

# DIGESTIVE AND HEPATOBILIARY SYSTEMS

## DIGESTIVE SYSTEM SITES

Below is information about the subsites of the colon

- The *ascending colon*, measuring 15 to 20 cm, begins with the *cecum*, a 6 to 9 cm pouch that arises at the proximal segment of the right colon at the end of the terminal ileum. It is covered with a visceral peritoneum (serosa) and measures 15 to 20 cm. The ascending colon ends at the *hepatic flexure*, which transitions the ascending colon into the *transverse colon*, passing just inferior to the liver and anterior to the duodenum.
- The *transverse colon*, measuring 18 to 22 cm long, is completely intraperitoneal and supported on a mesentery that is attached to the pancreas. Anteriorly the serosa is continuous with the gastocolic ligament. The transverse colon ends at the *splenic flexure*, which transitions into the *descending colon*.
- The *descending colon*, measuring 10 to 15 cm long, passes inferiorly to the spleen and anterior to the tail of the pancreas. The posterior aspect lacks serosa and is in direct contact with the retroperitoneum.
- The *sigmoid colon*, measuring 15 to 20 cm long, is completely intraperitoneal with a mesentery that develops at the medial border of the left psoas major muscle and extends to the *rectum*. The transition from the sigmoid colon to the rectum is marked by the fusion of the taenia of the sigmoid colon to the circumferential muscle of the rectum.
- The *rectum*, measuring 12 to 16 cm, is covered by peritoneum in front and on both sides.

TABLE OF ANATOMIC STRUCTURES

PRIMARY SITE	ICD-O	MUCOSA: -Epithelium -Lamina Propria -Muscularis	SUB-MUCOSA	MUSCULARIS	SUB-SEROSAL TISSUE	SUB-SEROSA	OUTSIDE THE SEROSA
ESOPHAGUS	C15_	Yes	Yes	Yes	See note 4	No	See note 4
STOMACH	C16_	Yes	Yes	Yes	No	Yes	Greater and lesser omentum
SMALL INTESTINE	C17_	Yes	Yes	Yes	No	Yes	Mesentery of small intestine
COLON	C18_	Yes	Yes	Yes			
CECUM	C180	Yes	Yes	Yes	Yes	Yes	
APPENDIX	C181	Yes	Yes	Yes	Yes	Yes	
ASCENDING	C182	Yes	Yes	Yes	No	See note 5	
HEPATIC FLEXURE	C183	Yes	Yes	Yes	Yes	Yes	Mesenteric or pericolic fat
TRANSVERSE	C184	Yes	Yes	Yes	Yes	Yes	

PRIMARY SITE	ICD-O	MUCOSA: -Epithelium -Lamina Propria -Muscularis	SUB- MUCOSA	MUSCU- LARIS	SUB- SEROSAL TISSUE	SUB- Serosa	OUTSIDE THE SEROSA
<b>SPLNIC FLEXURE</b>	C185	Yes	Yes	Yes	Yes	Yes	
<b>DESCENDING</b>	C186	Yes	Yes	Yes	<b>No</b>	See note 5	
<b>SIGMOID</b>	C187	Yes	Yes	Yes	Yes	Yes	
<b>OVERLAPPING</b>	C188	Yes	Yes	Yes		Yes	
<b>COLON, NOS</b>	C189	Yes	Yes	Yes			
<b>RECTO- SIGMOID</b>	C199	Yes	Yes	Yes	Yes	Yes	Mesenteric or pericolic perirectal fat
<b>RECTUM</b>	C209	Yes	Yes	Yes	<b>No</b>	<b>No</b>	See note 6

1 Subserosal tissues include fat and flesh between the muscularis and the serosa.

2 Serosa is also called mesothelium and visceral peritoneum. For the stomach and small intestine, serosa is also referred to as tunica serosa. The term “serosa” is sometimes generically used to include both the serosa and the subserosa, and therefore, the clinician should be consulted to determine if the use of “serosa” includes the subserosa also.

3 Mesenteric fat is also called pericolic fat.

4 The tissue outside the muscularis of the esophagus is composed of fibrous connective tissue and referred to as adventitia.

5 Anterior and lateral, but not posterior.

6 Referred to as perirectal tissue.

## DISTINGUISHING “IN SITU” AND “LOCALIZED” TUMORS FOR THE DIGESTIVE SYSTEM

1. Historically, carcinomas described as “confined to mucosa” have been assigned 1 (localized). In order to provide greater specificity and to rule out the possibility of classifying noninvasive tumors in this category, abstractors should determine
  - a. If the tumor is confined to the epithelium, in which case it is in situ, OR
  - b. If the tumor has penetrated the basement membrane to invade the lamina propria, in which case it is localized and assigned Summary Stage 1 (localized) for invasion of the lamina propria
2. The layers of the digestive tract consist of
  - a. The **EPITHELIAL LAYER** borders on the lumen. It contains no blood vessels or lymphatics
  - b. The **BASEMENT MEMBRANE**, a sheet of extracellular material, functions as a filtration barrier and a boundary involved in generating and maintaining tissue structure
  - c. The **LAMINA PROPRIA**, composed of areolar connective tissue, contains blood vessels, nerves, and, in some regions, glands. Once tumor has broken through the basement membrane into the lamina propria, it can spread by way of the lymphatics and blood vessels to other parts of the body
  - d. The **MUSCULARIS MUCOSAE** is a thin layer of smooth muscle fibers. It is found in the wall of the digestive tract from the esophagus to the anal canal
  - e. The **SUBMUCOSA** is a thick layer of either dense or areolar connective tissue. It contains blood vessels, lymphatic vessels, nerves, and, in some regions, glands
  - f. The **MUSCULARIS PROPRIA** is a double layer of muscle tissue in most of the digestive tract; it constitutes the wall of the organ.
  - g. The **SEROSA**, the outermost layer covering most of the digestive tract, is a single layer of squamous epithelial cells, part of the visceral peritoneum.
  - h. The **SUBSEROA** is inside the serosa (mesothelium), and sometimes part of the serosa. The serosa and subserosa are present only in the peritonealized portions of the digestive tract.
    - i. For the esophagus and in the rectum below the peritoneal reflection, there is no serosa
    - ii. For the esophagus, the connective tissue of surrounding structures merges with the connective tissue of the esophagus and is called **ADVENTITIA**.

## ESOPHAGUS

C150-C155, C158-C159 (8000-8700, 8720-8790)

C160 and Schema Discriminator 1: EsophagusGEJunction (EGJ)/Stomach: 2 (8000-8149, 8154, 8157, 8160-8231, 8243-8248, 8250-8682, 8690-8700, 8720-8790)

C150-C155, C158-C160

C150 Cervical esophagus

C151 Thoracic esophagus

C152 Abdominal esophagus

C153 Upper third of esophagus

C154 Middle third of esophagus

C155 Lower third of esophagus

C158 Overlapping lesion of esophagus

C159 Esophagus, NOS

C160 Cardia, esophagogastric junction (EGJ)

### Note 1: Sources used in the development of this schema

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 16 *Esophagus and Esophagogastric Junction*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

### Note 2: Other EOD Schemas with Esophagus sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **NET Stomach:** C160 (8150-8153, 8155-8156, 8158, 8240-8242, 8249, 8683):
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

### Note 3: The Esophagogastric Junction

- Cancers involving the EGJ that have their epicenter within the proximal 2 cm of the cardia (Siewert types I/II) are to be staged as esophageal cancers (see the Esophagus (excluding GIST) chapter). Cancers whose epicenter is more than 2 cm distal from the EGJ, even if the EGJ is involved, will be staged using the stomach cancer chapter.

- The Schema Discriminator *EsophagusGEJunction (EGJ)/Stomach* is used to discriminate between EsophagusGEJunction and Stomach which are coded to ICD-O-3 code C160

#### **Note 4: High grade dysplasia**

- Non-invasive carcinomas in the esophagus formerly called in situ are now called high grade dysplasia.
- High grade dysplasia and severe dysplasia are generally not reportable in cancer registries.
  - Code 0 if your registry collects these tumors

### **SUMMARY STAGE**

#### **0 In situ, intraepithelial, non-invasive; high-grade dysplasia**

- (Adeno)carcinoma, noninvasive, in a polyp

#### **1 Localized only (localized, NOS)**

- Confined to esophagus, NOS
- Extension through wall, NOS
- Invasion of
  - Intramucosa, NOS
  - Lamina propria
  - Mucosa, NOS
  - Muscularis mucosae
  - Muscularis, NOS
  - Muscularis propria
  - Submucosa (superficial invasion)
- Perimuscular tissue invaded
- Subserosal tissue/(sub)serosal fat invaded

#### **2 Regional by direct extension only**

- All sites
  - Adjacent structure(s), NOS
  - Adventitia and/or soft tissue invaded
  - Aorta
  - Azygos vein
  - Diaphragm (excluding abdominal/lower esophagus, see code 7)
  - Esophagus is described as "FIXED"
  - Extension to adjacent (connective) tissue WITHOUT perforation of visceral peritoneum covering these structures

- Gastric artery
- Ligaments
  - Gastrocolic
  - Gastrohepatic
  - Gastrosplenic
  - Omentum (greater, lesser, NOS)
- Mesothelium
- Pericardium (excluding thoracic/middle esophagus, see code 7)
- Perigastric fat
- Peritoneum, NOS
- Pleura (excluding cervical/upper esophagus, see code 7)
- Serosa (invasion of/or through)
- Tunica serosa
- Vertebral body
- Visceral peritoneum (including perforation)
- Cervical esophagus
  - Blood vessel(s)
    - Carotid artery
    - Subclavian artery
  - Carina
  - Cervical vertebra(e)
  - Hypopharynx
  - Jugular vein
  - Larynx
  - Thyroid
  - Trachea
- Intrathoracic, upper or mid-portion, esophagus
  - Blood vessel(s), major
    - Gastric artery/vein
    - Pulmonary artery/vein
    - Vena cava
  - Carina
  - Stomach, cardia (via serosa)
  - Trachea
- Intrathoracic, lower portion (abdominal), esophagus
  - Blood vessel(s)
    - Vena cava
- Intrathoracic esophagus (all portions)
  - Adjacent rib(s)
  - Lung via bronchus
  - Mediastinal structure(s), NOS
  - Thoracic vertebra(e)
- Esophagus GE Junction
  - Liver
  - Pancreas
  - Small intestine (duodenum [via serosa], ileum, jejunum)

- Spleen
- Transverse colon (including flexures)

### 3 Regional lymph node(s) involved only

- All subsites
  - Nodule(s) in perigastric fat
  - Peri-/paraesophageal (8L, 8M) (excluding GE junction)
  - Regional lymph node(s), NOS
    - Lymph node(s), NOS
- Cervical esophagus only
  - Cervical, NOS
    - Anterior deep cervical (laterotracheal) (recurrent laryngeal)
    - Deep cervical, NOS
    - Internal jugular, NOS
      - Jugulodigastric (subdigastric)
      - Upper, NOS
  - Scalene (inferior deep cervical) (1)
  - Supraclavicular (transverse cervical) (1)
- Intrathoracic esophagus, upper or middle, only
  - Internal jugular, NOS
    - Deep cervical, NOS
      - Jugulodigastric (subdigastric)
      - Jugulo-omohyoid (supraomohyoid)
      - Lower, NOS
      - Middle
      - Upper cervical, NOS
  - Intrabronchial
    - Carinal (tracheobronchial) (10R, 10L) (tracheal bifurcation)
    - Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)
    - Left gastric (superior gastric) (17)
      - Cardiac (cardial)
      - Lesser curvature
      - Perigastric, NOS
    - Peritracheal
  - Posterior mediastinal (tracheoesophageal)
  - Superior mediastinal
- Intrathoracic esophagus, lower (abdominal) only
  - Left gastric (superior gastric) (17)
    - Cardiac (cardial)
    - Lesser curvature
    - Perigastric, NOS
  - Posterior mediastinal (3P) (tracheoesophageal)
- Esophagus GE Junction
  - Celiac (20)

- Hepatic (excluding gastrohepatic and hepatoduodenal)
- Left gastric (superior gastric), NOS
  - Cardiac
  - Cardioesophageal
  - Gastric, left (17)
  - Gastropancreatic, left
  - Lesser curvature
  - Lesser omental
  - Pericardial (16)
- Pancreaticosplenic (pancreaticolineal)
- 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
  - Splenic hilar

#### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

#### **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - All subsites
    - Airway
    - Stated as unresectable, NOS
    - Vertebral body
  - Abdomen/lower esophagus
    - Diaphragm fixed
  - Cervical/upper esophagus
    - Lung
    - Pleura



- Mainstem bronchus
- Thoracic/middle esophagus
  - Pericardium
- Esophagus GE Junction
  - Abdominal wall
  - Adrenal (suprarenal) gland
  - Kidney
  - Pulmonary ligament (9)
  - Retroperitoneum
  - Trachea
- Distant lymph node(s), NOS
  - All subsites
    - Anterior mediastinal (6)
    - Common hepatic (18)
    - Diaphragmatic (15)
    - Mediastinal, NOS
    - Splenic (19)
    - Subcarinal (tracheal carina) (7)
  - Cervical esophagus
    - Aortopulmonary (5)
    - Para-aortic (ascending aorta or phrenic)
      - Subaortic
    - Paratracheal (2R, 2L, 4R, 4L)
    - Posterior mediastinal (3P)
    - Superior mediastinal
  - Intrathoracic esophagus, upper or middle, only
    - Aortopulmonary (5)
      - Para-aortic (ascending aorta or phrenic)
    - Cervical
  - Lower thoracic (abdominal) esophagus
    - Aortopulmonary (5)
      - Para-aortic (ascending aorta or phrenic)
      - Subaortic
    - Celiac (20)
    - Paratracheal (2R, 2L, 4R, 4L)
    - Superior mediastinal
  - Esophagus GE Junction
    - Hepatoduodenal
    - Mesenteric, NOS
      - Inferior mesenteric
      - Superior mesenteric
    - Para-aortic
    - Paraesophageal, NOS
    - Periesophageal, NOS
      - Anterior mediastinal (6)
      - Aortopulmonary (5)

- Paraesophageal, lower (8l)
  - Paraesophageal, middle (8m)
  - Paratracheal, lower (4L, 4R)
  - Paratracheal, upper (2L, 2R)
  - Posterior mediastinal (3p)
  - Supraclavicular (1)
  - Tracheobronchial (hilar) (10L, 10R)
- Porta hepatis (portal) (hilar) (in hilus of liver)
- Retropancreatic
- Retroperitoneal
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

## **9 Unknown if extension or metastasis**

## STOMACH

C160 and Schema Discriminator 1: EsophagusGEJunction (EGJ)/Stomach: 0, 3, 9 (8000-8149, 8154, 8160-8231, 8243-8248, 8250-8682, 8690-8700, 8720-8790, 8976)

All Other sites: 8000-8149, 8154, 8160-8231, 8243-8248, 8250-8682, 8690-8700, 8720-8790, 8976

All sites: 8150-8153, 8155-8156, 8158, 8240-8242, 8249, 8683

C160-C166, C168-C169

C160 Cardia of stomach

C161 Fundus of stomach

C162 Body of stomach

C163 Gastric antrum

C164 Pylorus

C165 Lesser curvature of stomach, NOS

C166 Greater curvature of stomach, NOS

C168 Overlapping lesion of stomach

C169 Stomach, NOS

### Note 1: Sources used in the development of this schema

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 17 *Stomach*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- Chapter 29 *Neuroendocrine Tumors of the Stomach*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- *Neuroendocrine Tumors of the Stomach*, from the AJCC Cancer Staging System Version 9 (2023). Used with permission of the American College of Surgeons, Chicago, Illinois.

### Note 2: Other EOD Schemas with Stomach sites

- **Esophagus:** C160 and Schema Discriminator 1: EsophagusGEJunction (EGJ)/Stomach: 2 (8000-8149, 8154, 8157, 8160-8231, 8243-8248, 8250-8682, 8690-8700, 8720-8790)
- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

### Note 3: Esophagogastric junction

- If a tumor involves the esophagogastric junction (EGJ) and its epicenter is less than or equal to 2 cm into the proximal stomach (i.e. less than or equal to 2 cm distal to the EGJ)
  - Use the *Esophagus (excluding GIST)* chapter for summary stage
- Tumors involving the EGJ with their epicenter >2 cm into the proximal stomach (i.e., >2cm distal to the EGJ) are now classified using the *Stomach* chapter.
  - Use the *Stomach* chapter for Summary Stage
    - Includes cardia cancers that do not invade the EGJ .
- **Schema Discriminator**
  - Schema Discriminator 1: EsophagusGEJunction (EGJ)/Stomach is used to discriminate between EsophagusGEJunction and Stomach which are coded to ICD-O-3 code C160.

## SUMMARY STAGE

### 0 In situ, intraepithelial, noninvasive

- (Adeno)carcinoma, noninvasive, in a polyp

### 1 Localized only (localized, NOS)

- Confined to stomach, NOS
- Extension through wall, NOS
- Implants within stomach
- Intraluminal spread to esophagus or duodenum
- Invasion of
  - Intramucosa, NOS
  - Lamina propria
  - Mucosa, NOS
  - Muscularis mucosae
  - Muscularis, NOS
  - Muscularis propria
  - Submucosa (superficial, NOS)
- Linitis plastica (diffuse involvement of the entire stomach wall)
- Perimuscular tissue invaded
- Polyp (head, stalk, NOS)
- Subserosal tissue/(sub)serosal fat

### 2 Regional by direct extension only

- Adjacent (connective) tissue, NOS
- Colon/mesocolon (including transverse and flexures)
- Diaphragm

- Duodenum (via serosa)
- Esophagus (via serosa)
- Gastric artery
- Ileum
- Jejunum
- Ligaments
  - Gastrocolic
  - Gastrohepatic
  - Gastrosplenic
- Liver
- Mesothelium
- Omentum (greater, lesser, NOS)
- Pancreas
- Perigastric fat
- Serosa
- Small intestine, NOS
- Spleen
- Tunica serosa
- Visceral peritoneum

### **3 Regional lymph node(s) involved only**

- Celiac artery
- Common hepatic artery
- Hepatic, NOS
- Left gastric (superior gastric), NOS
  - Cardial, NOS
  - Cardioesophageal
  - Gastric artery
  - Gastric, left
  - Gastrohepatic
  - Gastropancreatic, left
  - Lesser curvature
  - Lesser omentum
  - Paracardial
- Pancreaticosplenic (pancreaticolineal)
- Perigastric, NOS
- Peripancreatic
- Pyloric, NOS
  - Infrapyloric (subpyloric)
  - Suprapyloric
- Right gastric (inferior gastric, NOS)
  - Gastrocolic
  - Gastroduodenal
  - Gastroepiploic (gastro-omental), right or NOS

- Gastrohepatic
  - Greater curvature
  - Greater omentum
  - Pancreaticoduodenal
- Splenic (lineal), NOS
  - Gastroepiploic (gastro-omental), left
  - Splenic hilar/hilum
- Nodule(s) in perigastric fat
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

#### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

#### **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - Abdominal wall
  - Adrenal (suprarenal) gland
  - Aorta
  - Celiac axis
  - Kidney
  - Retroperitoneum
- Distant lymph node(s), NOS
  - Hepatoduodenal (along the proper hepatic artery, including portal)
  - Intra-abdominal
  - Mesenteric (inferior, superior, NOS)
  - Middle colic
  - Pancreaticoduodenal (all subsites EXCEPT greater curvature)
  - Para-aortic
  - Porta hepatic (portal) (hilar) (in hilus of liver)
  - Retropancreatic
  - Retroperitoneal
- Distant metastasis, NOS
  - Carcinomatosis
  - Krukenberg tumor (metastasis to ovary(ies))
  - Malignant (positive) peritoneal cytology
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

#### **9 Unknown if extension or metastasis**

## SMALL INTESTINE

8000-8700, 8720-8790

C170-C173, C178-C179

C170 Duodenum

C171 Jejunum

C172 Ileum (excluding ileocecal valve C18.0)

C173 Meckel diverticulum (site of neoplasm)

C178 Overlapping lesion of small intestine

C179 Small intestine, NOS

### Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 18 *Small Intestine*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- Chapter 30 *Neuroendocrine Tumors of the Duodenum and Ampulla of Vater*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- Chapter 31 *Neuroendocrine Tumors of the Jejunum and Ileum*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- *Neuroendocrine Tumors of the Duodenum and Ampulla of Vater*, from the AJCC Cancer Staging System Version 9 (2023). Used with permission of the American College of Surgeons, Chicago, Illinois.
- *Neuroendocrine Tumors of the Jejunum and Ileum*, from the AJCC Cancer Staging System Version 9 (2023). Used with permission of the American College of Surgeons, Chicago, Illinois.

### Note 2: Other Summary Stage Chapters Small Intestine sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

## **SUMMARY STAGE**

### **0 In situ, intraepithelial, noninvasive**

- (Adeno)carcinoma, noninvasive, in a polyp or adenoma

### **1 Localized only (localized, NOS)**

- Confined to small intestine, NOS
- Extension through wall, NOS
- Intraluminal spread to other segments of small intestine or cecum
- Invasion of
  - Intramucosa, NOS
  - Lamina propria
  - Mucosa, NOS
  - Muscularis mucosae
  - Muscularis, NOS
  - Muscularis propria
  - Submucosa (superficial invasion)
- Polyp (head, stalk, NOS)
- Subserosal tissue/(sub)serosal fat invaded
- Transmural, NOS
- Wall, NOS

### **2 Regional by direct extension only**

- All sites
  - Abdominal wall (via serosa)
  - Adjacent organ(s)/structure(s)
  - Adjacent tissue(s) (connective), NOS
  - Fat, NOS
  - Mesenteric fat
  - Mesentery (adjacent loops of bowel)
  - Mesothelium
  - Nonperitonealized perimuscular tissue
  - Other loops of small intestine
  - Other segments of small intestine (via serosa)
  - Retroperitoneum
  - Serosa
  - Tunica serosa
  - Visceral peritoneum
- Duodenum (C170)
  - Ampulla of Vater
  - Blood vessel(s), major



- Aorta
  - Gastroduodenal artery
  - Portal vein
  - Renal vein
  - Superior mesenteric artery or vein
  - Vena cava
- Diaphragm
- Extrahepatic bile duct(s)
- Gallbladder
- Hepatic flexure
- Kidney (right or NOS)
- Liver (quadrate lobe, right lobe or NOS)
- Omentum
- Pancreas (pancreatic duct)
- Stomach
- Transverse colon
- Ureter, right
- Jejunum and Ileum (C171, C172)
  - Colon including appendix

### **3 Regional lymph node(s) involved only**

- All sites
  - Regional lymph node(s), NOS
    - Lymph node(s), NOS
- Duodenum (C170)
  - Duodenal
  - Gastroduodenal
  - Hepatic
  - Pancreaticoduodenal (inferior)
  - Pericholodochal (common bile duct)
  - Pyloric (infrapyloric, subpyloric, NOS)
  - Retropancreatic
  - Superior mesenteric
- Jejunum and ileum (C171, C172)
  - Cecal (anterior, posterior, retrocecal) (terminal ileum only)
  - Ileocecal (ileocolic) (terminal ileum only)
  - Mesenteric, NOS
  - Superior mesenteric

### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

## **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - Jejunum and Ileum (C171, C172)
    - Bladder
    - Fallopian tube(s)
    - Ovary(ies)
    - Uterus
- Distant lymph node(s), NOS
  - Celiac
  - Pericholedochal (jejunum and ileum only)
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

## **9 Unknown if extension or metastasis**

## APPENDIX

8000-8700, 8720-8790

C181

C181 Appendix

### Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 19 *Appendix - Carcinoma*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- Chapter 32 *Neuroendocrine Tumors of the Appendix*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- *Appendix*, from the AJCC Cancer Staging System Version 9 (2022). Used with permission of the American College of Surgeons, Chicago, Illinois.
- *Neuroendocrine Tumors of the Appendix*, from the AJCC Cancer Staging System Version 9 (2023). Used with permission of the American College of Surgeons, Chicago, Illinois.

### Note 2: Other Summary Stage Chapters with Appendix sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

### Note 3: LAMN tumor: Behavior

- LAMN tumors (8480) can be either in situ (behavior 2) or malignant (behavior 3).
- If the tumor is confined to the muscularis propria, it is an in-situ tumor (behavior 2)
- If the tumor extends beyond the muscularis propria, it is a malignant tumor (behavior 3)

### Note 4: LAMN tumor: Localized tumor

- Code 1 (Localized) for LAMN's when the only statement is "Tumor invades through the muscularis propria into subserosa or mesoappendix but does not extend to serosal surface" and there isn't enough information to clarify subserosa versus mesoappendix.

### **Note 5: LAMN tumor: Regional nodal metastasis**

- Nodal metastasis is very rare in low-grade appendiceal neoplasms (LAMN).
- If there is no mention of lymph nodes in the pathology report for a LAMN, assume that there are no nodal metastasis.

## **SUMMARY STAGE**

### **0 In situ, intraepithelial, noninvasive**

- Acellular mucin or mucinous epithelium may invade into the muscularis propria
- (Adeno) carcinoma, noninvasive, in a polyp or adenoma
- Low-grade appendiceal mucinous neoplasm confined by the muscularis propria (LAMN) (in situ)
- High-grade appendiceal mucinous neoplasm confined by the muscularis propria (HAMN) (in situ)

### **1 Localized only (localized, NOS)**

- Confined to appendix, NOS
- Confined to polyp, NOS
- Extension through wall, NOS
- Invasion through muscularis propria
- Lamina propria
- Mucosa (intramucosal, NOS)
- Muscularis mucosae
- Non-peritonealized pericolic tissues invaded
- Perimuscular tissue invaded
- Submucosa
- Subserosa
  - Includes acellular mucin or mucinous epithelium that extends into the subserosa (LAMN tumors)
- Transmural, NOS
- Wall, NOS

### **2 Regional by direct extension only**

- Abdominal wall
- Adherent to other organs or structures
- Adjacent tissue(s), NOS
- Connective tissue
- Fat, NOS
- Greater omentum
- Mesenteric fat

- Mesentery
- Mesoappendix
  - Includes acellular mucin or mucinous epithelium that extends into the mesoappendix
    - WITH or WITHOUT involvement of the serosa (LAMN tumors)
- Pericolic fat
- Retroperitoneum
- Serosa (mesothelium) (visceral peritoneum)
- Small intestine
- Tumor found in adhesion(s) if microscopic examination performed

### **3 Regional lymph node(s) involved only**

- Tumor deposits (TD) in subserosa or mesentery WITHOUT regional lymph node metastases
- Cecal
  - Anterior (prececal)
  - Posterior (retrocecal)
  - Right colic
- Colic, NOS
- Epicolic (adjacent to bowel wall)
- Ileocolic
- Mesenteric, NOS
- Mesocolic, NOS
- Paracolic/pericolic
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

### **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - Adrenal (suprarenal) gland
  - Bladder
  - Diaphragm
  - Fallopian tube
  - Fistula to skin
  - Gallbladder
  - Intraperitoneal spread/peritoneal metastasis (peritoneal carcinomatosis)
    - WITH or WITHOUT peritoneal mucinous deposits containing tumor cells

- Includes peritoneal spread with LAMN tumors
- Kidney
- Liver
- Other segment(s) of colon/rectum via serosa
- Ovary
- Ureter
- Uterus
- Distant lymph node(s), NOS
  - Inferior mesenteric
  - Superior mesenteric
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

## **9 Unknown if extension or metastasis**

## COLON AND RECTUM

8000-8700, 8720-8790

C180, C182-C189, C199, C209

C180 Cecum

C182 Ascending colon

C183 Hepatic flexure of colon

C184 Transverse colon

C185 Splenic flexure of colon

C186 Descending colon

C187 Sigmoid colon

C188 Overlapping lesion of colon

C189 Colon, NOS

C199 Rectosigmoid junction

C209 Rectum, NOS

### Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 20 *Colon and Rectum*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- Chapter 33 *Neuroendocrine Tumors of the Colon and Rectum*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- *Neuroendocrine Tumors of the Colon and Rectum*, from the AJCC Cancer Staging System Version 9 (2023). Used with permission of the American College of Surgeons, Chicago, Illinois.

### Note 2: Other Summary Stage Chapters with Colon and Rectum sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

### Note 3: In situ

- Code 0 (behavior code 2) includes cancer cells confined within the glandular basement membrane (intraepithelial), or described as in situ.

#### **Note 4: Localized tumors**

- For the following, AJCC 8th edition stages these as in situ tumors. SS2018 stages these as localized (behavior code 3)
  - Intramucosal, NOS
  - Lamina propria
  - Mucosa, NOS
  - Confined to, but not through muscularis mucosa

#### **Note 5: Intraluminal extension**

- 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 6: Peritonealized parts of the Colon and Rectum**

- The colon and rectum may be entirely peritonealized, partially peritonealized, or non-peritonealized. Use this list to help distinguish between localized and regional Tumors (See Note 7).
  - Entirely peritonealized segments: Cecum, Transverse colon, Sigmoid colon, Rectosigmoid colon
  - Segmental surfaces that are peritonealized: Anterior and lateral surfaces of: Ascending colon, Descending colon, Hepatic flexure, Splenic flexure, Upper third of rectum. Anterior surface: Middle third of rectum.
  - Entirely non-peritonealized segment: Lower third of rectum
  - Segmental surfaces that are non-peritonealized: Posterior surface of: Ascending colon, Descending colon, Hepatic flexure, Splenic flexure, Upper two-thirds of rectum

#### **Note 7: Invasion into “pericolonic/pericorectal tissue”**

- Invasion into “pericolonic/pericorectal tissue” can be either localized (code 1) or regional (code 2), depending on the primary site and whether it is peritonealized (fully or partially) or not. When extension is described as “pericolonic/pericorectal tissue”
  - Localized may NOT be used for entirely peritonealized sites (cecum, transverse colon, sigmoid colon, rectosigmoid colon), as this would be equivalent to peritonealized pericolic/perirectal tissue invasion (regional, code 2)
  - Localized may ONLY be used for peritonealized sites (See Note 6) when the extension is described using other terms listed under localized (code 1) (ex. subserosal fat). If there are no other terms used to describe the extension, other than invasion of “pericorectal tissue”, then assign regional (code 2)
  - For partially peritonealized sites (See Note 6), “pericolonic/pericorectal tissue” may indicate invasion of either non-peritonealized (localized, code 1) or peritonealized tissue (regional, code 2)
    - Check for mention of serosa/peritoneum in the operative report and/or pathology report final diagnosis or gross description to determine the



correct code. Again, if other descriptions besides “pericolonic/pericolorectal tissue” are used, assign localized (code 1) or regional (code 2) based on the terminology used

- If the pathologist does not further describe the “pericolonic/perirectal tissues” as either “non-peritonealized pericolonic/perirectal tissues” vs “peritonealized pericolonic/perirectal tissues” and the operative report and/or gross description does not describe the tumor relation to the serosa/peritoneal surface, and it cannot be determined whether the tumor arises in a peritonealized portion of the colon, code localized (code 1).

#### **Note 8: Adherent tumors**

- Tumor that is adherent to other organs or structures, macroscopically, is coded as regional (code 2) or distant (code 7). However, if no tumor is present in the adhesion, microscopically, the classification should be coded to localized (code 1) or regional (code 2).

#### **Note 9: Involvement of serosal surface**

- Tumors characterized by involvement of the serosal surface (visceral peritoneum) by direct extension or perforation in which the tumor cells are continuous with the serosal surface through inflammation are coded to regional (code 2).

### **SUMMARY STAGE**

#### **0 In situ, intraepithelial, noninvasive**

#### **1 Localized only (localized, NOS)**

All sites (C180, C182-C189)

- Confined to colon, rectum, rectosigmoid, NOS
- Confined to polyp (head, stalk, NOS)
- Extension through wall, NOS
- Intraluminal extension to colon and/or anal canal/anus (rectum only)
- Invasion of
  - Intramucosal, NOS
  - Lamina propria
  - Mucosa, NOS
  - Muscularis mucosae
  - Muscularis, NOS
  - Muscularis propria
    - Rectum (C209): WITH or WITHOUT intraluminal extension to colon and/or anal canal/anus
- Perimuscular tissue invaded
- Submucosa (superficial invasion)

- Subserosal tissue/(sub)serosal fat invaded
- Transmural, NOS
- Wall, NOS

Peritonealized or non-peritonealized: Invasion into pericorectal tissues and/or pericolic adipose tissue ONLY

*(do not apply these instructions to structures listed under ALL SITES)*

- Non-peritonealized site or segment of colon (*see Note 6*) or UNKNOWN if peritonealized
- Includes invasion of pericolic or perirectal fat tissues
- For peritonealized sites or segments, see code 2)

## **2 Regional by direct extension only**

All sites (C180, C182-C189)

- Abdominal wall
- Adherent to other organs or structures clinically with no microscopic examination
- Adjacent (connective) tissue(s), NOS
- Fat, NOS
- Mesentery (including mesenteric fat, mesocolon)
- Mesothelium
- Retroperitoneum (excluding fat)
- Serosa
- Small intestine
- Tumor found in adhesion(s) if microscopic examination performed
- Tunica serosa
- Visceral peritoneum

Cecum (C180)

- Greater omentum

Ascending colon (C182)

- Kidney, right
- Liver, right lobe
- Retroperitoneal fat
- Ureter, right

Transverse colon and flexures (C183, C184, C185)

- Bile ducts
- Gallbladder

- Gastrocolic ligament
- Greater omentum
- Kidney
- Liver
- Pancreas
- Spleen
- Stomach

#### Descending colon (C186)

- Kidney, left
- Pelvic wall
- Retroperitoneal fat
- Spleen
- Ureter, left

#### Sigmoid colon (C187)

- Pelvic wall

#### Rectosigmoid (C199)

- Cul de sac (rectouterine pouch)
- Pelvic wall
- Small intestine

#### Rectum (C209)

- Anus
- Bladder (males only)
- Cul de sac (rectouterine pouch)
- Ductus deferens
- Pelvic wall
- Prostate
- Rectovaginal septum
- Rectovesical fat (males only)
- Seminal vesicle(s)
- Skeletal muscles of pelvic floor
- Vagina

Peritonealized or non-peritonealized: Invasion into pericorectal tissues and/or pericolic adipose tissue ONLY

*(do not apply these instructions to structures listed under ALL SITES, or the specific subsites)*

- Peritonealized site or segment of colon (*see Note 6*) or stated as peritonealized in pathology report

- Includes invasion of pericolic or perirectal fat tissues
- For non-peritonealized sites or segments, or UNKNOWN if peritonealized, see code 1)  
(see Note 7)

### **3 Regional lymph node(s) involved only**

All sites (C180, C182-C189)

- Colic, NOS
- Epicolic (adjacent to bowel wall)
- Mesenteric, NOS
- Mesocolic, NOS
- Paracolic
- Pericolic
- Tumor deposits (TD) in the subserosa, mesentery, mesorectal or nonperitonealized pericolic or perirectal tissues WITHOUT regional nodal metastasis
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

Cecum (C180)

- Cecal, NOS
  - Anterior cecal (prececal)
  - Posterior cecal (retrocecal)
- Colic (right)
- Ileocolic
- Periappendiceal

Ascending colon (C182)

- Colic (middle-right branch, right)
- Ileocolic

Hepatic flexure (C183)

- Colic (middle, right)
- Ileocolic

Transverse colon (C184)

- Colic (middle)

Splenic flexure (C185)

- Colic (left, middle)

- Mesenteric (inferior)

#### Descending colon (C186)

- Colic (left)
- Mesenteric (inferior)
- Sigmoid

#### Sigmoid colon (C187)

- Colic (left)
- Mesenteric (inferior)
- Rectal (superior) (hemorrhoidal)
- Rectosigmoid
- Sigmoid (sigmoidal) (sigmoid mesenteric)
- Superior rectal (hemorrhoidal)

#### Rectosigmoid (C199)

- Hemorrhoidal (middle, superior)
- Mesenteric (inferior)
- Mesorectal
- Pericolic
- Perirectal
- Rectal (middle, superior)
- Sigmoid (mesenteric)

#### Rectum (C209)

- Hemorrhoidal (middle, superior)
- Iliac (hypogastric, internal, obturator) (see code 7 for common, external, NOS)
- Mesenteric (inferior)
- Mesorectal
- Perirectal
- Rectal (inferior)
- Sacral, NOS
  - Lateral sacral (laterosacral)
  - Middle sacral (promontorial) (Gerota's node)
  - Presacral
- Sigmoidal (sigmoid mesenteric)

### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

## **7 Distant site(s)/lymph node(s) involved**

Distant site(s) (including further contiguous extension)

All sites (C180, C182-C189)

- Adrenal (suprarenal) gland
- Bladder
- Diaphragm
- Fallopian tube
- Fistula to skin
- Gallbladder
- Other segment(s) of colon via serosa
- Ovary(ies)
- Uterus

Cecum (C180)

- Kidney, right
- Liver
- Ureter, right

Transverse colon and flexures (C183-C185)

- Ureter

Sigmoid colon (C187)

- Cul de sac (rectouterine pouch)
- Ureter

Rectosigmoid (C199)

- Bladder
- Colon via serosa
- Fallopian tube
- Ovary
- Prostate
- Skeletal muscles of pelvic floor
- Ureter
- Vagina

Rectum (C209)

- Bladder (for females only)

- Bone(s) of pelvis
- Cervix
- Perineum, perianal skin
- Sacral plexus
- Sacrum
- Ureter
- Urethra
- Uterus

#### Distant lymph node(s), NOS

- Colon
  - Iliac (common, external, hypogastric, internal, obturator, NOS)
  - Inferior mesenteric (cecum, ascending colon, hepatic flexure, transverse colon)
  - Para-aortic
  - Retroperitoneal
  - Superior mesenteric
- Rectosigmoid
  - Hemorrhoidal, inferior (rectosigmoid)
  - Iliac (common, external, hypogastric, internal, obturator, NOS)
  - Rectal, inferior
  - Superior mesenteric
- Rectum
  - Colic (left) (rectum)
  - Iliac (common, external, NOS) (see code 3 for hypogastric, internal, obturator)
  - Superior mesenteric

#### Distant metastasis, NOS

- Carcinomatosis
- Peritoneal surface metastasis (peritoneum)
- Distant metastasis WITH or WITHOUT distant lymph node(s)

### **9 Unknown if extension or metastasis**

## ANUS

8000-8700, 8720-8790

C210-C212, C218

C210 Anus, NOS (excluding skin of anus and perianal skin C445)

C211 Anal canal

C212 Cloacogenic zone

C218 Overlapping lesion of rectum, anus and anal canal

### Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 21 *Anus*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.  
\*Anus, from the AJCC Cancer Staging System Version 9 (2022). Used with permission of the American College of Surgeons, Chicago, Illinois.

### Note 2: Other Summary Stage Chapters with Anus sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

## SUMMARY STAGE

### 0 In situ, intraepithelial, noninvasive

- Anal intraepithelial neoplasia III
- Bowen disease

### 1 Localized only (localized, NOS)

- Confined to anus, NOS
- Incidental finding of malignancy in hemorrhoid, NOS
- Intramucosa
- Lamina propria
- Mucosa, NOS



- Muscularis mucosae
- Muscularis propria (internal sphincter)
- Submucosa (superficial invasion)

## **2 Regional by direct extension only**

- Ischiorectal fat/tissue
- Perianal skin
- Perineum
- Perirectal skin
- Rectal mucosa or submucosa
- Rectal wall
- Skeletal muscle(s)
  - Anal sphincter (external)
  - Levator ani
- Subcutaneous perianal tissue
- Vulva

## **3 Regional lymph node(s) involved only**

- Anorectal
- External iliac
- Inferior hemorrhoidal
- Inguinal (femoral) (deep, superficial)
- Internal iliac (hypogastric)
- Lateral sacral (laterosacral)
- Mesorectal
- Obturator
- Perirectal
- Superior rectal (hemorrhoidal) (femoral)
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

## **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

## **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - Bladder
  - Broad ligament(s)
  - Cervix uteri
  - Corpus uteri
  - Pelvic peritoneum
  - Prostate
  - Urethra
  - Vagina
- Distant lymph node(s), NOS
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastases WITH or WITHOUT distant lymph node(s)

## **9 Unknown if extension or metastasis**

# LIVER

8000-8700, 8720-8790

C220

C220 Liver

## Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 22 *Liver*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

## Note 2: Other Summary Stage Chapters with Liver sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

## Note 3: Segments of the Liver

- The liver is divided into several lobes as defined below. In the absence of other tumor involvement (lymph node involvement or distant metastasis), code the lobe or segment involvement as follows:
- If multiple lobes (such as the Caudate lobe and the Left Lobe) are involved, code 2 (Regional). If multiple segments (such as 5 and 6 in the right lobe) in the same lobe are involved, this would be multiple tumors within one lobe, code 1 (Localized).
  - Caudate lobe: Segment 1
  - Quadrate lobe: Segment 4b
  - Left lobe: Segments 2, 3, 4a
  - Right lobe: Segments 5, 6, 7, 8

## **SUMMARY STAGE**

### **0 In situ: noninvasive, intraepithelial**

#### **1 Localized only (localized, NOS)**

- Confined to liver, NOS
- Single tumor (one lobe) WITH or WITHOUT vascular invasion
- Multiple (satellite) nodules/tumor confined to one lobe WITH or WITHOUT vascular invasion

#### **2 Regional by direct extension only**

- Diaphragm
- Extrahepatic bile duct(s)
- Extrahepatic blood vessel(s)
  - Hepatic artery
  - Portal vein
  - Vena cava
- Gallbladder
- Ligament(s)
  - Coronary
  - Falciform
  - Hepatoduodenal
  - Hepatogastric
  - Round (of liver)
  - Triangular
- Omentum (lesser and omentum, NOS) (See code 7 for greater omentum)
- Peritoneum, NOS
  - Parietal
  - Visceral
- Major vascular invasion, NOS
- More than one lobe involved by contiguous growth (single lesion)
  - WITH or WITHOUT vascular invasion
- Multiple (satellite) nodules/ tumors in more than one lobe of liver or on surface of parenchyma
  - WITH or WITHOUT vascular invasion

### **3 Regional lymph node(s) involved only**

- Caval
- Hepatic, NOS
  - Hepatic artery
  - Hepatic pedicle
  - Inferior vena cava
  - Porta hepatis (portal) (hilar) [in hilus of liver]Hepatoduodenal ligament
- Periportal
- Portal vein
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

### **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - Greater omentum (See code 2 for lesser omentum and omentum, NOS)
  - Pancreas
  - Pleura
  - Stomach
- Distant lymph node(s), NOS
  - Aortic (para-aortic, periaortic)
  - Cardiac
  - Coronary artery
  - Diaphragmatic, NOS
  - Inferior phrenic nodes
  - Lateral (aortic) (lumbar)
  - Pericardial (pericardiac)
  - Peripancreatic (near head of pancreas only)
  - Posterior mediastinal (tracheoesophageal) including juxtaphrenic nodes
  - Renal artery
  - Retroperitoneal, NOS
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

### **9 Unknown if extension or metastasis**

## INTRAHEPATIC BILE DUCTS

8000-8700, 8720-8790, 8980

C221

C221 Intrahepatic bile duct

### Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 23 *Intrahepatic Bile Ducts*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

### Note 2: Other Summary Stage Chapters with Intrahepatic Bile Ducts sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

### Note 3: Vascular invasion

- Intrahepatic vascular invasion (code 1) includes the following
  - Major hepatic vessel invasion
    - First and second-order branches of the portal veins or hepatic arteries
  - Hepatic veins (right, middle, or left)
  - Microscopic invasion of smaller intraparenchymal vascular structures (identified on histopathological examination)

## SUMMARY STAGE

### 0 In situ, intraepithelial, noninvasive

- Biliary intraepithelial neoplasia grade 3 (BiIIN-3)
- Intraductal tumor

### 1 Localized only (localized, NOS)

- Confined to intrahepatic bile duct, NOS
- Solitary or Multiple tumors WITH or WITHOUT intrahepatic vascular invasion

## **2 Regional by direct extension only**

- Abdominal wall
- Adjacent (connective) tissue, NOS
- Colon
- Common bile duct
- Diaphragm
- Duodenum
- Extrahepatic bile ducts PLUS satellite nodules in more than one lobe
- Extrahepatic structure(s), NOS
  - Retrohepatic vena cava
  - Vena cava
- Hepatic artery (proper)
- Gallbladder
- Lesser omentum ligament(s)
  - Coronary
  - Falciform
  - Hepatoduodenal
  - Hepatogastric
  - Round (of liver)
  - Triangular
- Peritoneum, NOS
  - Parietal
  - Visceral
- Multiple tumors with major vascular invasion
- Retrohepatic vena cava

## **3 Regional lymph node(s) involved only**

- Common bile duct
- Cystic duct
- Hepatic, NOS
- Hepatic artery
- Hepatic pedicle
- Hepatoduodenal ligament
- Hilar
- Portal vein
  - Periportal
  - Porta hepatis
  - Portal
- Portocaval (portacaval)
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

#### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

#### **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - Multiple (satellite) nodules on surface of liver parenchyma
  - Pancreas
  - Pleura
  - Stomach
- Distant lymph node(s), NOS
  - Aortic (para-aortic, periaortic)
  - Aortocaval
  - Cardiac
  - Caval (inferior vena cava)
  - Celiac
  - Diaphragmatic, NOS
  - Gastrohepatic
  - Inferior phrenic
  - Lateral (aortic) (lumbar)
  - Pancreaticoduodenal
  - Pericardial (pericardiac)
  - Periduodenal
  - Peripancreatic
  - Posterior mediastinal (tracheoesophageal) including juxtaphrenic nodes
  - Renal artery
  - Retroperitoneal, NOS
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

#### **9 Unknown if extension or metastasis**



# GALLBLADDER

8000-8700, 8720-8790

C239

C239 Gallbladder

## Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 24 *Gallbladder*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

## Note 2: Other Summary Stage Chapters with Gallbladder sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

## SUMMARY STAGE

### 0 In situ: noninvasive, intraepithelial

#### 1 Localized only (localized, NOS)

- Confined to gallbladder, NOS
- Lamina propria
- Mucosa, NOS
- Muscularis propria (layer)
- Submucosa (superficial invasion)

#### 2 Regional by direct extension only

- Ampulla of Vater
- Branch(es) of hepatic artery (right or left)
- Branch(es) of portal vein (right or left)
- Duodenum
- Extrahepatic bile duct(s)

- Liver, less than or equal to 2 cm OR distance not stated
- Omentum (greater, lesser, NOS)
- Pancreas
- Perimuscular connective tissue (peritoneal and hepatic side)
- Serosa (visceral peritoneum)
- Small intestine, NOS

### **3 Regional lymph node(s) involved only**

- Celiac artery
- Cystic duct (Calot's node)
- Hepatic artery
- Node of foramen of Winslow (omental) (epiploic)
- Pancreaticoduodenal
- Pericholedochal (common bile duct)
- Periduodenal
- Peripancreatic (near head of pancreas only)
- Porta hepatis (portal) (periportal) (hilar) (in hilus of liver)
- Portacaval
- Portal vein
- Retroperitoneal, NOS
- Superior mesenteric
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

### **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - Abdominal wall
  - Colon
  - Cystic artery/vein
  - Diaphragm
  - Hepatic artery (common, NOS)
  - Liver, greater than 2 cm
  - Portal vein (main, NOS)
  - Stomach
  - Two or more extrahepatic organs or structures
- Distant lymph node(s), NOS
  - Para-aortic

- Pericaval
  - Peripancreatic (along body and tail of pancreas only)
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

## **9 Unknown if extension or metastasis**

## EXTRAHEPATIC BILE DUCTS

8000-8700, 8720-8790

C240

C240 Cystic duct

C240 Distal bile ducts

C240 Perihilar bile ducts

### Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 24 *Gallbladder*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- Chapter 25 *Perihilar Bile Ducts*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- Chapter 26 *Distal Bile Duct*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

### Note 2: Other Summary Stage Chapters with Extrahepatic Bile Duct sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

## SUMMARY STAGE

### 0 In situ, intraepithelial, noninvasive

High-grade biliary intraepithelial neoplasia (BilIn-3)

### 1 Localized only (localized, NOS)

- Confined to
  - Cystic duct, NOS
  - Distal bile duct(s), NOS
  - Extrahepatic bile duct(s), NOS

- Perihilar bile duct(s), NOS
- Lamina propria
- Mucosa, NOS
- Muscle layer of fibrous tissue (bile ducts perihilar only)
- Muscularis propria
- Subepithelial connective tissue (tunica mucosa) (bile ducts perihilar only)
- Submucosa (superficial invasion)

## 2 Regional by direct extension only

- All sites
  - Adipose tissue
  - Adjacent (connective) tissue, NOS
  - Colon
  - Duodenum
  - Gallbladder
  - Hepatic artery (common, NOS)
  - Liver
  - Main portal vein or its branches bilaterally
  - Omentum (greater, lesser, NOS)
  - Pancreas
  - Periductal/fibromuscular connective tissue
  - Portal vein, NOS
  - Stomach
- Cystic duct
  - Ampulla of Vater
  - Beyond wall of cystic duct
  - Perimuscular connective tissue
  - Perimuscular tissue, NOS
  - Serosa (visceral peritoneum)
  - Small intestine
  - Unilateral branches of hepatic artery (right or left)
  - Unilateral branches of portal vein (right or left)
- Distal bile duct(s)
  - Adjacent hepatic parenchyma
  - Beyond wall of bile duct
  - Porta hepatis
  - Unilateral branches of hepatic artery (right or left)
  - Unilateral branches of portal vein (right or left)
- Perihilar bile duct(s)
  - Beyond wall of bile duct
  - Second-order biliary radicals bilaterally
    - Unilateral second-order biliary radicals
    - WITH contralateral portal vein or hepatic artery involvement
  - Unilateral branches of hepatic artery (right or left)
  - Unilateral branches of portal vein (right or left)

### **3 Regional lymph node(s) involved only**

- Choledochal (bile ducts perihilar only)
- Cystic duct (node of the neck of the gallbladder) (Calot's node)
- Hepatic/hepatic artery nodes (common, NOS)
- Hilar (porta hepatic) (portal) (in hilus of liver)
- Node of the foramen of Winslow (omental) (epiploic)
- Pancreaticoduodenal (anterior, posterior) (bile ducts distal only)
- Pancreaticoduodenal, NOS (cystic duct only)
- Pericholedochal (node along common bile duct)
- Periduodenal
- Peripancreatic (near head of pancreas only)
- Periportal
- Portal vein
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

### **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - Abdominal wall
  - Celiac axis (bile ducts distal only)
  - Superior mesenteric artery (bile ducts distal only)
- Distant lymph node(s), NOS
  - Celiac (axis) artery
  - Para-aortic
  - Periaortic (cystic duct only)
  - Pericaval
  - Peripancreatic (along body and tail of pancreas only)
  - Superior mesenteric artery
  - Superior mesenteric vein
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

### **9 Unknown if extension or metastasis**

## AMPULLA OF VATER

8000-8700, 8720-8790

C241

C241 Ampulla of Vater

### Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 27 *Ampulla of Vater*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- Chapter 30 *Neuroendocrine Tumors of the Duodenum and Ampulla of Vater*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- *Neuroendocrine Tumors of the Duodenum and Ampulla of Vater*, from the AJCC Cancer Staging System Version 9 (2023). Used with permission of the American College of Surgeons, Chicago, Illinois.

### Note 2: Other Summary Stage Chapters with Ampulla of Vater sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

## SUMMARY STAGE

### 0 In situ, intraepithelial, noninvasive

#### 1 Localized only (localized, NOS)

- Ampulla of Vater
- Confined to ampulla, NOS
- Duodenal submucosa
- Perisphincteric invasion (invasion beyond sphincter of Oddi)
- Sphincter of Oddi

## **2 Regional by direct extension only**

- Blood vessel(s) (major)
  - Common hepatic artery
  - Portal vein
  - Superior mesenteric artery
- Celiac axis
- Common bile duct
- Duodenum, NOS
- Extrahepatic bile duct(s)
- Gallbladder
- Hepatic flexure of colon
- Lesser omentum
- Liver including porta hepatis
- Muscularis propria of the duodenum (duodenal wall)
- Pancreas
- Stomach (distal, proximal, NOS)
- Transverse colon

## **3 Regional lymph node(s) involved only**

- Anterior to ampulla of Vater
- Inferior to ampulla of Vater
- Posterior to ampulla of Vater
- Superior to ampulla of Vater
- Celiac
- Hepatic
- Hepatic artery
- Lateral aortic (lumbar)
- Node of foramen of the Winslow (epiploic) (omental)
- Pancreaticoduodenal
- Peripancreatic (excluding nodes at tail of pancreas)
- Periportal (portal vein)
- Proximal mesenteric
- Pyloric (infrapyloric, subpyloric)
- Retroperitoneal
- Superior mesenteric
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

## **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)



## **7 Distant site(s)/lymph node(s) involved**

- Distant sites (including further contiguous extension)
  - Periduodenal or peripancreatic soft tissue
- Distant lymph node(s), NOS
  - At tail of pancreas
  - Para-aortic
  - Splenic
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant mets WITH or WITHOUT distant lymph node(s)

## **9 Unknown if extension or metastasis**

## **BILIARY OTHER**

8000-8700, 8720-8790

C248, C249

C248 Overlapping lesion of biliary tract (neoplasms involving both intrahepatic and extrahepatic bile ducts)

C249 Biliary tract, NOS

### **Note 1: Sources used in the development of this chapter**

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>

### **Note 2: Other Summary Stage Chapters with other Biliary sites**

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

### **Note 3: Only staging system**

- Summary Stage is the only applicable staging system for this site/histology/schema.

## **SUMMARY STAGE**

### **0 In situ, intraepithelial, noninvasive**

#### **1 Localized only (localized, NOS)**

- Confined to bile duct, NOS
- Lamina propria
- Mucosa, NOS
- Muscularis propria
- Submucosa (superficial invasion)

## **2 Regional by direct extension only**

- Ampulla of Vater
- Beyond wall of bile duct
- Duodenum
- Gallbladder
  - Unilateral branches of the right or left hepatic artery OR portal vein
- Invasion of/through serosa
- Liver, less than or equal to 2 cm or UNKNOWN
- Omentum (greater or lesser)
- Pancreas
- Perimuscular connective tissue
- Small intestine

## **3 Regional lymph node(s) involved only**

- Celiac
- Cystic duct (node of Calot)
- Node of foramen of Winslow (epiploic) (omental)
- Pancreaticoduodenal
- Pericholedochal (common bile duct)
- Periduodenal
- Peripancreatic (near head of pancreas only)
- Porta hepatis (portal) (periportal) (hilar)
- Superior mesenteric
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

## **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

## **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
  - Abdominal wall
  - Colon
  - Common hepatic artery
  - Cystic artery/vein
  - Hepatic artery, NOS
  - Liver greater than 2 cm
  - Portal vein or its branches bilaterally
  - Portal vein, NOS

- Stomach
- Distant lymph node(s), NOS
  - Para-aortic
  - Peripancreatic (along body and tail of pancreas only)
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

## **9 Unknown if extension or metastasis**

## PANCREAS

8000-8700, 8720-8790, 8971

C250-C254, C257-C259

C250 Head of pancreas

C251 Body of pancreas

C252 Tail of pancreas

C253 Pancreatic duct

C254 Islets of Langerhans

C257 Other specified parts of pancreas

C258 Overlapping lesion of pancreas

C259 Pancreas, NOS

### Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 28 *Exocrine Pancreas*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- Chapter 34 *Neuroendocrine Tumors of the Pancreas*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.
- *Neuroendocrine Tumors of the Pancreas*, from the AJCC Cancer Staging System Version 9 (2023). Used with permission of the American College of Surgeons, Chicago, Illinois.

### Note 2: Other Summary Stage Chapters with Pancreas sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

### Note 3: Islet cell tumors

- For tumors of the islet cells, determine which subsite of the pancreas is involved and use that primary site code. If the subsite cannot be determined, use the general code for Islets of Langerhans, C254.

#### **Note 4: Abutment, encasement**

- The terms "abutment," "abut(s)," "encases," or "encasement" of the major blood vessels can be interpreted as involvement of these structures.

### **SUMMARY STAGE**

#### **0 In situ, intraepithelial, noninvasive**

- High-grade pancreatic intraepithelial neoplasia (PanIn-3)
- Intraductal papillary mucinous neoplasm with high grade dysplasia
- Intraductal tubulopapillary neoplasm with high grade neoplasm
- Mucinous cystic neoplasm with high-grade dysplasia

#### **1 Localized only (localized, NOS)**

- Confined to pancreas

#### **2 Regional by direct extension only**

- All sites
  - Ampulla of Vater
  - Blood vessel(s) (major)
    - Aortic artery
    - Celiac artery
    - Common hepatic artery
    - Further contiguous extension to other major arteries
    - Portal vein
    - Superior mesenteric artery/vein
  - Duodenum
  - Extrahepatic bile duct(s)
  - Fixation to adjacent structure(s), NOS
  - Peripancreatic tissue, NOS
  - Stomach
- Pancreas Head (C250)
  - Adjacent stomach
  - Blood vessel(s) (major)
    - Gastroduodenal artery
  - Transverse colon, including hepatic flexure
- Pancreas Body Tail (C251, C252)
  - Spleen
  - Splenic artery/vein
  - Splenic flexure

### 3 Regional lymph node(s) involved only

- All sites
  - Anterior, NOS
  - Common hepatic artery
  - Hepatic, NOS
  - Inferior to head and body of pancreas
  - Lateral aortic (lumbar)
  - Pancreaticoduodenal (anterior, posterior)
  - Peripancreatic, NOS
  - Posterior, NOS
  - Proximal mesentery (anterior, posterior)
  - Retroperitoneal
  - Superior mesenteric
  - Superior to head and body of pancreas
  - Regional lymph node(s), NOS
    - Lymph node(s), NOS
- Pancreas Head (C250)
  - Common bile duct (pericholedochal)
  - Lateral wall (right)
  - Portal vein
  - Pyloric (infrapyloric, retropyloric, subpyloric, suprapyloric)
  - Pyloric, NOS
- Pancreas Body Tail (C251, C252)
  - Gastroepiploic (gastro-omental, left)
  - Pancreaticosplenic (pancreaticolienal)
  - Splenic (artery, hilum, lienal)
  - Suprapancreatic
- Pancreas Other (C253-C254, C257-C259)
  - Celiac
  - Common bile duct (pericholedochal)
  - Gastroepiploic (gastro-omental)
  - Lateral wall right
  - Pancreaticosplenic (pancreaticolienal)
  - Portal vein
  - Pyloric (infrapyloric, retropyloric, subpyloric, suprapyloric, NOS)
  - Splenic (artery, hilum, lienal)
  - Suprapancreatic

### 4 Regional by BOTH direct extension AND regional lymph node(s) involved

- Codes (2) + (3)

## 7 Distant site(s)/lymph node(s) involved

- Distant site(s) (including further contiguous extension to other organs)
  - All sites
    - Adrenal gland/suprarenal gland
    - Gallbladder
    - Kidney
    - Liver, including porta hepatis
    - Mesenteric fat
    - Mesentery
    - Mesocolon
    - Peritoneum
    - Retroperitoneum
    - Small intestine (excluding duodenum)
    - Ureter
  - Pancreas Head (C250)
    - Colon (other than transverse colon including hepatic flexure)
    - Omentum
    - Spleen
  - Pancreas Body Tail (C251, C252)
    - Colon (other than splenic flexure)
    - Diaphragm
- Distant lymph node(s), NOS
  - Pancreas Head (C250)
    - Celiac
    - Gastroepiploic (gastro-omental), left
    - Pancreaticosplenic (pancreaticolienal)
    - Splenic (artery, hilum, lineal)
    - Suprapancreatic
  - Pancreas Body Tail (C251, C252)
    - Celiac
    - Common bile duct (pericholedochal)
    - Lateral wall (right)
    - Porta hepatic
    - Portal vein
    - Pyloric (infrapyloric, retropyloric, subpyloric, suprapyloric, NOS)
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis except distant lymph node(s)
  - Seeding of peritoneum, even if limited to the lesser sac region
  - Positive peritoneal cytology

## 9 Unknown if extension or metastasis



## **DIGESTIVE OTHER**

8000-8700, 8720-8790

C260, C268, C269

C260 Intestinal tract, NOS

C268 Overlapping lesion of digestive system

C269 Gastrointestinal tract, NOS

### **Note 1: Sources used in the development of this schema**

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>

### **Note 2: Other EOD Schemas with other Digestive sites**

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

### **Note 3: Only staging system**

- Summary Stage is the only applicable staging system for this site/histology/schema.

## **SUMMARY STAGE**

### **0 In situ: noninvasive, intraepithelial**

### **1 Localized only (localized, NOS)**

- Invasion of submucosa

### **2 Regional by direct extension only**

- Adjacent connective tissue(s)
- Adjacent organ(s)/structure(s)
- Regional extension, NOS

### **3 Regional lymph node(s) involved only**

- Intra-abdominal
- Paracaval
- Pelvic
- Subdiaphragmatic
- Regional lymph node(s), NOS
  - Lymph node(s), NOS

### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

- Codes (2) + (3)

### **7 Distant site(s)/lymph node(s) involved**

- Distant site(s) (including further contiguous extension)
- Distant lymph node(s), NOS
- Distant metastasis, NOS
  - Carcinomatosis
  - Distant metastasis WITH or WITHOUT distant lymph node(s)

### **9 Unknown if extension or metastasis**