

Esophagus

C15.0-C15.5, C15.8-C15.9

C15.0 Cervical esophagus

C15.1 Thoracic esophagus

C15.2 Abdominal esophagus

C15.3 Upper third of esophagus

C15.4 Middle third of esophagus

C15.5 Lower third of esophagus

C15.8 Overlapping lesion of esophagus

C15.9 Esophagus, NOS

Note 1: The cardia/gastroesophageal junction (EGJ), and the proximal 5 centimeters (cm) of the fundus and body of the stomach (C16.0-C16.2) have been removed from the Stomach chapter and added to the Esophagus chapter effective with AJCC 7th Edition. A new schema EsophagusGEJunction was created in CSv2 to accommodate this change. Tumors arising at the EGJ, or arising in the stomach within 5 cm of the EGJ and crossing the EGJ are staged using the EsophagusGEJunction schema. All other cancers with a midpoint in the stomach lying more than 5 cm distal to the EGJ, or those within 5 cm of the EGJ but not extending into the EGJ or esophagus, are staged using the stomach schema.

Note 2: There are two widely used but incompatible systems of dividing the esophagus into subsites, one using anatomic landmarks and the other using thirds of the total length. Each of these two systems has been assigned topography codes in ICD-O-3; codes C15.0-C15.2 for the former, and C15.3-C15.5 for the latter. As explained on page 23 of ICD-O-3, "The terms cervical, thoracic, and abdominal are radiographic and intraoperative descriptors; upper, middle, and lower third are endoscopic and clinical descriptors." In actual practice by physicians, and in publications of UICC and AJCC, the terms and codes for the upper, middle, and lower thirds are often applied to subsections of the thoracic esophagus, and the abdominal portion can be considered part of the lower thoracic esophagus.

Note 3: Anatomic Limits of Esophagus: Cervical Esophagus (C15.0): From the lower border of the cricoid cartilage to the thoracic inlet (suprasternal notch), about 18 cm from the incisors. Thoracic Esophagus (C15.1) and Abdominal Esophagus (C15.2): Upper thoracic portion (C15.3): From the thoracic inlet to the level of the tracheal bifurcation (18-24 cm). Mid-thoracic portion (C15.4): From the tracheal bifurcation midway to the GEJ (24-32 cm). Lower thoracic portion (C15.5): From midway between the tracheal bifurcation and the EGJ to the EGJ including the abdominal esophagus (32-40 cm).

Note 4: Effective with AJCC TNM 7th Edition, there are separate stage groupings for squamous cell carcinoma and adenocarcinoma. Since squamous cell carcinoma typically has a poorer prognosis than adenocarcinoma, a tumor of mixed histopathologic type or a type that is not otherwise specified should be classified as squamous cell carcinoma.

Note 5: Effective with AJCC TNM 7th Edition, histologic grade is required for stage grouping.

Esophagus**CS Tumor Size**

Note: Code the specific tumor size as documented in the medical record. If tumor dimensions are stated, code the greatest dimension. If only one dimension is recorded, code this. For example, tumor is seen extending from 18 centimeter (cm) to 21 cm from the incisors: code 030 for a tumor length of 3 cm; tumor is 5.2 x 3.8 cm at 25 cm: code 052 because this is the greatest dimension.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (mm); (Exact size to the nearest mm)
989	989 mm
990	Microscopic focus or foci only, and no size of focus given
991	Described as "less than 1 centimeter (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	Circumferential
999	Unknown; size not stated; Size of tumor cannot be assessed Not documented in patient record

Esophagus**CS Extension**

Note 1: Ignore intraluminal extension to adjacent segment(s) of esophagus or to cardia of stomach and code depth of invasion or extra-esophageal spread as indicated.

Note 2: The three layers of the mucosa (epithelium, lamina propria, and muscularis mucosae) may be called the m1, m2, and m3 layers. The submucosa may be described as having inner, middle, and outer thirds called sm1, sm2, and sm3.

Note 3: For this schema, AJCC defines Tis as high-grade dysplasia, in which they include "all non-invasive neoplastic epithelium that was formerly called carcinoma in situ". Cancers stated to be noninvasive or in situ are classified as Tis. High grade dysplasia is generally not reportable in cancer registries; but if a registry does collect high grade dysplasia, code 000 should be used.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive; high grade dysplasia	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
130	Stated as T1a with no other information on extension	T1a	T1	L	L
160	Invades submucosa	T1b	T1	L	L
165	Stated as T1b with no other information on extension	T1b	T1	L	L
170	Invades lamina propria, muscularis mucosae, or submucosa, with the exact layer not specified; Stated as T1 [NOS] with no other information on extension	T1NOS	T1	L	L
200	Muscularis propria invaded	T2	T2	L	L
210	Stated as T2 with no other information on extension	T2	T2	L	L
300	Localized, NOS	T1NOS	T1	L	L
400	Adventitia and/or soft tissue invaded Esophagus is described as "FIXED"	T3	T3	RE	RE
450	Stated as T3 with no other information on extension	T3	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
600	<p>OBSOLETE DATA RETAINED V0200 T4 subclassified in AJCC 7th Edition; See Codes 610-730 Tumor invades adjacent structures Cervical esophagus: Blood vessel(s): Carotid artery Jugular vein Subclavian artery Thyroid gland Intrathoracic, upper or mid-portion, esophagus: Blood vessel(s), major: Aorta Azygos vein Pulmonary artery/vein Vena cava Carina Diaphragm Main stem bronchus Trachea Intrathoracic, lower portion (abdominal), esophagus: Blood vessel(s): Aorta Gastric artery/vein Vena cava Diaphragm, not fixed, or NOS Stomach, cardia (via serosa)</p>	ERROR	T4	RE	RE
610	<p>OBSOLETE DATA REVIEWED AND CHANGED V0203 See codes 615, 720, 725 Tumor invades adjacent structures Cervical esophagus: Hypopharynx Jugular vein Larynx Thyroid gland Intrathoracic, upper or mid-portion,</p>	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
610 cont'd	esophagus: Blood vessel(s), major: Azygos vein Diaphragm Intrathoracic, lower portion (abdominal), esophagus: Blood vessel(s): Gastric artery/vein Diaphragm, not fixed, or NOS Stomach, cardia (via serosa) Intrathoracic esophagus: Pleura	ERROR	ERROR	ERROR	ERROR
615	Tumor invades adjacent structures: For cervical esophagus: Hypopharynx Jugular vein Larynx Thyroid gland For intrathoracic esophagus, upper or middle portion: Diaphragm For intrathoracic esophagus, lower portion (abdominal): Blood vessel(s), major: Gastric artery/vein Diaphragm, not fixed; diaphragm, NOS Stomach, cardia (via serosa) For intrathoracic esophagus: Pleura	T4a	T4	RE	RE
650	OBSOLETE DATA RETAINED V0200 T4 subclassified in AJCC 7th Edition; See Codes 610-730 Cervical esophagus: Carina Cervical vertebra(e) Hypopharynx Larynx Trachea	ERROR	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
650 cont'd	Intrathoracic esophagus: Lung via bronchus Mediastinal structure(s), NOS Pleura Rib(s) Thoracic vertebra(e)	ERROR	T4	RE	RE
660	Thoracic/middle esophagus: Pericardium	T4a	T4	RE	D
680	Cervical/upper esophagus: Pleura Abdominal/lower esophagus: Diaphragm fixed	T4a	T4	D	D
700	OBSOLETE DATA CONVERTED V0203 ; See code 815 Stated as T4 [NOS]	ERROR	ERROR	ERROR	ERROR
710	Stated as T4a with no other information on extension	T4a	T4	RE	RE
720	Tumor invades adjacent structures: For intrathoracic esophagus, upper or middle: Azygos vein	T4b	T4	RE	RE
725	720 + 615	T4b	T4	RE	RE
728	720 + 660	T4b	T4	RE	D
730	Tumor invades adjacent structures Cervical esophagus: Blood vessel(s): Carotid artery Subclavian artery Carina Cervical vertebra(e) Trachea Intrathoracic, upper or mid-portion,	T4b	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
730 cont'd	esophagus: Blood vessel(s), major: Aorta Pulmonary artery/vein Vena cava Carina Main stem bronchus Trachea Intrathoracic, lower portion (abdominal), esophagus: Blood vessel(s): Aorta Vena cava Intrathoracic esophagus: Adjacent Rib(s) Bronchus Mediastinal structure(s), NOS Thoracic vertebra(e)	T4b	T4	RE	RE
740	730 + 660 Any structure in code 730 involving thoracic/middle esophagus plus pericardium	T4b	T4	D	D
745	730 + 680 Any structure in code 730 involving cervical/upper esophagus plus pleura OR Any structure in code 730 involving abdominal/lower esophagus plus fixation of diaphragm	T4b	T4	D	D
750	Cervical/upper esophagus: Lung Main stem bronchus	T4b	T4	D	D
780	OBSOLETE DATA RETAINED V0200 T4 subclassified in AJCC 7th Edition; See Code 660 Thoracic/middle esophagus: Pericardium	ERROR	T4	RE	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
800	OBSOLETE DATA RETAINED V0200 T4 subclassified in AJCC 7th Edition; See Codes 730 and 750 Further contiguous extension: Cervical/upper esophagus: Lung Main stem bronchus Pleura Abdominal/lower esophagus: Diaphragm fixed	ERROR	T4	D	D
810	Further contiguous extension Stated as T4b with no other information on extension	T4b	T4	D	D
815	Invades adjacent structures, NOS Stated as T4 [NOS] with no other information on extension	T4NOS	T4	RE	RE
820	Tumor invades adjacent structures listed in codes 615, 660, 680, or 720, stated as unresectable	T4b	T4	D	D
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

Esophagus**CS Tumor Size/Ext Eval**

See Standard Table

Esophagus**CS Lymph Nodes**

Note 1: Code only regional nodes and nodes, NOS in this field. Distant nodes are coded in CS Mets at DX.

Note 2: Regional lymph nodes for any part of the esophagus fall in the range from periesophageal/cervical to the celiac region. Contralateral and bilateral cervical, supraclavicular, and mediastinal lymph nodes are included.

Note 3: Celiac nodes are coded in CS Lymph Nodes for lower thoracic (abdominal) esophagus; they are coded in CS Mets at DX for cervical and intrathoracic (upper and middle) esophagus. Cervical nodes, NOS are coded in CS Lymph Nodes for cervical esophagus; they are coded in CS Mets at DX for intrathoracic esophagus.

Note 4: Lymph node stations/groups are listed in parentheses when applicable. See Figure 10.3 in the AJCC Cancer Staging Manual 7th Edition or Handbook for illustrations.

Note 6: The number of positive regional nodes is required to calculate the correct N category for this schema. Use codes 560-710 when the pathology report assigns an N1 or N2 category but does not specify the number of nodes involved, or the record identifies an N1 or N2 category but the specific information about number of nodes involved is not available. Use codes 100-500 rather than codes 560-710 when information about the number of positive nodes is available, or when nodes are clinically positive but not removed for examination.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
100	Regional lymph nodes (including contralateral or bilateral): For all subsites: Peri-/paraesophageal (8L, 8M) Cervical esophagus only: Cervical, NOS: Anterior deep cervical (laterolateral) (recurrent laryngeal) Internal jugular, NOS Deep cervical, NOS: Upper, NOS: Jugulodigastric (subdigastric) Intrathoracic esophagus, upper or middle, only: Internal jugular, NOS: Deep cervical, NOS: Lower, NOS: Jugulo-omohyoid (supraomohyoid) Middle Upper cervical, NOS: Jugulodigastric (subdigastric) Intrabronchial: Carinal (tracheobronchial) (10R, 10L) (tracheal bifurcation) Hilar (bronchopulmonary)	^	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	(proximal lobar) (pulmonary root) Peritracheal Left gastric (superior gastric) (17): Cardiac (cardial) Lesser curvature Perigastric, NOS Posterior mediastinal (tracheoesophageal) Intrathoracic esophagus, lower (abdominal) only: Left gastric (superior gastric) (17): Cardiac (cardial) Lesser curvature Perigastric, NOS Posterior mediastinal (3P) (tracheoesophageal)	^	N1	RN	RN
200	Cervical esophagus only: Scalene (inferior deep cervical) (1) Supraclavicular (transverse cervical) (1)	^	N1	D	RN
220	Intrathoracic, upper thoracic or middle, only: Superior mediastinal	^	N1	D	RN
250	Upper thoracic esophagus only: Cervical lymph nodes Lower thoracic (abdominal) esophagus only: Celiac lymph nodes (20)	^	N0	D	D
255	250 + any of (100, 200, 220)	^	N1	D	D
260	OBSOLETE DATA REVIEWED AND CHANGED V0203 See codes 265, 270, 275, 280, 320, and 330 and CS Mets at DX codes 15 and 55 Cervical esophagus only: Common hepatic (regional) (18)	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
260 cont'd	Diaphragmatic (15) Pulmonary ligament (9) Splenic (19) Intrathoracic esophagus, upper or middle, only: Common hepatic (18) (regional) Diaphragmatic (15) Splenic (19) Lower thoracic (abdominal) esophagus only: Aortopulmonary (5) Pulmonary ligament (9)	ERROR	ERROR	ERROR	ERROR
265	For cervical esophagus: Diaphragmatic (15) Pulmonary ligament (9) For intrathoracic esophagus, upper or middle,: Diaphragmatic (15) For lower thoracic (abdominal) esophagus: Aortopulmonary:(5): Para-aortic (ascending aorta or phrenic) Subaortic Pulmonary ligament (9)	^	N0	D	D
270	265 + any of (100, 200, 220)	^	N1	D	D
275	265 + 250	^	N0	D	D
280	275 + any of (100, 200, 220)	^	N1	D	D
300	OBSOLETE DATA REVIEWED AND CHANGED V0203 See codes 000-255, 265-280, and 305-330 and CS Mets at DX codes 15 and 50 All esophagus subsites: Anterior mediastinal (6) Mediastinal, NOS	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
300 cont'd	Cervical esophagus only: Aortopulmonary (5) Paratracheal (2R,2L, 4R, 4L) Posterior mediastinal (3P) Superior mediastinal Intrathoracic esophagus, upper or middle, only: Aortopulmonary (5) Pulmonary ligament (9) Intrathoracic esophagus, lower (abdominal) only: Common hepatic (18) Diaphragmatic (15) Paratracheal (2R,2L, 4R,4L) Splenic (19) Superior mediastinal	ERROR	ERROR	ERROR	ERROR
305	For all esophagus subsites: Anterior mediastinal (6) Mediastinal, NOS For cervical esophagus only: Aortopulmonary (5): Para-aortic (ascending aorta or phrenic) Subaortic Paratracheal (2R, 2L, 4R, 4L) Posterior mediastinal (3P) Superior mediastinal For intrathoracic esophagus, upper or middle, only: Aortopulmonary (5): Para-aortic (ascending aorta or phrenic) Pulmonary ligament (9) For intrathoracic esophagus, lower (abdominal) only: Diaphragmatic (15) Paratracheal (2R, 2L, 4R, 4L) Superior mediastinal	^	N1	D	D
310	305 + (250 or 255)	^	N1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
320	305 + (265 or 275)	^	N1	D	D
330	305 + (275 or 280)	^	N1	D	D
500	Regional lymph node(s), NOS	^	N1	RN	RN
560	Stated as pathologic N1 with no other pathologic information on regional lymph nodes	N1	N1	RN	RN
600	OBSOLETE DATA CONVERTED V0203 ; See code 500 Stated as clinical N2 (clinical assessment; no lymph nodes removed)	ERROR	ERROR	ERROR	ERROR
610	Stated as pathologic N2 with no other pathologic information on regional lymph nodes	N2	N1	RN	RN
700	OBSOLETE DATA CONVERTED V0203 ; See code 500 Stated as clinical N3a (clinical assessment; no lymph nodes removed)	ERROR	ERROR	ERROR	ERROR
710	Stated as pathologic N3 with no other pathologic information on regional lymph nodes	N3	N1	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; regional lymph nodes not stated; Regional lymph node(s) cannot be assessed; Not documented in patient record	NX	NX	U	U

^ For CS Lymph Nodes codes 100-500 ONLY, the N category for AJCC7 staging is assigned based on the number of positive lymph nodes. When CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation AJCC 7 Table, using Regional Nodes Positive 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 AJCC 7 Table using Regional Nodes Positive.

Esophagus
CS Lymph Nodes Eval
See Standard Table

Esophagus
Regional Nodes Positive
See Standard Table

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

Esophagus
Regional Nodes Examined
See Standard Table

Esophagus
CS Mets at DX

Note 1: Lymph nodes extending from the supraclavicular region to the celiac region previously considered to be distant are now classified as regional nodes. Involvement of these nodes is coded in CS Lymph Nodes.

Note 2: Lymph node stations/groups are listed in parentheses where applicable. See Figure 10.3 in the AJCC Cancer Staging Manual 7th Edition or Handbook for illustrations.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	*	NONE	NONE
10	Distant lymph node(s), NOS	M1	M1NOS	D	D
11	OBSOLETE DATA RETAINED V0200 Considered regional in AJCC 7th Edition See CS Lymph Nodes code 250 Upper thoracic esophagus only: Cervical lymph nodes M1 Lower thoracic (abdominal) esophagus only: Celiac lymph nodes (20) M1	ERROR	M1a	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
12	<p>OBSOLETE DATA REVIEWED AND CHANGED V0200</p> <p>The specified lymph nodes in code 12 were considered distant in AJCC 6th Edition and are considered regional in AJCC 7th Edition EXCEPT for common hepatic and splenic lymph nodes which are still considered distant and are included in code 15.</p> <p>See CS Lymph Nodes code 265</p> <p>Specified distant lymph node(s), other than code 11, including:</p> <p>Cervical esophagus only:</p> <ul style="list-style-type: none"> Common hepatic (18) Diaphragmatic (15) Pulmonary ligament (9) Splenic (19) <p>Intrathoracic esophagus, upper or middle, only:</p> <ul style="list-style-type: none"> Common hepatic (18) Diaphragmatic (15) Splenic (19) <p>Lower thoracic (abdominal) esophagus only:</p> <ul style="list-style-type: none"> Aortopulmonary (5) Pulmonary ligament (9) 	ERROR	ERROR	ERROR	ERROR
15	Common hepatic (18) Splenic (19)	M1	M1b	D	D
40	Distant metastases except distant lymph node(s) (codes 10 or 15) Carcinomatosis	M1	M1b	D	D
50	40 + any of (10 to 15) Distant lymph node(s) plus other distant metastases	M1	M1b	D	D
60	Distant metastasis, NOS Stated as M1 [NOS] with no other information on distant metastasis	M1	M1NOS	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	*	U	U

* For CS Mets at DX codes 00 or 99, the N and M categories for AJCC 6 staging are assigned based on the coding of CS Lymph Nodes as shown in the Lymph Nodes Mets at DX AJCC 6 Table.

Esophagus

CS Mets Eval

See Standard Table

Note: This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

Esophagus

CS Site-Specific Factor 1

Clinical Assessment of Regional Lymph Nodes

Note: See page A-98

Note 1: In the rare instance that the number of clinically positive nodes is stated but a clinical N category is not stated, code 1-2 nodes as 100 (N1), 3-6 nodes as 200 (N2), and 7 or more nodes as 300 (N3).

Note 2: If there is no diagnostic work-up to assess regional lymph nodes, use code 999. Do not apply the inaccessible nodes rule that presumes unmentioned nodes to be negative.

Code	Description
000	Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned
100	Metastasis in 1-2 regional nodes, determined clinically; Stated as clinical N1
200	Metastasis in 3-6 regional nodes, determined clinically; Stated as clinical N2
300	Metastasis in 7 or more regional nodes, determined clinically; Stated as clinical N3
400	Clinically positive regional node(s), NOS
888	OBSOLETE DATA CONVERTED V0200 See code 988 Not applicable for this site
988	Not applicable: Information not collected for this case

Code	Description
988 cont'd	(May include cases converted from code 888 used in CSv1 for "Not applicable" or when the item was not collected. If this item is required to derive T, N, M, or any stage, use of code 988 may result in an error.)
999	Regional lymph node(s) involved pathologically, clinical assessment not stated Unknown if regional lymph nodes clinically evident Not documented in patient record