

NETRectum**Neuroendocrine Tumors of Rectum and Rectosigmoid Junction****C19.9, C20.9****M-8153, 8240-8242, 8246, 8249**

C19.9 Rectosigmoid junction

C20.9 Rectum, 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.

NETRectum**CS Tumor Size**

Note 1: The assignment of the T1 categories for neuroendocrine tumors (NET) of the colon/rectum 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 991 and 992 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 CS Version 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 992-997.

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)" Stated as T1a with no other information on size
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm" Stated as T1b or T1 [NOS] with no other information on size
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"

Code	Description
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
998	OBSOLETE DATA RETAINED V0200 Familial/multiple polyposis (M-8220/8221)
999	Unknown; size not stated; Size of tumor cannot be assessed Not documented in patient record

NETRectum**CS Extension**

Note 1: AJCC does not include a Tis category for Neuroendocrine Tumors (NET)) of the rectum/rectosigmoid. CS Extension code 000 is mapped to TX for AJCC stage and in situ Summary Stage.

Note 2: For rectosigmoid, ignore intraluminal extension to adjacent segment(s) of colon and rectum; code depth of invasion or rectosigmoidal spread as indicated.

Note 3: The assignment of the T1 categories for NETs of the colon/rectum 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 170, 180, 190, 210, 410, and 810 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Note 4: Use code 300 for localized tumor only if no information is available to assign a more specific code.

Note 5: Use code 570 for tumor with macroscopic adhesions to other organs or structures and for pathologically confirmed tumor in adhesions. However, if no tumor is present in adhesions upon microscopic examination, use lower codes to describe the microscopically confirmed depth of tumor invasion for these cases.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	TX	Tis	IS	IS
050	OBSOLETE DATA RETAINED AND REVIEWED V0203 See code 000 (Adeno)carcinoma in a polyp or adenoma, noninvasive	TX	Tis	IS	IS
100	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	^	Tis	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
110	Invades lamina propria, including lamina propria in the stalk of a polyp	^	Tis	L	L
120	Confined to and not through the muscularis mucosae, including muscularis mucosae in the stalk of a polyp.	^	Tis	L	L
130	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 110, 120, 160 Confined to head of polyp, NOS	^	T1	L	L
140	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 110, 120, 160 Confined to stalk of polyp, NOS	^	T1	L	L
150	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 110, 120, 160 Invasive tumor in polyp, NOS	^	T1	L	L
160	Submucosa (superficial invasion), including submucosa in the stalk of a polyp	^	T1	L	L
165	For rectum: Intraluminal extension to rectosigmoid Intraluminal extension to anal canal/anus	^	T1	RE	L
170	Stated as T1a with no other information on extension	^	T1	L	L
180	Stated as T1b with no other information on extension	^	T1	L	L
190	Stated as T1 [NOS] with no other information on extension	^	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200	Muscularis propria invaded	T2	T2	L	L
210	Stated as T2 with no other information on extension	T2	T2	L	L
300	Localized, NOS Confined to rectum, NOS	^	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	T3	T3	L	L
405	(200 or 400) +165	T3	T3	RE	L
410	Stated as T3 with no other information on extension	T3	T3	L	L
420	OBSOLETE DATA CONVERTED V0203 ; See code 458 Fat, NOS	ERROR	ERROR	ERROR	ERROR
450	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 165, 405, 455, and 610 Adjacent (connective) tissue: For all sites: Perirectal fat For rectosigmoid: Mesentery (including mesenteric fat, mesocolon) Pericolic fat For rectum: Extension to anus Rectovaginal septum	T3	T3	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
455	Adjacent (connective) tissue: For all sites: Perirectal fat For rectosigmoid: Mesentery (including mesenteric fat, mesocolon) Pericolic fat For rectum: Rectovaginal septum	T3	T3	RE	RE
458	Fat, NOS	T3	T3	RE	RE
460	OBSOLETE DATA RETAINED AND REVIEWED V0203 See Note 5, code 570 Adherent to other organs or structures, but no microscopic tumor found in adhesion(s)	T3	T3	RE	RE
490	OBSOLETE DATA CONVERTED V0203 ; See code 810 Stated as T4, NOS with no other information on extension	ERROR	ERROR	ERROR	ERROR
500	Invasion of/through serosa (mesothelium) (visceral peritoneum)	T4	T4	RE	RE
550	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 555, 610 (500) with [(420 or (450)]	T4	T4	RE	RE
555	500 + (165, 405, 455, or 458)	T4	T4	RE	RE
570	Adherent to other organs or structures, NOS	T4	T4	RE	RE
600	OBSOLETE DATA CONVERTED V0203 ; See code 610 Rectosigmoid:	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
600 cont'd	Cul de sac (rectouterine pouch) Pelvic wall Small intestine Rectum: Bladder for males only Cul de sac (rectouterine pouch) Ductus deferens Pelvic wall Prostate Rectovesical fascia for male only Seminal vesicle(s) Skeletal muscle of pelvic floor Vagina	ERROR	ERROR	ERROR	ERROR
610	For all sites: Cul de sac (rectouterine pouch) Pelvic wall For rectosigmoid: Pelvic plexuses Small intestine For rectum: Anus (excluding intraluminal extension) Bladder for males only Ductus deferens Prostate Rectovesical fascia for males only Seminal vesicle(s) Skeletal muscle of pelvic floor Vagina	T4	T4	RE	RE
700	For rectosigmoid: Bladder Colon via serosa Fallopian tube(s) Ovary(ies) Prostate Ureter(s) Uterus For rectum: Bladder for females only Bone(s) of pelvis	T4	T4	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
700 cont'd	Urethra Uterus	T4	T4	D	D
800	Further contiguous extension including: For all sites: Other segments of colon via serosa For rectosigmoid: Skeletal muscles of pelvic floor Vagina For rectum: Sacral plexus Sacrum Ovary(ies) Perineum, perianal skin	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 CSExtension codes 000-190 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.

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CS Tumor Size/Ext Eval

See Standard Table

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CS Lymph Nodes

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
050	Nodule(s) or foci in perirectal fat	N1	*	RN	RN
100	<p>OBSOLETE DATA RETAINED AND REVIEWED V0203</p> <p>See codes 050, 110</p> <p>Regional lymph nodes:</p> <p>Rectosigmoid:</p> <p>Paracolic/pericolic</p> <p>Perirectal</p> <p>Rectal</p> <p>Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat</p> <p>Rectum:</p> <p>Perirectal</p> <p>Rectal, NOS</p> <p>Nodule(s) or foci in perirectal fat</p>	N1	*	RN	RN
110	<p>Regional lymph nodes:</p> <p>For rectosigmoid:</p> <p>Paracolic/pericolic</p> <p>Perirectal</p> <p>Rectal</p> <p>For rectum:</p> <p>Perirectal</p> <p>Rectal, NOS</p>	N1	*	RN	RN
200	<p>Regional lymph node(s):</p> <p>For rectosigmoid:</p> <p>Colic, NOS:</p> <p>Left colic</p> <p>Hemorrhoidal, superior or middle</p> <p>Inferior mesenteric</p> <p>Middle rectal</p> <p>Sigmoidal (sigmoid mesenteric)</p> <p>Superior rectal</p> <p>For rectum:</p> <p>Hemorrhoidal, superior, middle or inferior</p> <p>Inferior mesenteric</p> <p>Internal iliac (hypogastric):</p> <p>Obturator</p>	N1	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
200 cont'd	Rectal, superior, middle, or inferior Sacral, NOS: Lateral (laterosacral) Middle (promontorial) (Gerota's node) Presacral Sacral promontory Sigmoidal (sigmoid mesenteric)	N1	*	RN	RN
300	Mesenteric, NOS Regional lymph node(s), NOS	N1	*	RN	RN
400	OBSOLETE DATA RETAINED AND REVIEWED V0203; See code 410 Stated as N1 pathologic	N1	N1	RN	RN
410	Stated as N1 with no other information on regional lymph nodes	N1	N1	RN	RN
450	OBSOLETE DATA RETAINED V0200 Stated as N2 pathologic	ERROR	N2	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 CSLymph Nodes codes 050-300 ONLY: when CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category for AJCC 6 staging is assigned as shown in the Lymph Nodes Clinical Evaluation AJCC 6 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 for AJCC6 staging is assigned as shown in the Lymph Nodes Pathologic Evaluation AJCC 6 Table Also Used When CS Reg Nodes Eval Is Not Coded using Regional Nodes Positive.

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CS Lymph Nodes Eval

Note 1: This field is used primarily to derive the staging basis for the N category in the TNM system. It records how the code for the item "CS Lymph Nodes" was determined based on the

diagnostic methods employed and their intent.

Note 2: In the 7th edition of the AJCC manual, the clinical and pathologic classification rules for the N category were changed to reflect current medical practice. The N is designated as clinical or pathologic based on the intent (workup versus treatment) matching with the assessment of the T classification. When the intent is workup, the staging basis is clinical, and when the intent is treatment, the staging basis is pathologic.

A. Microscopic assessment including biopsy of regional nodes or sentinel nodes if being performed as part of the workup to choose the treatment plan, is therefore part of the clinical staging. When it is part of the workup, the T category is clinical, and there has not been a resection of the primary site adequate for pathologic T classification (which would be part of the treatment).

B. Microscopic assessment of regional nodes if being performed as part of the treatment is therefore part of the pathologic staging. When it is part of the treatment, the T category is pathologic, and there has been a resection of the primary site adequate for pathologic T classification (all part of the treatment).

Note 3: Microscopic assessment of the highest N category is always pathologic (code 3).

Note 4: If lymph node dissection is not performed after neoadjuvant therapy, use code 0 or 1.

Note 5: Only codes 5 and 6 are used if the node assessment is performed after neoadjuvant therapy.

Code	Description	Staging Basis
0	Does not meet criteria for AJCC pathologic staging: No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria: No regional lymph nodes removed for examination. Evidence based on endoscopic examination, or other invasive techniques including surgical observation, without biopsy. No autopsy evidence used. OR Fine needle aspiration, incisional core needle biopsy, or excisional biopsy of regional lymph nodes or sentinel nodes as part of the diagnostic workup, WITHOUT removal of the primary site adequate for pathologic T classification (treatment).	c
2	Meets criteria for AJCC pathologic staging: No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Meets criteria for AJCC pathologic staging based on at least one of the following criteria: Any microscopic assessment of regional nodes (including FNA, incisional core needle bx, excisional bx, sentinel node bx or node resection), WITH removal of the primary site adequate for pathologic T classification	p

Code	Description	Staging Basis
3	(treatment) or biopsy assessment of the highest T category. OR Any microscopic assessment of a regional node in the highest N category, regardless of the T category information.	p
5	Does not meet criteria for AJCC y-pathologic (yp) staging: Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on clinical evidence, unless the pathologic evidence at surgery (AFTER neoadjuvant) is more extensive (see code 6).	c
6	Meets criteria for AJCC y-pathologic (yp) staging: Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on pathologic evidence, because the pathologic evidence at surgery is more extensive than clinical evidence before treatment.	yp
8	Meets criteria for AJCC autopsy (a) staging: Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Unknown if lymph nodes removed for examination; Not assessed; cannot be assessed; Unknown if assessed; Not documented in patient record	c

NETRectum**Regional Nodes Positive**

See Standard Table

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

See Standard Table

NETRectum**CS Mets at DX**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	M0	NONE	NONE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
08	Distant lymph node(s): For rectosigmoid: Internal iliac (hypogastric): Obturator	M1	M1	RN	D
10	OBSOLETE DATA CONVERTED V0203; See code 15 Distant lymph node(s), NOS	ERROR	ERROR	ERROR	ERROR
11	OBSOLETE DATA CONVERTED V0203; See code 08 Distant lymph node(s): Rectosigmoid: Internal iliac (hypogastric) Obturator	ERROR	ERROR	ERROR	ERROR
12	Other distant lymph node(s), including: External iliac or common iliac	M1	M1	D	D
15	Distant lymph node(s), NOS	M1	M1	D	D
40	Distant metastasis except distant lymph node(s) Carcinomatosis	M1	M1	D	D
50	40 + any of (08 - 15) 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

NETRectum**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.

NETRectum**CS Site-Specific Factor 2****Clinical Assessment of Regional Lymph Nodes****Note: See page A-104**

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.

Note 3: If there is no diagnostic work-up to assess regional lymph nodes, use code 999. Do not apply the inaccessible nodes rules that presumes unmentioned nodes to be negative.

Code	Description
000	Nodes not clinically evident
100	Metastasis in 1 to 3 regional lymph nodes determined clinically
200	Metastasis in 4 or more regional lymph nodes determined clinically
400	Clinically positive regional nodes, 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	Unknown if nodes are clinically evident Not documented in patient record