

**Appendix****Carcinomas of the Appendix (excluding Carcinoid Tumor and Neuroendocrine Carcinoma)****C18.1****M-8000-8152, 8154-8231, 8243-8245, 8247, 8248, 8250-8576, 8940-8950, 8980-8981**

## C18.1 Appendix

**Note:** Carcinoid tumor and neuroendocrine carcinoma (histology codes 8153, 8240-8242, 8246, 8249) of the appendix are included in the "Carcinoid Appendix" schema.**Appendix****CS Tumor Size**

<b>Code</b>	<b>Description</b>
000	No mass/tumor found
001-988	001 - 988 millimeters (mm ) (Exact size in mm)
989	989 mm or larger
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1 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	<b>OBSOLETE DATA RETAINED V0200</b> Familial/multiple polyposis (M-8220/8221)
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

## Appendix

### CS Extension

**Note 1:** Ignore intraluminal extension to adjacent segment(s) of colon; code depth of invasion or extracolonic spread as indicated.

**Note 2:** Mucinous tumors are identified by morphology codes 8480, 8481, and 8490.

**Note 3:** One or more malignant satellite peritumoral nodules or tumor deposits (TD) in the periappendiceal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule may represent discontinuous spread, venous invasion with extravascular spread, or a totally replaced lymph node. Replaced nodes are counted as positive nodes and coded in CS Lymph Nodes. TD representing discontinuous spread or venous invasion are coded in CS Extension, code 450, and the number of TD representing discontinuous spread or venous invasion is coded in CS Site-Specific Factor 4.

**Note 4:** Tumor that is adherent to other organs or structures, macroscopically, is classified cT4b. If tumor is present in adhesion(s) upon microscopic examination, the tumor is classified as pT4b. Use code 565 for macroscopic adhesions if no pathologic confirmation and for pathologically confirmed tumor in adhesions. However, if no tumor is present in adhesion(s) upon microscopic examination, the classification is based upon extent of tumor invasion into or through the wall; use codes 000-160, 200, 400, 450, 500-550 as appropriate to describe the microscopically confirmed depth of tumor invasion for these cases. Use codes 600-650, 665, 700-810 to code invasion of underlying structures from the adherent tumor.

**Note 5:** Codes 600-650 and 700-750 are used for contiguous extension from the site of origin. Except for intraperitoneal metastases limited to the right lower quadrant (RLQ) of the abdomen for mucinous tumors, discontinuous involvement is coded in CS Mets at DX.

**Note 6:** High-grade dysplasia is not always collected by cancer registries but, if collected, it should be coded 000.

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 or adenoma	Tis	Tis	IS	IS
100	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	Tis	Tis	L	L
110	Invasive tumor confined to the lamina propria, including lamina propria in the stalk of a polyp	Tis	Tis	L	L
120	Confined to and not through the muscularis mucosae, including muscularis mucosae in the stalk of a	Tis	Tis	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
120 cont'd	polyp.	Tis	Tis	L	L
130	Confined to head of polyp, NOS	T1	T1	L	L
140	Confined to stalk of polyp, NOS	T1	T1	L	L
150	Invasive tumor in polyp, NOS	T1	T1	L	L
160	Invades submucosa (superficial invasion), including submucosa in stalk of polyp	T1	T1	L	L
170	Stated as T1 with no other information on extension	T1	T1	L	L
200	Muscularis propria invaded Stated as T2 with no other information on extension	T2	T2	L	L
300	Confined to appendix, NOS Localized, NOS	T1	T1	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 Wall, NOS	T3	T3	L	L
410	<b>OBSOLETE DATA CONVERTED V0203</b> See code 470 Stated as T3[NOS] with no other information on extension	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
420	<b>OBSOLETE DATA CONVERTED V0203</b> ; See code 458 Fat, NOS	ERROR	ERROR	ERROR	ERROR
450	Extension to: Adjacent tissue(s), NOS Connective tissue Mesenteric fat Mesentery Mesoappendix Pericolic fat	T3	T3	RE	RE
458	Fat, NOS	T3	T3	RE	RE
460	<b>OBSOLETE DATA RETAINED AND REVIEWED V0203</b> See Note 4, coded 565 and 570 Adherent to other organs or structures, but no microscopic tumor found in adhesion(s)	T3	T3	RE	RE
470	Stated as T3 with no other information on extension	T3	T3	L	L
500	Invasion of/through serosa (mesothelium) (visceral peritoneum) Tumor penetrates to surface of visceral peritoneum	T4a	T4	RE	RE
510	For mucinous tumors only: Peritoneal involvement confined within right lower quadrant ONLY	T4a	TX	D	D
511	510 + any of (130-160 or 300) For mucinous tumors only: Peritoneal involvement confined within right lower quadrant plus local extension equivalent to T1	T4a	T1	D	D
512	510 + 200	T4a	T2	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
512 cont'd	For mucinous tumors only: Peritoneal involvement confined within right lower quadrant plus local extension equivalent to T2	T4a	T2	D	D
513	510 + (400, 450, 458) For mucinous tumors only: Peritoneal involvement confined within right lower quadrant plus regional extension equivalent to T3	T4a	T3	D	D
514	510 + 500 For mucinous tumors only: Peritoneal involvement confined within right lower quadrant plus regional extension equivalent to T4	T4a	T4	D	D
550	500 + (450, 458)	T4a	T4	RE	RE
560	Stated as T4a with no other information on extension	T4a	T4	RE	RE
565	Adherent to other organs or structures clinically with no microscopic examination Tumor found in adhesion(s) if microscopic examination performed	T4b	T4	RE	RE
570	Adherent to other organs or structures, NOS	T4b	T4	RE	RE
600	Greater omentum Small intestine	T4b	T4	RE	RE
650	Abdominal wall Retroperitoneum (excluding fat)	T4b	T4	RE	RE
660	<b>OBSOLETE DATA RETAINED</b> <b>V0200</b> Ascending colon:	ERROR	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
660 cont'd	Right kidney Right ureter Descending colon: Left kidney Left ureter	ERROR	T4	RE	RE
665	Any of (550, 565 - 650) + any of (510 - 514)	T4b	T4	D	D
670	<b>OBSOLETE DATA CONVERTED V0203</b> ; See code 665 (570-650) + 510	ERROR	ERROR	ERROR	ERROR
675	<b>OBSOLETE DATA CONVERTED V0203</b> ; See code 665 (570-650) + 511	ERROR	ERROR	ERROR	ERROR
680	<b>OBSOLETE DATA CONVERTED V0203</b> ; See code 665 (570-650) + 512	ERROR	ERROR	ERROR	ERROR
690	<b>OBSOLETE DATA CONVERTED V0203</b> ; See code 665 (570-650) + 513	ERROR	ERROR	ERROR	ERROR
700	Fallopian tube Ovary Uterus	T4b	T4	D	D
750	Adrenal (suprarenal) gland Bladder Diaphragm Fistula to skin Gallbladder Other segment(s) of colon/rectum via serosa	T4b	T4	D	D
800	Kidney Liver Ureter	T4b	T4	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
800 cont'd	Other contiguous extension	T4b	T4	D	D
810	Any of (565-800) + 510 For mucinous tumors only: Regional extension characterized as T4b plus peritoneal involvement confined within right lower quadrant	T4b	T4	D	D
850	Stated as T4b with no other information on extension	T4b	T4	RE	RE
900	Stated as T4 [NOS] with no other information on extension	T4NOS	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

**Appendix**  
**CS Tumor Size/Ext Eval**  
 See Standard Table

**Appendix**  
**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:** One or more malignant satellite peritumoral nodules or tumor deposits (TD) in the periappendiceal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule may represent discontinuous spread, venous invasion with extravascular spread, or a totally replaced lymph node. Replaced nodes are counted as positive nodes and coded in CS Lymph Nodes. TD representing discontinuous spread or venous invasion are coded in CS Extension, and the number of TD representing discontinuous spread or venous invasion is coded in CS Site-Specific Factor 4.

**Note 3:** Superior and inferior mesenteric nodes are coded in CS Mets at DX. Mesenteric nodes, NOS are coded in CS Lymph Nodes.

**Note 4:** The number of positive regional nodes is required to calculate the correct N category for this schema. Use codes 400 and 450 a when the pathology report assigns an N1 or N2 category but the specific information about number of nodes involved is not available. Use codes 100 - 300 rather

than codes 400 or 450 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
050	<b>OBSOLETE DATA REVIEWED AND CHANGED V0203;</b> See code 450 and 550 in CS Extension Tumor deposit(s) in the subserosa, or non-peritonealized pericolic or perirectal tissues WITHOUT regional nodal metastasis	ERROR	ERROR	ERROR	ERROR
100	Regional lymph nodes: Colic (NOS) Epicolic (adjacent to bowel wall) Mesocolic (NOS) Paracolic/pericolic Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat	^	*	RN	RN
200	Cecal: Anterior (prececal) Posterior (retrocecal) Ileocolic Right colic	^	*	RN	RN
300	Mesenteric, NOS Regional lymph node(s), NOS	^	*	RN	RN
400	Stated as pathologic N1 with no other information on regional lymph nodes	N1	N1	RN	RN
450	Stated as pathologic N2 with no other information on regional lymph nodes	N2	N2	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed	NX	NX	U	U

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
999 cont'd	Not documented in patient record	NX	NX	U	U

^ For CS Lymph Nodes codes 050-300ONLY, 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 2; 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 Lymph Nodes Eval is Not Coded, using Regional Nodes Positive.

\* For CS Lymph Nodes codes 100-300ONLY, 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 2; 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.

### Appendix

#### CS Lymph Nodes Eval

See Standard Table

### Appendix

#### Regional Nodes Positive

See Standard Table

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

### Appendix

#### Regional Nodes Examined

See Standard Table

### Appendix

#### CS Mets at DX

**Note:** With the implementation of AJCC 7 staging, mucinous tumors (morphology codes 8480, 8481, and 8490) with peritoneal involvement confined to the right lower quadrant (RLQ) are classified as T4a. Therefore, such peritoneal metastases are coded in CS Extension.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	*	NONE	NONE
05	For mucinous tumors only: Intraperitoneal metastasis BEYOND the right lower quadrant, including	M1a	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
05 cont'd	pseudomyxoma peritonei Stated as M1a with no other information on distant metastasis	M1a	M1	D	D
07	<b>OBSELETE DATA CONVERTED V0203</b> ; See code 23 For non-mucinous tumors: Any intraperitoneal spread	ERROR	ERROR	ERROR	ERROR
08	Superior mesenteric lymph nodes	M1b	M1	RN	D
10	Distant lymph node(s) other than those in code 08 (Includes inferior mesenteric lymph node(s)) Distant lymph node(s), NOS	M1b	M1	D	D
20	For mucinous tumors only: (08 and/or 10) + 05 Distant lymph node(s) plus intraperitoneal metastasis BEYOND the right lower quadrant, including pseudomyxoma peritonei	M1b	M1	D	D
23	For non-mucinous tumors only: Any intraperitoneal spread	M1b	M1	D	D
25	For non-mucinous tumors only: 23 + (08 and/or 10) Intraperitoneal spread plus distant lymph node(s)	M1b	M1	D	D
40	<b>OBSELETE DATA RETAINED V0200</b> ; See codes 45 and 60 Distant metastases except distant lymph node(s) Distant metastasis, NOS, Carcinomatosis	ERROR	M1	D	D
45	Distant metastasis except distant lymph node(s) and intraperitoneal spread	M1b	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
45 cont'd	Non-peritoneal metastasis Carcinomatosis	M1b	M1	D	D
50	45 + (10 and/or 08) Distant metastasis plus distant lymph node(s)	M1b	M1	D	D
55	Stated as M1b with no other information on distant metastasis	M1b	M1	D	D
60	Distant metastasis, NOS Stated as M1 [NOS] with no other information on distant metastasis	M1NOS	M1	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	*	U	U

\* For CS Mets at DX code 00 and 99, the M category for AJCC 6 staging is determined by the CS Extension code as shown in the Extension Mets AJCC 6 Table for this schema.

## Appendix

### CS Mets Eval

#### See Standard Table

**Note 1:** This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

**Note 2:** If a specific subcategory of M1 will be derived from CS Mets at DX, then determine if there was any pathological evidence for the highest subcategory. If so, select an Eval code that will derive a "p" staging basis. If there was only clinical evidence of the highest subcategory, select an Eval code that will derive a "c" staging basis. See also CS Mets Eval in Part 1.

## Appendix

### CS Site-Specific Factor 2

#### 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 nodes is stated but a clinical N category is not stated, code 1-3 nodes as 100 (N1), and 4 or more nodes as 200 (N2).

**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	Metastasis in 1 - 3 regional lymph nodes, determined clinically Stated as clinical N1
200	Metastasis in 4 or more regional lymph nodes, determined clinically Stated as clinical N2
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 node(s) involved pathologically, clinical assessment not stated Unknown if regional nodes clinically evident Not documented in patient record

## Appendix

### CS Site-Specific Factor 11

#### Histopathologic Grading

**Note:** See page A-101

**Note 1:** Histologic grading is used to distinguish between IVA and IVB anatomic stage/prognostic groups. It is considered to be of particular importance for mucinous carcinomas (morphology codes 8480, 8481, and 8490).

**Note 2:** Select the code for the highest grade from the most representative sample of primary tumor tissue as described on the pathology report.

**Note 3:** The term "undifferentiated" should not apply to mucinous tumors because a tumor that makes mucin is, by definition, differentiated into mucin-producing tumor cells.

Code	Description
010	For NON-MUCINOUS tumors: Well differentiated; Grade 1/4

Code	Description
011	For MUCINOUS tumors: Grade 1/2 Grade 1/3 Grade 1/4 Low grade Well differentiated Stated as Grade 1 with no information on the total number of codes in the grading system
020	For NON-MUCINOUS tumors: Moderately differentiated Grade 2/4
021	For MUCINOUS tumors: Grade 2/2 Grade 2/3 Grade 2/4 Grade 3/3 Grade 3/4 High grade Moderately differentiated Poorly differentiated Stated as Grade 2 or Grade 3 with no information on the total number of codes in the grading system
030	For NON-MUCINOUS tumors: Poorly differentiated Grade 3/4
040	For NON-MUCINOUS tumors: Undifferentiated Grade 4/4
988	Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 988 may result in an edit error.)
998	No pathologic confirmation of primary site tumor
999	Unknown or no information Not documented in patient record