

Stomach**C16.1-C16.6, C16.8-C16.9**

C16.1 Fundus of stomach

C16.2 Body of stomach

C16.3 Gastric antrum

C16.4 Pylorus

C16.5 Lesser curvature of stomach, NOS

C16.6 Greater curvature of stomach, NOS

C16.8 Overlapping lesion of stomach

C16.9 Stomach, NOS

Stomach**CS Tumor Size**

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	Diffuse; widespread; 3/4's or more: linitis plastica
999	Unknown; size not stated Not documented in patient record

Stomach**CS Extension**

Note 1: INTRALUMINAL or INTRAMURAL extension to esophagus and duodenum is classified by the depth of greatest invasion in any of these sites, including stomach. (For extension to esophagus or duodenum via serosa, see code 600.)

Note 2: If the diagnosis states "linitis plastica" and no other information regarding extension is available, use code 350.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ; noninvasive; intraepithelial	Tis	Tis	IS	IS
050	(Adeno)carcinoma in a polyp, noninvasive	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
120	Invades muscularis mucosae	T1a	T1	L	L
125	Stated as T1a, NOS	T1a	T1	L	L
130	Confined to head of polyp Extension to stalk	T1b	T1	L	L
140	Confined to stalk of polyp	T1b	T1	L	L
150	Tumor in polyp, NOS	T1NOS	T1	L	L
160	Invades submucosa (superficial invasion)	T1b	T1	L	L
170	Stated as T1b, NOS	T1b	T1	L	L
200	Invades into but not through muscularis propria	T2	T2a	L	L
300	Localized, NOS Implants inside stomach	T1NOS	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
340	Stated as T1, NOS	T1NOS	T1	L	L
350	Linitis plastica (see Note 2) and no other information regarding extension is available.	T2	T2a	RE	L
390	Stated as T2, NOS	T2	T2NOS	L	L
400	Invasion through muscularis propria or muscularis, NOS Extension through wall, NOS Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded	T3	T2b	L	L
450	Extension to adjacent (connective) tissue WITHOUT perforation of visceral peritoneum: Gastric artery Ligaments: Gastrocolic Gastrohepatic Gastrosplenic Omentum, NOS Greater Lesser Perigastric fat	T3	T2b	RE	RE
480	Stated as T3, NOS	T3	T3	RE	RE
490	Stated as T4, NOS	T4NOS	T4	RE	RE
500	Invasion of/through serosa (mesothelium) (tunica serosa) (visceral peritoneum), including perforation of visceral peritoneum covering the gastric ligaments or the omentum WITHOUT invasion of adjacent	T4a	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
500 cont'd	structures Stated as T4a, NOS	T4a	T3	RE	RE
550	(450) + (500)	T4a	T3	RE	RE
600	Diaphragm Duodenum via serosa or NOS Esophagus via serosa Ileum Jejunum Liver Pancreas Small intestine, NOS Spleen Transverse colon/mesocolon (including flexures) Celiacaxis Aorta	T4b	T4	RE	RE
690	Stated as T4b, NOS	T4b	T4	RE	RE
700	Abdominal wall Adrenal gland Kidney Retroperitoneum	T4b	T4	D	D
800	Further contiguous extension	T4b	T4	D	D
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

Stomach
CS Tumor Size/Ext Eval
See Standard Table

Stomach**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: If information about named regional lymph nodes is available, use codes 100, 400, 420, or 500, rather than codes 600, 650, 700, 710, or 720.

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: Left gastric (superior gastric), NOS: Cardial Cardioesophageal Gastric, left Gastropancreatic, left Lesser curvature Lesser omental Paracardial Pancreaticosplenic (pancreaticolienal) Pancreatoduodenal Perigastric, NOS Peripancreatic Right gastric (inferior gastric), NOS: Gastrocolic Gastroduodenal Gastroepiploic (gastro-omental), right or NOS Gastrohepatic Greater curvature Greater omental Pyloric, NOS Infrapyloric (subpyloric) Suprapyloric Splenic (lienal), NOS: Gastroepiploic (gastro-omental), left Splenic hilar Superior mesenteric Nodule(s) in perigastric fat	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400	Celiac Hepatic (excluding gastrohepatic, [see code 100] and hepatoduodenal [see code 420])	^	*	D	RN
420	For lesser curvature only: Hepatoduodenal	^	*	D	D
500	Regional lymph nodes, NOS	^	*	RN	RN
600	Stated as N1, NOS	N1	N1	RN	RN
650	Stated as N2, NOS	N2	N2	RN	RN
700	Stated as N3, NOS	N3NOS	N3	RN	RN
710	Stated as N3a, NOS	N3a	N3	RN	RN
720	Stated as N3b, NOS	N3b	N3	RN	RN
800	Lymph nodes, NOS	^	*	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 ONLY: when CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation Table, using Reg LN Pos and CS Site-Specific Factor 1; when CS Lymph Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation Table Also Used When CS Reg Nodes Eval is Not Coded using Reg LN Pos.

^ For codes 100-500 and 800 ONLY: when CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation 7th Table, using Reg LN Pos and CS Site-Specific Factor 1; when CS Lymph Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation 7th Table Also Used When CS Reg Nodes Eval is Not Coded using Reg LN Pos.

Stomach**Reg LN Pos****Note:** Record this field even if there has been preoperative treatment.**See Standard Table****Stomach****Reg LN Exam****See Standard Table****Stomach****CS Mets at DX**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	M0	NONE	NONE
10	Distant lymph node(s): For all subsites: Inferior mesenteric Para-aortic Porta hepatis (portal) (hilar) (in hilus of liver) Retropancreatic Retroperitoneal Superior mesenteric or mesenteric, NOS For all subsites EXCEPT lesser curvature Hepatoduodenal Distant lymph nodes, NOS	M1	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Carcinomatosis Malignant peritoneal cytology	M1	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	M1	D	D
60	Distant metastasis, NOS M1, NOS	M1	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

Stomach

CS Site-Specific Factor 25

Involvement of Cardia and Distance from Esophagogastric Junction (EGJ)

Note 1: Since primary site codes C16.1 (fundus of stomach) and C16.2 (body of stomach) can be assigned to either schema, EsophagusGEJunction or Stomach, this schema discriminator field is needed for the CS Algorithm to determine which schema to select only when the site is C16.1 or C16.2.

Note 2: In 7th ed., Esophagogastric junction and the proximal 5 cm of the Stomach were removed from the Stomach schema and added to the Esophagus chapter. Due to differences in the schemas for Esophagus and Stomach, a new schema was created in CSv2 to accommodate these changes. In 7th ed., cancers whose midpoint is in the lower thoracic esophagus, esophagogastric junction, or within the proximal 5 cm of the stomach (cardia) that extend into the esophagogastric junction or esophagus are stage grouped similar to adenocarcinoma of the esophagus. All other cancers with a midpoint in the stomach greater than 5 cm distal to the esophagogastric junction, or those within 5 cm of the esophagogastric junction but not extending into the esophagogastric junction or esophagus, are stage grouped using the gastric cancer staging system.

Note 3: For cases coded to primary site code C16.1 or C16.2 and histology: 8000-8152,8154-8231,8243-8245,8247,8248,8250- 8934,8940-9136,9141-9582,9700-9701, code whether or not tumor extends to esophagus (crosses the EGJ) and code the stated distance of the midpoint of the tumor from the EGJ. This information will be used to determine whether the case has AJCC TNM and stage group assigned using definitions for esophagus or stomach cancers.

Note 4: If the primary site code is stomach and involvement of EGJ and distance from EGJ is unknown but a physician stages the case using esophagus definitions, assign to code 060.

Collaborative Stage will use the EsophagusGEJunction schema to assign TNM and AJCC stage.

Code	Description	Schema
000	No involvement of esophagus or EGJ	Stomach
010	Tumor located in Cardia or EGJ	EsophagusGEJunction
020	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5cm or less	EsophagusGEJunction
030	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ more than 5cm	Stomach

Code	Description	Schema
040	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ unknown	EsophagusGEJunction
050	Esophagus and EGJ not involved but distance of tumor midpoint from EGJ is 5cm or less	Stomach
060	Esophagus involved or esophagus involvement unknown AND distance of tumor midpoint from EGJ more than 5cm or unknown AND physician stages case using esophagus definitions	EsophagusGEJunction
100	OBSOLETE DATA RETAINED V0200 C16.1, C16.2 - originally coded in CSv1	Stomach
999	Involvement of esophagus not stated, unknown or no information, not documented in patient record	Stomach
	Blank for Stomach cases which are C16.3-C16.9	Stomach
	Blank for Cardia/EGJ cases which are C16.0	EsophagusGEJunction