

Stomach (excluding Gastrointestinal Stromal Tumor and Neuroendocrine Tumor)**C16.1-C16.6, C16.8-C16.9**

C16.1 Fundus of stomach

C16.2 Body of stomach

C16.3 Gastric antrum

C16.4 Pylorus

C16.5 Lesser curvature of stomach, NOS

C16.6 Greater curvature of stomach, NOS

C16.8 Overlapping lesion of stomach

C16.9 Stomach, NOS

Stomach**CS Tumor Size**

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, 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	Diffuse; widespread; three-fourths or more; linitis plastica
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

Stomach**CS Extension**

Note 1: Intraluminal or intramural extension to esophagus and duodenum is classified by the depth of greatest invasion in any of these sites, including stomach. (For extension to esophagus or duodenum via serosa, see code 600.)

Note 2: If the diagnosis states linitis plastica and no other information regarding extension is available, use code 350. Linitis plastica is defined as diffuse involvement of the entire thickness of the stomach wall.

Note 3: Codes 600 and 700 are for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX, except for implants within the stomach (code 300).

Malignant (positive) peritoneal cytology is coded in CS Mets at DX.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	Tis	Tis	IS	IS
050	(Adeno)carcinoma, noninvasive, in a polyp	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
122	Mucosal tumor with intraluminal extension to esophagus or duodenum	T1a	T1	RE	L
125	Stated as T1a with no other information on extension	T1a	T1	L	L
130	Confined to head of polyp Extension to stalk of polyp	T1NOS	T1	L	L
140	Confined to stalk of polyp	T1NOS	T1	L	L
150	Tumor in polyp, NOS	T1NOS	T1	L	L
160	Invades submucosa (superficial invasion)	T1b	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
165	Submucosal tumor with intraluminal extension to esophagus or duodenum	T1b	T1	RE	L
170	Stated as T1b with no other information on extension	T1b	T1	L	L
180	Stated as T1 [NOS] with no other information on extension	T1NOS	T1	L	L
200	Invades into but not through muscularis propria	T2	T2a	L	L
300	Implants inside stomach Localized, NOS	T1NOS	T1	L	L
340	OBSOLETE DATA CONVERTED V0203 ; See code 180 Stated as T1, NOS	ERROR	ERROR	ERROR	ERROR
350	Linitis plastica and no other information regarding extension available (See Note 2)	T2	T2a	RE	L
360	Invasion of muscularis propria with intraluminal extension to esophagus or duodenum	T2	T2a	RE	L
390	Stated as T2 with no other information on extension	T2	T2NOS	L	L
400	Extension through wall, NOS Invasion through muscularis propria or muscularis, NOS Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded	T3	T2b	L	L
415	Invasion through muscularis propria with intraluminal extension to esophagus or duodenum	T3	T2b	RE	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
450	Extension to adjacent (connective) tissue WITHOUT perforation of visceral peritoneum covering these structures: Gastric artery Ligaments: Gastrocolic Gastrohepatic Gastrosplenic Omentum, NOS : Greater Lesser Perigastric fat	T3	T2b	RE	RE
480	Stated as T3 with no other information on extension	T3	T2b	L	L
490	OBSOLETE DATA CONVERTED V0203 See code 810 Stated as T4, NOS	ERROR	ERROR	ERROR	ERROR
500	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 505, 555 Invasion of/through serosa (mesothelium) (tunica serosa) (visceral peritoneum), including perforation of visceral peritoneum covering the gastric ligaments or the omentum WITHOUT invasion of adjacent structures Stated as T4a, NOS	T4a	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
505	Invasion of/through serosa (mesothelium) (tunica serosa) (visceral peritoneum), including perforation of visceral peritoneum covering the gastric ligaments or the omentum WITHOUT invasion of adjacent structures listed in codes 610, 650, and 700	T4a	T3	RE	RE
550	OBSOLETE DATA CONVERTED V0203 ; See code 551 (450) + (500)	ERROR	ERROR	ERROR	ERROR
551	505 + 450	T4a	T3	RE	RE
555	Stated as T4a with no other information on extension	T4a	T3	RE	RE
600	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 610, 650 Diaphragm Duodenum via serosa or NOS Esophagus via serosa Ileum Jejunum Liver Pancreas Small intestine, NOS Spleen Transverse colon/mesocolon (including flexures) Celiac axis Aorta	T4b	T4	RE	RE
610	Diaphragm Duodenum via serosa Duodenum, NOS Esophagus via serosa Ileum Jejunum	T4b	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
610 cont'd	Liver Pancreas Small intestine, NOS Spleen Transverse colon/mesocolon (including flexures)	T4b	T4	RE	RE
650	Aorta Celiac axis	T4b	T4	D	D
690	OBSOLETE DATA CONVERTED V0203; See code 805 Stated as T4b, NOS	ERROR	ERROR	ERROR	ERROR
700	Abdominal wall Adrenal (suprarenal) gland Kidney Retroperitoneum	T4b	T4	D	D
800	Further contiguous extension	T4b	T4	D	D
805	Stated as T4b with no other information on extension	T4b	T4	D	D
810	Stated as T4 [NOS] with no other information on extension	T4NOS	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

Stomach
CS Tumor Size/Ext Eval
See Standard Table

Stomach**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: Metastatic nodules in the fat adjacent to a gastric carcinoma, without evidence of residual lymph node tissue, are considered regional node metastases, but nodules implanted on peritoneal surfaces are considered distant metastases.

Note 3: Hepatoduodenal nodes are regional for primaries of the lesser curvature of the stomach. They are coded in CS Mets at DX for all other subsites in this schema.

Note 4: The number of positive regional nodes is required to calculate the correct N category for this schema. Use codes 610-750 when the pathology report assigns an N1, N2, or N3 category but does not specify the number of nodes involved, or the record identifies an N1, N2, or N3 category but the specific information about number of nodes involved is not available. Use codes 110-500 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	<p>OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 000, 050, 110, CS Mets at DX codes 10, 50 Regional lymph nodes: Left gastric (superior gastric), NOS: Cardial Cardioesophageal Gastric, left Gastropancreatic, left Lesser curvature Lesser omental Paracardial Pancreaticosplenic (pancreaticolienal) Pancreatoduodenal Perigastric, NOS Peripancreatic Right gastric (inferior gastric), NOS: Gastrocolic</p>	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Gastroduodenal Gastroepiploic (gastro- omental), right or NOS Gastrohepatic Greater curvature Greater omental Pyloric, NOS Infrapyloric (subpyloric) Suprapyloric Splenic (lienal), NOS: Gastroepiploic (gastro- omental), left Splenic hilar Superior mesenteric Nodule(s) in perigastric fat	^	*	RN	RN
110	Regional lymph nodes: Left gastric (superior gastric), NOS: Cardial Cardioesophageal Gastric, left Gastropancreatic, left Lesser curvature Lesser omental Paracardial Pancreaticosplenic (pancreaticolienal) Pancreaticoduodenal Perigastric, NOS Peripancreatic Right gastric (inferior gastric), NOS: Gastrocolic Gastroduodenal Gastroepiploic (gastro- omental), right or NOS Gastrohepatic Greater curvature Greater omental Pyloric, NOS Infrapyloric (subpyloric)	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
110 cont'd	Suprapyloric Splenic (lienal), NOS: Gastroepiploic (gastro- omental), left Splenic hilar Nodule(s) in perigastric fat	^	*	RN	RN
400	Celiac Hepatic [excluding gastrohepatic (see code 110), and hepatoduodenal (see code 420)]	^	*	D	RN
420	For lesser curvature: Hepatoduodenal	^	*	D	D
500	Regional lymph node(s), NOS	^	*	RN	RN
600	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 500, 610, CS Site- Specific Factor 1 code 100 Stated as N1 with no other information on regional lymph nodes	N1	N1	RN	RN
610	Stated as pathologic N1 with no other information on regional lymph nodes	N1 N1	N1 N1	D D	RN RN
650	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 500, 660, CS Site- Specific Factor 1 code 200 Stated as N2 with no other information on regional lymph nodes	N2	N2	RN	RN
660	Stated as pathologic N2 with no other information on regional	N2	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
660 cont'd	lymph nodes	N2	N1	RN	RN
700	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 500, 750, CS Site-Specific Factor 1 code 300 Stated as N3 [NOS] with no other information on regional lymph nodes	N3NOS	N2	RN	RN
710	Stated as pathologic N3a with no other information on regional lymph nodes	N3a	N2	RN	RN
720	Stated as pathologic N3b with no other information on regional lymph nodes	N3b	N3	RN	RN
750	Stated as pathologic N3 [NOS] with no other information on regional lymph nodes	N3NOS	N2	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

^ For CS Lymph Nodes codes 100-500 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 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 Also Used When CS Reg Nodes Eval Is Not Coded using Regional Nodes Positive.

* For CS Lymph Nodes codes 100-500 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 AJCC 6 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 6 Table Also Used When CS Reg Nodes Eval Is Not Coded using Regional Nodes Positive.

Stomach**CS Lymph Nodes Eval**

See Standard Table

Stomach**Regional Nodes Positive**

See Standard Table

Note: Record this field even if there has been preoperative treatment.**Stomach****Regional Nodes Examined**

See Standard Table

Stomach**CS Mets at DX**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	M0	NONE	NONE
10	Distant lymph node(s), including: For all subsites: Mesenteric, NOS: Inferior mesenteric Superior mesenteric Para-aortic Porta hepatis (portal) (hilar) (in hilus of liver) Retropancreatic Retroperitoneal For all subsites EXCEPT lesser curvature : Hepatoduodenal Distant lymph node(s), NOS	M1	M1	D	D
40	Distant metastasis except distant lymph node(s) Carcinomatosis Krukenberg tumor (metastasis to ovary(ies)) Malignant (positive) peritoneal cytology	M1	M1	D	D
50	40 + 10 Distant metastasis plus distant lymph	M1	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
50 cont'd	node(s)	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	M1	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

Stomach**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.

Stomach**CS Site-Specific Factor 1****Clinical Assessment of Regional Lymph Nodes****Note: See page A-98**

Note 1: Only include information from imaging and physical examination in this item. Do not include information on regional lymph nodes that is based on surgical observation or diagnostic lymph node biopsy.

Note 2: In the rare instance that the number of clinically positive regional nodes is stated but a clinical N category is not stated, use the code that reflects the most specific statement about the number of involved regional nodes.

Note 3: 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	Metastases in 1 - 2 regional lymph nodes, determined clinically Stated as clinical N1
200	Metastases in 3 - 6 regional lymph nodes, determined clinically Stated as clinical N2

Code	Description
300	Metastases in 7 or more regional lymph nodes, NOS, determined clinically Stated as clinical N3 [NOS]
310	Metastases in 7 - 15 regional lymph nodes, determined clinically Stated as clinical N3a
320	Metastases in 16 or more regional lymph nodes, determined clinically Stated as clinical N3b
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; (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 nodes involved pathologically, clinical assessment not stated Unknown if regional lymph nodes clinically evident Not documented in patient record

Stomach

CS Site-Specific Factor 25

Schema Discriminator: EsophagusGEJunction (EGJ)/Stomach

Note: See page A-98

Note 1: Since primary site codes C16.1 (fundus of stomach) and C16.2 (body of stomach) can be assigned to either the EsophagusGEJunction (EGJ) schema or the Stomach schema, this schema discriminator is needed to determine the schema to select only when the site is C16.1 or C16.2. The discriminator is coded to 981 for records with primary sites C16.3-C16.6, C16.8, or C16.9. The discriminator is coded to 982 for records with primary site C16.0.

Note 2: In the AJCC 7th Edition, primaries of the EGJ (C16.0) and the proximal 5 cm of the stomach were moved from the Stomach chapter to the Esophagus chapter. Due to differences in the schemas for Esophagus and Stomach, a new schema was created in CSv2 to accommodate these changes. To determine whether a cancer in the fundus or body of the stomach should be coded according to the Esophagus/EGJunction or Stomach schema, it is necessary to identify the midpoint or epicenter of the tumor. In the AJCC 7th Edition, cancers whose midpoint is in the lower thoracic esophagus, EGJ, or within the proximal 5 cm of the stomach (cardia) and extending into the EGJ or esophagus, are stage-grouped similarly to adenocarcinoma of the esophagus. All other cancers with a midpoint in the stomach greater than 5 cm distal to the EGJ, or those within 5 cm of the EGJ but not extending into the EGJ or esophagus, are stage-grouped using the gastric cancer staging system.

Note 3: For cases coded to primary site C16.1 or C16.2 and histology 8000-8152, 8154-8231, 8243-8245, 8247, 8248, 8250- 8934, 8940-9136, 9141-9582, or 9700-9701, code whether or not the tumor extends to the esophagus (crosses the EGJ) and code the stated distance of the midpoint of the tumor from the EGJ. This information will be used to determine whether the case has AJCC TNM and stage group assigned using definitions for esophagus or stomach cancers.

Note 4: If the primary site code is C16.1 or C16.2 and involvement of the EGJ and distance from EGJ is unknown but a physician stages the case using esophagus definitions, assign code 060. Collaborative Stage will use the EsophagusGEJunction schema to assign TNM and AJCC stage.

Note 5: Code 100 is produced by the automated conversion of records with primary site codes C16.1 and C16.2 that were originally coded in CSv1 and diagnosed before 2010.

Code	Description	Schema
000	No involvement of esophagus or gastroesophageal junction (EGJ)	Stomach
010	Tumor located in cardia or EGJ	EsophagusGEJunction
020	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5 cm or less	EsophagusGEJunction
030	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ more than 5 cm	Stomach
040	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ unknown	EsophagusGEJunction
050	OBSOLETE DATA CONVERTED V0203 See code 000 Esophagus and EGJ NOT involved AND distance of tumor midpoint from EGJ is 5 cm or less	ERROR
060	Esophagus/EGJ involved AND distance of tumor midpoint from EGJ more than 5 cm from EGJ AND physician stages case using esophagus definitions OR Esophagus/EGJ involvement unknown AND distance of tumor midpoint from EGJ more than 5 cm or unknown AND physician stages case using esophagus definitions	EsophagusGEJunction
100	OBSOLETE DATA RETAINED V0200 C16.1, C16.2 - originally coded in CSv1	Stomach

Code	Description	Schema
981	Primary site coded to C16.3 - C16.9 May include cases which were converted to this code from a blank	Stomach
982	Primary site coded to to C16.0 May include cases which were converted to this code from a blank	EsophagusGEJunction
999	Involvement of esophagus/EGJ unknown, or no information Not documented in patient record	Stomach