

Bile Ducts IntraHepat

Intrahepatic Bile Ducts

C22.0, C22.1

C22.0 Liver

C22.1 Intrahepatic bile duct

Note 1: For C22.0, the BileDuctsIntraHepat schema includes only M-8160, 8161, 8180. For other histologies, see the Liver schema.

Note 2: For C22.1, the BileDuctsIntraHepat schema only includes M-8000-8162, 8180-9136, 9141-9582, and 9700-9701. For hepatocellular carcinoma, M-8170-8175, see the Liver schema.

Note 3: AJCC TNM 7 staging will be derived for cases with primary site code of C22.1 and histology code of 8160, 8161, and 8180 only.

Note 4: Staging for intrahepatic bile ducts was included in the Liver chapter in the AJCC 6th Edition. Intrahepatic Bile Ducts is a separate chapter in the AJCC 7th Edition.

Bile Ducts IntraHepat

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 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"
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"
996	Described as "greater than 5cm"
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

Bile Ducts IntraHepat**CS Extension**

Note 1: "Multiple (satellite) nodules/tumors" include satellitosis, multifocal tumors, and intrahepatic metastases.

Note 2: Major vascular invasion is defined as invasion of the branches of the main portal vein (right or left portal vein, not including sectoral or segmental branches) or as invasion of one or more of the three hepatic veins (right, middle, or left). Invasion of the hepatic artery or vena cava is coded to 660.

Note 3: Extension to gallbladder is not considered in AJCC staging for intrahepatic bile ducts but does affect Summary Stage. Use appropriate combination codes when gallbladder is involved.

Note 4: All tumors with a periductal infiltrating growth pattern, a diffuse longitudinal growth pattern along the bile duct, are considered T4 by AJCC. For tumors with periductal infiltrating growth pattern, code the most specific information available about the extent of the tumor in CS Extension, and code periductal infiltrating growth pattern in CS Site-Specific Factor 10. The algorithm will adjust the T category for tumors with periductal growth pattern.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	Tis	TX	IS	IS
100	Single lesion in one lobe of liver WITHOUT intrahepatic vascular invasion, including vascular invasion not stated	T1	T1	L	L
120	Single lesion in more than one lobe of liver (contiguous growth) WITHOUT vascular invasion, including vascular invasion not stated	T1	T1	RE	RE
140	Extension to gallbladder, extent within liver not stated	T1	T1	RE	RE
160	140 + (100 or 120) Extension to gallbladder plus single lesion in one or more lobes of liver (contiguous growth) WITHOUT vascular invasion	T1	T1	RE	RE
170	Stated as T1 with no other information on extension	T1	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200	Single lesion in one lobe of liver WITH intrahepatic vascular invasion	T2a	T2	L	L
220	Single lesion in more than one lobe of liver (contiguous growth) WITH vascular invasion	T2a	T2	RE	RE
240	(200 or 220) + 140 Single lesion in one or more lobes of liver (contiguous growth) WITH vascular invasion plus extension to gallbladder	T2a	T2	RE	RE
250	Single tumor WITH major vascular invasion: major branch(es) of portal or hepatic vein(s); (See Note 2)	T2a	T3	RE	RE
260	250 + 140 Single tumor with major vascular invasion plus extension to gallbladder	T2a	T3	RE	RE
270	Stated as T2a with no other information on extension	T2a	T2	L	L
300	Multiple (satellite) nodules/tumors in one lobe of liver WITHOUT intrahepatic vascular invasion, including vascular invasion not stated	T2b	*	L	L
400	Multiple (satellite) nodules/tumors in one lobe of liver WITH intrahepatic vascular invasion	T2b	*	L	L
420	(300 or 400) + 140 Multiple (satellite) nodules/tumors in one lobe of liver WITH or WITHOUT intrahepatic vascular invasion plus extension to gallbladder	T2b	*	RE	RE
450	Multiple (satellite) nodules/tumor(s)	T2b	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
450 cont'd	WITH major vascular invasion: major branch(es) of portal or hepatic vein(s) (See Note 2)	T2b	T3	RE	RE
455	450 + 140 Multiple (satellite) nodules/tumor(s) with major vascular invasion plus extension to gallbladder	T2b	T3	RE	RE
460	Multiple (satellite) nodules/tumors in more than one lobe of liver Satellite nodules, NOS	T2b	*	D	RE
465	460 + 140 Multiple (satellite) nodules/tumors in more than one lobe of liver plus extension to gallbladder	T2b	*	D	RE
470	(460 or 465) + any of (250, 260, 450, 455)	T2b	T3	D	RE
475	Stated as T2b with no other information on extension	T2b	T2	L	L
480	Stated as T2 [NOS] with no other information on extension	T2NOS	T2	L	L
500	Confined to liver, NOS Localized, NOS	T1	T1	L	L
510	OBSELETE DATA RETAINED AND REVIEWED V0203 See code 120 and 160 More than one lobe involved by contiguous growth (single lesion) WITHOUT vascular invasion, including vascular invasion not stated	T1	T1	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
520	OBSOLETE DATA RETAINED AND REVIEWED V0203 See code 220 and 240 More than one lobe involved by contiguous growth (single lesion) WITH vascular invasion	T2a	T2	RE	RE
530	OBSOLETE DATA CONVERTED V0203 ; See code 140 Extension to gallbladder, extent within liver not stated	ERROR	ERROR	ERROR	ERROR
540	OBSOLETE DATA CONVERTED V0203 ; See code 160 Extension to gallbladder 530 + (100 or 510)	ERROR	ERROR	ERROR	ERROR
545	OBSOLETE DATA CONVERTED V0203 ; See code 170 Stated as T1 [NOS]	ERROR	ERROR	ERROR	ERROR
550	OBSOLETE DATA CONVERTED V0203 ; See code 240 Extension to gallbladder 530 + (200 or 520)	ERROR	ERROR	ERROR	ERROR
560	OBSOLETE DATA CONVERTED V0203 ; See code 420 Extension to gallbladder 530 + (300 or 400)	ERROR	ERROR	ERROR	ERROR
570	OBSOLETE DATA CONVERTED V0203 ; See code 480 Stated as T2 [NOS] with no other information on extension	ERROR	ERROR	ERROR	ERROR
580	Extrahepatic bile ducts	T3	T4	RE	RE
590	OBSOLETE DATA CONVERTED	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
590 cont'd	V0203 ; See code 270 Stated as T2a with no other information on extension	ERROR	ERROR	ERROR	ERROR
620	580 + (460 or 465) Extrahepatic bile ducts plus satellite nodules in more than one lobe or multiple tumors with major vascular invasion	T3	T4	D	RE
630	OBSOLETE DATA RETAINED V0200 ; See codes 631 and 632 Major vascular invasion: major branch(es) of portal or hepatic vein(s) (see Note 2)	ERROR	T3	RE	RE
631	OBSOLETE DATA REVIEWED V0203 ; See codes 250 and 260 Single tumor with major vascular invasion: major branch(es) of portal or hepatic vein(s)(see Note 2)	T2a	T3	RE	RE
632	OBSOLETE DATA REVIEWED V0203 ; See codes 450 and 455 Multiple tumor(s) with major vascular invasion: major branch(es) of portal or hepatic vein(s) (see Note 2)	T2b	T3	RE	RE
640	Direct extension/perforation of visceral peritoneum	T3	T4	RE	RE
643	640 + (460, 465, 470)	T3	T4	D	D
645	Multiple (satellite) nodules on surface of liver parenchyma	T3	T4	D	D
650	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 460, 465, 470, 620, 643, and 645	T2b	*	D	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
650 cont'd	Multiple (satellite) nodules/tumors in more than one lobe of liver or on surface of parenchyma Satellite nodules, NOS	T2b	*	D	RE
655	OBSOLETE DATA CONVERTED V0203 See code 475 Stated as T2b with no other information on extension	ERROR	ERROR	ERROR	ERROR
660	Extension to hepatic artery or vena cava	T3	T4	RE	RE
665	660 + (460, 465, 470)	T3	T4	D	RE
670	OBSOLETE DATA RETAINED V0200 ; See code 675; 650 + 630	ERROR	T3	D	RE
675	OBSOLETE DATA REVIEWED V0203 See code 470, 643, and 665 650 + (631 or 632)	T2b	T3	D	RE
700	Diaphragm	T3	T4	RE	RE
750	Lesser omentum Ligament(s): Coronary Falciform Hepatoduodenal Hepatogastric Round (of liver) Triangular Parietal peritoneum	T3	T4	RE	RE
760	OBSOLETE DATA RETAINED V0200 (See code 765); (650 or 670) + any of [(640) or (660) or (700) or (750)]	ERROR	T4	D	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
765	OBSOLETE DATA REVIEWED V0203 See codes 643, 665, 770 (650 or 675) + any of [(640) or (660) or (700) or (750)]	T3	T4	D	RE
770	(700 or 750) + (460, 465, 470)	T3	T4	D	RE
780	Stated as T3 with no other information on extension	T3	T3	RE	RE
800	Further contiguous extension: Pancreas Pleura Stomach Other contiguous extension	T3	T4	D	D
850	OBSOLETE DATA REVIEWED AND CHANGED V0203 See Note 4 and CS Site-Specific Factor 10 Tumor(s) with periductal invasion; Diffuse periductal infiltrating tumor	ERROR	ERROR	ERROR	ERROR
855	Stated as T4 with no other information on extension	T4	T1	L	L
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 300, 400, 420, 460, 465, 560, and 650 ONLY, the T category for AJCC 6 staging is assigned based on the value of CS Tumor Size, as shown in the Extension Size AJCC 6 Table for this schema. The T category for AJCC 7 staging for this schema is dependent upon the value of CS Site-Specific Factor 10, Tumor Growth Pattern. If the value of CS Site-Specific Factor 10 = 010, Presence of Periductal Component, the T category = T4. For all other values of CS Site-Specific Factor 10, the T category is taken from CS Extension as shown. The T category for AJCC 6 staging and the CS Extension values for SS77 and SS2000 are taken from CS Extension as shown.

Bile Ducts IntraHepat
CS Tumor Size/Ext Eval
See Standard Table

Bile Ducts IntraHepat
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: Inferior phrenic nodes are classified as regional nodes for AJCC 7 staging. They are now coded in CS Lymph Nodes.

Note 3: Periduodenal and peripancreatic nodes are regional for tumors in the right liver, and gastrohepatic nodes are regional for tumors in the left liver, for AJCC 7 staging. Use codes 120 and 130 only for regional nodes specific to the involved lobe of liver. Use code 140 if both lobes of liver are involved and periduodenal/peripancreatic and gastrohepatic nodes are involved.

Note 4: Caval nodes are classified as distant nodes and coded in CS Mets at DX.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	*	NONE	NONE
100	<p>OBSOLETE DATA RETAINED AND REVIEWED V0203</p> <p>Gastrohepatic nodes are regional for tumors in left liver in AJCC 7. Caval nodes are distant in AJCC 7. See codes 000, 110, 120, 310, and CS Mets at DX codes 07, 14, 17, 20, and 58.</p> <p>Regional lymph nodes:</p> <ul style="list-style-type: none"> Hepatic NOS: <ul style="list-style-type: none"> Hepatic artery Hepatic pedicle Inferior vena cava Porta hepatis (hilar) [in hilus of liver] Hepatoduodenal ligament Periportal Portal vein Regional lymph node(s), NOS 	N1	*	RN	RN
110	<p>Regional lymph nodes:</p> <ul style="list-style-type: none"> Hilar: <ul style="list-style-type: none"> Common bile duct Cystic duct Hepatic, NOS: 	N1	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
110 cont'd	Hepatic artery Hepatic pedicle Hepatoduodenal ligament Portal vein: Porta hepatis Periportal Regional lymph node(s), NOS	N1	*	RN	RN
120	Regional lymph nodes: Primary tumor in left liver (segments 2-4) or lobe of liver not stated: Gastrohepatic	N1	*	D	D
130	Regional lymph nodes: Primary tumor in right liver (segments 5-8) or lobe of liver not stated: Periduodenal Peripancreatic	N1	*	D	D
140	120 +130 Regional lymph nodes: Primary tumor involving both lobes of liver: Gastrohepatic Periduodenal Peripancreatic	N1	*	D	D
200	Regional lymph nodes: Inferior phrenic nodes	N1	*	D	D
300	OBSOLETE DATA REVIEWED V0203 See codes 200, 310 and CS Mets at DX codes 07, 14, 17, 20, 55, and 58 (100) + (200)	N1	*	D	D
310	(120, 130, 140, and/or 200) + 110 Any nodes in codes 120, 130, 140, and 200 plus nodes in code 110	N1	*	D	D
500	Stated as N1 with no other information on	N1	*	RN	RN

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

* For CS Lymph Nodes codes 000-999, the N and M categories for AJCC 6 staging are assigned based on the coding of CS Lymph Nodes and CS Mets at DX as shown in the Lymph Nodes Mets at DX AJCC 6 Table for this schema.

Bile Ducts IntraHepat

CS Lymph Nodes Eval

Note 1: This field is used primarily to derive the staging basis for the N category in the TNM system. It records how the code for the item "CS Lymph Nodes" was determined based on the diagnostic methods employed and their intent.

Note 2: In the 7th edition of the AJCC manual, the clinical and pathologic classification rules for the N category were changed to reflect current medical practice. The N is designated as clinical or pathologic based on the intent (workup versus treatment) matching with the assessment of the T classification. When the intent is workup, the staging basis is clinical, and when the intent is treatment, the staging basis is pathologic.

A. Microscopic assessment including biopsy of regional nodes or sentinel nodes if being performed as part of the workup to choose the treatment plan, is therefore part of the clinical staging. When it is part of the workup, the T category is clinical, and there has not been a resection of the primary site adequate for pathologic T classification (which would be part of the treatment).

B. Microscopic assessment of regional nodes if being performed as part of the treatment is therefore part of the pathologic staging. When it is part of the treatment, the T category is pathologic, and there has been a resection of the primary site adequate for pathologic T classification (all part of the treatment).

Note 3: Microscopic assessment of the highest N category is always pathologic (code 3).

Note 4: If lymph node dissection is not performed after neoadjuvant therapy, use code 0 or 1.

Note 5: Only codes 5 and 6 are used if the node assessment is performed after neoadjuvant therapy.

Code	Description	Staging Basis
0	Does not meet criteria for AJCC pathologic staging: No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive	c

Code	Description	Staging Basis
0 cont'd	clinical evidence. No autopsy evidence used.	c
1	<p>Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria: No regional lymph nodes removed for examination. Evidence based on endoscopic examination, or other invasive techniques including surgical observation, without biopsy. No autopsy evidence used. OR Fine needle aspiration, incisional core needle biopsy, or excisional biopsy of regional lymph nodes or sentinel nodes as part of the diagnostic workup, WITHOUT removal of the primary site adequate for pathologic T classification (treatment).</p>	c
2	<p>Meets criteria for AJCC pathologic staging: No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).</p>	p
3	<p>Meets criteria for AJCC pathologic staging based on at least one of the following criteria: Any microscopic assessment of regional nodes (including FNA, incisional core needle bx, excisional bx, sentinel node bx or node resection), WITH removal of the primary site adequate for pathologic T classification (treatment) or biopsy assessment of the highest T category. OR Any microscopic assessment of a regional node in the highest N category, regardless of the T category information.</p>	P
5	<p>Does not meet criteria for AJCC y-pathologic (yp) staging: Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on clinical evidence, unless the pathologic evidence at surgery (AFTER neoadjuvant) is more extensive (see code 6).</p>	c
6	<p>Meets criteria for AJCC y-pathologic (yp) staging: Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on pathologic evidence, because the pathologic evidence at surgery is more extensive than clinical evidence before treatment.</p>	yp
8	<p>Meets criteria for AJCC autopsy (a) staging: Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.</p>	a

Code	Description	Staging Basis
9	Unknown if lymph nodes removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Bile Ducts IntraHepat**Regional Nodes Positive****See Standard Table**

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

Bile Ducts IntraHepat**Regional Nodes Examined****See Standard Table****Bile Ducts IntraHepat****CS Mets at DX**

Note 1: Inferior phrenic nodes are classified as regional nodes for AJCC 7 staging and coded in CS Lymph Nodes.

Note 2: Periduodenal and peripancreatic nodes are distant for tumors in the left liver, and gastrohepatic nodes are distant for tumors in the right liver. If both lobes of liver are involved, code involvement of periduodenal/peripancreatic and gastrohepatic nodes in CS Lymph Nodes.

Note 3: Caval nodes are classified as distant for AJCC 7 staging.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	*	NONE	NONE
07	Distant lymph nodes: Caval (inferior vena cava)	M1	*	RN	RN
10	Distant lymph node(s), NOS	M1	*	D	D
11	Distant lymph nodes: Cardiac Lateral (aortic) (lumbar) Pericardial (pericardiac) Posterior mediastinal (tracheoesophageal) including juxtaphrenic nodes Retroperitoneal, NOS	M1	*	RN	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
12	Distant lymph nodes: Coronary artery Renal artery	M1	*	RN	D
13	OBSOLETE DATA RETAINED AND REVIEWED V0203 Peripancreatic nodes for tumors of right liver classified as regional nodes in AJCC 7. See codes 00, 17, and 20, and CS Lymph Nodes codes 130, 140, and 310. Distant lymph node(s): Aortic (para-, peri-) Diaphragmatic, NOS Peripancreatic (near head of pancreas only)	M1	*	D	D
14	(11, 12) + 07 Distant nodes in codes 11 or 12 plus nodes in code 07	M1	*	RN	D
15	OBSOLETE DATA RETAINED V0200 Inferior phrenic nodes reclassified from distant to regional nodes in AJCC 7th Edition; See Code 16 or CS Lymph Node code 200 Distant lymph node(s) other than codes 10-13, including inferior phrenic nodes	ERROR	*	D	D
16	OBSOLETE DATA REVIEWED V0203 Periduodenal nodes for tumors of right liver classified as regional nodes in AJCC 7. See codes 18, 20, 58; see CS Lymph Nodes codes 130, 140, and 310. Distant lymph node(s) other than codes 10-13	M1	*	D	D
17	Distant lymph node(s): Aortic:	M1	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
17 cont'd	Para-aortic Periaortic Diaphragmatic, NOS Left liver (segments 2-4): Periduodenal Peripancreatic Right liver (segments 5-8): Gastrohepatic	M1	*	D	D
18	Distant lymph node(s) other than codes 07,11, 12, 17	M1	*	D	D
20	(17, 18) + 07 Distant lymph nodes in code 17 or 18 plus nodes in code 07	M1	*	D	D
40	Distant metastasis except distant lymph node(s) Carcinomatosis	M1	*	D	D
50	OBSOLETE DATA RETAINED V0200 Inferior phrenic nodes reclassified from distant to regional nodes in AJCC 7, see CS Lymph Nodes code 200; see code 51 for combinations involving other nodes 40 + any of (10 or 11 or 15) Distant lymph node(s) plus other distant metastases	ERROR	*	D	D
51	OBSOLETE DATA REVIEWED V0203 Periduodenal nodes for tumors of right liver classified as regional nodes in AJCC 7. See codes 40, 55, and 58 40 + (10 or 11 or 16) Distant lymph node(s) plus other distant metastases	M1	*	D	D
52	OBSOLETE DATA RETAINED AND	M1	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
52 cont'd	REVIEWED V0203 Peripancreatic nodes for tumors of right liver classified as regional nodes in AJCC 7. See codes 40, 55, and 58 40 + (12 or 13) Distant lymph node(s) plus other distant metastases	M1	*	D	D
55	40 + 07; Distant metastasis plus distant lymph nodes in code 07	M1	*	D	D
58	40 + (10, 11, 12, 14, 17, 18) Distant metastasis plus distant lymph nodes in codes 10, 11, 12, 14, 17, or 18	M1	*	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	*	RN	RN
99	Unknown; distant metastasis not stated Primary tumor Distant metastasis cannot be assessed Not documented in patient record	M0	*	U	U

* For CS Mets at DX codes 00-99, the N and M categories for AJCC 6 staging are assigned based on the coding of CS Lymph Nodes and CS Mets at DX as shown in the Lymph Nodes Mets at DX AJCC 6 Table for this schema.

Bile Ducts IntraHepat

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.

BileDuctsIntraHepat

CS Site-Specific Factor 10

Tumor Growth Pattern

Note: See page A-106

Note 1: Cholangiocarcinoma may be classified by growth pattern. The tumor growth patterns of intrahepatic cholangiocarcinoma include the mass forming type, the periductal infiltrating type, and a mixed type. The periductal infiltrating type of cholangiocarcinoma demonstrates a diffuse longitudinal growth pattern along the bile duct. Limited analyses suggest that the diffuse periductal

infiltrating type is associated with a poor prognosis.

Note 2: Record the presence or absence of an infiltrating periductal component.

Note 3: If periductal component is not mentioned, record 000 as absence of periductal component. If the pathology report is not available, record 999 for unknown.

Note 4: All tumors with a periductal infiltrating growth pattern are considered T4 by AJCC. For tumors with periductal infiltrating growth pattern, code the most specific information available about the extent of the tumor in CS Extension, and code periductal infiltrating growth pattern here. The algorithm will adjust the T category for tumors with periductal growth pattern.

Code	Description
000	Absence of periductal component
010	Presence of periductal component
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.)
999	Unknown or no information; Not documented in patient record