

Anus**Anus, Anal Canal, and Other Parts of Rectum****C21.0-C21.2, C21.8**

C21.0 Anus, NOS (excluding skin of anus and perianal skin C44.5)

C21.1 Anal canal

C21.2 Cloacogenic zone

C21.8 Overlapping lesion of rectum, anus and anal canal

Note: Skin of anus is coded separately (C44.5).**Anus****CS Tumor Size**

Note: The assignment of T1, T2, and T3 categories for tumors of the anus 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, 995, and 996 as appropriate to code CS Tumor Size based on a statement of T when no other size information is available.

| Code | Description |
|---------|---|
| 000 | No mass/tumor found |
| 001-988 | 001 - 988 millimeters (mm); (Exact size in mm.) |
| 989 | 989 mm or larger |
| 990 | Microscopic focus or foci only, no size of focus given |
| 991 | Described as "less than 1 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 |
| 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 "greater than 5 cm" Stated as T3 with no other information on tumor size |

| Code | Description |
|------|--|
| 999 | Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record |

Anus**CS Extension**

Note 1: High-grade squamous intraepithelial lesions (HSIL) and anal intraepithelial neoplasia (AIN) grade II III are not normally collected by cancer registries. AIN II III or AIN III is reportable to standard-setters (except the CoC). If your registry collects any of these, use code 000.

Note 2: The assignment of T1, T2, and T3 categories for tumors of the anus 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 code 310, 320, 330, or 850 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Note 3: Code incidental finding of malignancy in hemorrhoid according to greatest extension of tumor into wall of anus. Code as Localized, NOS if extension not specified.

Note 4: Codes 400-750 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 000 | In situ, intraepithelial, noninvasive AIN III Bowen disease | Tis | Tis | IS | IS |
| 100 | Invasive tumor confined to mucosa, NOS (including intramucosal, NOS) | ^ | * | L | L |
| 110 | Invades lamina propria | ^ | * | L | L |
| 120 | Invades muscularis mucosae | ^ | * | L | L |
| 160 | Invades submucosa (superficial invasion) | ^ | * | L | L |
| 200 | Invades muscularis propria (internal sphincter) | ^ | * | L | L |
| 300 | Incidental finding of malignancy in hemorrhoid, NOS | ^ | * | L | L |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|---|-----------|-----------|----------|------------|
| 300 cont'd | Localized, NOS | ^ | * | L | L |
| 310 | Stated as T1 with no other information on extension | ^ | * | L | L |
| 320 | Stated as T2 with no other information on extension | ^ | * | L | L |
| 330 | Stated as T3 with no other information on extension | ^ | * | L | L |
| 400 | Ischiorectal fat/tissue Perianal skin Perirectal skin Rectal mucosa or submucosa Rectal wall Skeletal muscle(s): Anal sphincter (external) Levator ani Subcutaneous perianal tissue | ^ | * | RE | RE |
| 600 | Perineum Vulva | T4 | T4 | RE | RE |
| 700 | Bladder Pelvic peritoneum Urethra Vagina | T4 | T4 | D | D |
| 750 | Broad ligament(s) Cervix uteri Corpus uteri Prostate | T4 | T4 | D | D |
| 800 | Further contiguous extension | T4 | T4 | D | D |
| 850 | Stated as T4 with no other information on extension | T4 | T4 | RE | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 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 CS Extension codes 100-400 ONLY, the T category for AJCC 7 staging is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this schema.

* For CS Extension codes 100-400 ONLY, the T category for AJCC 6 staging is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this schema.

Anus

CS Tumor Size/Ext Eval

See Standard Table

Anus

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: Use codes for anal canal unless tumor is stated to occur at the anus, arising just proximal to the squamous mucocutaneous junction or the anal verge.

Note 3: For codes 400 and 405, the combination of unilateral internal iliac nodes and unilateral inguinal nodes must be on the same side. Use code 530 for bilateral combinations of internal iliac nodes and inguinal nodes.

Note 4: Use codes for internal iliac nodes for combinations of perirectal and internal iliac nodes. Use codes 415, 425, and 440 for combinations of perirectal and superficial inguinal nodes.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 000 | No regional lymph node involvement | N0 | N0 | NONE | NONE |
| 100 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 110, 120, 130, and 140 Unilateral and bilateral: For all subsites: Anorectal Inferior hemorrhoidal Lateral sacral (laterosacral) Perirectal Stated as N1 with no other information | N1 | N1 | RN | RN |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|--|-----------|-----------|----------|------------|
| 100 cont'd | on regional lymph nodes | N1 | N1 | RN | RN |
| 110 | For anal canal: Unilateral or bilateral: Anorectal Inferior hemorrhoidal Lateral sacral (laterosacral) Perirectal | N1 | N1 | RN | RN |
| 120 | For anus: Unilateral or bilateral: Anorectal Inferior hemorrhoidal Perirectal | N1 | N1 | RN | RN |
| 130 | For anus: Unilateral or bilateral: Lateral sacral (laterosacral) | N1 | N1 | D | RN |
| 140 | Stated as N1 with no other information on regional lymph nodes | N1 | N1 | RN | RN |
| 200 | For anal canal: Unilateral: Internal iliac (hypogastric): Obturator | N2 | N2 | RN | RN |
| 210 | OBSOLETE DATA CONVERTED V0203 See code 330 Unilateral: For anus: Internal iliac (hypogastric): Obturator | ERROR | ERROR | ERROR | ERROR |
| 300 | For anal canal: Unilateral: Superficial inguinal (femoral)) | N2 | N2 | D | RN |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 310 | For anus: Unilateral: Superficial inguinal (femoral) | N2 | N2 | RN | RN |
| 330 | For anus: Unilateral: Internal iliac (hypogastric): Obturator | N2 | N2 | RN | RN |
| 350 | Stated as N2 with no other information on regional lymph nodes | N2 | N2 | RN | RN |
| 400 | 300 + 200 For anal canal: Nodes in 300 plus nodes in 200 | N2 | N2 | D | RN |
| 405 | 330 + 310 For anus: Nodes in 330 plus nodes in 310 | N2 | N2 | D | RN |
| 410 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See code 415 100 + 300 | N3 | N3 | D | RN |
| 415 | 300 + 110 For anal canal: Nodes in 300 plus nodes in 110 | N3 | N3 | D | RN |
| 420 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 425, 440 100 + 310 | N3 | N3 | RN | RN |
| 425 | 310 + 120 For anus: Nodes in 310 plus nodes in 120 | N3 | N3 | D | RN |
| 440 | 310 + 130 For anus: | N3 | N3 | D | RN |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|--|-----------|-----------|----------|------------|
| 440 cont'd | Nodes in 310 plus nodes in 130 | N3 | N3 | D | RN |
| 470 | For anal canal: Bilateral: Internal iliac (hypogastric): Obturator | N3 | N3 | D | RN |
| 490 | For anus: Bilateral: Superficial inguinal (femoral) | N3 | N3 | D | RN |
| 500 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 470, 515 Bilateral: For anal canal: Internal iliac (hypogastric) Obturator Superficial inguinal (femoral) | N3 | N3 | RN | RN |
| 510 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 490, 520 Bilateral: For anus: Internal iliac (hypogastric) Obturator Superficial inguinal (femoral) | N3 | N3 | D | RN |
| 515 | For anal canal: Bilateral: Superficial inguinal (femoral) | N3 | N3 | D | RN |
| 520 | For anus: Bilateral: Internal iliac (hypogastric) Obturator | N3 | N3 | D | RN |
| 530 | For all subsites: | N3 | N3 | D | D |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|---|-----------|-----------|----------|------------|
| 530 cont'd | Bilateral: Internal iliac (hypogastric): Obturator AND Superficial inguinal (femoral) | N3 | N3 | D | D |
| 550 | Stated as N3 with no other information on regional lymph nodes | N3 | N3 | RN | RN |
| 600 | Regional lymph node(s), NOS | N1 | N1 | 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 |

Anus**CS Lymph Nodes Eval**

See Standard Table

Anus**Regional Nodes Positive**

See Standard Table

Note: Record this field even if there has been preoperative treatment.**Anus****Regional Nodes Examined**

See Standard Table

Anus**CS Mets at DX**

See Standard Table

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

See Standard Table