

**SEER Site-Specific Coding Guidelines****COLON****C180–C189****Grade**

Colon cancer is often graded using a two-grade system; Low Grade (2) or High Grade (4). If the grade is listed as 1/2 or as low grade, convert to a grade 2. If the grade is listed as 2/2 or as high grade, convert to a code 4.

Code the highest grade given.

Term	Grade	SEER Code
Well differentiated	I	1
Fairly well differentiated	II	2
Low grade	I-II	2
Mid differentiated	II	2
Moderately differentiated	II	2
Partially differentiated	II	2
Partially well differentiated	I-II	2
Partially well differentiated	II	2
Relatively or generally well differentiated	II	2
Medium grade, intermediate grade	II-III	3
Moderately poorly differentiated	III	3
Moderately undifferentiated	III	3
Poorly differentiated	III	3
Relatively poorly differentiated	III	3
Relatively undifferentiated	III	3
Slightly differentiated	III	3
High grade	III-IV	4
Undifferentiated, anaplastic, not differentiated	IV	4

**Familial Polyposis**

Familial polyposis is an inherited, benign disease. The patients have hundreds of adenomatous polyps throughout their large intestines, and at times, throughout the digestive system. These polyps, if left untreated, invariably develop cancer.

Patients develop polyps as early as ten years of age, but more commonly at puberty. Approximately half of all patients with familial polyposis develop polyps by age 14 and 90% have detectable polyps by age 25.

These patients are usually treated with a colectomy. The pathology report will frequently identify carcinoma in situ in many of the polyps and may also identify invasive carcinomas. Prepare one abstract and code the primary site to colon, NOS (C189). Code the stage of disease using the most invasive of the cancers.

**Synonyms** for familial polyposis:

Adenomatosis of the colon and rectum (ACR)  
Familial adenomatous colon polyposis  
Familial adenomatous polyposis (FAP)  
Familial colonic polyposis  
Multiple familial polyposis  
Polyposis coli

**Colon C18.0, C18.2-C18.9****CS Site-Specific Factor 2****Clinical Assessment of Regional Lymph Nodes**

**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.

**See page A-13**

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
100	Metastases in 1-3 regional nodes, determined clinically; Stated as clinical N1 [NOS]
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
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

**GIST Colon C18.0, C18.2-C18.9****CS Site-Specific Factor 11****Mitotic Count**

**Note 1:** The mitotic rate, the count of mitoses per 50 high-power fields (HPF), reflects the potential aggressiveness or prognosis of gastrointestinal stromal tumors (GIST) and is used alone to determine their histologic grade (low or high). The mitotic rate is also a factor in assigning the AJCC 7 anatomic stage/prognostic group. This site-specific factor presumes the denominator of 50 HPF or its equivalent, so just the numerator (the mitotic count) is coded here. For other schemas in which mitotic count is collected, the denominator may vary.

**Note 2:** A HPF usually has a magnification objective of 40 (a 40x field). As described in the AJCC chapter on GIST, 50 HPF are equivalent to viewing a total area of 5 square millimeters (mm) at 40x magnification.

**Note 3:** Record mitotic count, to the nearest tenth of a mitosis, as documented in the pathology report. For example, a mitotic count of 6/50 HPF, or 6 per 5 square mm, would be coded 060.

**Note 4:** Code the specific mitotic count only per 50 HPF or 5 square mm; assume the denominator is 50 HPF or 5 square mm if not specified. Use code 996 only if the mitotic count is expressed with a specific denominator other than 50 HPF or 5 square mm.

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Code	Description
000	0.0 mitoses per 50 HPF (40x fields) 0.0 mitoses per 5 square mm Mitoses absent No mitoses present
001-008	0.1 - 0.8 mitoses per 50 HPF (40x fields) 0.1 - 0.8 mitoses per 5 square mm
009	0.9 mitoses per 50 HPF (40x fields) 0.9 mitoses per 5 square mm Stated as less than 1 mitosis per 50 HPF (40x fields) Stated as less than 1 mitosis per 5 square mm
010-100	1 - 10 mitoses per 50 HPF (40x fields) 1 - 10 mitoses per 5 square mm
110	11 or more mitoses per 50 HPF (40x fields) 11 or more mitoses per 5 square mm
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.)

Code	Description
990	Specific number not stated, described as less than or equal to 5 mitoses per 50 HPF (40x fields) Specific number not stated, described as less than or equal to 5 mitoses per 5 square mm Stated as low mitotic count or rate with no specific number
991	Specific number not stated, described as more than 5 mitoses per 50 HPF (40x fields) Specific number not stated, described as more than 5 mitoses per 5 square mm Stated as high mitotic count or rate with no specific number
996	Mitotic count described with denominator other than 50 HPF (40x field)/5 square mm
998	No histologic specimen from primary site
999	Unknown or no information; Not documented in patient record

**NETColon C18.0, C18.2-C18.9****CS Site-Specific Factor 2****Clinical Assessment of Regional Lymph Nodes**

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 presume unmentioned nodes to be negative.

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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