

Gastrointestinal Stromal Tumors of Small Intestine**C17.0-C17.3, C17.8-C17.9**

(M-8935-8936)

C17.0 Duodenum

C17.1 Jejunum

C17.2 Ileum (excludes ileocecal valve C18.0)

C17.3 Meckel diverticulum (site of neoplasm)

C17.8 Overlapping lesion of small intestine

C17.9 Small intestine, NOS

Note: The histologies included in this schema were not staged with AJCC 6th Edition. Therefore, the algorithm will not derive an AJCC 6th TNM or stage group.

GISTSmallIntestine**CS Tumor Size**

Note: Code the specific tumor size as documented in the medical record. If the ONLY information regarding tumor size is the physician's statement of the "T" category, assign code 011 (T1, NOS), 021 (T2, NOS) or 051 (T3, NOS) or 101 (T4, NOS). (Refer to the CS Extension table for instructions on coding extension).

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	OBSOLETE DATA RETAINED V0200 Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"
993	OBSOLETE DATA RETAINED V0200 Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	OBSOLETE DATA RETAINED V0200 Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"

995	OBSOLETE DATA RETAINED V0200 Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
999	Unknown; size not stated Not documented in patient record

GISTSmallIntestine**CS Extension**

Note 1: Ignore intraluminal or lateral extension to adjacent segment(s) of small intestine and code depth of invasion or spread outside the small intestine as indicated.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ; non-invasive; intraepithelial	^	NA	IS	IS
050	(Adeno)carcinoma in a polyp, noninvasive	^	NA	IS	IS
100	Invasive tumor confined to mucosa, NOS, including intramucosal, NOS	^	NA	L	L
110	Invasion of lamina propria	^	NA	L	L
120	Invasion of muscularis mucosae	^	NA	L	L
130	Confined to head of polyp	ERROR	NA	L	L
140	Confined to stalk of polyp	ERROR	NA	L	L
150	Invasion of polyp, NOS	ERROR	NA	L	L
160	Invasion of submucosa (superficial invasion)	^	NA	L	L
170	Stated as T1, NOS	^	NA	L	L
200	Muscularis propria invaded	^	NA	L	L
210	Stated as T2, NOS	^	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
300	Localized, NOS Intraluminal spread to other segments of small intestine or cecum	^	NA	L	L
400	Invasion through muscularis propria or muscularis, NOS Extension through wall, NOS Subserosal tissue/(sub) serosal fat invaded Transmural, NOS	^	NA	L	L
410	Stated as T3, NOS	^	NA	L	L
420	Fat, NOS	^	NA	RE	RE
450	Adjacent connective tissue Mesentery, including mesenteric fat, invaded less than or equal to 2 cm in depth or NOS Nonperitonealized perimuscular tissue invaded less than or equal to 2 cm in depth or NOS Retroperitoneum invaded less than or equal to 2 cm in depth or NOS	^	NA	RE	RE
500	Invasion of/through serosa(mesothelium)(tunica serosa) (visceral peritoneum)	^	NA	L	RE
550	(500) + [(420) or (450)]	^	NA	RE	RE
600	For duodenum primary only: Ampulla of Vater Diaphragm Extrahepatic bile ducts Gallbladder Pancreas Pancreatic duct	^	NA	RE	RE
650	For duodenum primary only:	^	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
650 cont'd	Blood vessel(s), major: Aorta Gastroduodenal artery Portal vein Renal vein Superior mesenteric artery or vein Vena cava Greater omentum Hepatic flexure Kidney, NOS Kidney, right Liver, NOS Liver, quadrate lobe Liver, right lobe Omentum, NOS Transverse colon Ureter, right For jejunum or ileum primary only: Colon, including appendix	^	NA	RE	RE
660	For duodenum primary only: Stomach	^	NA	RE	RE
670	For all small intestine sites: Abdominal wall Mesentery invaded greater than 2 cm in depth Non-peritonealized perimuscular tissue invaded greater than 2 cm in depth Retroperitoneum invaded greater than 2 cm in depth	^	NA	RE	RE
680	For all small intestine sites: Other segments of the small intestine via serosa	^	NA	RE	RE
690	Stated as T4, NOS	^	NA	RE	RE
700	For jejunum or ileum primary only: Bladder	^	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
700 cont'd	Fallopian tube Ovary Uterus	^	NA	D	D
800	Further contiguous extension	^	NA	D	D
950	No evidence of primary tumor	T0	NA	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	NA	U	U

^ For codes 000-800 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size 7th Table for this site.

GISTSmallIntestine
CS Tumor Size/Ext Eval
See Standard Table

GISTSmallIntestine
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.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	NA	NONE	NONE
100	Regional lymph node(s): Duodenum: Duodenal Gastroduodenal Hepatic Infrapyloric (subpyloric) Pancreaticoduodenal Pyloric Jejunum or ileum: Superior mesenteric Mesenteric, NOS Leum				

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Cecal (anterior, posterior or retrocecal)	N1	NA	RN	RN
200	Regional lymph node(s) for duodenum primaries only: Pericholodochal (common bile duct) Superior mesenteric (See code 11 in CS Mets at DX for other lymph nodes of small intestine)	N1	NA	D	RN
300	Regional lymph node(s), NOS	N1	NA	RN	RN
400	Stated as N1, NOS	N1	NA	RN	RN
800	Lymph nodes, NOS	N1	NA	RN	RN
999	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	N0	NA	U	U

GISTSmallIntestine**Reg LN Pos**

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

See Standard Table

GISTSmallIntestine**Reg LN Exam**

See Standard Table

GISTSmallIntestine**CS Mets at DX**

Note 1: Liver metastasis implies the presence of tumor inside the liver parenchyma as one or more nodules. Adherence to liver capsule, even if extensive, should not be considered distant metastasis. Code direct adherence to the liver in CS Extension code 570.

Note 2: Distant metastases are relatively rare in GISTs, but they are increasingly detected with sophisticated radiological studies. Tumor multiplicity, i.e. the presence of anatomically separate, multiple gastrointestinal primary tumors of various sizes, usually in the setting of neurofibromatosis type 1 or familial GIST syndrome, should not be considered intra-abdominal dissemination. Code the presence of multiple tumors in SSF7.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none Stated as M0, NOS	M0	NA	NONE	NONE
10	Distant lymph node(s), other than those listed in code 11 including celiac lymph node(s) Distant lymph node(s), NOS	M1	NA	D	D
11	For jejunum and ileum primaries only: Pericholodochal (For duodenal primary, see Lymph Nodes field)	M1	NA	D	RN
40	Distant metastases except distant lymph node(s) (code 10) Carcinomatosis	M1	NA	D	D
50	40 + any of [(10) or (11)] Distant lymph node(s) plus other distant metastases	M1	NA	D	D
60	Distant metastasis, NOS M1, NOS	M1	NA	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	NA	U	U