

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

Colon**C18.0-C18.9 Excluding Appendix (C18.1)**

C18.0 Cecum

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**

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**

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: Codes 600-800 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Note 3: Tumor that is adherent to other organs or structures, macroscopically, is classified T4b. However, if no tumor is present in the adhesion, microscopically, the classification should be pT3.

Note 4: High grade dysplasia and severe dysplasia are 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; noninvasive; intraepithelial	Tis	Tis	IS	IS
050	(Adeno)carcinoma in a polyp or adenoma, noninvasive	Tis	Tis	IS	IS
100	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	Tis	Tis	L	L
110	Lamina propria, including lamina propria in the stalk of a polyp	Tis	Tis	L	L
120	Confined to and not through the muscularis mucosae, including muscularis mucosae in the stalk of a polyp.	Tis	Tis	L	L
130	Confined to head of polyp, NOS	T1	T1	L	L
140	Confined to stalk of polyp, NOS	T1	T1	L	L
150	Invasive tumor in polyp, NOS	T1	T1	L	L
160	Invades submucosa (superficial invasion), including submucosa in the stalk of a polyp	T1	T1	L	L
170	Stated as T1[NOS] with no other information on extension	T1	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200	Muscularis propria invaded Stated as T2[NOS] with no other information on extension	T2	T2	L	L
300	Localized, NOS Confined to colon, NOS	T1	T1	L	L
400	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	T3	L	L
410	Stated as T3[NOS] with no other information on extension	T3	T3	L	L
420	Fat, NOS	T3	T3	RE	RE
450	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	T3	RE	RE
460	Adherent to other organs or structures, but no microscopic tumor found in adhesion(s)	T3	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
500	Invasion of/through serosa (mesothelium) (visceral peritoneum)	T4a	T4	RE	RE
550	Any of [(420) to (450)] + (500)	T4a	T4	RE	RE
560	Stated as T4a with no other information on extension	T4a	T4	RE	RE
570	Adherent to other organs or structures, NOS	T4b	T4	RE	RE
600	All colon sites: Small intestine Cecum: 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	T4b	T4	RE	RE
650	All colon sites: Abdominal wall Retroperitoneum (excluding fat)	T4b	T4	RE	RE
660	Ascending colon: Right kidney Right ureter Descending colon:	T4b	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
660 cont'd	Left kidney Left ureter	T4b	T4	RE	RE
700	Cecum, ascending, descending and sigmoid colon: Fallopian tube Ovary Uterus	T4b	T4	D	D
750	All colon sites unless otherwise stated above: Adrenal (suprarenal) gland Bladder Diaphragm Fistula to skin Gallbladder Other segment(s) of colon via serosa	T4b	T4	D	D
800	Further contiguous extension: Cecum: Kidney Liver Ureter Transverse colon and flexures: Ureter Sigmoid colon: Cul de sac (rectouterine pouch) Ureter Other contiguous extension	T4b	T4	D	D
850	Stated as T4b with no other information on extension	T4b	T4	RE	RE
900	Stated as T4[NOS] with no other information on extension	T4NOS	T4	RE	RE
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown extension	TX	TX	U	U

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

Colon**CS Tumor Size/Ext Eval**

See Standard Table

Colon**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: One or more malignant satellite peritumoral nodules in the pericolorectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule may represent discontinuous spread, venous invasion with extravascular spread or a totally replaced lymph node. If the primary tumor is localized and maps to T1 or T2 and this is the only information you have on lymph nodes, use code 050. The total number of tumor deposits must also be coded in SSF4. If there are tumor deposits and node involvement, code the information on node involvement. That is, do not use code 050.

Note 3: Inferior mesenteric nodes are coded in CS Mets at DX for cecum, 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 400-470 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 100, 200, or 300 rather than codes 400 - 470. The actual number of involved nodes will be coded in Reg LN Pos.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	N0	NONE	NONE
050	Tumor deposit(s) in the subserosa, or non-peritonealized pericolic or perirectal tissues without regional nodal metastasis	N1c	N1	RN	RN
100	Regional lymph nodes for all colon sites: Colic (NOS)	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Epicolic (adjacent to bowel wall) Mesocolic (NOS) Paracolic/pericolic	^	*	RN	RN
200	Regional lymph nodes, for specific subsites: Cecum: 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 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
300	Regional lymph nodes for all colon sites: Mesenteric, NOS Regional lymph node(s), NOS	^	*	RN	RN
400	Stated as N1 pathologic	N1NOS	N1	RN	RN
410	Stated as N1a pathologic	N1a	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
420	Stated as N1b pathologic	N1b	N1	RN	RN
450	Stated as N2 pathologic	N2NOS	N2	RN	RN
460	Stated as N2a pathologic	N2a	N2	RN	RN
470	Stated as N2b pathologic	N2b	N2	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 100-300 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 6th Table, using Reg LN Pos and CS Site-Specific Factor 2; when CS Regional Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation 6th Table Also Used When CS Reg Nodes Eval is Not Coded using Reg LN Pos.

^ For codes 100-300 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 2; 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 Table Also Used When CS Reg Nodes Eval is Not Coded using Reg LN Pos.

Colon

Reg LN Pos

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

See Standard Table

Colon

Reg LN Exam

See Standard Table

**Colon
CS Mets at DX**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	M0	NONE	NONE
08	Cecum, ascending, hepatic flexure and transverse colon: Superior mesenteric lymph nodes only	M1a	M1	RN	D
10	OBSOLETE DATA RETAINED V0200 See codes 15 and 25 Distant lymph node(s) other than code 08 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	ERROR	M1	D	D
15	Metastasis to a single distant lymph node chain other than code 08 For all colon sites: Common iliac Distant lymph node(s), NOS	M1a	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
15 cont'd	External iliac Para-aortic Retroperitoneal For cecum, ascending colon, transverse colon, and hepatic flexure: Inferior mesenteric For splenic flexure, descending colon, and sigmoid colon: Superior mesenteric	M1a	M1	D	D
20	Metastasis to a single distant organ	M1a	M1	D	D
22	Stated as M1a with no other information on distant metastases	M1a	M1	D	D
25	Metastasis to more than one distant lymph node chain other than code 08 For all colon sites: Common iliac Distant lymph node(s), NOS External iliac Para-aortic Retroperitoneal For cecum, ascending colon, transverse colon, and hepatic flexure: Inferior mesenteric Superior mesenteric For splenic flexure, descending colon, and sigmoid colon: Superior mesenteric	M1b	M1	D	D
30	Metastases to more than one distant organ Metastases to the peritoneum Carcinomatosis	M1b	M1	D	D
35	(08 or 15 or 25) PLUS (20 or 30) Distant lymph nodes plus other distant metastases	M1b	M1	D	D
38	Stated as M1b with no other	M1b	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
38 cont'd	information on distant metastases	M1b	M1	D	D
40	OBSOLETE DATA RETAINED V0200 See codes 20, 30 and 60 Distant metastases except distant lymph node(s)(codes 08-10) Carcinomatosis	ERROR	M1	D	D
50	OBSOLETE DATA RETAINED V0200 See code 35 (40) + ((08) or (10)) Distant lymph node(s) plus other distant metastases	ERROR	M1	D	D
60	Distant metastasis, NOS Stated as M1[NOS] with no other information on distant metastases	M1NOS	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U