

Rectosigmoid, Rectum**C19.9, C20.9**

C19.9 Rectosigmoid junction

C20.9 Rectum, NOS

Rectum**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 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

Rectum**CS Extension**

Note 1: Ignore intraluminal extension to adjacent segment(s) of colon/rectum and 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; non-invasive; 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	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 rectum, 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	Adjacent (connective) tissue: For all sites: Perirectal fat For rectosigmoid: Mesentery (including mesenteric fat, mesocolon) Pericolic fat For rectum: Extension to anus Rectovaginal septum	T3	T3	RE	RE
460	Adherent to other organs or structures but no tumor found in adhesion(s)	T3	T3	RE	RE
490	Stated as T4[NOS] with no other information on extension	T4NOS	T4	RE	RE
500	Invasion of/through serosa	T4a	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
500 cont'd	(mesothelium) (visceral peritoneum)	T4a	T4	RE	RE
550	(500) with [(420) or (450)]	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	Rectosigmoid: Cul de sac (rectouterine pouch) Pelvic wall Small intestine Rectum: Bladder for males only Cul de sac (rectouterine pouch) Ductus deferens Pelvic wall Prostate Rectovesical fascia for male only Seminal vesicle(s) Skeletal muscle of pelvic floor Vagina	T4b	T4	RE	RE
700	Rectosigmoid: Bladder Colon via serosa Fallopian tube(s) Ovary(ies) Prostate Ureter(s) Uterus Rectum: Bladder for female only Bone(s) of pelvis Urethra Uterus	T4b	T4	D	D

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

Rectum**CS Tumor Size/Ext Eval**

See Standard Table

Rectum**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 pericorectal 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: 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

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
050	Tumor deposit(s) in the subserosa, or non-peritonealized pericolic or perirectal tissues without regional nodal metastasis	N1c	N1	RE	RE
100	Regional lymph nodes: Rectosigmoid: Paracolic/pericolic Perirectal Rectal Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat Rectum: Perirectal Rectal, NOS Nodule(s) or foci in perirectal fat	^	*	RN	RN
200	Regional lymph node(s): Rectosigmoid: Colic, NOS Left colic Hemorrhoidal, superior or middle Inferior mesenteric Middle rectal Sigmoidal (sigmoid mesenteric) Superior rectal Rectum: Hemorrhoidal, superior, middle or inferior Inferior mesenteric Internal iliac (hypogastric) Obturator Rectal, superior, middle, or inferior Sacral, NOS	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200 cont'd	Lateral (laterosacral) Middle (promontorial) (Gerota's node) Presacral Sacral promontory Sigmoidal (sigmoid mesenteric)	^	*	RN	RN
300	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
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.

Rectum**Reg LN Pos**

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

See Standard Table

Rectum**Reg LN Exam**

See Standard Table

Rectum**CS Mets at DX**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	M0	NONE	NONE
05	Metastasis to a single distant lymph node chain, NOS	M1a	M1	D	D
10	OBSOLETE DATA RETAINED V0200 See codes 15 and 20 Distant lymph node(s), NOS	ERROR	M1	D	D
11	OBSOLETE DATA RETAINED V0200 See codes 15 and 20 Rectosigmoid: Internal iliac (hypogastric) Obturator	ERROR	M1	RN	D
12	OBSOLETE DATA RETAINED V0200 See codes 15 and 20 Other distant lymph node(s), including external iliac or common iliac	ERROR	M1	D	D
15	Metastasis to a single distant lymph node chain Rectosigmoid: Internal iliac (hypogastric)	M1a	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
15 cont'd	Obturator	M1a	M1	D	D
20	Metastasis to other single distant lymph node chains, including external iliac or common iliac	M1a	M1	D	D
25	Metastasis to a single distant organ	M1a	M1	D	D
27	Stated as M1a, NOS	M1a	M1	D	D
30	Metastasis to more than one distant lymph node chain	M1b	M1	D	D
35	Distant metastases to more than one distant organ Metastases to the peritoneum Carcinomatosis Stated as M1b, NOS	M1b	M1	D	D
40	OBSOLETE DATA RETAINED V0200 See codes 35 and 60 Distant metastases except distant lymph node(s) codes 10-12 Carcinomatosis	ERROR	M1	D	D
45	(05 or 15 or 20) plus (25 or 35) Distant lymph node(s) plus other distant metastases	M1b	M1	D	D
50	OBSOLETE DATA RETAINED V0200 See code 45 (40)+ any of [(10 or (12))]	ERROR	M1	D	D
60	Distant metastasis, NOS M1, NOS	M1NOS	M1	D	D
99	Unknown if distant metastasis	M0	MX	U	U

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
99 cont'd	Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U