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**SEER Site-Specific Coding Guidelines**  
**ESOPHAGUS**  
**C150-C155, C158-C159****Primary Site**

There are two systems that divide the esophagus into three subsites. The first system divides the esophagus into the upper third, middle third, and lower third. The second system describes the subsites as the cervical esophagus, the thoracic esophagus and the abdominal esophagus. The subsites for these two different systems are not identical. Assign the ICD-O-3 topography code that describes the primary site documented in the medical record. See the *SEER Self Instructional Manual for Tumor Registrars, Book 4* for illustrated descriptions of each system

**Esophagus****C15.0-C15.5, C15.8-C15.9**

C15.0 Cervical esophagus

C15.1 Thoracic esophagus

C15.2 Abdominal esophagus

C15.3 Upper third of esophagus

C15.4 Middle third of esophagus

C15.5 Lower third of esophagus

C15.8 Overlapping lesion of esophagus

C15.9 Esophagus, NOS

**Note 1:** The cardia/EGJ, and the proximal 5cm of the fundus and body of the stomach (C16.0-C16.2) have been moved from the Stomach chapter and added to Esophagus effective with AJCC TNM 7th Edition. A new schema EG Junction was created in CSv2 to accommodate this change. Tumors arising at the EGJ, or arising in the stomach within 5 cm of the EGJ and crossing the EGJ are staged using the schema for EG Junction. All other cancers with a midpoint in the stomach lying more than 5 cm distal to the EGJ, or those within 5 cm of the EGJ but not extending into the EGJ or esophagus, are staged using the stomach schema.

**Note 2:** Anatomic Limits of Esophagus:

- Cervical Esophagus (C15.0): From the lower border of the cricoid cartilage to the thoracic inlet (suprasternal notch), about 18 cm from the incisors.
- Intrathoracic (including abdominal esophagus) (C15.1 - C15.5): Upper thoracic portion (C15.3): From the thoracic inlet to the level of the tracheal bifurcation (18-24 cm). Mid-thoracic portion (C15.4): From the tracheal bifurcation midway to the gastroesophageal (GE) junction (24-32 cm).
- Lower thoracic portion (C15.5): From midway between the tracheal bifurcation and the gastroesophageal junction to the GE junction, including the abdominal esophagus (C15.2) between 32-40 cm.

**Note 3:** 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.

**Note 4:** Effective with AJCC TNM 7th Edition, histologic grade is required for stage grouping.

**Esophagus****CS Tumor Size**

Note: For esophagus, this field is used for size of tumor/length of involved esophagus.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger

Code	Description
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	Circumferential
999	Unknown; size not stated Not documented in patient record

## Esophagus

### CS Extension

**Note 1:** Ignore intraluminal extension to adjacent segment(s) of esophagus or to cardia of stomach and code depth of invasion or extra-esophageal spread as indicated.

**Note 2:** T4 has been subclassified into T4a and T4b in the 7th Edition.

**Note 3:** For this site, AJCC defines Tis as High grade dysplasia, in which they Include "all non-invasive neoplastic epithelium that was previously called carcinoma in situ. Cancers stated to be non-invasive or in situ are classified as Tis." High grade dysplasia is generally not reportable in cancer registries, but if a registry does collect it, code 000 should be used.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ; non-invasive; intraepithelial; high grade dysplasia	Tis	Tis	IS	IS
100	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	T1a	T1	L	L
110	Invades lamina propria	T1a	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120	Invades muscularis mucosae	T1a	T1	L	L
160	Invades submucosa	T1b	T1	L	L
170	Stated as T1 [NOS]	T1NOS	T1	L	L
200	Muscularis propria invaded	T2	T2	L	L
210	Stated as T2 [NOS]	T2	T2	L	L
300	Localized, NOS	T1NOS	T1	L	L
400	Adventitia and/or soft tissue invaded Esophagus is described as "FIXED"	T3	T3	RE	RE
450	Stated as T3 [NOS]	T3	T3	RE	RE
600	OBSOLETE DATA RETAINED V0200 T4 subclassified in AJCC 7th Edition; See Codes 610-820 Tumor invades adjacent structures Cervical esophagus: Blood vessel(s): Carotid artery Jugular vein Subclavian artery Thyroid gland Intrathoracic, upper or mid-portion, esophagus: Blood vessel(s), major: Aorta Azygos vein Pulmonary artery/vein Vena cava Carina Diaphragm Main stem bronchus Trachea Intrathoracic, lower portion	ERROR	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
600 cont'd	(abdominal), esophagus: Blood vessel(s): Aorta Gastric artery/vein Vena cava Diaphragm, not fixed, or NOS Stomach, cardia (via serosa)	ERROR	T4	RE	RE
610	Tumor invades adjacent structures Cervical esophagus: Hypopharynx Jugular vein Larynx Thyroid gland  Intrathoracic, upper or mid-portion, esophagus: Blood vessel(s), major: Azygos vein Diaphragm  Intrathoracic, lower portion (abdominal), esophagus: Blood vessel(s): Gastric artery/vein Diaphragm, not fixed, or NOS Stomach, cardia (via serosa) Intrathoracic esophagus: Pleura	T4a	T4	RE	RE
650	OBSOLETE DATA RETAINED V0200 T4 subclassified in AJCC 7th Edition; See Codes 610-820 Cervical esophagus: Carina Cervical vertebra(e) Hypopharynx Larynx Trachea Intrathoracic esophagus:	ERROR	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
650 cont'd	Lung via bronchus Mediastinal structure(s), NOS Pleura Rib(s) Thoracic vertebra(e)	ERROR	T4	RE	RE
660	Thoracic/middle esophagus: Pericardium	T4a	T4	RE	D
680	Cervical/upper esophagus: Pleura Abdominal/lower esophagus: Diaphragm fixed	T4a	T4	D	D
700	Stated as T4 [NOS]	T4NOS	T4	RE	RE
710	Stated as T4a [NOS]	T4a	T4	RE	RE
730	Tumor invades adjacent structures Cervical esophagus: Blood vessel(s): Carotid artery Subclavian artery Carina Cervical vertebra(e) Trachea  Intrathoracic, upper or mid-portion, esophagus: Blood vessel(s), major: Aorta Pulmonary artery/vein Vena cava Carina Main stem bronchus Trachea  Intrathoracic, lower portion (abdominal), esophagus: Blood vessel(s): Aorta	T4b	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
730 cont'd	Vena cava Intrathoracic esophagus: Adjacent Rib(s) Bronchus Mediastinal structure(s), NOS Thoracic vertebra(e)	T4b	T4	RE	RE
750	Cervical/upper esophagus: Lung Main stem bronchus	T4b	T4	D	D
780	OBSOLETE DATA RETAINED V0200 T4 subclassified in AJCC 7th Edition; See Code 660 Thoracic/middle esophagus: Pericardium	ERROR	T4	RE	D
800	OBSOLETE DATA RETAINED V0200 T4 subclassified in AJCC 7th Edition; See Codes 730 and 750 Further contiguous extension: Cervical/upper esophagus: Lung Main stem bronchus Pleura Abdominal/lower esophagus: Diaphragm fixed	ERROR	T4	D	D
810	Further contiguous extension Stated as T4b [NOS]	T4b	T4	D	D
820	Tumor Invades adjacent structures listed in codes 610,660,or 680, but stated as unresectable	T4b	T4	D	D
950	No evidence of primary tumor	T0	T0	U	U

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

**Esophagus****CS Tumor Size/Ext Eval**

See Standard Table

**Esophagus****CS Lymph Nodes**

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

**Note 2:** In 7th Edition, regional lymph nodes for any part of esophagus fall in the range from periesophageal/cervical to celiac region.

**Note 3:** Lymph nodes from the supraclavicular region down to the celiac region previously considered to be distant are now regional.

**Note 4:** Lymph node stations/groups are listed in parentheses when applicable. See page 107 of the AJCC TNM 7th Ed. for an illustration.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	N0	NONE	NONE
100	Regional lymph nodes (including contralateral or bilateral) For all subsites: Peri-/paraesophageal (8L, 8M) Cervical esophagus only: Cervical, NOS Anterior deep cervical (laterolateral) (recurrent laryngeal) Internal jugular, NOS: Deep cervical, NOS: Upper, NOS: Jugulodigastric (subdigastric) Intrathoracic esophagus, upper or middle, only: Internal jugular, NOS:	^	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Deep cervical, NOS: Lower, NOS: Jugulo-omohyoid (supraomohyoid) Middle Upper cervical, NOS: Jugulodigastric (subdigastric) Intrabronchial: Carinal (tracheobronchial) (10R, 10L) (tracheal bifurcation) Hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Peritracheal Left gastric (superior gastric) (17): Cardiac (cardial) Lesser curvature Perigastric, NOS Posterior mediastinal (tracheoesophageal) Intrathoracic esophagus, lower (abdominal) only: Left gastric (superior gastric) (17): Cardiac (cardial) Lesser curvature Perigastric, NOS Posterior mediastinal (3P) (tracheoesophageal)	^	N1	RN	RN
200	Cervical Esophagus only: Scalene (inferior deep cervical) (1) Supraclavicular (transverse cervical) (1)	^	N1	D	RN
220	Intrathoracic, upper thoracic or middle, only: Superior mediastinal	^	N1	D	RN
250	Upper thoracic esophagus only: Cervical lymph nodes	^	*	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
250 cont'd	Lower thoracic (abdominal) esophagus only: Celiac lymph nodes (20)	^	*	D	D
260	Cervical esophagus only: Common hepatic (regional) (18) Diaphragmatic (15) Pulmonary ligament (9) Splenic (19) Intrathoracic esophagus, upper or middle, only: Common hepatic (18) (regional) Diaphragmatic (15) Splenic (19) Lower thoracic (abdominal) esophagus only: Aortopulmonary (5) Pulmonary ligament (9)	^	*	D	D
300	All esophagus subsites: Anterior mediastinal (6) Mediastinal, NOS Cervical esophagus only: Aortopulmonary (5) Paratracheal (2R,2L, 4R, 4L) Posterior mediastinal (3P) Superior mediastinal Intrathoracic esophagus, upper or middle, only: Aortopulmonary (5) Pulmonary ligament (9) Intrathoracic esophagus, lower (abdominal) only: Common hepatic (18) Diaphragmatic (15) Paratracheal (2R,2L, 4R,4L) Splenic (19) Superior mediastinal	^	N1	RN	RN
500	Regional lymph node(s), NOS	^	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
600	Stated as clinical N2 (clinical assessment; no lymph nodes removed)	N2	N1	RN	RN
610	Stated as pathologic N2; no information on which nodes were involved	N2	N1	RN	RN
700	Stated as clinical N3a (clinical assessment; no lymph nodes removed)	N3	N1	RN	RN
710	Stated pathologically as N3a; no information on which nodes were involved	N3	N1	RN	RN
800	Lymph nodes, NOS; Stated as N1	^	N1	RN	RN
999	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	NX	U	U

^ For codes 100-500 and 800, the N category is assigned based on the number of positive lymph nodes. ^ For codes 100-500 and 800 ONLY: when CS Regional Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation 7th Edition Table, using Reg LN Pos and CS Site-Specific Factor 1; when CS Regional Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation 7th Edition Table using Reg LN Pos.

- For codes 250 and 260 the N and M categories for AJCC 6th Edition are assigned based on the coding of this field and CS Mets at DX as shown in the Lymph Nodes Mets at DX Table AJCC 6

### Esophagus

#### Reg LN Pos

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

**See Standard Table**

### Esophagus

#### Reg LN Exam

**See Standard Table**

**Esophagus****CS Mets at DX**

**Note 1:** Lymph nodes from the supraclavicular region down to the celiac region previously considered to be distant are now regional.

**Note 2:** Lymph node stations/groups are listed in parentheses when applicable. See page 107 of the AJCC TNM 7th Ed. for an illustration.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	M0	NONE	NONE
10	Distant lymph node(s), NOS	M1	M1NOS	D	D
11	OBSOLETE DATA RETAINED V0200 Considered regional in AJCC 7th Edition See CS Lymph Nodes code 250 Upper thoracic esophagus only: Cervical lymph nodes M1 Lower thoracic (abdominal) esophagus only: Celiac lymph nodes (20) M1	ERROR	M1a	D	D
12	OBSOLETE DATA REVIEWED AND CHANGED V0200 The specified lymph nodes in code 12 were considered distant in AJCC 6th Edition and are considered regional in AJCC 7th Edition EXCEPT for common hepatic and splenic lymph nodes which are still considered distant and are included in code 15. See CS Lymph Nodes code 260 for lymph nodes other than common hepatic and splenic Specified distant lymph node(s), other than code 11, including: Cervical esophagus only: Common hepatic (18) Diaphragmatic (15) Pulmonary ligament (9)	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
12 cont'd	Splenic (19) Intrathoracic esophagus, upper or middle, only: Common hepatic (18) Diaphragmatic (15) Splenic (19) Lower thoracic (abdominal) esophagus only: Aortopulmonary (5) Pulmonary ligament (9)	ERROR	ERROR	ERROR	ERROR
15	Common hepatic (18) Splenic (19)	M1	M1NOS	D	D
40	Distant metastases except distant lymph node(s) (codes 10 or 15) Carcinomatosis	M1	M1b	D	D
50	40 + any of 10 to 15 Distant lymph node(s) plus other distant metastases	M1	M1b	D	D
60	Distant metastasis, NOS Stated as M1 [NOS]	M1	M1b	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U