

**SEER Site-Specific Coding Guidelines****COLON****C180–C189****Grade**

Colon cancer is often graded using a two-grade system; Low Grade (2) or High Grade (4). If the grade is listed as 1/2 or as low grade, convert to a grade 2. If the grade is listed as 2/2 or as high grade, convert to a code 4.

Code the highest grade given.

Term	Grade	SEER Code
Well differentiated	I	1
Fairly well differentiated	II	2
Low grade	I-II	2
Mid differentiated	II	2
Moderately differentiated	II	2
Partially differentiated	II	2
Partially well differentiated	I-II	2
Partially well differentiated	II	2
Relatively or generally well differentiated	II	2
Medium grade, intermediate grade	II-III	3
Moderately poorly differentiated	III	3
Moderately undifferentiated	III	3
Poorly differentiated	III	3
Relatively poorly differentiated	III	3
Relatively undifferentiated	III	3
Slightly differentiated	III	3
High grade	III-IV	4
Undifferentiated, anaplastic, not differentiated	IV	4

**Familial Polyposis**

Familial polyposis is an inherited, benign disease. The patients have hundreds of adenomatous polyps throughout their large intestines, and at times, throughout the digestive system. These polyps, if left untreated, invariably develop cancer.

Patients develop polyps as early as ten years of age, but more commonly at puberty. Approximately half of all patients with familial polyposis develop polyps by age 14 and 90% have detectable polyps by age 25.

These patients are usually treated with a colectomy. The pathology report will frequently identify carcinoma in situ in many of the polyps and may also identify invasive carcinomas. Prepare one abstract and code the primary site to colon, NOS (C189). Code the stage of disease using the most invasive of the cancers.

**Synonyms** for familial polyposis:

Adenomatosis of the colon and rectum (ACR)

Familial adenomatous colon polyposis

Familial adenomatous polyposis (FAP)

Familial colonic polyposis

Multiple familial polyposis

Polyposis coli

**Collaborative Staging Codes****Colon****C18.0-C18.9**

C18.0 Cecum

C18.1 Appendix

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

**Colon****CS Tumor Size (Revised: 07/28/2006)**

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters 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"
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	Familial/multiple polyposis (M-8220/8221)
999	Unknown; size not stated Not documented in patient record

**Colon****CS Extension (Revised: 08/14/2006)**

**Note 1:** 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 2:** A tumor nodule in the pericolic adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule is classified as a regional lymph node metastasis if the nodule has the form and smooth contour of a lymph node, or if the contour is not described. If the nodule has an irregular contour, it should be coded in CS Extension as code 45.

**Note 3:** Codes 60-80 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
05	(Adeno)carcinoma in a polyp or adenoma, noninvasive	Tis	IS	IS
10	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	Tis	L	L
11	Lamina propria, including lamina propria in the stalk of a polyp	Tis	L	L
12	Confined to and not through the muscularis mucosae, including muscularis mucosae in the stalk of a polyp	Tis	L	L
13	Confined to head of polyp, NOS	T1	L	L
14	Confined to stalk of polyp, NOS	T1	L	L
15	Invasive tumor in polyp, NOS	T1	L	L
16	Invades submucosa (superficial invasion), including submucosa in the stalk of a polyp	T1	L	L
20	Muscularis propria invaded	T2	L	L
30	Localized, NOS Confined to colon, NOS	T1	L	L
40	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	T3	L	L
42	Fat, NOS	T3	RE	RE

45	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 Greater omentum	T3	RE	RE
46	Adherent to other organs or structures, but no microscopic tumor found in adhesion(s)	T3	RE	RE
50	Invasion of/through serosa (mesothelium) (visceral peritoneum)	T4	RE	RE
55	Any of [(42) to (45)] + (50)	T4	RE	RE
57	Adherent to other organs or structures, NOS	T4	RE	RE
60	All colon sites: Small intestine Cecum and appendix: Greater omentum Ascending colon: Greater omentum Liver, right lobe Transverse colon and flexures: Gallbladder/bile ducts Kidney Liver Pancreas Spleen Stomach Descending colon: Greater omentum Pelvic wall Spleen Sigmoid colon: Greater omentum Pelvic wall	T4	RE	RE

65	All colon sites: Abdominal wall Retroperitoneum (excluding fat)	T4	RE	RE
66	Ascending colon: Right kidney Right ureter Descending colon: Left kidney Left ureter	T4	RE	RE
70	Cecum, appendix, ascending, descending and sigmoid colon: Fallopian tube Ovary Uterus	T4	D	D
75	All colon sites unless otherwise stated above: Adrenal (suprarenal) gland Bladder Diaphragm Fistula to skin Gallbladder Other segment(s) of colon via serosa	T4	D	D
80	Further contiguous extension: Cecum and appendix: Kidney Liver Ureter Transverse colon and flexures: Ureter Sigmoid colon: Cul de sac (rectouterine pouch) Ureter Other contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

**Colon****CS TS/Ext-Eval****SEE STANDARD TABLE**

**NOTE:** For these primary sites code CS Tumor Size/Ext Eval on the basis of the CS Extension field only.

**Colon****CS Lymph Nodes (Revised: 09/17/2007)**

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

**Note 2:** A tumor nodule in the pericolic adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule is classified as a regional lymph node metastasis if the nodule has the form and smooth contour of a lymph node, or if the contour is not described. If the nodule has an irregular contour, it should be coded in CS Extension as code 45.

**Note 3:** Inferior mesenteric nodes are coded in CS Mets at DX for cecum, appendix, ascending colon, transverse colon, and hepatic flexure. Superior mesenteric nodes are coded in CS Mets at DX for all colon sites.

**Note 4:** The number of positive regional nodes is required to calculate the correct N category for this site. Codes 40 and 45 are for use when this number is not available, but the pathology report assigns an N1 or N2 category. If information about the number of positive nodes is available, use codes 10, 20, or 30 rather than codes 40 or 45. The actual number of involved nodes will be coded in Reg LN Pos.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s) 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	*	RN	RN
20	Regional lymph node(s), for specific subsites: Cecum and appendix: Cecal: anterior (prececal), posterior (retrocecal); NOS Ileocolic Right colic Ascending colon: Ileocolic Middle colic Right colic Transverse colon and flexures: Inferior mesenteric for splenic flexure only	*	RN	RN

20 cont'd	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	*	RN	RN
30	Regional lymph node(s) for all colon sites: Mesenteric, NOS Regional lymph node(s), NOS	*	RN	RN
40	Stated as N1 pathologic	N1	RN	RN
45	Stated as N2 pathologic	N2	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

**Colon****Reg LN Pos**

SEE STANDARD TABLE

**Colon****Reg LN Exam**

SEE STANDARD TABLE

**Colon****CS Mets at DX (Revised: 05/06/2004)**

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
08	Cecum, appendix, ascending, hepatic flexure and transverse colon: Superior mesenteric lymph node(s)	M1	RN	D
10	Distant lymph node(s) other than code 08	M1	D	D

10 cont'd	For all colon sites: Common iliac Distant lymph node(s), NOS External iliac Para-aortic Retroperitoneal For cecum, appendix, ascending colon, transverse colon, and hepatic flexure: Inferior mesenteric For splenic flexure, descending colon, and sigmoid colon: Superior mesenteric	M1	D	D
40	Distant metastases except distant lymph node(s) (codes 08-10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(40) + [(08) or (10)] Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

**Site Specific Surgery Codes****Colon****C180–C189**

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Code removal/surgical ablation of single or multiple liver metastases under the data item Surgical Procedure/Other Site (NAACCR Item #1294)

**Codes**

- 00 None; no surgery of primary site; autopsy ONLY
- 10 Local tumor destruction, NOS
  - 11 Photodynamic therapy (PDT)
  - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
  - 13 Cryosurgery
  - 14 Laser

**No specimen sent to pathology from surgical events 10–14**

- 20 Local tumor excision, NOS
  - 27 Excisional biopsy
  - 26 Polypectomy, NOS
  - 28 Polypectomy-endoscopic
  - 29 Polypectomy-surgical excision

**Any combination of 20 or 26–29 WITH**

- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[**SEER Note:** Codes 21 to 24 above combine 20 Local tumor excision, 27 Excisional biopsy, 26 Polypectomy, NOS, 28 Polypectomy-endoscopic or 29 Polypectomy-surgical excision WITH 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

- 25 Laser excision

**Specimen sent to pathology from surgical events 20–29**

- 30 Partial colectomy, [but less than hemicolectomy] segmental resection
  - 32 Plus resection of contiguous organ; example: small bowel, bladder

[**SEER Note:** Codes 30 and 32 include but are not limited to: Appendectomy (for an appendix primary only), enterocolectomy, ileocolectomy, partial colectomy, NOS, partial resection of transverse colon and flexures, and segmental resection, such as cecectomy or sigmoidectomy. Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ.]

- 40 Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)
  - 41 Plus resection of contiguous organ; example: small bowel, bladder

[**SEER Notes:** Code 40 includes extended (but less than total) right or left colectomy. Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ]

50 Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum)

51 Plus resection of contiguous organ; example: small bowel, bladder

[**SEER Note:** Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ]

60 Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the entire rectum)

[**SEER Note:** Commonly used for familial polyposis or polyposis coli]

61 Plus resection of contiguous organ; example: small bowel, bladder

[**SEER Note:** Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ]

70 Colectomy or coloproctectomy with resection of contiguous organ(s), NOS (where there is not enough information to code 32, 41, 51, or 61)

Code 70 includes: Any colectomy (partial, hemicolectomy, or total) WITH a resection of any other organs in continuity with the primary site. Other organs may be partially or totally removed. Other organs may include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, or pelvic exenteration.

[**SEER Note:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

80 Colectomy, NOS

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY