

Esophagus GE Junction**C16.0, C16.1, C16.2**

C16.0 Cardia, esophagogastric junction (EGJ)

C16.1 Fundus of stomach, proximal 5 centimeters (cm) only

C16.2 Body of stomach, proximal 5 cm only

Note 1: The cardia/EGJ and the proximal 5 cm of the fundus and body of the stomach have been removed from the Stomach chapter and added to the Esophagus chapter effective with AJCC TNM 7th Edition. Due to differences between the schemas for Esophagus and Stomach, a new schema was created in CSv2 to accommodate these changes. Since primary site codes C16.1 (fundus of stomach) and C16.2 (body of stomach) can be assigned to either schema, EsophagusGEJunction or Stomach, a schema discriminator field is needed for the CS algorithm to determine which schema to select. In AJCC 7th Edition, cancers with a midpoint in the lower thoracic esophagus, in the EGJ, or within the proximal 5 cm of the stomach (cardia) and extending into the EGJ or esophagus, are staged similarly to cancers of the esophagus. All other cancers with a midpoint in the stomach greater than 5 cm distal to the EGJ, or those within 5 cm of the EGJ but not extending into the EGJ or esophagus, are staged using the gastric cancer staging system.

Note 2: Effective with AJCC TNM 7th Edition, there are separate stage groupings for squamous cell carcinoma and adenocarcinoma of the esophagus. Since squamous cell carcinoma typically has a poorer prognosis than adenocarcinoma, a tumor of mixed histopathologic type or a type that is not otherwise specified should be classified as squamous cell carcinoma.

Note 3: Effective with AJCC TNM 7th Edition, histologic grade is required for stage grouping.

Esophagus GE Junction**CS Tumor Size**

| Code | Description |
|---------|---|
| 000 | No mass/tumor found |
| 001-988 | 001 - 988 millimeters (mm); (Exact size to nearest mm) |
| 989 | 989 mm or larger |
| 990 | Microscopic focus or foci only, no size of focus given |
| 991 | Described as "less than 1 centimeter (cm)" |
| 992 | Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm" |
| 993 | Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm" |
| 994 | Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm" |

| Code | Description |
|------|--|
| 995 | Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm" |
| 998 | Diffuse; widespread; three-fourths or more; linitis plastica |
| 999 | Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record |

Esophagus GE Junction

CS Extension

Note 1: For this site, AJCC defines Tis as high-grade dysplasia, which includes "all non-invasive neoplastic epithelium that was previously called carcinoma in situ." Cancers stated to be noninvasive or in situ are classified as Tis. High-grade dysplasia is generally not reportable in cancer registries, but if a registry does collect it, code 000 should be used.

Note 2: Use codes 110, 120, and 160 in preference to codes 131, 141, and 150 if information about the depth of invasion into the layers of the polyp is available.

Note 3: Ignore intraluminal extension to adjacent segment(s) of esophagus or to more distal parts of stomach and code depth of invasion or extra-gastric spread as indicated.

Note 4: If the diagnosis states linitis plastica and no other information regarding extension is available, use code 350. Linitis plastic is defined as diffuse involvement of the entire stomach wall.

Note 5: Codes 600-700 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX, except for implants within the stomach (code 300).

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 000 | In situ, intraepithelial, non-invasive; high-grade dysplasia | Tis | Tis | IS | IS |
| 050 | (Adeno)carcinoma, noninvasive, in a polyp | Tis | Tis | IS | IS |
| 100 | Invasive tumor confined to mucosa, NOS, (including intramucosal, NOS) | T1a | T1 | L | L |
| 110 | Invades lamina propria | T1a | T1 | L | L |
| 120 | Invades muscularis mucosae | T1a | T1 | L | L |
| 125 | Stated as T1a with no other information on extension | T1a | T1 | L | L |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 130 | OBSOLETE DATA RETAINED V0200 since cardia/EGJ, and the proximal 5cm of the fundus and body of the stomach have been moved from the Stomach schema in CSv2 Confined to head of polyp Extension to stalk | ERROR | T1 | L | L |
| 140 | OBSOLETE DATA RETAINED V0200 since cardia/EGJ, and the proximal 5cm of the fundus and body of the stomach have been moved from the Stomach schema in CSv2 Confined to stalk of polyp | ERROR | T1 | L | L |
| 150 | Tumor in polyp, NOS | T1NOS | T1 | L | L |
| 160 | Invades submucosa (superficial invasion) Stated as T1b with no other information on extension | T1b | T1 | L | L |
| 170 | Stated as T1 [NOS] with no other information on extension | T1NOS | T1 | L | L |
| 200 | Invades into but not through muscularis propria | T2 | T2a | L | L |
| 300 | Implants inside stomach Localized, NOS | T1NOS | T1 | L | L |
| 350 | Linitis plastica (and no other information regarding extension available); (See Note 4) | T2 | T2a | RE | L |
| 360 | Stated as T2 with no other information on extension | T2 | T2NOS | L | L |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|--|-----------|-----------|----------|------------|
| 400 | Extension through wall, NOS Invasion through muscularis propria or muscularis, NOS Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded | T3 | T2b | L | L |
| 420 | Adventitia and/or soft tissue invaded Esophagus is described as "FIXED" | T3 | T3 | RE | RE |
| 430 | OBSOLETE DATA CONVERTED V0203 ; See code 480; Stated as T3 [NOS] | ERROR | ERROR | ERROR | ERROR |
| 450 | Extension to adjacent (connective) tissue WITHOUT perforation of visceral peritoneum covering these structures: Gastric artery Ligaments: Gastrocolic Gastrohepatic Gastrosplenic Omentum, NOS: Greater Lesser Perigastric fat | T3 | T2b | RE | RE |
| 480 | Stated as T3 with no other information on extension | T3 | T2b | L | RE |
| 500 | Invasion of/through serosa (mesothelium) (tunica serosa) (visceral peritoneum), including perforation of visceral peritoneum covering the gastric ligaments or the omentum WITHOUT invasion of adjacent structures | T4a | T3 | RE | RE |
| 550 | 500 + 450 | T4a | T3 | RE | RE |
| 570 | Pericardium | T4a | T4 | RE | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|--|-----------|-----------|----------|------------|
| 570 cont'd | Pleura Diaphragm | T4a | T4 | RE | RE |
| 580 | Stated as T4a with no other information on extension | T4a | T4 | RE | RE |
| 600 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 570, 605, and 615 Diaphragm Duodenum via serosa or NOS Esophagus via serosa Ileum Jejunum Liver Pancreas Small intestine, NOS Spleen Transverse colon (including flexures) | T4a | T4 | RE | RE |
| 605 | Duodenum via serosa Duodenum, NOS Esophagus via serosa Ileum Jejunum Liver Pancreas Small intestine, NOS Spleen | T4b | T4 | RE | RE |
| 610 | OBSOLETE DATA REVIEWED V0203 See codes 570 and 615 Pleura Pericardium | T4a | T4 | RE | RE |
| 615 | 605 + 570 | T4b | T4 | RE | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 700 | Abdominal wall Adrenal gland Kidney Retroperitoneum | T4a | T4 | D | D |
| 710 | OBSOLETE DATA CONVERTED V0203 ; See code 810 Stated as T4 [NOS] | ERROR | ERROR | ERROR | ERROR |
| 720 | OBSOLETE DATA CONVERTED V0203 See code 580 Stated as T4a [NOS] | ERROR | ERROR | ERROR | ERROR |
| 800 | Further contiguous extension including but not limited to: Aorta Vertebral body Trachea Stated as unresectable, NOS | T4b | T4 | D | D |
| 805 | Stated as T4b with no other information on extension | T4b | T4 | D | D |
| 810 | Stated as T4 [NOS] with no other information on extension | T4NOS | T4 | RE | RE |
| 820 | OBSOLETE DATA CONVERTED V0203 ; See code 805 Stated as T4b [NOS] | ERROR | ERROR | ERROR | ERROR |
| 950 | No evidence of primary tumor | T0 | T0 | U | U |
| 999 | Unknown extension Primary tumor cannot be assessed Not documented in patient record | TX | TX | U | U |

**Esophagus GE Junction
CS Tumor Size/Ext Eval
See Standard Table**

Esophagus GE Junction**CS Lymph Nodes**

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

Note 2: If information about named regional lymph nodes is available, use codes 100, 400, 450 or 500, rather than codes 600, 650, or 700.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|--|-----------|-----------|----------|------------|
| 000 | No regional lymph node involvement | N0 | N0 | NONE | NONE |
| 100 | Regional lymph nodes: Left gastric (superior gastric), NOS: Cardiac Cardioesophageal Gastric, left Gastropancreatic, left Lesser curvature Lesser omental Pericardial Pancreaticosplenic (pancreaticolienal) Pancreatoduodenal Perigastric, NOS Peripancreatic Right gastric (inferior gastric), NOS: Gastrocolic Gastroduodenal Gastroepiploic (gastro-omental), right or NOS Gastrohepatic Greater curvature Greater omental Pyloric, NOS Infrapyloric (subpyloric) Suprapyloric Splenic (lienal), NOS: Gastroepiploic (gastro-omental), left Splenic hilar Nodule(s) in perigastric fat | ^ | * | RN | RN |
| 400 | Celiac Hepatic (excluding gastrohepatic, [see | ^ | * | D | D |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|---|-----------|-----------|----------|------------|
| 400 cont'd | code 100] and hepatoduodenal [see code 420 which is obsolete in CSv2]) | ^ | * | D | RN |
| 420 | OBSOLETE DATA RETAINED V0200 since cardia/EGJ, and the proximal 5 cm of the fundus and body of the stomach have been moved from the Stomach schema in CSv2 For lesser curvature only: Hepatoduodenal | ERROR | * | D | D |
| 450 | Paraesophageal Periesophageal | ^ | * | D | D |
| 500 | Regional lymph node(s), NOS | ^ | * | RN | RN |
| 600 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 500 and 610 and CS Site- Specific Factor code 100 Stated as NI [NOS] | N1 | N1 | RN | RN |
| 610 | Stated as pathologic N1 with no other information on regional lymph nodes | N1 | N1 | RN | RN |
| 650 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 500 and 660 and CS Site- Specific Factor 1 code 200 Stated as N2 [NOS] | N2 | N2 | RN | RN |
| 660 | Stated as pathologic N2 with no other information on regional lymph nodes | N2 | N1 | RN | RN |
| 700 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 500 and 710 and CS Site- Specific Factor 1 code 300 | N3 | N3 | RN | RN |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|---|-----------|-----------|----------|------------|
| 700 cont'd | Stated as N3 [NOS] | N3 | N3 | RN | RN |
| 710 | Stated as pathologic N3 with no other information on regional lymph nodes | N3 | N2 | RN | RN |
| 800 | Lymph nodes, NOS | N1 | N1 | RN | RN |
| 999 | Unknown; regional lymph nodes not stated Regional lymph node(s) cannot be assessed Not documented in patient record | NX | NX | U | U |

^ For CS Lymph Nodes codes 100-400, 450, and 500 ONLY, when CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation AJCC 7 Table, using Regional Nodes Positive and CS Site-Specific Factor 1; when CS Lymph Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation AJCC 7 Table Also Used When CS Lymph Nodes Eval Is Not Coded, using Regional Nodes Positive.

* For CS Lymph Nodes codes 100-500 ONLY, when CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation AJCC 6 Table, using Regional Nodes Positive and CS Site-Specific Factor 1; when CS Lymph Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation AJCC 6 Table Also Used When CS Lymph Nodes Eval Is Not Coded, using Regional Nodes Positive.

**Esophagus GE Junction
CS Lymph Nodes Eval
See Standard Table**

**Esophagus GE Junction
Regional Nodes Positive
See Standard Table**

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

**Esophagus GE Junction
Regional Nodes Examined
See Standard Table**

Esophagus GE Junction**CS Mets at DX**

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|--|-----------|-----------|----------|------------|
| 00 | No distant metastasis | M0 | M0 | NONE | NONE |
| 10 | Distant lymph node(s), including: Hepatoduodenal Mesenteric, NOS: Inferior mesenteric Superior mesenteric Para-aortic Porta hepatis (portal) (hilar) (in hilus of liver) Retropancreatic Retroperitoneal Distant lymph node(s), NOS | M1 | M1 | D | D |
| 40 | Distant metastasis(es) except distant lymph node(s) Carcinomatosis | M1 | M1 | D | D |
| 50 | 40 + 10 Distant metastasis plus distant lymph node(s) | M1 | M1 | D | D |
| 60 | Distant metastasis(es), NOS Stated as M1 with no other information on distant metastasis | M1 | M1 | D | D |
| 99 | Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record | M0 | MX | U | U |

Esophagus GE Junction**CS Mets Eval****See Standard Table**

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

Esophagus GE Junction**CS Site-Specific Factor 1****Clinical Assessment of Regional Lymph Nodes****Note:** See page A-98

Note 1: In the rare instance that the number of clinically positive nodes is stated but a clinical N category is not stated, code 1-2 nodes as 100 (Clinically N1), 3-6 nodes as 200 (Clinically N2), and 7 or more nodes as 300 (Clinically N3).

Note 2: If there is no diagnostic work-up to assess regional lymph nodes, use code 999. Do not apply the inaccessible nodes rule that presumes unmentioned nodes to be negative.

Note 3: For legacy data coded in the Stomach schema in CS Version 1, N1 was assigned for 1-6 nodes positive, N2 for 7-15 nodes positive, and N3 for 16 and more nodes positive.

Note 4: For data coded in the EsophagusGEJunction schema in CS Version 2, when number of nodes involved is unknown, N1 and N2 are mapped to N1 for AJCC 6 staging, and N3 is mapped to N2 for AJCC 6 staging.

| Code | Description |
|------|--|
| 000 | Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned |
| 100 | Metastasis in 1-2 regional nodes, determined clinically Stated as clinical N1 |
| 200 | Metastasis in 3-6 regional nodes, determined clinically Stated as clinical N2 |
| 300 | Metastasis in 7 or more regional nodes, determined clinically Stated as clinical N3 |
| 400 | Clinically positive regional nodes, NOS |
| 888 | OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this site |
| 988 | Not applicable: Information not collected for this site-specific factor (May include cases converted from code 888 used in CSv1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.) |
| 999 | Regional lymph nodes involved pathologically, clinical assessment not stated Unknown if regional lymph nodes clinically evident Not documented in patient record |

EsophagusGEJunction**CS Site-Specific Factor 25****Schema Discriminator: EsophagusGEJunction (EGJ)/Stomach****Note:** See page A-98

Note 1: Since primary site codes C16.1 (fundus of stomach) and C16.2 (body of stomach) can be assigned to either the EsophagusGEJunction (EGJ) schema or the Stomach schema, this schema discriminator is needed to determine the schema to select only when the site is C16.1 or C16.2. The discriminator is coded to 981 for records with primary sites C16.3-C16.6, C16.8, or C16.9. The discriminator is coded to 982 for records with primary site C16.0.

Note 2: In the AJCC 7th Edition, primaries of the EGJ (C16.0) and the proximal 5 cm of the stomach were moved from the Stomach chapter to the Esophagus chapter. Due to differences in the schemas for Esophagus and Stomach, a new schema was created in CSv2 to accommodate these changes. To determine whether a cancer in the fundus or body of the stomach should be coded according to the Esophagus/EGJunction or Stomach schema, it is necessary to identify the midpoint or epicenter of the tumor. In the AJCC 7th Edition, cancers whose midpoint is in the lower thoracic esophagus, EGJ, or within the proximal 5 cm of the stomach (cardia) and extending into the EGJ or esophagus, are stage-grouped similarly to adenocarcinoma of the esophagus. All other cancers with a midpoint in the stomach greater than 5 cm distal to the EGJ, or those within 5 cm of the EGJ but not extending into the EGJ or esophagus, are stage-grouped using the gastric cancer staging system.

Note 3: For cases coded to primary site C16.1 or C16.2 and histology 8000-8152, 8154-8231, 8243-8245, 8247, 8248, 8250- 8934, 8940-9136, 9141-9582, or 9700-9701, code whether or not the tumor extends to the esophagus (crosses the EGJ) and code the stated distance of the midpoint of the tumor from the EGJ. This information will be used to determine whether the case has AJCC TNM and stage group assigned using definitions for esophagus or stomach cancers.

Note 4: If the primary site code is C16.1 or C16.2 and involvement of the EGJ and distance from EGJ is unknown but a physician stages the case using esophagus definitions, assign code 060.

Collaborative Stage will use the EsophagusGEJunction schema to assign TNM and AJCC stage.

Note 5: Code 100 is produced by the automated conversion of records with primary site codes C16.1 and C16.2 that were originally coded in CSv1 and diagnosed before 2010.

| Code | Description | Schema |
|------|--|---------------------|
| 000 | No involvement of esophagus or gastroesophageal junction (EGJ) | Stomach |
| 010 | Tumor located in cardia or EGJ | EsophagusGEJunction |
| 020 | Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5 cm or less | EsophagusGEJunction |
| 030 | Esophagus or EGJ involved AND distance of tumor midpoint from EGJ more than 5 cm | Stomach |

| Code | Description | Schema |
|------|--|---------------------|
| 040 | Esophagus or EGJ involved AND distance of tumor midpoint from EGJ unknown | EsophagusGEJunction |
| 050 | OBSOLETE DATA CONVERTED V0203 See code 000 Esophagus and EGJ NOT involved AND distance of tumor midpoint from EGJ is 5 cm or less | ERROR |
| 060 | Esophagus/EGJ involved AND distance of tumor midpoint from EGJ more than 5 cm from EGJ AND physician stages case using esophagus definitions OR Esophagus/EGJ involvement unknown AND distance of tumor midpoint from EGJ more than 5 cm or unknown AND physician stages case using esophagus definitions | EsophagusGEJunction |
| 100 | OBSOLETE DATA RETAINED V0200 C16.1, C16.2 - originally coded in CSv1 | Stomach |
| 981 | Primary site coded to C16.3 - C16.9 May include cases which were converted to this code from a blank | Stomach |
| 982 | Primary site coded to to C16.0 May include cases which were converted to this code from a blank | EsophagusGEJunction |
| 999 | Involvement of esophagus/EGJ unknown, or no information Not documented in patient record | Stomach |