

GISTStomach**Gastrointestinal Stromal Tumors of Stomach****C16.0-C16.6, C16.8-C16.9****(M- 8935-8936)**

C16.0 Cardia of stomach

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

Note: The histologies included in this schema were not staged with AJCC 6th Edition. Therefore, the algorithm will not derive an AJCC 6th TNM or stage group.

GISTStomach**CS Tumor Size**

Note 1: Code exact tumor measurements when available. Use codes 990-997 only if a specific measurement is not available.

Note 2: The assignment of T categories for gastrointestinal stromal tumors (GIST) is based on tumor size. A physician's statement of the T category may be used to code CS Tumor Size and/or CS Extension if this is the only information in the medical record regarding one or both of these fields. However the two fields are coded independently: for example the record may document size but not extension, other than the physician's statement of the T category. Use codes 992, 993, 996, and 997 as appropriate to code CS Tumor Size based on a statement of T when no other size information is available.

Note 3: Codes 992-995 were obsolete in CS Version 2, V0201 and V0202. They are made active in V0203. Codes 996-997 are new for V0203. Tumors that now fall into one of these categories would have been coded as 011, 021, 051, 101, or 999 in V0201/V0202. Therefore cases with codes 011, 021, 051, 101, and 999 should be reviewed to determine if the cases should be recoded using codes 992-997.

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 and no size of focus given
991	Described as "less than 1 centimeter (cm)"

Code	Description
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm" Stated as T1 with no other information on tumor size
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm" Stated as T2 with no other information on tumor size
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
996	Described as "less than 10 cm," or "greater than 5 cm" or "between 5 cm and 10 cm" Stated as T3 with no other information on tumor size
997	Described as "greater than 10 cm" Stated as T4 with no other information on tumor size
998	OBSOLETE DATA RETAINED V0200 Diffuse; widespread; 3/4s or more; linitis plastica
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

GISTStomach**CS Extension**

Note 1: AJCC does not include a Tis category for gastrointestinal stromal tumors (GIST). Any case with a CS Extension code of 000 is mapped to TX for AJCC 7 stage and in situ Summary Stage.

Note 2: Intraluminal or intramural extension to esophagus and duodenum is classified by the depth of greatest invasion in any of these sites, including stomach.

Note 3: The assignment of T categories for GISTs is based on tumor size. A physician's statement of the T category may be used to code CS Tumor Size and/or CS Extension if this is the only information in the medical record regarding one or both of these fields. However the two fields are coded independently: for example the record may document size but not extension, other than the physician's statement of the T category. Use codes 340, 390, 395, and 398 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Note 4: Use code 150 only if GIST is described as arising in a polyp. Do not use this code for GIST described as arising in the wall of the appendix and extending into the lumen with a polypoid appearance.

Note 5: Use code 300 for localized cases only if no information is available to assign a more specific code.

Note 6: Adherence to the liver capsule is not considered distant metastasis. Use code 570 for any

adherence to the liver capsule.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	TX	NA	IS	IS
050	OBSOLETE DATA RETAINED AND REVIEWED V0203 See code 000 (Adeno)carcinoma, noninvasive, in a polyp	TX	NA	IS	IS
100	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	^	NA	L	L
110	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Invades lamina propria	^	NA	L	L
120	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Invades muscularis mucosae	^	NA	L	L
130	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Confined to head of polyp Extension to stalk of polyp	^	NA	L	L
140	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Confined to stalk of polyp	^	NA	L	L
150	Invasive tumor in polyp, NOS	^	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
155	Tumor confined to muscular wall	^	NA	L	L
160	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Invades submucosa (superficial invasion)	^	NA	L	L
165	Tumor invades through submucosa and muscularis mucosae to involve mucosa	^	NA	L	L
200	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Invades into but not through muscularis propria	^	NA	L	L
300	Implants inside stomach Localized, NOS	^	NA	L	L
340	Stated as T1 with no other information on extension	^	NA	L	L
350	OBSOLETE DATA RETAINED V0200 Linitis plastica and no other information regarding extension is available	ERROR	NA	RE	L
390	Stated as T2 with no other information on extension	^	NA	L	L
395	Stated as T3 with no other information on extension	^	NA	L	L
398	Stated as T4 with no other information on extension	^	NA	L	L
400	Extension to adjacent (connective) tissue WITHOUT perforation of	^	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400 cont'd	visceral peritoneum: Gastric artery Ligaments: Gastrocolic Gastrohepatic Gastrosplenic Omentum, NOS Greater Lesser Perigastric fat	^	NA	L	L
440	Intraluminal extension to esophagus or duodenum	^	NA	RE	L
450	Extension to adjacent (connective) tissue WITHOUT perforation of visceral peritoneum: Gastric artery Ligaments: Gastrocolic Gastrohepatic Gastrosplenic Omentum, NOS: Greater Lesser Perigastric fat	^	NA	RE	RE
458	Fat, NOS	^	NA	RE	RE
480	OBSOLETE DATA CONVERTED V0203 ; See code 395 Stated as T3 with no other information on extension	ERROR	ERROR	ERROR	ERROR
490	OBSOLETE DATA CONVERTED V0203 ; See code 398 Stated as T4 with no other information on extension	ERROR	ERROR	ERROR	ERROR
500	Invasion of/through serosa (mesothelium) (tunica serosa) (visceral peritoneum), including perforation of visceral peritoneum covering the	^	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
500 cont'd	gastric ligaments or the omentum WITHOUT invasion of adjacent structures	^	NA	RE	RE
550	500 + 450	^	NA	RE	RE
560	Invasion of/through serosa with invasion of/through mucosa	^	NA	RE	RE
600	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 610 and 650 Diaphragm Duodenum via serosa or NOS Esophagus via serosa Ileum Jejunum Liver Pancreas Small intestine, NOS Spleen Transverse colon/mesocolon (including flexures) Celiac axis Aorta	^	NA	RE	RE
610	Diaphragm Duodenum via serosa Duodenum, NOS Esophagus via serosa Ileum Jejunum Liver Pancreas Small intestine, NOS Spleen Transverse colon/mesocolon (including flexures)	^	NA	RE	RE
650	Aorta Celiac axis	^	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
700	Abdominal wall Adrenal gland Kidney Retroperitoneum	^	NA	D	D
800	Further contiguous extension	^	NA	D	D
950	No evidence of primary tumor	T0	NA	U	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	TX	NA	U	U

^ For CS Extension codes -100-800 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size AJCC 7 Table for this schema.

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CS Tumor Size/Ext Eval

See Standard Table

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CS Lymph Nodes

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

Note 2: If information about named regional lymph nodes is available, use codes 110, 400, or 420 rather than code 600.

Note 3: Hepatoduodenal nodes are regional for primaries of the lesser curvature of the stomach. They are coded in CS Mets at DX for all other subsites in this schema.

Note 4: Nodal metastasis is very rare in gastrointestinal stromal tumors and surgeons generally agree that nodal dissection is not indicated. In the absence of information on regional lymph node status, N0 is appropriate; code 999 is mapped to N0 accordingly.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	NA	NONE	NONE
050	Nodule(s) in perigastric fat	N1	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100	<p>OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 000, 050, and 110 and CS Mets at DX codes 10 and 50 Regional lymph nodes: Left gastric (superior gastric), NOS: Cardial Cardioesophageal Gastric, left Gastropancreatic, left Lesser curvature Lesser omental Paracardial Pancreaticosplenic (pancreaticolienal) Pancreatoduodenal Perigastric, NOS Peripancreatic Right gastric (inferior gastric), NOS: Gastrocolic Gastroduodenal Gastroepiploic (gastro-omental), right or NOS Gastrohepatic Greater curvature Greater omental Pyloric, NOS Infrapyloric (subpyloric) Suprapyloric Splenic (lienal), NOS: Gastroepiploic (gastro-omental), left Splenic hilar Superior mesenteric Nodule(s) in perigastric fat</p>	N1	NA	RN	RN
110	<p>Regional lymph nodes: Left gastric (superior gastric), NOS: Cardial Cardioesophageal Gastric, left Gastropancreatic, left Lesser curvature</p>	N1	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
110 cont'd	Lesser omental Paracardial Pancreaticosplenic (pancreaticolienal) Pancreatoduodenal Perigastric, NOS Peripancreatic Right gastric (inferior gastric), NOS: Gastrocolic Gastroduodenal Gastroepiploic (gastro-omental), right or NOS Gastrohepatic Greater curvature Greater omental Pyloric, NOS Infrapyloric (subpyloric) Suprapyloric Splenic (lienal), NOS: Gastroepiploic (gastro-omental), left Splenic hilar	N1	NA	RN	RN
400	Hepatic (excluding gastrohepatic, [see code 100] and hepatoduodenal [see code 420])	N1	NA	D	RN
420	For lesser curvature: Hepatoduodenal	N1	NA	D	D
500	Regional lymph node(s), NOS	N1	NA	RN	RN
600	Stated as N1 with no other information on regional lymph node	N1	NA	RN	RN
650	OBSOLETE DATA RETAINED V0200 Stated as N2, NOS	ERROR	NA	RN	RN
700	OBSOLETE DATA RETAINED V0200 Stated as N3, NOS	ERROR	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
800	Lymph nodes, NOS	N1	NA	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph node(s) cannot be assessed Not documented in patient record	N0	NA	U	U

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CS Lymph Nodes Eval
See Standard Table

GISTStomach
Regional Nodes Positive
See Standard Table

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

GISTStomach
Regional Nodes Examined
See Standard Table

GISTStomach
CS Mets at DX

Note 1: Liver metastasis implies the presence of tumor inside the liver parenchyma as one or more nodules. Adherence to the liver capsule, even if extensive, should not be considered liver metastasis. Code direct adherence to the liver in CS Extension code 600.

Note 2: When a patient has more than one area of GIST, it is important to try to distinguish between intra-abdominal metastasis and tumor multiplicity. Distant metastases are relatively rare in GISTs, but they are increasingly detected with sophisticated radiological studies. Intra-abdominal metastasis will present as tumor involvement in the abdominal cavity outside the main tumor mass, in the peritoneum, omentum, serosae of organs, and the cul-de-sac, among other areas. Code this form of metastasis in CS Mets at DX. Tumor multiplicity, in contrast, will present with anatomically separate, multiple tumors of different sizes arising independently in the GI tract. This form of tumor multiplicity usually will be seen in patients with neurofibromatosis type 1 or familial GIST syndrome, but in rare instances may be seen in patients without these conditions. This form of multiplicity should not be coded as metastasis, but the presence of multiple tumors should be coded in CS Site-Specific Factor 10, Tumor Multiplicity. When a solitary omental or mesenteric tumor mass is found with a primary GIST elsewhere, do not code this as a metastasis. Code it as multiple tumors in CS Site-Specific Factor 10, Tumor Multiplicity. When multiple tumor areas are present and it is not stated whether these are metastases or independent tumors, consult with a physician if possible to determine how to code them. If a decision cannot be made, code as 99.

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

GISTStomach**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.

GISTStomach**CS Site-Specific Factor 6****Mitotic Count****Note:** See page A-94

Note 1: The mitotic rate, the count of mitoses per 50 high-power fields (HPF), reflects the potential aggressiveness or prognosis of gastrointestinal stromal tumors (GISTs) and is used alone to determine their histologic grade (low or high). The mitotic rate is also a factor in assigning the AJCC 7 anatomic stage/prognostic group. This site-specific factor presumes the denominator of 50 HPF or its equivalent, so just the numerator (the mitotic count) is coded here. For other schemas in which mitotic count is collected, the denominator may vary.

Note 2: A HPF usually has a magnification objective of 40 (a 40x field). As described in the AJCC chapter on GIST, 50 HPF are equivalent to viewing a total area of 5 square millimeters (mm) at 40x magnification.

Note 3: Record mitotic count, to the nearest tenth of a mitosis, as documented in the pathology report. For example, a mitotic count of 6/50 HPF, or 6 per 5 square mm, would be coded 060.

Note 4: Code the specific mitotic count only per 50 HPF or 5 square mm; assume the denominator is 50 HPF or 5 square mm if not specified. Use code 996 only if the mitotic count is expressed with a specific denominator other than 50 HPF or 5 square mm

Code	Description
000	0.0 mitoses per 50 high-power fields (HPF) (40x fields) 0.0 mitoses per 5 square millimeters (mm) Mitoses absent No mitoses present
001-008	0.1-0.8 mitoses per 50 HPF (40x field) 0.1-0.8 mitoses per 5 square mm
009	0.9 mitoses per 50 HPF (40x fields) 0.9 mitoses per 5 square mm Stated as less than 1 mitosis per 50 HPF (40x fields) Stated as less than 1 mitosis per 5 square mm
010-100	1 - 10 mitoses per 50 HPF (40x fields) 1 - 10 mitoses per 5 square mm
110	11 or more mitoses per 50 HPF (40x fields) 11 or more mitoses per 5 square mm
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this site

Code	Description
988	Not applicable: Information not collected for this case (May include cases converted from code 888 used in CSV1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.)
990	Specific number not stated, described as less than or equal to 5 mitoses per 50 HPF (40x fields) Specific number not stated, described as less than or equal to 5 mitoses per 5 square mm Stated as low mitotic count or rate with no specific number
991	Specific number not stated, described as more than 5 mitoses per 50 HPF (40x fields) Specific number not stated, described as more than 5 mitoses per 5 square mm Stated as high mitotic count or rate with no specific number
995	OBSOLETE DATA CONVERTED V0203 See code 991 Specific number not stated, described as greater than 5 mitoses per 50 high-power fields (40x field) Specific number not stated, described as greater than 5 mitoses per 5 square millimeters
996	Mitotic count described with denominator other than 50 HPF (40x field)/5 square mm
998	No histologic specimen from primary site
999	Unknown or no information Not documented in patient record