

NETColon**Neuroendocrine Tumors of Colon (excluding Appendix)****C18.0, C18.2-C18.9****M-8153, 8240-8242, 8246, 8249**

C18.0 Cecum

C18.2 Ascending colon

C18.3 Hepatic flexure of colon

C18.4 Transverse colon

C18.5 Splenic flexure of colon

C18.6 Descending colon

C18.7 Sigmoid colon

C18.8 Overlapping lesion of colon

C18.9 Colon, NOS

Note 1: For this schema, AJCC only stages well-differentiated neuroendocrine tumors. Note that the "concept" of well-differentiated is reflected in the histology code. The grade code is not needed in order to select the correct schema, but does need to be coded.

Note 2: This schema is also used for carcinoid tumors and malignant gastrinomas.

NETColon**CS Tumor Size**

Note 1: The assignment of the T1 categories for neuroendocrine tumors (NET) of the colon/rectum is based on tumor size. A physician's statement of the T category may be used to code both 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. Use codes 991 and 992 as appropriate to code CS Tumor Size based on a statement of T when no other size information is available.

Note 2: Codes 992-995 were obsolete in CS Version 2, V0201 and V0202. They are made active in V0203. Tumors that now fall into one of these categories would have been coded as 011, 021, or 999 in V0201/V0202. Therefore cases with codes 011, 021, 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)" Stated as T1a with no other information on size

Code	Description
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm" Stated as T1b or T1 [NOS] with no other information on size
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
998	OBSOLETE DATA RETAINED V0200 Familial/multiple polyposis (M-8220/8221)
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

NETColon**CS Extension**

Note 1: AJCC does not include a Tis category for Neuroendocrine Tumors (NET) of the colon. CS Extension code 000 is mapped to TX for AJCC stage and in situ Summary Stage.

Note 2: 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 3: The assignment of the T1 categories for NETs of the colon/rectum is based on tumor size. A physician's statement of the T category may be used to code both CSTumor 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. Use codes 170, 180, 190, 210, 410, and 810 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Note 4: Use code 300 for localized tumor only if no information is available to assign a more specific code.

Note 5: Use code 570 for tumor with macroscopic adhesions to other organs or structures and for pathologically confirmed tumor in adhesions. However, if no tumor is present in adhesions upon microscopic examination, use lower codes to describe the microscopically confirmed depth of tumor invasion for these cases.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	TX	Tis	IS	IS
050	OBSOLETE DATA RETAINED	TX	Tis	IS	IS

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
050 cont'd	AND REVIEWED V0203 See code 000 (Adeno)carcinoma in a polyp or adenoma, noninvasive	TX	Tis	IS	IS
100	Invasive tumor confined to mucosa, NOS including intramucosal, NOS	^	Tis	L	L
110	Invades lamina propria, including lamina propria in the stalk of a polyp	^	Tis	L	L
120	Confined to and not through the muscularis mucosae, including muscularis mucosae in the stalk of a polyp.	^	Tis	L	L
130	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 110, 120, 160 Confined to head of polyp, NOS	^	T1	L	L
140	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 110, 120, 160 Confined to stalk of polyp, NOS	^	T1	L	L
150	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 110, 120, 160 Invasive tumor in polyp, NOS	^	T1	L	L
160	Invades submucosa (superficial invasion), including submucosa in the stalk of a polyp	^	T1	L	L
170	Stated as T1a with no other information on extension	^	T1	L	L
180	Stated as T1b with no other information on extension	^	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
190	Stated as T1 [NOS] with no other information on extension	^	T1	L	L
200	Muscularis propria invaded	T2	T2	L	L
210	Stated as T2 with no other information on extension	T2	T2	L	L
300	Localized, NOS Confined to colon, NOS	^	T1	L	L
400	Extension through wall, NOS Through muscularis propria or muscularis, NOS Non-peritonealized pericolic tissues invaded Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded Transmural, NOS	T3	T3	L	L
410	Stated as T3 with no other information on extension	T3	T3	L	L
420	OBSOLETE DATA CONVERTED V0203 See code 458; Fat, NOS	ERROR	ERROR	ERROR	ERROR
450	Extension to: All colon sites: Adjacent tissue(s), NOS Connective tissue Mesenteric fat Mesentery Mesocolon Pericolic fat Ascending and descending colon: Retroperitoneal fat Transverse colon/flexures: Gastrocolic ligament	T3	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
450 cont'd	Greater omentum	T3	T3	RE	RE
458	Fat, NOS	T3	T3	RE	RE
460	OBSOLETE DATA RETAINED AND REVIEWED V0203 See Note 5, code 570 Adherent to other organs or structures, but no microscopic tumor found in adhesion(s)	T3	T3	RE	RE
490	OBSOLETE DATA CONVERTED V0203 See code 810 Stated as T4, NOS with no other information on extension	ERROR	ERROR	ERROR	ERROR
500	Invasion of/through serosa (mesothelium) (visceral peritoneum)	T4	T4	RE	RE
550	500 + (450, 458) Invasion of/through serosa with extension to tissues listed in code 450 or to fat	T4	T4	RE	RE
570	Adherent to other organs or structures, NOS	T4	T4	RE	RE
600	All colon sites: Small intestine Cecum: Greater omentum Ascending colon: Greater omentum Liver, right lobe Transverse colon and flexures: Gallbladder/bile ducts Kidney Liver	T4	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
600 cont'd	Pancreas Spleen Stomach Descending colon: Greater omentum Pelvic wall Spleen Sigmoid colon: Greater omentum Pelvic wall	T4	T4	RE	RE
650	All colon sites: Abdominal wall Retroperitoneum (excluding fat)	T4	T4	RE	RE
660	Ascending colon: Right kidney Right ureter Descending colon: Left kidney Left ureter	T4	T4	RE	RE
700	Cecum, ascending, descending and sigmoid colon: Fallopian tube Ovary Uterus	T4	T4	D	D
750	All colon sites unless otherwise stated above: Adrenal (suprarenal) gland Bladder Diaphragm Fistula to skin Gallbladder Other segment(s) of colon via serosa	T4	T4	D	D
800	Further contiguous extension: Cecum: Kidney	T4	T4	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
800 cont'd	Liver Ureter Transverse colon and flexures: Ureter Sigmoid colon: Cul de sac (rectouterine pouch) Ureter Other contiguous extension	T4	T4	D	D
810	Stated as T4 with no other information on extension	T4	T4	RE	RE
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

^ For CSExtension codes 100-190 and 300 ONLY, the T category for AJCC7 staging is assigned based on the value of CS Tumor Size, as shown in the Extension Size AJCC 7 Table for this schema.

NETColon

CS Tumor Size/Ext Eval

See Standard Table

NETColon

CS Lymph Nodes

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

Note 2: Inferior mesenteric nodes are coded in CS Mets at DX for cecum, ascending colon, transverse colon, and hepatic flexure. Superior mesenteric nodes are coded in CS Mets at DX for all colon sites.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
050	Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat	N1	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100	<p>OBSOLETE DATA RETAINED AND REVIEWED V0203</p> <p>Code 100 was defined as "Regional lymph nodes for all colon sites: Colic (NOS), Epicolic (adjacent to bowel wall), Mesocolic (NOS), Paracolic/pericolic, Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat" in CSv1. Code 100 was defined as "Regional lymph nodes for all colon sites: Colic (NOS), Epicolic (adjacent to bowel wall), Mesocolic (NOS), Paracolic/pericolic" in CSv2:V0201, V0202. All cases should be reviewed and recoded to appropriate codes; see codes 050 and 110.</p> <p>Regional lymph nodes for all colon sites:</p> <ul style="list-style-type: none"> Colic (NOS) Epicolic (adjacent to bowel wall) Mesocolic (NOS) Paracolic/pericolic 	N1	*	RN	RN
110	<p>Regional lymph nodes for all colon sites:</p> <ul style="list-style-type: none"> Colic, NOS Epicolic (adjacent to bowel wall) Mesocolic, NOS Paracolic/pericolic 	N1	*	RN	RN
200	<p>OBSOLETE DATA RETAINED AND REVIEWED V0203</p> <p>See codes 210, 220</p> <p>Regional lymph nodes, for specific subsites:</p> <ul style="list-style-type: none"> Cecum: <ul style="list-style-type: none"> Cecal: <ul style="list-style-type: none"> Anterior (prececal), Posterior (retrocecal) Cecal, NOS 	N1	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200 cont'd	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 colon: Inferior mesenteric Sigmoidal (sigmoid mesenteric) Superior hemorrhoidal Superior rectal	N1	*	RN	RN
210	Regional lymph nodes, for specific subsites: Cecum: Cecal: Anterior (prececal), Posterior (retrocecal) Cecal, NOS 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:	N1	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
210 cont'd	Inferior mesenteric Left colic Sigmoid colon: Inferior mesenteric Sigmoidal (sigmoid mesenteric) Superior hemorrhoidal Superior rectal	N1	*	RN	RN
220	Regional lymph nodes for descending colon: Sigmoid	N1	*	D	RN
300	Regional lymph nodes for all colon sites: Mesenteric, NOS Regional lymph node(s), NOS	N1	*	RN	RN
400	OBSOLETE DATA RETAINED AND REVIEWED V0203 See code 410 Stated as N1 pathologic	N1	N1	RN	RN
410	Stated as N1 with no other information on regional lymph nodes	N1	N1	RN	RN
450	OBSOLETE DATA RETAINED V0200 Stated as N2 pathologic	ERROR	N2	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

* For CSLymph Nodes codes 050-300 ONLY: when CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category for AJCC 6 staging is assigned as shown in the Lymph Nodes Clinical Evaluation AJCC 6 Table, using Regional Nodes Positive and CS Site-Specific Factor 2; when CS Regional Nodes Eval is 2, 3, 6, 8, or not coded, the N category for AJCC 6 staging is assigned as shown in the Lymph

Nodes Pathologic Evaluation AJCC 6 Table Also Used When CS Reg Nodes Eval is Not Coded, using Regional Nodes Positive.

NETColon
CS Lymph Nodes Eval
See Standard Table

NETColon
Regional Nodes Positive
See Standard Table

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

NETColon
Regional Nodes Examined
See Standard Table

NETColon
CS Mets at DX

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	M0	NONE	NONE
08	Distant lymph node(s): For cecum, ascending, hepatic flexure, and transverse colon: Superior mesenteric lymph nodes only	M1	M1	RN	D
10	Distant lymph node(s) other than code 08 For all colon sites: Common iliac Distant lymph node(s), NOS External iliac Para-aortic Retroperitoneal For cecum, ascending colon, transverse colon, and hepatic flexure: Inferior mesenteric For splenic flexure, descending colon, and sigmoid colon: Superior mesenteric	M1	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
40	Distant metastasis except distant lymph node(s) Carcinomatosis	M1	M1	D	D
50	40 + (08 or 10); Distant metastasis plus distant lymph node(s)	M1	M1	D	D
60	Distant metastasis, 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

NETColon**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.

NETColon**CS Site-Specific Factor 2****Clinical Assessment of Regional Lymph Nodes****Note: See page A-104**

Note 1: Only include information from imaging and physical examination in this item. Do not include information on regional lymph nodes that is based on surgical observation or diagnostic lymph node biopsy.

Note 2: Use code 400 if nodes are involved clinically but there is no indication of number of nodes involved.

Note 3: If there is no diagnostic work-up to assess regional lymph nodes, use code 999. Do not apply the inaccessible nodes rules that presumes unmentioned nodes to be negative.

Code	Description
000	Nodes not clinically evident
100	Metastasis in 1 to 3 regional lymph nodes determined clinically
200	Metastasis in 4 or more regional lymph nodes determined clinically

Code	Description
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 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.)
999	Unknown if nodes are clinically evident; Not documented in patient record