

**Gastrointestinal Stromal Tumors of Rectum****C19.9, C20.9**

(M- 8935-8936)

C19.9 Rectosigmoid junction

C20.9 Rectum, 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.

**GISTRectum****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"

Code	Description
998	OBSOLETE DATA RETAINED V0200 Familial/multiple polyposis (M-8220-8221)
999	Unknown; size not stated Not documented in patient record

### GISTRectum 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.

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 or adenoma, noninvasive	^	NA	IS	IS
100	Invasive tumor confined to mucosa, NOS, including intramucosal, NOS	^	NA	L	L
110	Lamina propria	^	NA	L	L
120	Confined to and not through the muscularis mucosae	^	NA	L	L
130	Confined to head of polyp, NOS	^	NA	L	L
140	Confined to stalk of polyp, NOS	^	NA	L	L
150	Invasive tumor in polyp, NOS	^	NA	L	L
160	Submucosa (superficial invasion)	^	NA	L	L
170	Stated as T1, NOS	^	NA	L	L
200	Muscularis propria invaded	^	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
210	Stated as T2, NOS	^	NA	L	L
300	Localized, NOS Confined to rectum, NOS	^	NA	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	^	NA	L	L
410	Stated as T3, NOS	^	NA	L	L
420	Fat, NOS	^	NA	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	^	NA	RE	RE
460	Adherent to other organs or structures but no tumor found in adhesion(s)	^	NA	RE	RE
490	Stated as T4, NOS	^	NA	RE	RE
500	Invasion of/through serosa (mesothelium) (visceral peritoneum)	^	NA	RE	RE
550	(500) with [(420) or (450)]	^	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
570	Adherent to other organs, including liver or structures, NOS	^	NA	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	^	NA	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	^	NA	D	D
800	Further contiguous extension	^	NA	D	D
950	No evidence of primary tumor	T0	NA	U	U
999	Unknown extension	TX	NA	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	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.

**GISTRectum****CS Tumor Size/Ext Eval**

See Standard Table

**GISTRectum****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 Mapping	TNM 6 Mapping	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	NA	NONE	NONE
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	N1	NA	RN	RN
200	Regional lymph node(s): Rectosigmoid: Colic, NOS Left colic Hemorrhoidal, superior or middle Inferior mesenteric Middle rectal	N1	NA	RN	RN

Code	Description	TNM 7 Mapping	TNM 6 Mapping	SS77 Map	SS2000 Map
200 cont'd	Sigmoidal (sigmoid mesenteric) Superior rectal Rectum: Hemorrhoidal, superior, middle or inferior Inferior mesenteric Internal iliac (hypogastric) Obturator Rectal, superior, middle, or inferior Sacral, NOS Lateral (laterosacral) Middle (promontorial) (Gerota's node) Presacral Sacral promontory Sigmoidal (sigmoid mesenteric)	N1	NA	RN	RN
300	Mesenteric, NOS Regional lymph node(s), NOS	N1	NA	RN	RN
400	Stated as N1, NOS	N1	NA	RN	RN
450	OBSOLETE DATA RETAINED V0200 Stated as N2 pathologic	ERROR	NA	RN	RN
800	Lymph nodes, NOS	N1	NA	RN	RN
999	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	N0	NA	U	U

**GISTRectum****Reg LN Pos**

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

**See Standard Table**

**GISTRectum**  
**Reg LN Exam**  
**See Standard Table**

**GISTRectum**  
**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 SSF15.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	NA	NONE	NONE
10	Distant lymph node(s), NOS	M1	NA	D	D
11	Rectosigmoid: Internal iliac (hypogastric) Obturator	M1	NA	RN	D
12	Other distant lymph node(s), including external iliac or common iliac	M1	NA	D	D
40	Distant metastases except distant lymph node(s) codes 10-12 Carcinomatosis	M1	NA	D	D
50	(40)+ any of [(10 or (12))] 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	M0	NA	U	U

<b>Code</b>	<b>Description</b>	<b>TNM 7 Map</b>	<b>TNM 6 Map</b>	<b>SS77 Map</b>	<b>SS2000 Map</b>
99 cont'd	Not documented in patient record	M0	NA	U	U