Learning Objectives

• Understand rationale behind changes and updates
• Understand use of codes and reporting
• Determine proper code use for accurate reporting
• Understand finding specific documentation
  – SSFs
  – Coding rules

Outline

• Overview of the following schemas:
  – Esophagus
  – Esophagus GE Junction
  – Stomach
• Review Collaborative Stage data items for schemas
• Describe changes to schemas in CsV2
# Esophagus

## ICD-O-3 Topography

### Based on Landmarks
- Cervical esophagus (C15.0)
- Thoracic esophagus (C15.1)
  - Upper Thoracic
  - Mid Thoracic
- Abdominal esophagus (C15.2)
  - Lower Thoracic

### Based on Measurement
- Upper 1/3 esophagus (C15.3)
  - Proximal third of esophagus
- Middle 1/3 esophagus (C15.4)
  - Mid third of esophagus
- Lower 1/3 esophagus (C15.5)
  - Distal esophagus

## Esophagus & Esophagus GE Junction: Histologies

- **Adenocarcinoma**
  - Usually forms in the lower third of the esophagus, near the stomach.
- **Squamous Cell Carcinoma**
  - Typically found in the upper two thirds of the esophagus.
- **Histologies Stage Table**
  - Assign all ICD-O-3 histology codes to either the Adenocarcinoma or Squamous staging tables.
Esophagus: Adenocarcinoma/Squamous Cell Carcinoma

- Effective with AJCC TNM 7th Edition, there are separate stage groupings for squamous cell carcinoma and adenocarcinoma.
  - Since squamous cell carcinoma typically has a poorer prognosis than adenocarcinoma, a tumor of mixed histopathologic type or a type that is not otherwise specified should be classified as squamous cell carcinoma.
- Applies to both Esophagus and EGJ schema
  - AJCC TNM 7 Stage Squamous
  - AJCC TNM 7 Stage Adenocarcinoma

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**Esophagus: The Histologies Stage Table**

**Esophagus**

Histologies Stage Table

- AJCC 7th edition stage derived from:
  - T(CS Extension)
  - N(CS Lymph nodes) & Regional Nodes Positive
  - M(CS Mets at Dx)
  - Eval codes (for clinical/pathologic staging)
  - Grade
  - Histology (Adenocarcinoma vs Squamous Cell)
  - SSF 1: Clinical assessment of regional lymph nodes
    - For clinical cases
  - SSF 2: Specific Location of tumor
    - For Squamous cell carcinomas only
Esophagus: High Grade Dysplasia

- The terminology preferred by pathologists for carcinoma in situ of the esophagus is high grade dysplasia.
- This terminology is not reportable to most cancer registries.
  - Therefore, it may be a future issue that early/very low stage esophageal cancer is under-reported as a result of registry reporting terminology.
- If high grade dysplasia of the esophagus is a reportable cancer, it should be coded as 00 in CS Extension.

Esophagus: CS Extension

- OBSOLETE CODES
  - 600 (v02.00): See codes 610-730
  - 610 (v02.03): See codes 615, 720, 725
  - 650 (v02.00): See codes 610-730
  - 780 (v02.00): See code 660
  - 800 (v02.00): See codes 730-750

Esophagus: CS Extension-v02.03

- Code 130: Stated as T1a
- Code 165: Stated as T1b
- Code 815: Stated as T4 [NOS] or invasion of adjacent structures, NOS
Esophagus: CS Extension

• Code 615: Initially in code 610
  – Tumor invades adjacent structures for cervical and intrathoracic esophagus (upper or middle)
  – Maps to T4a
  – Tumor invades Azygos vein moved to new code
• Code 720: Initially in code 610
  – Tumor invades adjacent structures for intrathoracic esophagus: Azygos vein
  – Maps to T4b
• Code 725: 720 + 615

Esophagus: CS Extension

• Code 728: 720 + 660
  – Azygos vein (upper/middle esophagus) + Pericardium (middle esophagus)
• Code 740: 730 + 660
  – Tumor invades adjacent structures + Pericardium (middle esophagus)
• Code 745: 730 + 680
  – Tumor invades adjacent structures + Pleura (upper esophagus, diaphragm fixed (lower esophagus))

Esophagus: CS Lymph Nodes

• Code 255: 250 + any of (100, 200, 220)
  – Cervical (upper) + Celiac (lower) lymph nodes + other named regional lymph nodes (code 100) or scalene/supraclavicular (cervical) and superior mediastinal (upper)
Esophagus: CS Lymph Nodes

- Code 260: OBSOLETE v02.03
- Code 265: Code 260 minus the following:
  - Common hepatic now Mets at Dx code 15
  - Splenic now Mets at Dx code 15
- Codes 270, 275 and 280: Combination codes

- Note: Code 260 refers to Mets at Dx codes 15, 55
  - This should be code 15, 50 (the 55 is a typo)
  - Fixed in v02.04

Esophagus: CS Lymph Nodes

- Code 300: OBSOLETE v02.03
- Code 305: Code 300 minus the following:
  - Common hepatic now Mets at Dx code 15
  - Splenic now Mets at Dx code 15
- Codes 310, 320, 330: Combination codes

Esophagus: CS Lymph Nodes

- Code 560: Stated as pathologic N1
- Code 600: OBSOLETE v02.03
  - Stated as clinical N2 (no lymph nodes removed)
  - See code 500 (regional lymph nodes, NOS)
- Code 700: OBSOLETE v02.03
  - Stated as clinical N3a (no lymph nodes removed)
  - See code 500 (regional lymph nodes, NOS)
- Only use pathologic “stated as” codes in CS Lymph nodes (560, 610, 710)
**Esophagus: CS Lymph Nodes**

- Pathologic N derived from CS Lymph Nodes (codes 100-500) and Reg Nodes Pos
  - CS Lymph node eval code 2, 3, 6, 8
  - N1: Metastasis in 00-02 regional lymph nodes
    - Regional nodes positive coded 95-99
  - N2: Metastasis in 03-06 regional lymph nodes
  - N3: Metastasis in 07-90 regional lymph nodes
- Code 500 when number of positive nodes available, but names of nodes not documented
- Code 800 when unknown if regional or distant
  - ALWAYS defaults to a N1

**Esophagus: CS Mets at Dx**

- Codes 11 & 12: OBSOLETE v02.00
  - Defined as regional in AJCC 7th edition, see CS Lymph node codes 250 and 265
  - Still mapped as mets at dx for AJCC 6th edition
- Code 15: Common hepatic and splenic
  - From CS Lymph nodes code 260

**Esophagus SSF 1: Clinical Assessment of Regional Lymph Nodes**

- Code clinical "stated as" codes in SSF 1
- 100: Stated as N1
  - 1-2 positive nodes, clinically
- 200: Stated as N2
  - 3-6 regional nodes positive, clinically
- 300: Stated as N3
  - 7 or more regional nodes positive, clinically
- 400: Clinically positive regional nodes positive
  - No other information on clinical status of nodes
Esophagus SSF 1: Clinical Assessment of Regional Lymph Nodes

- Deriving Clinical N
  - CS Lymph nodes 000, 560-999 automatically derived
  - CS Lymph nodes 100-500 use extra table
- Lymph Nodes Clinical Evaluation AJCC 7 Table
  - CS Lymph nodes 100-500
  - CS Lymph nodes eval code 0, 1, 5, 9
  - N derived from combination of regional nodes positive and SSF 1

Esophagus SSF 2: Specific Location of Tumor

- Staging element for squamous cell tumors
  - Collect for all histologies
- AJCC definition of location:
  - Position of upper (proximal) edge of tumor in esophagus
- Location of tumor provides information about extension to adjacent structures
- Coding a upper thoracic esophagus tumor
  - ICD-O-3: C15.1 (Thoracic esophagus)
  - SSF #2: 020 (Stated as upper thoracic esophagus)

Esophagus SSF 3: Number of Regional Nodes with Extracapsular Tumor

- Tumor involvement of lymph node which spills beyond the wall of the node into surrounding fat
- Poor prognostic factor
- Information found in pathology report
  - If extracapsular ext. noted to be negative, code 000
  - If no mention of extracapsular ext., code 990
  - If lymph node examination done and results not available, code 997
  - If no pathologic assessment of lymph nodes, code 998
Esophagus SSF 4: Distance to Proximal Edge of Tumor from Incisors

- Measures distance from incisors (teeth) to the uppermost (proximal) point of the tumor
- Codes 001-060: code to nearest centimeter
- Codes 991-997: range codes for when exact distance is not available
- Code 999: unknown

Esophagus SSF 5: Distance to Distal Edge of Tumor from Incisors

- Measures distance from incisors (teeth) to the lowermost (distal) point of the tumor
- Codes 001-060: code to nearest centimeter
- Codes 991-997: range codes for when exact distance is not available
- Code 999: unknown

Esophagogastric Junction
Esophagus & Esophagus GE Junction: Histologies

- Adenocarcinoma
  - Usually forms in the lower third of the esophagus, near the stomach.

- Squamous Cell Carcinoma
  - Typically found in the upper two thirds of the esophagus.

- Histologies Stage Table
  - Assign all ICD-O-3 histology codes to either the Adenocarcinoma or Squamous staging tables.

Esophagus GE Junction

- AJCC 7th edition stage derived from:
  - T(CS Extension)
  - N(CS Lymph nodes) & Regional Nodes Positive
  - M(CS Mets at Dx)
  - Eval codes (for clinical/pathologic staging)
  - Grade
  - Histology (Adenocarcinoma vs Squamous Cell)
  - SSF 1: Clinical assessment of regional lymph nodes
    - For clinical cases
  - SSF 25: Schema discriminator

Esophagus GE Junction: CS Extension

- OBSOLETE CODES
  - 130 (v02.00): Polyps not relevant for schema
  - 140 (v02.03): Polyps not relevant for schema
  - 430 (v02.03): See code 480
  - 600 (v02.03): See codes 570, 605, 615
  - 610 (v02.03): See codes 570, 615
  - 710 (v02.03): See code 810
  - 720 (v02.03): See code 580
  - 820 (v02.03): See code 805
Esophagus GE Junction: CS
Extension-v02.03 New Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>125</td>
<td>Stated as T1a</td>
</tr>
<tr>
<td>480</td>
<td>Stated as T3 (previously coded 430)</td>
</tr>
<tr>
<td>570</td>
<td>Pericardium, Pleura, Diaphragm (previously coded 600)</td>
</tr>
<tr>
<td>580</td>
<td>Stated as T4a (previously coded 720)</td>
</tr>
<tr>
<td>605</td>
<td>Code 600 minus organs now listed in codes 570 (also includes transverse colon, including flexures)</td>
</tr>
<tr>
<td>615</td>
<td>Combination of codes 570 and 605</td>
</tr>
<tr>
<td>805</td>
<td>Stated as T4b (previously coded 820)</td>
</tr>
<tr>
<td>810</td>
<td>Stated as T4 [NOS] (previously coded 720)</td>
</tr>
</tbody>
</table>

Esophagus GE Junction: CS Lymph Nodes

- Named regional lymph nodes:
  - Code 100: Multiple named lymph nodes
  - Code 400: Celiac lymph nodes
  - Code 450: Paraesophageal/Periesophageal
- Regional lymph nodes, NOS
  - Code 500: Regional lymph nodes, NOS
- Lymph nodes, NOS
  - Code 800: Lymph nodes, NOS

Esophagus GE Junction: CS Lymph Nodes

- Code 610: Stated as pathologic N1
- Code 650: OBSOLETE v02.03
  - Stated as clinical N2 (no lymph nodes removed)
  - See code 500 (regional lymph nodes, NOS)
- Code 700: OBSOLETE v02.03
  - Stated as clinical N3a (no lymph nodes removed)
  - See code 500 (regional lymph nodes, NOS)
- Only use pathologic “stated as” codes in CS Lymph nodes (610, 660, 720)
Esophagus: CS Lymph Nodes

- Pathologic N derived from CS Lymph Nodes (codes 100-500) and Reg Nodes Pos
  - CS Lymph node eval code 2, 3, 6, 8
  - N1: Metastasis in 00-02 regional lymph nodes
    - Regional nodes positive coded 95-99
  - N2: Metastasis in 03-06 regional lymph nodes
  - N3: Metastasis in 07-90 regional lymph nodes
- Code 500 when number of positive nodes available, but names of nodes not documented
- Code 800 when unknown if regional or distant
  - ALWAYS defaults to a N1

Esophagus GE Junction: CS Mets at Dx

- Code 10: Distant lymph nodes
- Code 40: Distant mets (except distant LN’s)
- Code 50: Distant mets & distant lymph nodes
- Code 60: Distant mets, NOS
  - Stated as M1 with no other info on Mets
- Code 99: Unknown if mets

Esophagus GE Junction: SSF 25 Schema Discriminator

- Primary site codes C16.0, C16.1, C16.2
  - For primary site codes C16.3-C16.9, code 981 for the stomach schema
- Cases coded to C16.0 automatically go to EGJ schema (use code 010)
Stomach

• AJCC 7th edition stage derived from:
  – T(CS Extension)
  – N(CS Lymph nodes) & Regional Nodes Positive
  – M(CS Mets at Dx)
  – Eval codes (for clinical/pathologic staging)
  – SSF 1: Clinical assessment of regional lymph nodes
    • For clinical cases
  – SSF 25: Schema discriminator
    • Needed for primary sites C16.0, C16.1 and C16.2

Stomach: Histologies

• Adenocarcinoma, NOS (42.9%)
• Signet ring cell carcinoma (15.6%)
• Adenocarcinoma, Intestinal type (7.2%)
• Lymphomas (10.1%)
  – NHL, large B-cell diffuse
  – Marginal zone B-cell lymphoma, NOS
  – Others
Stomach: CS Extension
New Codes for Version 2

• 125: Stated as T1a
• 170: Stated as T1b
• 180: Stated as T1 [NOS] (previously 340)
• 390: Stated as T2
• 480: Stated as T3
• 555: Stated as T4a (previously 500)
• 805: Stated as T4b (previously 690)
• 810: Stated as T4 [NOS] (previously 490)

Stomach: CS Extension

• T1a: Invasion of lamina propria or muscularis mucosae
• T1b: Invasion of the submucosa
• T2: Invasion of the muscularis propria
• T3: Invasion of the subserosal connective tissue (no invasion of serosa or adjacent structures)
• T4a: Penetrates the serosa
• T4b: Invades adjacent structures

Stomach: CS Extension

• Intraluminal extension (T1a and T1b)
  – Occurring within, or introduced into the lumen
  – AJCC 7th edition: “Intramural (intraluminal) extension is classified by depth of greatest invasion) See Note 1, Ext
• 3 new codes have “intraluminal extension” as part of their description
  – Code 122 (T1a)
  – Code 165 (T1b)
  – Code 360 (T2)
### Stomach: CS Extension

- Code 500 (CSv1), OBSOLETE and divided
- Code 505: Invasion of/through serosa
  - If invasion of serosa AND extension to adjacent structures, see codes 610, 650 and 700
- Code 551: 505 + 450
  - Invasion of serosa and Extension to adjacent connective tissue
- Code 555: Stated as T4a (previously in 500)

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### Stomach: CS Extension

**Adjacent structures of the Stomach (Ext code 610, T4b)**

- Spleen
- Transverse Colon
- Liver
- Diaphragm
- Pancreas
- Abdominal wall
- Adrenal gland
- Kidney
- Small Intestine
- Retroperitoneum

*7th edition AJCC manual, p. 120*

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### Stomach: CS Extension

- OBSOLETE Code 600 (extension to adjacent structures) now divided into:
  - Code 610: All structures in code 600 MINUS Aorta and Celiac Axis
    - Maps to Summary Stage Regional
  - Code 650: Aorta and Celiac Axis
    - Maps to Summary Stage Distant
Stomach: CS Lymph Nodes

- Left gastric
- Pancreaticosplenic
- Pancreatoduodenal
- Perigastric, NOS
- Peripancreatic

- Right gastric
- Superior mesenteric
- Celiac
- Hepatic
- Hepatoduodenal (for lesser curvature only)

Stomach: CS Lymph Nodes

- Code 100: OBSOLETE
  - Includes "see also code 050"
  - No code 050. Will be removed in future version
- Code 110: Same as code 100 MINUS Superior mesenteric
- Superior mesenteric coded in Mets at Dx code 10

Stomach: CS Lymph Nodes

- Code 600: OBSOLETE v02.03
  - Stated as N1
  - See codes 500, 610, SST 1 code 100
- Code 650: OBSOLETE v02.03
  - Stated as N2
  - See codes 500, 660, SSF 1 code 200
- Code 700: OBSOLETE
  - Stated as N3
  - See codes 500, 750, SSF 1 code 300
**Stomach: CS Lymph Nodes**

- Pathologic N derived from CS Lymph Nodes (codes 100-500) and Reg Nodes Pos
  - CS Lymph node eval code 2, 3, 6, 8
  - N1: Metastasis in 01-02 regional lymph nodes
  - N2: Metastasis in 03-06 regional lymph nodes
  - N3a: Metastasis in 07-15 regional lymph nodes
  - N3b: Metastasis in 16 or more regional lymph nodes
- Code 500 when number of positive nodes available, but names of nodes not documented
- Code 800 when unknown if regional or distant
  - ALWAYS defaults to a N1

**Stomach: CS Mets at Dx**

**Common Metastatic Sites**

- Liver
- Peritoneal surfaces
  - Malignant peritoneal cytology is classified as metastatic disease
- Distant lymph nodes
  - Retropancreatic
  - Para-aortic
  - Portal
  - Retropertoneal
  - Mesenteric

**Stomach: CS Mets at Dx**

- Code 10: Distant lymph nodes
  - Includes Superior mesenteric from old LN code 100
- Code 40: Distant mets, INCLUDING positive peritoneal cytology
- Code 50: Codes 40 + 10
- Code 60: Distant mets, NOS; Stated as M1
CS SSF1: Stomach-Clinical Assessment of Regional Lymph Nodes

- Documents clinical assessment of regional lymph nodes prior to treatment
- When clinically positive nodes stated:
  - 100: 1-2 regional lymph nodes (N1)
  - 200: 3-6 regional lymph nodes (N2)
  - 300: 7 or more regional lymph nodes (N3)
  - 310: 7-15 regional lymph nodes (N3a)
  - 320: 16 or more regional lymph nodes (N3b)

CS SSF2: Stomach Specific Location of Tumor

- Clinically significant prognostic factor
- Identifies specific location of the tumor within the stomach
- Provides more specificity of tumor location than ICD-O-3
  - Tumor identified in anterior wall of antrum
  - ICD-O-3: C16:3-Gastric antrum
  - SSF #2: 090- Antrum Anterior wall

SSF13: Stomach Carcinoembryonic Antigen (CEA)

- Same coding instructions as given for coding CEA values for Colon
- Code the interpretation of highest lab value of CEA prior to treatment
- If no documentation of test in record, code 999
  - Do NOT assume it was not done
  - Code 998 may be done if you know the test was not done on the patient or your facility routinely does not do CEA's on Stomach cancer patients
CS SSF14: Stomach
Carcinoembryonic Antigen (CEA) Lab Value

- Record in nanograms/milliliter highest CEA lab value prior to treatment
- Needs to be in agreement with SSF #13
  - If test not done coded for SSF #13, test not done needs to be coded for SSF #14
  - If coded unknown in SSF #13, unknown needs to be coded in SSF #14

CS SSF15: Stomach
CA 19-9 Lab Value

- Record in units/milliliter the highest CA 19-9 lab value prior to treatment
- If no documentation of test in record, code 999
  - Do NOT assume it was not done
  - Code 998 may be done if you know the test was not done on the patient or your facility routinely does not do CEA’s on Stomach cancer patients
- Not required by any standard setters
  - May use code 988

CS SSF25: Stomach
Involvement of Cardia & Distance from EGJ

- Fundus (C16.1) and body (C16.2) of stomach can be assigned to either EsophagusGEJunction or Stomach CSv2 schema
- SSF25 is schema discriminator field needed for CS algorithm to determine which schema to select when site is C16.1 or C16.2
CAnswer Forum

- Submit questions to CS Forum
  - Located within the CAnswer Forum
  - Provides information for all
  - Allows tracking for educational purposes
  - Includes archives of Inquiry & Response System

- CS Forum: http://cancerbulletin.facs.org/forums/
- CS Web Site: www.cancerstaging.org/cstage