

**NETStomach****Neuroendocrine Tumors of Stomach****C16.0-C16.6, C16.8-C16.9****M-8153, 8240-8242, 8246, 8249**

C16.0 Cardia of stomach

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

**Note 1:** For this schema, AJCC only stages well-differentiated neuroendocrine tumors. Note that the "concept" of well-differentiated is reflected in the histology code. The grade code is not needed in order to select the correct schema, but does need to be coded.

**Note 2:** This schema is also used for carcinoid tumors and malignant gastrinomas.

**NETStomach****CS Tumor Size**

**Note 1:** The assignment of the T1 category for neuroendocrine tumors (NET) of the stomach is based on tumor size. A physician's statement of the T category may be used to code both 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. Use code 991 as appropriate to code CS Tumor Size based on a statement of T when no other size information is available.

**Note 2:** Codes 992-995 were obsolete in CSVersion 2, V0201 and V0202. They are made active in V0203. Tumors that now fall into one of these categories would have been coded as 011, 021, or 999 in V0201/V0202. Therefore cases with codes 011, 021, and 999 should be reviewed to determine if the cases should be recoded using codes 992-995.

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 or equal to 1 centimeter (cm)" Stated as T1 with no other information on extension

Code	Description
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	<b>OBSOLETE DATA RETAINED V0200</b> Diffuse; widespread; 3/4's or more: linitis plastica
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

### NETStomach CS Extension

**Note 1:** For this schema, AJCC defines Tis as carcinoma in situ/dysplasia (tumor size less than 0.5mm), confined to mucosa. Neuroendocrine tumors (NET) stated to be in situ, noninvasive, or confined to mucosa are classified as Tis. "Dysplasia" alone is generally not reportable in cancer registries but, if a registry does collect it, code 000 should be used.

**Note 2:** Intraluminal or intramural extension to esophagus and duodenum is classified by the depth of greatest invasion. For extension to esophagus or duodenum via serosa, see code 600.

**Note 3:** The assignment of the T1 category for NETs of the stomach is based on tumor size. A physician's statement of the T category may be used to code both 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. Use codes 170, 390, 480, or 810 as appropriate to code CS Extension based on a statement of T when no other information is available.

**Note 4:** Use code 300 for localized tumor only if no information is available to assign code 100, 110, 120, 160, 170, 200, 390, or 400.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive Dysplasia Tumor size less than 0.5 millimeters (mm)	Tis	Tis	IS	IS
050	<b>OBSOLETE DATA RETAINED</b>	Tis	Tis	IS	IS

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
050 cont'd	<b>AND REVIEWED V0203</b> See code 000 (Adeno)carcinoma in a polyp, noninvasive	Tis	Tis	IS	IS
100	Tumor confined to mucosa, NOS including intramucosal, NOS	Tis	T1	L	L
110	Invades lamina propria, including lamina propria in a polyp	^	T1	L	L
120	Invades muscularis mucosae, including muscularis mucosae in a polyp	^	T1	L	L
130	<b>OBSOLETE DATA RETAINED AND REVIEWED V0203</b> See codes 110, 120, 160 Confined to head of polyp Extension to stalk	^	T1	L	L
140	<b>OBSOLETE DATA RETAINED AND REVIEWED V0203</b> See codes 110, 120,160 Confined to stalk of polyp	^	T1	L	L
150	<b>OBSOLETE DATA RETAINED AND REVIEWED V0203</b> See codes 110, 120, 160 Tumor in polyp, NOS	^	T1	L	L
160	Invades submucosa (superficial invasion), including submucosa in a polyp	^	T1	L	L
170	Stated as T1 with no other information on extension	^	T1	L	L
200	Invades into but not through muscularis propria	T2	T2a	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
300	Localized, NOS Implants inside stomach	^	T1	L	L
340	<b>OBSOLETE DATA CONVERTED V0203</b> See code 170 Stated as T1, NOS with no other information on extension	ERROR	ERROR	ERROR	ERROR
350	<b>OBSOLETE DATA RETAINED V0200</b> Linitis plastica (see Note 2) and no other information regarding extension is available.	ERROR	T2a	RE	L
390	Stated as T2 with no other information on extension	T2	T2NOS	L	L
400	Invasion through muscularis propria or muscularis, NOS Extension through wall, NOS Perimuscular tissue invaded Subserosa / (sub)serosal fat penetrated	T3	T2b	L	L
450	Extension to adjacent (connective) tissue <b>WITHOUT</b> perforation of visceral peritoneum: 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	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
490	<b>OBSOLETE DATA CONVERTED V0203</b> ; See code 810 Stated as T4, [NOS] with no other information on extension	ERROR	ERROR	ERROR	ERROR
500	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	T4	T3	RE	RE
550	500 + 450 Invasion of tissues in code 500 plus extension to structures in code 450	T4	T3	RE	RE
600	<b>OBSOLETE DATA RETAINED AND REVIEWED V0203</b> 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	T4	T4	RE	RE
610	Diaphragm Duodenum via serosa or NOS Esophagus via serosa Ileum Jejunum Liver	T4	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
610 cont'd	Pancreas Small intestine, NOS Spleen Transverse colon/mesocolon (including flexures)	T4	T4	RE	RE
650	Aorta Celiac axis	T4	T4	D	D
700	Abdominal wall Adrenal gland Kidney Retroperitoneum	T4	T4	D	D
800	Further contiguous extension	T4	T4	D	D
810	Stated as T4 with no other information on extension	T4	T4	RE	RE
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

^ For CS Extension codes 110-170 and 300 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.

### NETStomach

#### CS Tumor Size/Ext Eval

See Standard Table

### NETStomach

#### 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:** 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 3:** If information about named regional lymph nodes is available, use codes 110, 400, or 420 rather than code 500 or 600.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
050	Nodule(s) in perigastric fat	N1	*	RN	RN
100	<p><b>OBSOLETE DATA RETAINED AND REVIEWED V0203</b> See codes 000, 050, 110, CS Mets at DX code 10</p> <p>Regional lymph nodes:</p> <ul style="list-style-type: none"> <li>Left gastric (superior gastric), NOS: <ul style="list-style-type: none"> <li>Cardial</li> <li>Cardioesophageal</li> <li>Gastric, left</li> <li>Gastropancreatic, left</li> <li>Lesser curvature</li> <li>Lesser omental</li> <li>Paracardial</li> </ul> </li> <li>Pancreaticosplenic (pancreaticolienal)</li> <li>Pancreatoduodenal</li> <li>Perigastric, NOS</li> <li>Peripancreatic</li> <li>Right gastric (inferior gastric), NOS: <ul style="list-style-type: none"> <li>Gastrocolic</li> <li>Gastroduodenal</li> <li>Gastroepiploic (gastro-omental), right or NOS</li> <li>Gastrohepatic</li> <li>Greater curvature</li> <li>Greater omental</li> <li>Pyloric, NOS <ul style="list-style-type: none"> <li>Infrapyloric (subpyloric)</li> <li>Suprapyloric</li> </ul> </li> <li>Splenic (lienal), NOS: <ul style="list-style-type: none"> <li>Gastroepiploic (gastro-omental), left</li> <li>Splenic hilar</li> </ul> </li> <li>Superior mesenteric</li> <li>Nodule(s) in perigastric fat</li> </ul> </li></ul>	N1	*	RN	RN
110	Regional lymph nodes: Left gastric (superior gastric), NOS:	N1	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
110 cont'd	Cardial Cardioesophageal Gastric, left Gastropancreatic, left Lesser curvature Lesser omental Paracardial Pancreaticosplenic (pancreaticolienal) Pancreatoduodenal 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) Suprapyloric Splenic (lienal), NOS: Gastroepiploic (gastro-omental), left Splenic hilar	N1	*	RN	RN
400	Celiac Hepatic (excluding gastrohepatic, [see code 100] and hepatoduodenal [see code 420])	N1	*	D	RN
420	For lesser curvature only: Hepatoduodenal	N1	*	D	D
500	Regional lymph nodes, NOS	N1	*	RN	RN
600	Stated as N1 with no other information on regional lymph nodes	N1	N1	RN	RN
650	<b>OBSOLETE DATA RETAINED</b>	ERROR	N2	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
650 cont'd	<b>V0200</b> ; Stated as N2, NOS	ERROR	N2	RN	RN
700	<b>OBSOLETE DATA RETAINED</b> <b>V0200</b> ; Stated as N3, NOS	ERROR	N3	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 050-500 and 800 ONLY, when CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category is assigned as shown in the Lymph Nodes Clinical Evaluation 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 assigned as shown in the Lymph Nodes Pathologic Evaluation Table Also Used When CS Reg Nodes Eval Is Not Coded using Regional Nodes Positive.

**NETStomach****CS Lymph Nodes Eval**

See Standard Table

**NETStomach****Regional Nodes Positive**

See Standard Table

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

See Standard Table

**NETStomach****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):	M1	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
10 cont'd	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 nodes, NOS	M1	M1	D	D
40	Distant metastasis except distant lymph node(s) Carcinomatosis Malignant peritoneal cytology	M1	M1	D	D
50	40 + 10; Distant metastasis plus distant lymph 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

**NETStomach****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

**NETStomach****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:** Use code 400 if nodes are involved clinically but there is no indication of number of nodes involved. Do not use nodal involvement determined pathologically to code this data item.

**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 was done, and nodes were not mentioned
100	Metastasis in 1 to 6 regional lymph nodes, determined clinically
200	Metastasis in 7 to 15 regional lymph nodes, determined clinically
300	Metastasis in more than 15 regional lymph nodes, determined clinically
400	Clinically positive regional nodes, NOS
888	<b>OBSOLETE DATA CONVERTED V0200</b> 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