ANATOMIC DRAWINGS OF THE DIGESTIVE SYSTEM

THE ALIMENTARY CANAL

LESSER AND GREATER OMENTUM
ANATOMIC DRAWINGS OF THE DIGESTIVE SYSTEM

Transverse colon

Hepatic flexure

Ascending colon
(“right colon”)

Small intestines:
(duodenum, jejunum,
and ileum)

Descending colon
(“left colon”)

Rectum

Anus

THE INTESTINES
**DIGESTIVE SYSTEM SITES**
**TABLE OF ANATOMIC STRUCTURES**

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>MUCOSA</th>
<th>SUB-MUCOSA</th>
<th>MUSCULARIS</th>
<th>SUB-SEROSAL TISSUES</th>
<th>SEROSA</th>
<th>OUTSIDE THE SEROSA1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esophagus (C15.)</td>
<td>Yes B</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>See note 4.</td>
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<tr>
<td>Stomach (C16.)</td>
<td>Yes S</td>
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<td>Yes</td>
<td>Yes</td>
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<td>Sml. Intestine (C17.)</td>
<td>Yes M</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Colon (C18. _)</td>
<td>Yes E</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>.0 Cecum</td>
<td>Yes N</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>.1 Appendix</td>
<td>Yes T</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>.2 Ascending</td>
<td>Yes M</td>
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<td>.3 Hepatic flex.</td>
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<td>.4 Transverse</td>
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<td>.5 Splenic flex.</td>
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<td>.6 Descending</td>
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<tr>
<td>.7 Sigmoid</td>
<td>Yes A</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>.8 Overlapping</td>
<td>Yes N</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>.9 Colon, NOS</td>
<td>Yes E</td>
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<td>Yes</td>
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<tr>
<td>Rectosigmoid (C19.9)</td>
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<td>Rectum (C20.9)</td>
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<td>Yes</td>
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</tr>
</tbody>
</table>

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/or medial aspects, but not lateral.
6 Referred to as perirectal tissue.
DISTINGUISHING “IN SITU” AND “LOCALIZED” TUMORS FOR THE DIGESTIVE SYSTEM

Careful attention must be given to the use of the term “confined to mucosa” for the esophagus, stomach, small intestine, colon and rectum.

Historically, carcinomas described as “confined to mucosa” have been coded as localized. In order to provide greater specificity and to rule out the possibility of classifying noninvasive tumors in this category, abstractors should determine:

1) if the tumor is confined to the epithelium, in which case it is in situ, OR

2) if the tumor has penetrated the basement membrane to invade the lamina propria, in which case it is localized and is coded to invasion of the lamina propria.

The mucosa of the digestive tract consists of:

- The EPITHELIAL LAYER borders on the lumen. It contains no blood vessels or lymphatics.

- The BASEMENT MEMBRANE, a sheet of extracellular material, functions as a filtration barrier and a boundary involved in generating and maintaining tissue structure.

- 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.

- 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.

- 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.

- The MUSCULARIS PROPRIA is a double layer of muscle tissue in most of the digestive tract; it constitutes the wall of the organ.

- The SEROSA, the outermost layer covering most of the digestive tract, is a single layer of squamous epithelial cells, part of the visceral peritoneum. Just inside the serosa (mesothelium), and sometimes considered part of the serosa, is a layer of connective tissue called the subserosa. The serosa and subserosa are present only in the peritonealized portions of the digestive tract. For the esophagus and in the rectum below the peritoneal reflection, there is no serosa. For the esophagus, the connective tissue of surrounding structures merges with the connective tissue of the esophagus and is called ADVENTITIA.
**ESOPHAGUS**
C15.0-C15.5, C15.8-C15.9
C15.0 Cervical esophagus
C15.1 Thoracic esophagus
C15.2 Abdominal esophagus
C15.3 Upper third of esophagus
C15.4 Middle third of esophagus
C15.5 Lower third of esophagus
C15.8 Overlapping lesion of esophagus
C15.9 Esophagus, NOS

Anatomic Limits of Esophagus:

**CERVICAL ESOPHAGUS** (C15.0): From the lower border of the cricoid cartilage to the thoracic inlet (suprasternal notch), about 18 cm from the incisors.

**INTRATHORACIC** (including **ABDOMINAL** ESOPHAGUS) (C15.1-C15.5):

Upper thoracic portion (C15.3): From the thoracic inlet to the level of the tracheal bifurcation (18-24 cm)
Mid-thoracic portion (C15.4): From the tracheal bifurcation midway to the gastroesophageal (GE) junction (24-32 cm).

Lower thoracic portion (C15.5): From midway between the tracheal bifurcation and the gastroesophageal junction to the GE junction, including the abdominal esophagus (C15.2) between 32-40 cm.

**SUMMARY STAGE**

0 **In situ:** Noninvasive; intraepithelial

1 **Localized only**

   Invasive tumor confined to:
   - Intramucosa, NOS
   - Lamina propria
   - Mucosa, NOS
   - Muscularis mucosae
   - Muscularis propria invaded
   - Submucosa

   Localized, NOS
2 Regional by direct extension only

Adventitia and/or soft tissue invaded
Esophagus is described as “FIXED”

Extension to:

Cervical esophagus (including first 18 cm of upper esophagus):
Blood vessel(s) (major):
   Carotid artery
   Jugular vein
   Subclavian artery
   Carina
   Cervical vertebra(e)
   Hypopharynx
   Larynx
   Trachea
   Thyroid gland

Intrathoracic:
   Lung via bronchus
   Mediastinal structure(s)
   Pleura
   Rib(s)
   Thoracic vertebra(e)

Intrathoracic, upper or mid-portion, esophagus:
Blood vessel(s) (major):
   Aorta
   Azygos vein
   Pulmonary artery/vein
   Vena cava
   Carina
   Diaphragm
   Main stem bronchus
   Trachea

Intrathoracic, lower portion (abdominal), esophagus:
Blood vessel(s) (major):
   Aorta
   Gastric artery/vein
   Vena cava
   Diaphragm
   Stomach, cardia (via serosa)

Continued on next page
ESOPHAGUS
C15.0-C15.5, C15.8-C15.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral)

Cervical only:
Cervical, NOS:
   Anterior deep cervical (laterotracheal) (recurrent laryngeal)
   Internal jugular, NOS:
      Deep cervical, NOS:
         Upper, NOS:
            Jugulodigastric (subdigastic)
   Peri-/paraesophageal
   Scalene (inferior deep cervical)###
   Supraclavicular (transverse cervical)###

Intrathoracic, upper thoracic or middle, only:
Internal jugular, NOS:
   Deep cervical, NOS:
      Lower, NOS:
         Jugulo-omohyoid (supraomohyoid)
      Middle
      Upper, NOS:
         Jugulodigastric (subdigastic)
Intrabronchial:
   Carinal (tracheobronchial) (tracheal bifurcation)
   Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)
   Peritracheal
   Left gastric (superior gastric):###
      Cardiac (cardial)
      Lesser curvature
      Perigastric, NOS
   Peri-/paraesophageal
   Posterior mediastinal (tracheoesophageal)###
   Superior mediastinal#####

Intrathoracic, lower (abdominal), only:
Left gastric (superior gastric):
   Cardiac (cardial)
   Lesser curvature
   Perigastric, NOS
   Peri-/paraesophageal
   Posterior mediastinal (tracheoesophageal)

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

Codes (2) + (3)

5 Regional, NOS

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

Adjacent structures:
- Cervical/upper esophagus:
  - Lung
  - Main stem bronchus
  - Pleura
- Thoracic/middle esophagus:
  - Pericardium **
- Abdominal/lower esophagus:
  - Diaphragm fixed

Distant lymph node(s):
- Celiac for intrathoracic esophagus
- Cervical, NOS for intrathoracic esophagus
- Para-aortic for lower/abdominal esophagus only
- Scalene (inferior deep cervical) for intrathoracic esophagus only
- Superior mediastinal for cervical esophagus only
- Supraclavicular (transverse cervical node) for intrathoracic only
- Other distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note: Ignore intraluminal extension to adjacent segment(s) of esophagus or to cardia of stomach and code depth of invasion or extra-esophageal spread as indicated.

### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
STOMACH
C16.0-C16.6, C16.8-C16.9
C16.0 Cardia, NOS
C16.1 Fundus of stomach
C16.2 Body of stomach
C16.3 Gastric antrum
C16.4 Pylorus
C16.5 Lesser curvature of stomach, NOS
C16.6 Greater curvature of stomach, NOS
C16.8 Overlapping lesion of stomach
C16.9 Stomach, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
   (Adeno)carcinoma in a polyp, noninvasive

1 Localized only

   Invasive tumor confined to:
      Intramucosa, NOS
      Lamina propria
      Mucosa, NOS
      Muscularis mucosae
      Muscularis propria
      Perimuscular tissue invaded
      Polyp, NOS:
         Head of polyp
         Stalk of polyp
      Submucosa (superficial invasion)
      Subserosal tissue/(Sub)serosal fat

   Extension through wall, NOS

   Implants inside stomach
   Intraluminal spread (only) to esophagus or duodenum**
   Invasion through muscularis propria or muscularis, NOS
   Linitis plastica (diffuse involvement of the entire stomach wall)**
   Localized, NOS

2 Regional by direct extension only

   Extension to:
      Adjacent tissue, NOS
      Connective tissue:
         Gastric artery
      Ligaments:
         Gastrocolic
         Gastrohepatic
         Gastrosplenic
2 Regional by direct extension only (continued)

- Omentum, NOS:
  - Greater
  - Lesser
- Perigastric fat
- Diaphragm
- Duodenum via serosa or NOS
- Esophagus via serosa
- Ileum
- Jejunum
- Liver
- Pancreas
- Small intestine, NOS
- Spleen
- Transverse colon including flexures

Invasion of/through:
- Mesothelium#
- Serosa#
- Tunica serosa#
- Visceral peritoneum#

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

- Celiac ####
- Hepatic ***
- Left gastric (superior gastric), NOS:
  - Cardial
  - Cardioesophageal
  - Gastric, left
  - Gastropancreatic, left
  - Lesser curvature
  - Lesser omentum
  - Paracardial
  - Pancreaticosplenic (pancreaticolienal)
  - Perigastric, NOS
  - Peripancreatic
3 Regional lymph node(s) involved only (continued)

Right gastric (inferior gastric), NOS:
  - Gastrocolic
  - Gastroduodenal
  - Gastroepiploic (gastro-omental), right or NOS
  - Gastrohepatic
  - Greater curvature
  - Greater omental
  - Infra-pyloric
  - Pancreaticoduodenal
  - Pyloric, NOS:
    - Infra-pyloric (subpyloric)
    - Supra-pyloric
  - Splenic (lienal), NOS:
    - Gastroepiploic (gastro-omental), left
    - Splenic hilar

Nodule(s) in perigastric fat

Regional lymph node(s), NOS

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

  Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s):
  - Inferior mesenteric
  - Para-aortic
  - Porta hepatis (portal) (hilar) [in hilus of liver]
  - Retroperitoneal
  - Superior mesenteric
  - Other distant lymph node(s)

Extension to:
  - Abdominal wall
  - Adrenal (suprarenal) gland
  - Kidney
  - Retroperitoneum

Further contiguous extension

Metastasis
STOMACH
C16.0-C16.6, C16.8-C16.9

9 Unknown if extension or metastasis

* Considered localized in Historic Stage
** Considered regional in Historic Stage
*** Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
ANATOMIC DRAWINGS OF THE SMALL INTESTINES

STOMACH AND SMALL INTESTINE WITH LYMPH NODES
Arrows show the direction of lymph node drainage
ANATOMIC DRAWINGS OF THE SMALL INTESTINES
SMALL INTESTINE
C17.0-C17.3, C17.8-C17.9
C17.0 Duodenum
C17.1 Jejunum
C17.2 Ileum (excludes ileocecal valve, C18.0)
C17.3 Meckel diverticulum (site of neoplasm)
C17.8 Overlapping lesion of small intestine
C17.9 Small intestine, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
  (Adeno)carcinoma in a polyp, noninvasive

1 Localized only

  Invasive tumor confined to:
  Intramucosa
  Lamina propria
  Mucosa, NOS
  Muscularis mucosae
  Muscularis, NOS
  Muscularis propria
  Polyp, NOS:
    Head of polyp
    Stalk of polyp
  Submucosa (superficial invasion)
  Subserosal tissue/(sub)serosal fat
  Transmural, NOS
  Wall, NOS

  Extension through wall, NOS

  Intraluminal to other segments of small intestine or cecum
  Invasion through muscularis propria or muscularis, NOS

  Localized, NOS
2 Regional by direct extension only

Extension to:

All small intestine sites:
Abdominal wall
Adjacent tissue(s), NOS
Connective tissue:
  Mesenteric fat
  Mesentery
  Nonperitonealized perimuscular tissue
  Retroperitoneum
Fat, NOS

Duodenum:
  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, NOS:
    Kidney, right
  Liver, NOS:
    Liver, quadrate lobe
    Liver, right lobe
  Omentum, NOS:
    Greater omentum
  Pancreas
  Pancreatic duct
  Stomach
  Transverse colon
  Ureter, right

Jejunum and Ileum:
  Colon including appendix

Other segments of small intestine via serosa

Code 2 continued on next page
SMALL INTESTINE
C17.0-C17.3, C17.8-C17.9

2 Regional by direct extension only (continued)

Invasion of/through:

All sites:
- Mesothelium**
- Serosa**
- Tunica serosa**
- Visceral peritoneum**

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Pericholedochal (common bile duct)#####

Duodenum:
- Duodenal
- Gastroduodenal###
- Hepatic###
- Infrapyloric (subpyloric)###
- Pancreaticoduodenal
- Pyloric###
- Superior mesenteric####

Jejunum and Ileum:
- Ileocolic for terminal ileum only
- Mesenteric, NOS
- Posterior cecal (retrocecal) for terminal ileum only
- Superior mesenteric####

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS
7 Distant site(s)/node(s) involved

Distant lymph node(s)

Jejunum and Ileum:
  Bladder##
  Fallopian tube(s)##
  Ovary(ies)##
  Uterus##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

#  Considered localized in Historic Stage
## Considered regional in Historic Stage
### Considered distant in Historic Stage
*  Considered localized in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
ANATOMIC DRAWINGS OF THE COLON

THE ALIMENTARY CANAL
ANATOMIC DRAWINGS OF THE COLON

COLON, RECTUM, AND ANUS

LAYERS OF THE COLON WALL OF COLON
The dark areas (with labels A, B, and C) represent zones of carcinoma. Area A in both the pedunculated polyp and the sessile (or flat) polyp shows no invasion and is therefore in situ. Areas B and C in both polyps are invasive. Notice that polyps are “bulges” in the colon wall with the corresponding layers of the colon wall (see layers of the colon wall on page 85) within them.

CARCINOMA IN A POLYP
ANATOMIC DRAWINGS OF THE COLON

Transverse colon

Hepatic flexure

Para- (peri-) colic lymph nodes

Prececal lymph nodes

Retrocecal lymph nodes

Ileocecal valve

IC = Ileocolic Lymph Nodes

Splenic flexure

Left colic lymph nodes

Descending (left) colon

Inferior mesenteric lymph nodes

IC

Superior rectal lymph nodes

IC

COLON AND LYMPH NODES
COLON
C18.0-C18.9
C18.0 Cecum
C18.1 Appendix
C18.2 Ascending (right) colon
C18.3 Hepatic flexure of colon
C18.4 Transverse colon
C18.5 Splenic flexure of colon
C18.6 Descending (left) colon
C18.7 Sigmoid colon
C18.8 Overlapping lesion of colon
C18.9 Colon, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
(Adeno)carcinoma in a polyp or adenoma, noninvasive

1 Localized only

Invasive tumor confined to:
Intramucosa, NOS
Lamina propria
Mucosa, NOS
Muscularis mucosae
Muscularis propria
Perimuscular tissue invaded
Polyp, NOS:
Head of polyp
Stalk of polyp
Submucosa (superficial invasion)
Subserosal tissue/(sub)serosal fat
Transmural, NOS
Wall, NOS

Confined to colon, NOS
Extension through wall, NOS
Invasion through muscularis propria or muscularis, NOS

Localized, NOS

Note: Ignore intraluminal extension to adjacent segment(s) of colon/rectum or to the ileum from the cecum.
2 Regional by direct extension only

Extension to:

All colon sites:
Invasion of/through serosa (mesothelium) (visceral peritoneum)#

Extension into/through:
Abdominal wall###
Adjacent tissue(s), NOS
Connective tissue
Fat, NOS
Greater omentum
Mesenteric fat
Mesentery
Mesocolon
Pericolic fat
Retroperitoneum (excluding fat)###
Small intestine

Ascending colon:
Kidney, right###
Liver, right lobe###
Retroperitoneal fat###
Ureter, right###

Transverse colon and flexures:
Bile ducts###
Gallbladder###
Gastrocolic ligament
Kidney
Liver
Pancreas
Spleen
Stomach###

Descending colon:
Kidney, left###
Pelvic wall###
Retroperitoneal fat###
Spleen
Ureter, left

Sigmoid colon:
Pelvic wall###
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

All colon subsites:
  Colic, NOS
  Epicolic (adjacent to bowel wall)
  Mesenteric, NOS
  Paracolic/pericolic

Nodule(s) in pericolic fat

Cecum and Appendix:
  Cecal, NOS
    Anterior (prececal)
    Posterior (retrocecal)
  Ileocolic
  Right colic

Ascending colon:
  Ileocolic
  Middle colic
  Right colic

Transverse colon and flexures:
  Inferior mesenteric for splenic flexure only
  Left colic for splenic flexure only
  Middle colic
  Right colic for hepatic flexure only

Descending colon:
  Inferior mesenteric
  Left colic
  Sigmoid

Sigmoid:
  Inferior mesenteric
  Sigmoidal (sigmoid mesenteric)
  Superior hemorrhoidal
  Superior rectal

Regional lymph node(s), NOS

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

Codes (2) + (3)
5 Regional, NOS

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

All colon sites unless included in code 2

Distant lymph node(s):
- Para-aortic
- Retroperitoneal
- Superior mesenteric
- Other distant lymph node(s)

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

Cecum and appendix:

Distant lymph node(s):
- Inferior mesenteric
- Other distant lymph node(s)

Extension to:
- Kidney, right
- Liver
- Ureter, right

Ascending colon:

Distant lymph node(s):
- Inferior mesenteric
- Other distant lymph node(s)

Transverse colon and flexures:

Distant lymph node(s):
- Inferior mesenteric for hepatic flexure and transverse colon only
- Other distant lymph node(s)

Extension to:
- Ureter

Sigmoid colon:

Extension to:
- Cul de sac (rectouterine pouch)
- Ureter

Further contiguous extension

Metastasis
9 Unknown if extension or metastasis

£ Considered regional for cecum, ascending, desending and sigmoid for Historic stage
§ Considered regional for cecum, appendix, ascending, hepatic flexure and transverse colon in 1977
¥ Considered distant for splenic flexure in Historic stage

Note 1: Ignore intraluminal extension to adjacent segment(s) of colon/rectum and code depth of invasion or extracolonic spread as indicated.

Note 2: Terminology such as “Transmural, NOS” and “Extension through the wall, NOS” typically means that the tumor has invaded the muscularis propria but has not necessarily invaded the entire thickness of the colon wall.

# Considered localized in Historic Stage
## Considered regional in Historic Stage
### Considered distant in Historic Stage
ANATOMIC DRAWING OF THE COLON AND RECTUM

Descending colon

Left colic nodes

Sigmoid mesenteric nodes

Perirectal nodes

Rectum

Sigmoid colon

LOWER COLON AND RECTUM
AND PRINCIPAL LYMPH NODES
RECTOSIGMOID JUNCTION, RECTUM
C19.9, C20.9
C19.9 Rectosigmoid junction
C20.9 Rectum, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
(Adeno)carcinoma in a polyp, noninvasive

1 Localized only

Invasive tumor confined to:
Intramucosa, NOS
Lamina propria
Mucosa, NOS
Muscularis mucosae
Muscularis propria
Perimuscular tissue invaded
Polyp, NOS:
Head of polyp
Stalk of polyp
Submucosa (superficial invasion)
Subserosal tissue/(sub)serosa fat invaded
Transmural, NOS

Extension through wall, NOS

Invasion through muscularis propria or muscularis, NOS

Localized, NOS

2 Regional by direct extension only

Invasion of/through serosa (mesothelium) (visceral peritoneum)#

Extension to/through:
Adjacent tissue(s), NOS
Connective tissue
Fat, NOS
Perirectal fat

Rectosigmoid:
Cul de sac (rectouterine pouch)
Mesenteric fat
Mesentery
Mesocolon
Pelvic wall
Pericolic fat
Small intestine

Code 2 continued on next page
2 Regional by direct extension only (continued)

**Rectum:**
- Anus
- Bladder *for males only*
- Cul de sac (rectouterine pouch)
- Ductus deferens
- Pelvic wall
- Prostate
- Rectovaginal septum
- Rectovesical fascia *for males only*
- Seminal vesicle(s)
- Skeletal muscle of pelvic floor
- Vagina

3 Regional lymph node(s) involved only

**REGIONAL Lymph Nodes**

**Rectosigmoid:**
- Colic, NOS:###
  - Left colic:###
- Hemorrhoidal, superior or middle
- Inferior mesenteric
- Mesenteric, NOS
- Paracolic/pericolic
- Perirectal
- Rectal
- Sigmoidal (sigmoid mesenteric)
- Superior rectal

  Nodule(s) in pericolic fat

**Rectum:**
- Hemorrhoidal, superior, middle or inferior
- Inferior mesenteric
- Internal iliac (hypogastric), NOS:###
  - Obturator
- Mesenteric, NOS
- Perirectal
- Rectal
- Sacral, NOS:###
  - Lateral (laterosacral)
  - Middle sacral (promontorial) (Gerota’s node)
  - Presacral
- Sigmoidal (sigmoid mesenteric)

  Nodule(s) in perirectal fat

Regional lymph node(s), NOS
RECTOSIGMOID JUNCTION, RECTUM
C19.9, C20.9

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s):
  Internal iliac (hypogastric), NOS: for rectosigmoid: **
    Obturator for rectosigmoid
    Left colic for rectum##
    Other distant lymph node(s)

Extension to:
  Rectosigmoid:
    Bladder##
    Colon via serosa##
    Fallopian tube(s)##
    Ovary(ies)##
    Prostate##
    Ureter(s)
    Uterus##
  Rectum:
    Bladder for females only##
    Bone(s) of pelvis##
    Urethra##
    Uterus###

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note 1: Ignore intraluminal extension to adjacent segment(s) of colon/rectum and code depth of invasion or extracolonic spread as indicated.

Note 2: Terminology such as “Transmural, NOS”, and “Extension through the wall, NOS” typically means that the tumor has invaded the muscularis propria but has not necessarily invaded the entire thickness of the colon wall. (See drawing.)
ANUS AND ANAL CANAL
C21.0-C21.2, C21.8
C21.0 Anus, NOS
C21.1 Anal canal
C21.2 Cloacogenic zone
C21.8 Overlapping lesion of rectum, anus and anal canal

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Incidental finding of malignancy in hemorrhoid

Invasive tumor confined to:
  Intramucosa
  Lamina propria
  Mucosa, NOS
  Muscularis mucosae
  Muscularis propria (internal sphincter)
  Submucosa (superficial invasion)

Localized, NOS

2 Regional by direct extension only

Extension to:
  Ischiorectal fat/tissue
  Perianal skin
  Perineum
  Rectal mucosa or submucosa
  Skeletal muscles: Anal sphincter (external)
    Levator ani
  Subcutaneous perianal tissue
  Vulva

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Anorectal
  Inferior hemorrhoidal
Internal iliac (hypogastric), NOS: for anus##### and anal canal###
  Obturator for anus##### and anal canal###
Lateral sacral (laterosacral)###
Perirectal
Superficial inguinal (femoral) for anus and anal canal***
Regional lymph node(s), NOS
ANUS AND ANAL CANAL
C21.0-C21.2, C21.8

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Extension to:
  Bladder##
  Broad ligament(s)##
  Cervix uteri##
  Corpus uteri##
  Pelvic peritoneum
  Prostate##
  Urethra##
  Vagina##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
### Considered distant in Historic Stage
*** Considered distant in 1977 Summary Staging Guide
ANATOMIC DRAWINGS OF THE BILIARY TRACT

ANTERIOR VIEW OF THE LIVER

UNDERSURFACE OF THE LIVER

A = Common bile duct
B = Hepatic artery
C = Portal vein
D = Cystic duct
E = Hepatic duct
ANATOMIC DRAWINGS OF THE BILIARY TRACT

H = Head of pancreas

THE PANCREAS

BODY AND TAIL OF PANCREAS
(arrows show direction of lymphatic drainage)
LIVER AND INTRAHEPATIC BILE DUCTS
C22.0-C22.1
C22.0 Liver
C22.1 Intrahepatic bile duct

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized

Confined to one lobe with or without vascular invasion
Multiple (satellite) nodules/tumors confined to one lobe

Confined to liver, NOS

Localized, NOS

2 Regional by direct extension only

More than one lobe involved by contiguous growth (single lesion)

Extension to:
   Diaphragm
   Extrahepatic bile duct(s)
   Extrahepatic blood vessel(s):
      Hepatic artery
      Portal vein
      Vena cava
   Gallbladder
   Lesser omentum###
   Ligament(s):###
      Coronary
      Falciform
      Round [of liver]
      Hepatoduodenal
      Hepatogastric
      Triangular
   Peritoneum, NOS:###
      Parietal###
      Visceral###

Multiple (satellite) nodules/tumors in more than one lobe of liver or on surface of parenchyma ***

Satellite nodules, NOS***
LIVER AND INTRAHEPATIC BILE DUCTS
C22.0-C22.1

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Hepatic, NOS:
  Hepatic artery
  Hepatic pedicle
  Inferior vena cava
  Porta hepatis (portal) (hilar) [in hilus of liver]
  Periportal###

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph nodes:
  Aortic, NOS:
    Lateral (lumbar)
    Para-aortic
    Periaortic
  Cardiac###
  Coronary artery###
  Diaphragmatic:
    Pericardial (pericardiac)###
  Peripancreatic
  Posterior mediastinal (tracheoesophageal) including juxtaphrenic nodes###
  Renal artery####
  Retroperitoneal, NOS**
  Other distant lymph node(s)

Extension to:
  Pancreas
  Pleura##
  Stomach

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

### Considered regional in Historic Stage
#### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
GALLBLADDER, OTHER BILIARY, AND BILIARY, NOS
C23.9, C24.8-C24.9
C23.9 Gallbladder
C24.8 Overlapping lesion of biliary tract
C24.9 Biliary tract, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to:
   Lamina propria
   Mucosa, NOS
   Muscularis propria
   Submucosa (superficial invasion)

   Localized, NOS

2 Regional by direct extension only

   Extension (in)to one of the following:
      Ampulla of Vater
      Duodenum
      Extrahepatic bile duct(s)
      Liver, NOS:
         ≤2 cm into liver
      Omentum, NOS:
         Greater
         Lesser###
      Pancreas
      Perimuscular connective tissue
      Small intestine, NOS

   Invasion of/through serosa**
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Celiac
Cystic duct (Calot’s node)
Node of the foramen of Winslow (epiploic) (omentum)###
Pancreaticoduodenal
Pericoledochal (common bile duct)####
Periduodenal####
Peripancreatic (near head of pancreas only)***
Periportal
Porta hepatis (portal) (hilary) [in hilus of liver]#####
Superior mesenteric

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s):
Para-aortic
Other distant lymph node(s)

Extension to one of the following:
Blood vessel(s) (major):**
Cystic artery/vein
Hepatic artery
Portal vein
Colon##
Liver > 2 cm##
Stomach##

Extension to two or more adjacent organs##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

# Considered localized in Historic Stage
## Considered regional in Historic Stage
### Considered distant in Historic Stage
* Considered localized in 1977 Summary Staging Guide
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
EXTRAHEPATIC BILE DUCT
C24.0
C24.0 Extrahepatic bile duct
(choledochal, common, cystic, and hepatic bile duct; sphincter of Oddi)

Note: Sites C24.8-C24.9 (Biliary tract, NOS) are included with gallbladder, C23.9.

SUMMARY STAGE

0 In situ: Noninvasive, intraepithelial

1 Localized only

Invasive tumor of extrahepatic bile duct(s) (choledochal, common cystic, and hepatic) confined to:
   Lamina propria
   Mucosa, NOS
   Muscularis propria
   Submucosa

Localized, NOS

2 Regional by direct extension only

Extension to:
   Blood vessel(s) (major):
      Hepatic artery
      Portal vein
   Colon, NOS:
      Transverse including flexures
      Other parts of colon***
   Duodenum
   Gallbladder
   Liver including porta hepatis
   Omentum, NOS:
      Greater***
      Lesser
   Pancreas
   Periductal/fibromuscular connective tissue
   Stomach, NOS:
      Distal
      Proximal***
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cystic duct (Calot’s node)
Node of the foramen of Winslow (epiploic) (omental)
Pancreaticoduodenal
Pericholedochal (common bile duct)
Periduodenal
Peripancreatic (near head of pancreas only)
Periportal
Porta hepatis (portal) (hilar) [in hilus of liver]

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s):
Celiac
Para-aortic
Superior mesenteric
Other distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

*** Considered distant in 1977 Summary Staging Guide
AMPULLA OF VATER
C24.1
C24.1 Ampulla of Vater

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to ampulla of Vater or extending to sphincter of Oddi

Localized, NOS

2 Regional by direct extension only

Extension to:
  Blood vessel(s) (major):
    Hepatic artery
    Portal vein
  Duodenum
  Extrahepatic bile ducts excluding sphincter of Oddi
  Gallbladder
  Hepatic flexure
  Lesser omentum
  Liver including porta hepatis
  Pancreas
  Stomach, NOS:
    Distal
    Proximal***
  Transverse colon
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Celiac
Hepatic
Infrapyloric (subpyloric)
Lateral aortic (lumbar)
Node of the foramen of Winslow (epiploic) (omento)
Pancreaticoduodenal
Peripancreatic
Periportal
Proximal mesenteric
Retropitoneal
Superior mesenteric

Lymph Nodes:
Anterior to ampulla of Vater
Inferior to ampulla of Vater
Posterior to ampulla of Vater
Superior to ampulla of Vater

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s):
Para-aortic
Other distant lymph node(s)

Further contiguous extension:
Other adjacent organs

Metastasis

9 Unknown if extension or metastasis

### Considered distant in Historic Stage
*** Considered distant in 1977 Summary Staging Guide
PANCREAS: HEAD, BODY, AND TAIL
C25.0-C25.4
C25.0 Head of pancreas
C25.1 Body of pancreas
C25.2 Tail of pancreas
C25.3 Pancreatic duct
C25.4 Islets of Langerhans

SUMMARY STAGE

0 In situ: Noninvasive, intraepithelial

1 Localized only

Confined to pancreas

Localized, NOS

2 Regional by direct extension only

Extension to:

All sites:
Ampulla of Vater
Blood vessel(s) (major):
  Hepatic artery
  Portal vein
Superior mesenteric artery/vein
Duodenum
Extrahepatic bile duct(s)
Peripancreatic tissue, NOS

Head of pancreas:
Adjacent stomach
Blood vessel(s) (major):
  Gastroduodenal artery
  Pancreaticoduodenal artery
Body of stomach**
Stomach, NOS
Transverse colon, including hepatic flexure

Body and/or tail of pancreas:
Blood vessel(s) (major):
  Aortic artery
  Celiac artery
  Splenic artery/vein
Spleen
Splenic flexure
Stomach

Fixation to adjacent structures, NOS
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Celiac for head only
Hepatic
Infra pyloric (sub pyloric) for head only
Lateral aortic (lumbar)
Pancreaticosplenic (pancreaticolienal) for body and tail only
Peripancreatic, NOS:
  Anterior, NOS:
    Anterior pancreaticoduodenal
    Anterior proximal mesenteric
    Pyloric
    Inferior to the head and body of pancreas
  Posterior, NOS:
    Pericholedochal (common bile duct)
    Posterior pancreaticoduodenal
    Posterior proximal mesentery
    Superior to the head and body of pancreas
Retropancreal
Splenic (lienial) for body and tail only:
  Gastroepiploic (gastro-omential), left
  Splenic hilum for body and tail only
  Suprapancreatic for body and tail only
  Superior mesenteric

Regional lymph node(s), NOS

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

  Codes (2) + (3)

5 Regional, NOS

Continued on next page
PANCREAS: HEAD, BODY, AND TAIL
C25.0-C25.4

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

Distant lymph node(s)

Extension to:

All sites:
- Gallbladder
- Liver including porta hepatis
- Mesenteric fat
- Mesentery
- Mesocolon
- Peritoneum

Head of pancreas:
- Adrenal
- Adrenal (suprarenal) gland
- Colon (other than transverse colon including hepatic flexure)
- Ileum
- Jejunum
- Kidney
- Omentum
- Retroperitoneum
- Spleen
- Ureter

Body and/or tail of pancreas:
- Adrenal (suprarenal) gland
- Adrenal, left
- Adrenal, right
- Colon (other than splenic flexure)
- Diaphragm
- Ileum
- Jejunum
- Kidney
- Kidney, left
- Kidney, right
- Retroperitoneal soft tissue (retroperitoneal space)
- Ureter, left
- Ureter, right

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note: Islets of Langerhans are distributed throughout the pancreas

## Considered regional in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
PANCREAS: OTHER AND UNSPECIFIED
C25.7-C25.9
C25.7 Other and unspecified parts of pancreas (neck)
C25.8 Overlapping lesion of pancreas
C25.9 Pancreas, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only
   Invasive tumor confined to pancreas
   Localized, NOS

2 Regional by direct extension only
   Adjacent large vessel(s)
   Ampulla of Vater
   Colon
   Duodenum
   Extrahepatic bile duct(s)
   Peripancreatic tissue
   Spleen
   Stomach
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Celiac
Hepatic
Infrapyloric (subpyloric)
Lateral aortic (lumbar)
Pancreaticosplenic (pancreaticolienal)
Peripancreatic, NOS:
  Anterior, NOS:
    Anterior pancreaticoduodenal
    Anterior proximal mesenteric
    Pyloric
  Inferior to the head and body of pancreas
  Posterior, NOS:
    Pericholedochal (common bile duct)
    Posterior pancreaticoduodenal
    Posterior proximal mesentery
  Superior to the head and body of pancreas
Retroperitoneal
Splenic (lienial), NOS:
  Gastroepiploic (gastro-omental), left
  Splenic hilum
  Suprapancreatic
  Superior mesenteric

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis
OTHER AND ILL-DEFINED DIGESTIVE ORGANS
C26.0, C26.8-C26.9
C26.0 Intestinal tract, NOS
C26.8 Overlapping lesion of digestive system
C26.9 Gastrointestinal tract, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasion of submucosa

Localized, NOS

2 Regional by direct extension only

Extension to:
Adjacent tissue(s), NOS
Connective tissue
See definition of connective tissue on page 14.

Adjacent organs/structures
See definition of adjacent organs/structures on page 14.

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Intra-abdominal
Paracaval
Pelvic
Subdiaphragmatic

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis