GISTEsophagus
Gastrointestinal Stromal Tumor of Esophagus
C15.0-C15.5, C15.8-C15.9
M- 8935-8936
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: 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.

GISTEsophagus
CS Tumor Size
Note 1: Code exact tumor measurements when available. Use codes 990-997 only if a specific measurement is not available.
Note 2: The assignment of T categories for gastrointestinal stromal tumors (GIST) is based on tumor size. A physician's statement of the T category may be used to code CS Tumor Size and/or CS Extension if this is the only information in the medical record regarding one or both of these fields. However the two fields are coded independently: for example the record may document size but not extension, other than the physician's statement of the T category. Use codes 992, 993, 996, and 997 as appropriate to code CS Tumor Size based on a statement of T when no other size information is available.
Note 3: Codes 992-995 were obsolete in CS Version 2, V0201 and V0202. They are made active in V0203. Codes 996-997 are new for V0203. Tumors that now fall into one of these categories would have been coded as 011, 021, 051, 101, or 999 in V0201/V0202. Therefore cases with codes 011, 021, 051, 101, and 999 should be reviewed to determine if the cases should be recoded using codes 992-997.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (mm); (Exact size to nearest mm)
989	989 mm or larger
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1 centimeter (cm)"

Code	Description
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm" Stated as T1 with no other information on tumor size
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm" Stated as T2 with no other information on tumor size
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"
996	Described as "less than 10 cm," or "greater than 5 cm" or "between 5 cm and 10 cm" Stated as T3 with no other information on tumor size
997	Described as "greater than 10 cm" Stated as T4 with no other information on tumor size
998	**OBSOLETE DATA RETAINED V0200** Circumferential
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

GISTEsophagus
CS Extension

Note 1: AJCC does not include a Tis category for gastrointestinal stromal tumors (GIST). Any case with a CS Extension code of 000 is mapped to TX for AJCC 7 stage and in situ Summary Stage.
Note 2: 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 3: The assignment of T categories for gastrointestinal stromal tumors (GISTs) is based on tumor size. A physician's statement of the T category may be used to code CS Tumor Size and/or CS Extension if this is the only information in the medical record regarding one or both of these fields. However the two fields are coded independently: for example the record may document size but not extension, other than the physician's statement of the T category. Use codes 170, 210, 250, and 270 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intrapethelial, noninvasive	TX	NA	IS	IS

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100	**OBSOLETE DATA RETAINED AND REVIEWED V0203** See codes 155 and 165 Invasive tumor confined to mucosa, NOS (includes intramucosal, NOS)	^	NA	L	L
110	**OBSOLETE DATA RETAINED AND REVIEWED V0203** See codes 155 and 165 Invades lamina propria	^	NA	L	L
120	**OBSOLETE DATA RETAINED AND REVIEWED V0203** See codes 155 and 165 Invades muscularis mucosae	^	NA	L	L
155	Tumor confined to muscular wall	^	NA	L	L
160	**OBSOLETE DATA RETAINED AND REVIEWED V0203** SEE codes 155 and 165 Invades submucosa	^	NA	L	L
165	Tumor invades through submucosa and muscularis mucosae to involve mucosa	^	NA	L	L
170	Stated as T1 with no other information on extension	^	NA	L	L
200	**OBSOLETE DATA RETAINED AND REVIEWED V0203** See code 155 and 165 Muscularis propria invaded	^	NA	L	L
210	Stated as T2 with no other information on extension	^	NA	L	L
250	Stated as T3 with no other information on extension	^	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
270	Stated as T4 with no other information on extension	^	NA	L	L
300	Localized, NOS	^	NA	L	L
400	Adventitia and/or soft tissue invaded Esophagus described as fixed	^	NA	RE	RE
450	**OBSOLETE DATA CONVERTED V0203** See code 250 Stated as T3, NOS	ERROR	ERROR	ERROR	ERROR
560	Invasion into adventitia with invasion of/through mucosa	^	NA	RE	RE
600	**OBSOLETE DATA RETAINED V0200** See codes 610 and 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	ERROR	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
600 cont'd	Gastric artery/vein Vena cava Diaphragm, not fixed, or NOS Stomach, cardia (via serosa)	ERROR	NA	RE	RE
610	Tumor invades adjacent structures: For cervical esophagus: Hypopharynx Jugular vein Larynx Thyroid gland For intrathoracic, upper or mid-portion, esophagus: Blood vessel(s), major: Azygos vein Diaphragm For intrathoracic, lower portion (abdominal), esophagus: Blood vessel(s), major: Gastric artery/vein Diaphragm, not fixed;diaphragm, NOS Stomach, cardia (via serosa) For intrathoracic esophagus, NOS: Pleura	^	NA	RE	RE
650	**OBSOLETE DATA RETAINED V0200** See codes 610, 680, and 730 Cervical esophagus: Carina Cervical vertebra(e) Hypopharynx Larynx Trachea Intrathoracic esophagus: Lung via bronchus Mediastinal structure(s), NOS Pleura Rib(s) Thoracic vertebra(e)	ERROR	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
660	For thoracic/middle esophagus: Pericardium	^	NA	RE	D
680	For cervical/upper esophagus: Pleura For abdominal/lower esophagus: Diaphragm fixed	^	NA	D	D
700	**OBSOLETE DATA CONVERTED V0203** See code 270 Stated as T4 [NOS]	ERROR	ERROR	ERROR	ERROR
730	Tumor invades adjacent structures: For cervical esophagus: Blood vessel(s), major: Carotid artery Subclavian artery Carina Cervical vertebra(e) Trachea For intrathoracic, upper or mid-portion, esophagus: Blood vessel(s), major: Aorta Pulmonary artery/vein Vena cava Carina Main stem bronchus Trachea For intrathoracic, lower portion (abdominal), esophagus: Blood vessel(s), major: Aorta Vena cava For intrathoracic esophagus, NOS: Adjacent Rib(s) Lung via bronchus Mediastinal structure(s), NOS Thoracic vertebra(e)	^	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
740	730 + 660 Any structure in code 730 involving thoracic/middle esophagus plus pericardium	^	NA	RE	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	^	NA	D	D
750	For cervical/upper esophagus: Lung Main stem bronchus	^	NA	D	D
780	**OBSOLETE DATA RETAINED V0200;** See code 660 Thoracic/middle esophagus: Pericardium	ERROR	NA	RE	D
800	**OBSOLETE DATA RETAINED V0200** See codes 680 and 750 Further contiguous extension: Cervical/upper esophagus: Lung Main stem bronchus Pleura Abdominal/lower esophagus: Diaphragm fixed	ERROR	NA	D	D
810	Further contiguous extension	^	NA	D	D
950	No evidence of primary tumor	T0	NA	U	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	TX	NA	U	U

^ For CS Extension codes 100-810 ONLY, the T category for AJCC 7 staging is assigned based on

the value of CS Tumor Size, as shown in the Extension Size AJCC 7 Table for this schema.

GISTEsophagus
CS Tumor Size/Ext Eval
See Standard Table

GISTEsophagus
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 upper and lower thoracic (abdominal) esophagus.
Note 4: Lymph node stations/groups are listed in parentheses when applicable. See Figure 10.3 in the AJCC 7th Edition Staging Manual or Handbook for illustrations.
Note 5: Nodal metastasis is very rare in gastrointestinal stromal tumors (GISTs), and surgeons generally agree that nodal dissection is not indicated. In the absence of information on regional lymph node status, N0 is appropriate; code 999 is mapped to N0 accordingly.

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 nodes: For all subsites: Peri-/paraesophageal (8L, 8M) For cervical esophagus: Cervical, NOS: Anterior deep cervical (laterotracheal) (recurrent laryngeal) Internal jugular, NOS: Deep cervical, NOS: Upper cervical, NOS: Jugulodigastric (subdigastric) For intrathoracic esophagus, upper or middle: Internal jugular, NOS: Deep cervical, NOS: Upper cervical, NOS:	N1	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Jugulodigastric (subdigastric) Middle cervical Lower cervical, NOS: Jugulo-omohyoid (supraomohyoid) Intrabronchial: Carinal (tracheobronchial) (tracheal bifurcation) (10R, 10L) Hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Paratracheal (2) Left gastric (superior gastric) (17): Cardiac (cardial) Lesser curvature Perigastric, NOS Posterior mediastinal (tracheoesophageal) (3P) For intrathoracic esophagus, lower (abdominal): Left gastric (superior gastric) (17): Cardiac (cardial) Lesser curvature Perigastric, NOS Posterior mediastinal (tracheoesophageal) (3P) Subcarinal (7)	N1	NA	RN	RN
200	For cervical esophagus: Scalene (inferior deep cervical), low cervical (1) Supraclavicular (transverse cervical) (1)	N1	NA	D	RN
220	For intrathoracic esophagus, upper thoracic or middle esophagus: Superior mediastinal (2-4)	N1	NA	D	RN
250	For upper thoracic esophagus: Cervical, NOS For lower thoracic (abdominal) esophagus:	N1	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
250 cont'd	Celiac (20)	N1	NA	D	D
260	**OBSOLETE DATA REVIEWED AND CHANGED V0203;** See code 265 and CS Mets at DX code 15 For cervical esophagus: Common hepatic (18) Diaphragmatic (15) Pulmonary ligament (9) Splenic (19) For intrathoracic esophagus, upper or middle: Common hepatic (18) Diaphragmatic (15) Splenic (19) For lower thoracic (abdominal) esophagus: 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)	N1	NA	D	D
300	**OBSOLETE DATA REVIEWED AND CHANGED V0203** See codes 000-250, 265, and 305 and CS Mets at DX codes 15 and 55 For all esophagus subsites: Anterior mediastinal (6)	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
300 cont'd	Mediastinal, NOS For cervical esophagus only: Aortopulmonary (5) Paratracheal (2R,2L,4R, 4L) Posterior mediastinal (3P) Superior mediastinal For intrathoracic esophagus, upper or middle, only: Aortopulmonary (5) Pulmonary ligament (9) For 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) Paratracheal (2R,2L,4R, 4L) Posterior mediastinal (3P) Superior mediastinal For intrathoracic esophagus, upper or middle, only: Aortopulmonary (5) Pulmonary ligament (9) For intrathoracic esophagus, lower (abdominal) only: Diaphragmatic (15) Paratracheal (2R,2L,4R,4L) Superior mediastinal	N1	NA	D	D
500	Regional lymph node(s), NOS Stated as N1 with no other information on regional lymph nodes	N1	NA	RN	RN
800	Lymph nodes, NOS	N1	NA	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
999	Unknown; regional lymph nodes not stated Regional lymph node(s) cannot be assessed Not documented in patient record	N0	NA	U	U

GISTEsophagus
CS Lymph Nodes Eval
See Standard Table

GISTEsophagus
Regional Nodes Positive
See Standard Table
Note: Record this field even if there has been preoperative treatment.

GISTEsophagus
Regional Nodes Examined
See Standard Table

GISTEsophagus
CS Mets at DX
Note 1: Liver metastasis implies the presence of tumor inside the liver parenchyma as one or more nodules. Adherence to the liver capsule, even if extensive, should not be considered liver metastasis.
Note 2: Lymph nodes from the supraclavicular region down to the celiac region previously considered to be distant are now regional.
Note 3: When a patient has more than one area of GIST, it is important to try to distinguish between intra-abdominal metastasis and tumor multiplicity. Distant metastases are relatively rare in GISTs, but they are increasingly detected with sophisticated radiological studies. Intra-abdominal metastasis will present as tumor involvement in the abdominal cavity outside the main tumor mass, in the peritoneum, omentum, serosae of organs, and the cul-de-sac, among other areas. Code this form of metastasis in CS Mets at DX.
Tumor multiplicity, in contrast, will present with anatomically separate, multiple tumors of different sizes arising independently in the GI tract. This form of tumor multiplicity usually will be seen in patients with neurofibromatosis type 1 or familial GIST syndrome, but in rare instances may be seen in patients without these conditions. This form of multiplicity should not be coded as metastasis, but the presence of multiple tumors should be coded in CS Site-Specific Factor 10, Tumor Multiplicity.
When a solitary omental or mesenteric tumor mass is found with a primary GIST elsewhere, do not code this as a metastasis. Code it as multiple tumors in CS Site-Specific Factor 10, Tumor Multiplicity.
When multiple tumor areas are present and it is not stated whether these are metastases or independent tumors, consult with a physician if possible to determine how to code them. If a decision cannot be made, code as 99.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	NA	NONE	NONE
10	Distant lymph node(s), NOS	M1	NA	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 Lower thoracic (abdominal) esophagus only: Celiac lymph nodes	ERROR	NA	D	D
12	OBSOLETE DATA RETAINED V0200 Considered regional in AJCC 7th Edition staging EXCEPT for common hepatic and splenic lymph nodes which are still considered distant and are included in code 15 See CS Lymph Nodes code 265 Specified distant lymph node(s), other than code 11, including: Cervical esophagus only: Common hepatic Diaphragmatic Pulmonary ligament Splenic Intrathoracic esophagus, upper or middle, only: Common hepatic Diaphragmatic Splenic Lower thoracic (abdominal) esophagus only: Aortopulmonary Pulmonary ligament	ERROR	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
15	Common hepatic (18) Splenic (19)	M1	NA	D	D
40	Distant metastasis except distant lymph node(s) Carcinomatosis	M1	NA	D	D
50	OBSOLETE DATA REVIEWED AND CHANGED V0203 See codes 40 and 55 40 + any of (10 to 12) Distant lymph node(s) plus other distant metastases	ERROR	ERROR	ERROR	ERROR
55	40 + (10 or 15) Distant metastasis plus distant lymph node(s)	M1	NA	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	NA	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	NA	U	U

GISTEsophagus
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.

GISTEsophagus
CS Site-Specific Factor 6
Mitotic Count
Note: See page A-94 and page A-103
Note 1: The mitotic rate, the count of mitoses per 50 high-power fields (HPF), reflects the potential

aggressiveness or prognosis of gastrointestinal stromal tumors (GISTs) and is used alone to determine their histologic grade (low or high). The mitotic rate is also a factor in assigning the AJCC 7 anatomic stage/prognostic group. This site-specific factor presumes the denominator of 50 HPF or its equivalent, so just the numerator (the mitotic count) is coded here. For other schemas in which mitotic count is collected, the denominator may vary.

Note 2: A HPF usually has a magnification objective of 40 (a 40x field). As described in the AJCC chapter on GIST, 50 HPF are equivalent to viewing a total area of 5 square millimeters (mm) at 40x magnification.

Note 3: Record mitotic count, to the nearest tenth of a mitosis, as documented in the pathology report. For example, a mitotic count of 6/50 HPF, or 6 per 5 square mm, would be coded 060.

Note 4: Code the specific mitotic count only per 50 HPF or 5 square mm; assume the denominator is 50 HPF or 5 square mm if not specified. Use code 996 only if the mitotic count is expressed with a specific denominator other than 50 HPF or 5 square mm

Code	Description
000	0.0 mitoses per 50 high-power fields (HPF) (40x fields) 0.0 mitoses per 5 square millimeters (mm) Mitoses absent No mitoses present
001-008	0.1-0.8 mitoses per 50 HPF (40x field) 0.1-0.8 mitoses per 5 square mm
009	0.9 mitoses per 50 HPF (40x fields) 0.9 mitoses per 5 square mm Stated as less than 1 mitosis per 50 HPF (40x fields) Stated as less than 1 mitosis per 5 square mm
010-100	1 - 10 mitoses per 50 HPF (40x fields) 1 - 10 mitoses per 5 square mm
110	11 or more mitoses per 50 HPF (40x fields) 11 or more mitoses per 5 square mm
888	**OBSOLETE DATA CONVERTED V0200;** See code 988 Not applicable for this site
988	Not applicable: Information not collected for this case (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.)

Code	Description
990	Specific number not stated, described as less than or equal to 5 mitoses per 50 HPF (40x fields) Specific number not stated, described as less than or equal to 5 mitoses per 5 square mm Stated as low mitotic count or rate with no specific number
991	Specific number not stated, described as more than 5 mitoses per 50 HPF (40x fields) Specific number not stated, described as more than 5 mitoses per 5 square mm Stated as high mitotic count or rate with no specific number
995	**OBSOLETE DATA CONVERTED V0203;** See code 991 Specific number not stated, described as greater than 5 mitoses per 50 high-power fields (40x field) Specific number not stated, described as greater than 5 mitoses per 5 square millimeters
996	Mitotic count described with denominator other than 50 HPF (40x field)/5 square mm
998	No histologic specimen from primary site
999	Unknown or no information Not documented in patient record