**Stomach C16.1-C16.6, C16.8-C16.9**
**CS Site-Specific Factor 1**
**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 regional nodes is stated but a clinical N category is not stated, use the code that reflects the most specific statement about the number of involved regional 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-12**

| Code | Description |
|---|---|
| 000 | Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned |
| 100 | Metastases in 1 - 2 regional lymph nodes, determined clinically<br>Stated as clinical N1 |
| 200 | Metastases in 3 - 6 regional lymph nodes, determined clinically<br>Stated as clinical N2 |
| 300 | Metastases in 7 or more regional lymph nodes, NOS, determined clinically<br>Stated as clinical N3 [NOS] |
| 310 | Metastases in 7 - 15 regional lymph nodes, determined clinically<br>Stated as clinical N3a |
| 320 | Metastases in 16 or more regional lymph nodes, determined clinically<br>Stated as clinical N3b |
| 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 nodes involved pathologically, clinical assessment not stated Unknown if regional lymph nodes clinically evident Not documented in patient record |

**Stomach**
**CS Site-Specific Factor 25**
**Schema Discriminator: EsophagusGEJunction (EGJ)/Stomach**
**Note: See page A-98**
**Note 1:** Since primary site codes C16.1 (fundus of stomach) and C16.2 (body of stomach) can be assigned to either the EsophagusGEJunction (EGJ) schema or the Stomach schema, this schema discriminator is needed to determine the schema to select only when the site is C16.1 or C16.2. The discriminator is coded to 981 for records with primary sites C16.3-C16.6, C16.8, or C16.9. The discriminator is coded to 982 for records with primary site C16.0.
**Note 2:** In the AJCC 7th Edition, primaries of the EGJ (C16.0) and the proximal 5 cm of the stomach were moved from the Stomach chapter to the Esophagus chapter. Due to differences in the schemas for Esophagus and Stomach, a new schema was created in CSv2 to accommodate these changes. To determine whether a cancer in the fundus or body of the stomach should be coded according to the Esophagus/EGJunction or Stomach schema, it is necessary to identify the midpoint or epicenter of the tumor. In the AJCC 7th Edition, cancers whose midpoint is in the lower thoracic esophagus, EGJ, or within the proximal 5 cm of the stomach (cardia)and extending into the EGJ or esophagus, are stage-grouped similarly to adenocarcinoma of the esophagus. All other cancers with a midpoint in the stomach greater than 5 cm distal to the EGJ, or those within 5 cm of the EGJ but not extending into the EGJ or esophagus, are stage-grouped using the gastric cancer staging system.
**Note 3:** For cases coded to primary site C16.1 or C16.2 and histology 8000-8152, 8154-8231, 8243-8245, 8247, 8248, 8250- 8934, 8940-9136, 9141-9582, or 9700-9701, code whether or not the tumor extends to the esophagus (crosses the EGJ) and code the stated distance of the midpoint of the tumor from the EGJ. This information will be used to determine whether the case has AJCC TNM and stage group assigned using definitions for esophagus or stomach cancers.
**Note 4:** If the primary site code is C16.1 or C16.2 and involvement of the EGJ and distance from EGJ is unknown but a physician stages the case using esophagus definitions, assign code 060. Collaborative Stage will use the EsophagusGEJunction schema to assign TNM and AJCC stage.
**Note 5:** Code 100 is produced by the automated conversion of records with primary site codes C16.1 and C16.2 that were originally coded in CSv1 and diagnosed before 2010.
**See page A-12**

| Code | Description | Schema |
|---|---|---|
| 000 | No involvement of esophagus or gastroesophageal junction (EGJ) | Stomach |
| 020 | Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5 cm or less | EsophagusGEJunction |
| 030 | Esophagus or EGJ involved AND distance of tumor midpoint from EGJ more than 5 cm | Stomach |
| 040 | Esophagus or EGJ involved AND distance of tumor midpoint from EGJ unknown | EsophagusGEJunction |

| Code | Description | Schema |
|---|---|---|
| 060 | Esophagus/EGJ involved AND distance of tumor midpoint from EGJ more than 5 cm from EGJ<br>AND physician stages case using esophagus definitions<br>OR<br>Esophagus/EGJ involvement unknown<br>AND distance of tumor midpoint from EGJ more than 5 cm or unknown<br>AND physician stages case using esophagus definitions | EsophagusGEJunction |
| 981 | Primary site coded to C16.3 - C16.9<br>May include cases which were converted to this code from a blank | Stomach |
| 982 | Primary site coded to C16.0<br>May include cases which were converted to this code from a blank | EsophagusGEJunction |
| 999 | Involvement of esophagus/EGJ unknown, or no information<br>Not documented in patient record | Stomach |

**GISTStomach C16.0-C16.6, C16.8-C16.9**
**CS Site-Specific Factor 6**
**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 (GISTs) 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

**See page A-14**

| Code | Description |
|---|---|
| 000 | 0.0 mitoses per 50 high-power fields (HPF) (40x fields)<br>0.0 mitoses per 5 square millimeters (mm)<br>Mitoses absent<br>No mitoses present |
| 001-008 | 0.1-0.8 mitoses per 50 HPF (40x field)<br>0.1-0.8 mitoses per 5 square mm |
| 009 | 0.9 mitoses per 50 HPF (40x fields)<br>0.9 mitoses per 5 square mm<br>Stated as less than 1 mitosis per 50 HPF (40x fields)<br>Stated as less than 1 mitosis per 5 square mm |
| 010-100 | 1 - 10 mitoses per 50 HPF (40x fields)<br>1 - 10 mitoses per 5 square mm |
| 110 | 11 or more mitoses per 50 HPF (40x fields)<br>11 or more mitoses per 5 square mm |
| 988 | Not applicable: Information not collected for this case<br>(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.) |

| Code | Description |
|---|---|
| 990 | Specific number not stated, described as less than or equal to 5 mitoses per 50 HPF (40x fields)<br>Specific number not stated, described as less than or equal to 5 mitoses per 5 square mm<br>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)<br>Specific number not stated, described as more than 5 mitoses per 5 square mm<br>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<br>Not documented in patient record |

**NETStomach C16.0-C16.6, C16.8-C16.9**
**CS Site-Specific Factor 1**
**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. 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.
**See page A-16**

| 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 |
| 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<br>Unknown if regional lymph nodes clinically evident<br>Not documented in patient record |