

Colon**Colon (excluding Appendix, Gastrointestinal Stromal Tumor, and Neuroendocrine Tumor)****C18.0, C18.2--C18.9**

C18.0 Cecum

C18.2 Ascending colon

C18.3 Hepatic flexure of colon

C18.4 Transverse colon

C18.5 Splenic flexure of colon

C18.6 Descending colon

C18.7 Sigmoid colon

C18.8 Overlapping lesion of colon

C18.9 Colon, NOS

Colon**CS Tumor Size**

Code	Description
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, 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	Familial/multiple polyposis (M-8220/8221)
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

Colon**CS Extension**

Note 1: Ignore intraluminal extension to adjacent segment(s) of colon/rectum or to the ileum from the cecum; code depth of invasion or extracolonic spread as indicated.

Note 2: Codes 600-800 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Note 3: 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, 458, 500, and 550 as appropriate to describe the microscopically confirmed depth of tumor invasion for these cases. Use codes 600, 655-800 to code invasion of underlying structures from the adherent tumor.

Note 4: High grade dysplasia and severe dysplasia are generally not reportable in cancer registries, but if a registry does collect these, code 000 should be used.

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	Invades 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 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	T1	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
160 cont'd	invasion), including submucosa in the head or stalk of a 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	Localized, NOS Confined to colon, 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	OBSOLETE DATA CONVERTED V0203 ; See code 470 Stated as T3 with no other information on extension	ERROR	ERROR	ERROR	ERROR
420	OBSOLETE DATA CONVERTED V0203 ; See code 458 Fat, NOS	ERROR	ERROR	ERROR	ERROR
450	Extension to: All colon sites: Adjacent tissue(s), NOS Connective tissue Mesenteric fat Mesentery	T3	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
450 cont'd	Mesocolon Pericolic fat Ascending and descending colon Retroperitoneal fat Transverse colon and flexures Gastrocolic ligament Greater omentum	T3	T3	RE	RE
458	Fat, NOS	T3	T3	RE	RE
460	OBSOLETE DATA RETAINED AND REVIEWED V0203 See Note 3, codes 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	RE	RE
500	Invasion of/through serosa (mesothelium) (visceral peritoneum) Tumor penetrates to surface of visceral peritoneum	T4a	T4	RE	RE
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	All colon sites:	T4b	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
600 cont'd	Small intestine Cecum: Greater omentum Ascending colon: Greater omentum Liver, right lobe Transverse colon and flexures: Gallbladder/bile ducts Kidney Liver Pancreas Spleen Stomach Descending colon: Greater omentum Pelvic wall Spleen Sigmoid colon: Greater omentum Pelvic wall	T4b	T4	RE	RE
650	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 655 and 675 All colon sites: Abdominal wall Retroperitoneum (excluding fat)	T4b	T4	RE	RE
655	All colon sites: Abdominal wall All colon sites excluding sigmoid: Retroperitoneum (excluding fat)	T4b	T4	RE	RE
660	Ascending colon: Right kidney Right ureter Descending colon: Left kidney Left ureter	T4b	T4	RE	RE
675	Sigmoid colon:	T4b	T4	D	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
675 cont'd	Retroperitoneum (excluding fat)	T4b	T4	D	RE
700	Cecum, ascending, descending and sigmoid colon: Fallopian tube Ovary Uterus	T4b	T4	D	D
750	All colon sites unless otherwise stated above: Adrenal (suprarenal) gland Bladder Diaphragm Fistula to skin Gallbladder Other segment(s) of colon via serosa	T4b	T4	D	D
800	Further contiguous extension: Cecum: Kidney Liver Ureter Transverse colon and flexures: Ovary Fallopian tube Uterus Ureter Sigmoid colon: Cul de sac (rectouterine pouch) Ureter	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

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

Colon**CS Tumor Size/Ext Eval**

See Standard Table

Colon**CS Lymph Nodes**

Note 1: Code only regional nodes and nodes, NOS in this field. Note 2 specifies when to code certain tumor deposits (TD) here. Distant nodes are coded in CS Mets at DX.

Note 2: One or more malignant satellite peritumoral nodules in the pericolorectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule(s) may represent discontinuous spread, venous invasion with extravascular spread, or a totally replaced lymph node. If the primary tumor is localized and maps to T1 or T2 and this is the only information on lymph nodes, use code 050. The total number of TD must also be coded in CS Site-Specific Factor 4. If there are TD and node involvement, code only the information on node involvement in this field; use a higher code number than 050.

Note 3: Inferior mesenteric nodes are coded in CS Mets at DX for cecum, ascending colon, transverse colon, and hepatic flexure. Superior mesenteric nodes are coded in CS Mets at DX for all colon sites.

Note 4: The number of positive regional nodes is required to calculate the correct N category for this schema. Use codes 400-470 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 110-300 rather than codes 400-470 when information about the number of positive nodes is available, or when nodes are clinically positive but not removed for examination.

Note 5: Sigmoid nodes for descending colon have been moved from code 200 in CS Version 1 to code 210.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement and no tumor deposits (TD)	N0	N0	NONE	NONE
050	TD in the subserosa, mesentery, or nonperitonealized pericolic or perirectal tissues WITHOUT regional	N1c	N1	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
050	nodal metastasis Stated as N1c with no other information on regional lymph nodes	N1c	N!	RN	RN
100	OBSOLETE DATA RETAINED AND REVIEWED V0203 Code 100 was defined as "Regional lymph nodes for all colon sites: Colic (NOS), Epicolic (adjacent to bowel wall), Mesocolic (NOS), Paracolic/pericolic, Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat" in CSv1. Code 100 was defined as "Regional lymph nodes for all colon sites: Colic (NOS), Epicolic (adjacent to bowel wall), Mesocolic (NOS), Paracolic/pericolic" in CSv2:V0201, V0202. All cases should be reviewed and recoded to appropriate codes; see codes 050 and 110. Regional lymph nodes for all colon sites: Colic (NOS) Epicolic (adjacent to bowel wall) Mesocolic (NOS) Paracolic/pericolic	^	*	RN	RN
110	Regional lymph nodes for all colon sites: Colic, NOS Epicolic (adjacent to bowel wall) Mesocolic, NOS Paracolic/pericolic	^	*	RN	RN
200	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 210 and 220 Regional lymph nodes, for specific subsites: Cecum:	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200 cont'd	Cecal: anterior (prececal), posterior (retrocecal); NOS Ileocolic Right colic Ascending colon: Ileocolic Middle colic Right colic Transverse colon and flexures: Inferior mesenteric for splenic flexure only Left colic for splenic flexure only Middle colic Right colic for hepatic flexure only Descending colon: Inferior mesenteric Left colic Sigmoid Sigmoid colon: Inferior mesenteric Sigmoidal (sigmoid mesenteric) Superior hemorrhoidal Superior rectal	^	*	RN	RN
210	Regional lymph nodes, for specific colon sites: Cecum: Cecal: Anterior (prececal), Posterior (retrocecal); NOS Ileocolic Right colic Ascending colon: Ileocolic Middle colic Right colic Transverse colon and flexures: Inferior mesenteric for splenic flexure only Left colic for splenic flexure only Middle colic	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
210 cont'd	Right colic for hepatic flexure only Descending colon: Inferior mesenteric Left colic Sigmoid colon: Inferior mesenteric Sigmoidal (sigmoid mesenteric) Superior hemorrhoidal Superior rectal	^	*	RN	RN
220	Regional lymph nodes for descending colon: Sigmoid	^	*	D	RN
300	Regional lymph nodes for all colon sites: Mesenteric, NOS Regional lymph node(s), NOS	^	*	RN	RN
400	OBSOLETE DATA CONVERTED V0203 ; See code 430 Stated as N1 pathologic	ERROR	ERROR	ERROR	ERROR
410	Stated as pathologic N1a with no other pathologic information on regional lymph nodes	N1a	N1	RN	RN
420	Stated as pathologic N1b with no other pathologic information on regional lymph nodes	N1b	N1	RN	RN
430	Stated as pathologic N1 [NOS] with no other pathologic information on regional lymph nodes	N1NOS	N1	RN	RN
450	OBSOLETE DATA CONVERTED V0203 ; See code 480 Stated as N2 pathologic	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
460	Stated as pathologic N2a with no other pathologic information on regional lymph nodes	N2a	N2	RN	RN
470	Stated as pathologic N2b with no other pathologic information on regional lymph nodes	N2b	N2	RN	RN
480	Stated as Pathologic N2 [NOS] with no other pathologic information on regional lymph nodes	N2NOS	N2	RN	RN
800	Lymph nodes, NOS	N1NOS	N1	RN	RN
999	Unknown; regional nodes not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	NX	U	U

* For codes 100-300 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 6th Table, using Regional Nodes Positive and CS Site-Specific Factor 2; when CS Regional Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation 6th Table Also Used When CS Reg Nodes Eval is Not Coded using Regional Nodes Positive.

^ For codes 100-300 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 7th Table, using Regional Nodes Positive and CS Site-Specific Factor 2; when CS Regional Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation 7th Table Also Used When CS Reg Nodes Eval is Not Coded using Regional Nodes Positive.

Colon

CS Lymph Nodes Eval

See Standard Table

Colon

Regional Nodes Positive

See Standard Table

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

Colon

Regional Nodes Examined

See Standard Table

Colon**CS Mets at DX**

Note: For metastasis limited to a single distant lymph node chain, use code 08 or 16. For metastases involving multiple distant lymph node chains, use codes 29 or 31.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	M0	NONE	NONE
08	Metastasis limited to a single distant lymph node chain: For cecum, ascending, hepatic flexure and transverse colon: Superior mesenteric lymph nodes only	M1a	M1	RN	D
10	OBSOLETE DATA RETAINED V0200 See codes 15 and 25 Distant lymph node(s) other than code 08 For all colon sites: Common iliac Distant lymph node(s), NOS External iliac Para-aortic Retroperitoneal For cecum, appendix, ascending colon, transverse colon, and hepatic flexure; Inferior mesenteric For splenic flexure, descending colon, and sigmoid colon: Superior mesenteric	ERROR	M1	D	D
15	OBSOLETE DATA CONVERTED V0203 See code 16 Metastasis to a single distant lymph	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
15 cont'd	node chain other than code 08 For all colon sites: Common iliac Distant lymph node(s), NOS External iliac Para-aortic Retroperitoneal For cecum, ascending colon, transverse colon, and hepatic flexure: Inferior mesenteric For splenic flexure, descending colon, and sigmoid colon: Superior mesenteric	ERROR	ERROR	ERROR	ERROR
16	Metastasis limited to a single distant lymph node chain: For all colon sites: Common iliac Distant lymph node(s), NOS External iliac Para-aortic Retroperitoneal For cecum, ascending colon, transverse colon, and hepatic flexure: Inferior mesenteric For splenic flexure, descending colon, and sigmoid colon: Superior mesenteric	M1a	M1	D	D
18	Metastasis limited to a single distant lymph node chain, NOS	M1a	M1	RN	D
20	OBSOLETE DATA CONVERTED V0203 See code 26 Metastasis to a single distant organ	ERROR	ERROR	ERROR	ERROR
22	OBSOLETE DATA CONVERTED V0203 See code 27 Stated as M1a with no other information on distant metastases	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
25	<p>OBSOLETE DATA CONVERTED V0203; See code 31 Metastasis to more than one distant lymph node chain other than code 08 For all colon sites: Common iliac Distant lymph node(s), NOS External iliac Para-aortic Retroperitoneal For cecum, ascending colon, transverse colon, and hepatic flexure: Inferior mesenteric Superior mesenteric For splenic flexure, descending colon, and sigmoid colon: Superior mesenteric</p>	ERROR	ERROR	ERROR	ERROR
26	Metastasis limited to a single distant organ except peritoneum	M1a	M1	D	D
27	Stated as M1a with no other information on distant metastasis	M1a	M1	D	D
29	Metastases to multiple distant lymph node chains included in code 08 only	M1b	M1	D	D
30	<p>OBSOLETE DATA CONVERTED V0203; See code 36 Metastases to more than one distant organ Metastases to the peritoneum Carcinomatosis</p>	ERROR	ERROR	ERROR	ERROR
31	Metastases to multiple distant lymph node chains listed in code 16, with or without distant lymph node chains listed in code 08	M1b	M1	D	D
33	Metastases to multiple distant lymph node chains, NOS	M1b	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
35	OBSOLETE DATA CONVERTED V0203 ; See code 45 (08 or 15 or 25) PLUS (20 or 30) Distant lymph nodes plus other distant metastases	ERROR	ERROR	ERROR	ERROR
36	Metastases to more than one distant organ except distant lymph node(s) Metastasis to peritoneum Carcinomatosis	M1b	M1	D	D
38	OBSOLETE DATA CONVERTED V0203 ; See code 48 Stated as M1b with no other information on distant metastases	ERROR	ERROR	ERROR	ERROR
40	OBSOLETE DATA RETAINED V0200 See codes 20, 30 and 60 Distant metastases except distant lymph node(s)(codes 08-10) Carcinomatosis	ERROR	M1	D	D
45	(26 or 36) + any of (08, 16, 18, 29, 30, or 31) Metastases to distant organs plus distant nodes	M1b	M1	D	D
48	Stated as M1b with no other information on distant metastasis	M1b	M1	D	D
50	OBSOLETE DATA RETAINED V0200 ; See code 35 (40) + ((08) or (10)) Distant lymph node(s) plus other distant metastases	ERROR	M1	D	D
60	Distant metastasis, NOS Stated as M1 [NOS] with no other information on distant metastases	M1NOS	M1	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	MX	U	U

Colon**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.

Colon**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, use the code that reflects the most specific statement about the number of 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
010	Metastasis in 1 regional node, determined clinically; Stated as clinical N1a
020	Metastases in 2-3 regional nodes, determined clinically; Stated as clinical N1b
030	Tumor deposits without regional nodal metastasis; Stated as clinical N1c
100	Metastases in 1-3 regional nodes, determined clinically; Stated as clinical N1 [NOS]

Code	Description
110	Metastases in 4-6 regional nodes, determined clinically; Stated as clinical N2a
120	Metastases in 7 or more regional nodes, determined clinically; Stated as clinical N2b
200	Metastases in 4 or more regional nodes, determined clinically Stated as clinical N2 [NOS]
400	Clinically positive regional node(s), NOS
888	OBSELETE 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 node(s) involved pathologically, clinical assessment not stated Unknown if regional lymph nodes clinically evident Not documented in patient record

Colon

CS Site-Specific Factor 7

Microsatellite Instability (MSI)

Note: See page A-100

Note: The microsatellite instability (MSI) test is a genetic test performed on tumor tissue to look for differences in length of certain non-functioning sections of DNA. The differences are caused by problems with the genes that normally repair DNA. A high-positive MSI (MSI-H) result may indicate that the gene repair problem is related to the development of the cancer, and that the patient may have hereditary nonpolyposis colorectal cancer (HNPCC), also known as Lynch syndrome.) A low-positive or stable MSI result (stable meaning that there are no differences in the lengths) means it is unlikely that the cancer is related to a hereditary condition.

Code	Description
020	Microsatellite instability (MSI) stable; no MSI
040	MSI unstable low; positive, low

Code	Description
050	MSI unstable high; positive, high
060	MSI unstable, NOS positive, NOS
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.)
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information Not documented in patient record

Colon**CS Site-Specific Factor 9****KRAS****Note: See page A-100**

Note: KRAS is a gene which belongs to a class of genes known as oncogenes. When mutated, oncogenes have the potential to cause normal cells to become cancerous. Studies suggest that KRAS gene mutations are often present in colorectal cancer.

Code	Description
010	Abnormal (mutated); Positive for mutations
020	Normal (wild type); Negative for mutations
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.)
997	Test ordered, results not in chart
998	Test not done (test was not ordered and was not performed)
999	Unknown Not documented in patient record

Colon**CS Site-Specific Factor 10****18q Loss of Heterozygosity (LOH)****Note:** See page A-100

Note 1: This is a special molecular diagnostic test performed on tumor tissue to identify loss of genetic material normally found on the long arm of one of the patient's two copies of chromosome 18. A normal cell will contain two complete copies of each chromosome, one from each parent, and this normal state is termed heterozygous. Loss of heterozygosity (LOH) is an abnormal state reflecting damage to the chromosome that may mean that normal tumor suppression functions cannot take place.

Note 2: Other terms for LOH include gene deletion and allelic loss.

Code	Description
010	Test positive for loss of heterozygosity (LOH)
020	Test negative for LOH; normal heterozygous state
030	Undetermined if LOH positive or negative
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.)
997	Test ordered, results not in chart
998	Test not done (test not ordered and not performed)
999	Unknown or no information Not documented in patient record