

GISTRectum**Gastrointestinal Stromal Tumor of Rectum and Rectosigmoid Junction****C19.9, C20.9****M- 8935-8936**

C19.9 Rectosigmoid junction

C20.9 Rectum, 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.

GISTRectum**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)"
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

Code	Description
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 Familial/multiple polyposis (M-8220-8221)
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

GISTRectum**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: For rectosigmoid, ignore intraluminal extension to adjacent segment(s) of colon and rectum; code depth of invasion or extra-rectosigmoidal spread as indicated.

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 170, 210, 250, and 270 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 rectum 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: 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 adhesion(s) upon microscopic examination, use lower codes to describe the microscopically confirmed depth of tumor invasion for these cases (excluding adherence to liver, see Note 7).

Note 7: 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 in a polyp or adenoma, noninvasive	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 Lamina propria	^	NA	L	L
120	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Confined to and not through the muscularis mucosae	^	NA	L	L
130	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Confined to head of polyp, NOS	^	NA	L	L
140	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Confined to stalk of polyp, NOS	^	NA	L	L
150	Invasive tumor in polyp, NOS	^	NA	L	L
155	Tumor confined to muscular wall	^	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
160	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155, 165 Submucosa (superficial invasion)	^	NA	L	L
165	Tumor invades through submucosa and muscularis mucosae to involve mucosa	^	NA	L	L
170	Stated as T1 with no other information on extension	^	NA	L	L
200	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Muscularis propria invaded	^	NA	L	L
210	Stated as T2 with no other information on extension	^	NA	L	L
250	Stated as T3 with no other information on extension	^	NA	L	L
270	Stated as T4 with no other information on extension	^	NA	L	L
300	Confined to rectosigmoid (junction), NOS Confined to rectum, NOS Localized, NOS	^	NA	L	L
400	Extension through wall, NOS Invasion through muscularis propria or muscularis, NOS Non-peritonealized pericolic tissues invaded Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded Transmural, NOS Wall, NOS	^	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
410	OBSOLETE DATA CONVERTED V0203 ; See code 250 Stated as T3, NOS	ERROR	ERROR	ERROR	ERROR
420	OBSOLETE DATA CONVERTED V0203 ; See code 458 Fat, NOS	ERROR	ERROR	ERROR	ERROR
440	For rectum: Intraluminal extension to rectosigmoid Intraluminal extension to anus	^	NA	RE	L
450	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 440, 455, and 610 Adjacent (connective) tissue: For all sites: Perirectal fat For rectosigmoid: Mesentery (including mesenteric fat, mesocolon) Pericolic fat For rectum: Extension to anus Rectovaginal septum	^	NA	RE	RE
455	Adjacent (connective) tissue: For all sites: Perirectal fat For rectosigmoid: Mesentery (including mesenteric fat, mesocolon) Pericolic fat For rectum: Rectovaginal septum	^	NA	RE	RE
458	Fat, NOS	^	NA	RE	RE
460	OBSOLETE DATA RETAINED AND REVIEWED V0203 See Note 6 and code 570	^	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
460 cont'd	Adherent to other organs or structures but no tumor found in adhesion(s)	^	NA	RE	RE
490	OBSOLETE DATA CONVERTED V0203 ; See code 270 Stated as T4, NOS	ERROR	ERROR	ERROR	ERROR
500	Invasion of/through serosa (mesothelium) (visceral peritoneum)	^	NA	RE	RE
550	OBSOLETE DATA RETAINED AND REVIEWED V0203 See code 555 and 610 500 with (420 or 450)	^	NA	RE	RE
555	500 + (440, 455 or 458)	^	NA	RE	RE
560	Invasion of/through serosa with invasion of/through mucosa	^	NA	RE	RE
570	Adherent to liver capsule Adherent to other organs or structures, NOS	^	NA	RE	RE
600	OBSOLETE DATA CONVERTED V0203 ; See code 610 Rectosigmoid: Cul de sac (rectouterine pouch) Pelvic wall Small intestine Rectum: Bladder for males only Cul de sac (rectouterine pouch) Ductus deferens Pelvic wall Prostate Rectovesical fascia for male only Seminal vesicle(s) Skeletal muscle of pelvic floor Vagina	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
610	<p>For all sites: Cul de sac (rectouterine pouch) Pelvic wall</p> <p>For rectosigmoid: Pelvic plexuses Small intestine</p> <p>For rectum: Anus (excluding intraluminal extension) Bladder for males only Colon Ductus deferens Prostate Rectovesical fascia for males only Seminal vesicle(s) Skeletal muscle of pelvic floor Vagina</p>	^	NA	RE	RE
700	<p>For rectosigmoid: Bladder Colon via serosa Fallopian tube(s) Ovary(ies) Prostate Ureter(s) Uterus</p> <p>For rectum: Bladder for females only Bone(s) of pelvis Urethra Uterus</p>	^	NA	D	D
800	<p>Further contiguous extension including: For all sites: Other segments of colon via serosa</p> <p>For rectosigmoid: Skeletal muscles of pelvic floor Vagina</p> <p>For rectum: Sacral plexus</p>	^	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
800 cont'd	Sacrum Ovary(ies) Perineum, perianal skin	^	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 for AJCC 7 staging 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: For rectosigmoid primaries, middle and superior rectal nodes are coded 200, and inferior rectal nodes are coded in CS Mets at DX; for rectum primaries, the inferior, middle, and superior rectal nodes are coded 200. Rectal nodes, NOS are coded 100 for both rectosigmoid and rectum primaries.

Note 3: For rectum primaries, obturator nodes and internal iliac (hypogastric) nodes, NOS are coded 200; for rectosigmoid primaries, these are coded in CS Mets at DX.

Note 4: For rectosigmoid primaries, left colic nodes and colic nodes, NOS are coded 200; for rectum primaries, these are coded in CS Mets at DX.

Note 5: 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) or foci in perirectal 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 code 050 and 110 Regional lymph nodes : Rectosigmoid: Paracolic/pericolic Perirectal Rectal Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat Rectum: Perirectal Rectal, NOS Nodule(s) or foci in perirectal fat</p>	N1	NA	RN	RN
110	<p>Regional lymph nodes: For all sites: Perirectal Rectal For rectosigmoid: Paracolic/pericolic</p>	N1	NA	RN	RN
200	<p>Regional lymph node(s): For all sites: Hemorrhoidal: Middle Superior Mesenteric, inferior Rectal: Middle Superior Sigmoidal (sigmoid mesenteric) For rectosigmoid: Colic, NOS Left colic For rectum: Hemorrhoidal: Inferior Internal iliac (hypogastric), NOS: Obturator Rectal, inferior Sacral, NOS :</p>	N1	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200 cont'd	Lateral (laterosacral) Middle (promontorial) (Gerota's node) Presacral Sacral promontory	N1	NA	RN	RN
300	Regional lymph nodes for all sites: Mesenteric node(s), NOS Regional lymph node(s), NOS	N1	NA	RN	RN
400	Stated as N1 with no other information on regional lymph nodes	N1	NA	RN	RN
450	OBSOLETE DATA RETAINED V0200 Stated as N2 pathologic	ERROR	NA	RN	RN
800	Lymph nodes, NOS	N1	NA	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record	N0	NA	U	U

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CS Lymph Nodes Eval
See Standard Table

GISTRectum
Regional Nodes Positive
See Standard Table

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

GISTRectum
Regional Nodes Examined
See Standard Table

GISTRectum

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 570.

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 15, 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 15, 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
08	For rectosigmoid: Internal iliac (hypogastric): Obturator	M1	NA	D	RN
10	OBSOLETE DATA CONVERTED V0203 ; See code 15 Distant lymph node(s), NOS	ERROR	ERROR	ERROR	ERROR
11	OBSOLETE DATA CONVERTED V0203 ; See code 08 Rectosigmoid: Internal iliac (hypogastric) Obturator	ERROR	ERROR	ERROR	ERROR
12	Other distant lymph node(s), including external iliac or common iliac	M1	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
15	Distant lymph nodes, NOS	M1	NA	D	D
40	Distant metastases except distant lymph node(s) including: Peritoneal nodules Liver parenchymal nodules codes 10-12 Carcinomatosis	M1	NA	D	D
50	40+ (08,12, 15) Distant metastasis plus distant lymph node(s)	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

GISTRectum**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.

GISTRectum**CS Site-Specific Factor 11****Mitotic Count****Note: See page A-103**

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 (GIST) 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 HPF (40x fields) 0.0 mitoses per 5 square mm Mitoses absent; No mitoses present
001-008	0.1 - 0.8 mitoses per 50 HPF (40x fields) 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
988	Not applicable: Information not collected for this case; (If this information is required by your standard setter, use of code 988 may result in an edit 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

Code	Description
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