative for loss of heterozygosity |
| 988 | Not applicable |
| 997 | Test ordered, results not in chart |
| 998 | Test not done (test not ordered & not performed) |
| 999 | Unknown or no information<br>Not documented in patient record |

# Treatment

| Treatment | Non-Invasive Polyp Peduncl | Non-Invasive Polyp Sessile | KRAS Wild Type | T1, N0 | T2, N0 | T3, N0 | T4, N0 | N1-2-any T | Unresectable | M1-any T,N | Advanced Disease |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NeoAdjv Chemo | | | | | | | X | | X | | |
| NeoAdjv XRT | | | | | | | X | | X | | |
| NeoAdjv Other | | | | | | | | | | | |
| Polypectomy | X | X | | | | | | | | | |
| Resection w/nodes | | | | X | X | X | X | X | | | |
| Resection liver/lung mets | | | | | | | | | X | X | X |
| KRAS Test | | | | | | X | X | X | X | X | X |
| MSI Test | | | | | | X | X | X | X | X | X |
| LOH Test | | | | | | X | X | X | X | X | X |
| FOLFOX6 Chemo | | | | | | X | X | X | X | X | X |
| FOLFOX6 Variant | | | | | | | | | | | |
| FLOX Chemo | | | | | | | | X | X | X | X |
| FLOX Variant | | | | | | | | | | | |
| CapeOX Chemo | | | | | | | | X | X | X | X |
| CapeOX Variant | | | | | | | | | | | |
| Irinotecan (not 1st course) | | | | | | | | | | | |
| Capecitabine (KRAS Wild) | | | X | | | consider | consider | consider | consider | consider | consider |
| Panitumumab (KRAS Wild) | | | X | | | consider | consider | consider | consider | consider | consider |
| Bevacizumab | | | | | | | | | consider | consider | consider |
| 5FU+Leucovorin | | | | | | X | X | X | | | |
| BRM 1 | | | | | | | | | | | |
| BRM 2 | | | | | | | | | | | |
| XRT Beam 1 | | | | | | | consider | | consider | consider | consider |
| XRT Beam 2 | | | | | | | | | | | |
| XRT Other | | | | | | | consider | | consider | consider | consider |
| Other | | | | | | | | | | | |
| CLINICAL TRIAL REGIMEN | | | | | | | consider | | consider | consider | consider |

# Non-Invasive Tumors

- Polypectomy – No lymph node assessment
- Depending upon type of polyp may require further resection
- May not even recommend further resection if pedunculated
- No KRAS Test
- No MSI Test
- No LOH Test
- No Chemo

# T1 or T2 (minimally invasive)

- Resection with nodes (negative nodes presumed here)
- Full TNM Staging – assess penetration through wall
- No KRAS Test
- No MSI Test
- No LOH Test
- No Chemo

# T3 or T4

- Penetration partially or fully through colon wall
  - T4 lesion may recommend neoadjuvant chemo/XRT
- High likelihood of positive nodes
- Adjuvant chemo recommended
  - FOLFOX
  - 5FU Leucovorin
- KRAS Test - possible
- MSI Test – possible
- LOH Test – possible

# Folfox and 5FU/Leucovorin

| Regimen | Agent Name | NSC # | Std Dose | Std Unit | Delivery Method | Schedule |
|---|---|---|---|---|---|---|
| Folfox | Oxaliplatin | 266046 | 85 | mg/m² | IV | Day 1 |
| | Leucovorin | 003590 | 400 | mg/m² | IV | Day 1 |
| | 5-FU | 019893 | 400 | mg/m² | Bolus | Day 1 |
| | | | 1200 | mg/m²/day | IV | Day 2, 3 (continuous infusion) |

| | | | | | | |
|---|---|---|---|---|---|---|
| Roswell-Park (Bolus or infusional 5-FU/leucovorin) | Leucovorin | 003590 | 500 | mg/m² | IV | over 2 hours, days 1,8, 15, 22, 29, and 36 |
| | 5-FU | 019893 | 500 | mg/m² | Bolus | 1 hour after start of leucovorin days 1, 8, 15, 22, 29 and 36 |
| 5-FU/LV (LV5FU2) | Leucovorin | 003590 | 400 | mg/m² | IV | over 2 hours on day 1 followed by 5-FU |
| | 5-FU | 019893 | 400 | mg/m² | Bolus | 400mg/m² and then 1200 mg/m²/day x 2 days (total 2400mg/m² over 46-48 hours) continuous infusion |
| | | | 1200 | mg/m²/day | Bolus | |
| Weekly | Leucovorin | 003590 | 20 | mg/m² | IV | over 2 hours on day 1 followed by 5-FU |
| | 5-FU | 0198930 | 500 | mg/m² | IV | bolus injection 1h after the start of leucovorin |
| | OR | | | | | |
| | 5-FU | 0198930 | 2600 | mg/m² | IV | 24 hour infusion plus leucovorin |
| | Leucovorin | 003590 | 500 | mg/m² | IV | |

# KRAS Wild Regimens and Other Chemo

- Irinotecan (not FDA approved for 1st line therapy)
- Capecitabine (KRAS wild) – T3 and higher
- Panitumumab (KRAS wild) – T3 and higher
- Bevacizumab – T3 and higher
- LOH + - NO 5FU regimens – will be resistant

# KRAS Wild Regimens and Other Chemo

| | | | | | | |
|---|---|---|---|---|---|---|
| **Cetuximab (KRAS wild-type gene only) ± irinotecan** | **Cetuximab** | **714692** | **400** | **mg/m²** | **IV** | **1st infusion, then 250mg/m²** |
| | **OR** | | | | | |
| | **Cetuximab** | **714692** | **500** | **mg/m²** | **IV** | **Every 2 weeks** |
| | **Irinotecan** | **616348** | **300-350** | **mg/m²** | **IV** | **Every 3 weeks** |
| | **OR** | | | | | |
| | **Irinotecan** | **616348** | **180** | **mg/m²** | **IV** | **Every 2 weeks** |
| | **OR** | | | | | |
| | **Irinotecan** | **616348** | **125** | **mg/m²** | | **Days 1, 8 and repeat 3 weeks** |
| **Cetuximab (KRAS wild-type gene only)** | **Cetuximab** | **714692** | **400** | **mg/m²** | **IV** | **1st infusion, then 250mg/m2 IV weekly** |
| **Panitumumab (KRAS wild-type gene only)** | **Panitumumab** | **XXXXX** | **6** | **mg/kg** | **IV** | **over 60 minutes every 2 weeks** |

# N1-N2 and higher

- KRAS Test - possible
- MSI Test – possible
- LOH Test – possible

- Chemo depends on above outcomes
  - FOLFOX
  - FLOX
  - CapeOX

# Advanced Disease

- KRAS Test – yes (new agents)
- MSI Test – yes (familial/hereditary)
- LOH Test – yes (response to 5FU)

- Chemo based on results of above

- Clinical Trial recommendations

# Irinotecan – not FDA first line drug

- Okay for Advanced Disease
- Okay after patient failed some other regimen
- Regimens with Irinotecan
  - Irinotecan alone
  - Irinotecan + Cetuximab (KRAS wild type)
  - IROX
  - FOLFOXIRI
  - FOLFIRI

# What about neo-adjuvant treatment?

- T4 Colon
- T3, T4 Rectum – or any rectum
- Chemo alone
- Radiation alone
- Radiation plus chemo
- Intent of neo-adjuvant treatment
- Measuring response to treatment
- Surgery must take place
- What happens after surgery?

# Inquiry & Response System

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


- http://web.facs.org/coc/default.htm

# American Joint Committee on Cancer Contact Information


Karen A. Pollitt – Manager

email: kpollitt@facs.org

phone: 312-202-5313

Donna M. Gress, RHIT, CTR – Technical Specialist

email: dgress@facs.org

phone: 312-202-5410


General Inquiries can be directed to AJCC@facs.org

Collaborative Stage Data Collection System Web Site

www.cancerstaging.org/cstage