Collaborative Staging Codes
Rectosigmoid, Rectum
C19.9, C20.9
C19.9 Rectosigmoid junction
C20.9 Rectum, NOS

Rectosigmoid, Rectum
CS Tumor Size (Revised: 07/28/2006)

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only; no size given
991	Described as less than 1 cm
992	Described as less than 2 cm
993	Described as less than 3 cm
994	Described as less than 4 cm
995	Described as less than 5 cm
998	Familial/multiple polyposis (M-8220/8221)
999	Unknown; size not stated Not documented in patient record

Rectosigmoid, Rectum
CS Extension (Revised: 08/21/2006)
Note 1: Ignore intraluminal extension to adjacent segment(s) of colon/rectum and code depth of invasion or extracolonic spread as indicated.
Note 2: A tumor nodule in the pericolic adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule is classified as a regional lymph node metastasis if the nodule has the form and smooth contour of a lymph node, or if the contour is not described. If the nodule has an irregular contour, it shouldbe coded in CS Extension as code 45.
Note 3: Codes 60-80 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS

05	(Adeno)carcinoma in a polyp or adenoma, noninvasive	Tis	IS	IS
10	Invasive tumor confined to mucosa, NOS, including intramucosal, NOS	Tis	L	L
11	Lamina propria, including lamina propria in the stalk of a polyp	Tis	L	L
12	Muscularis mucosae, including muscularis mucosae in the stalk of a polyp	T1	L	L
13	Confined to head of polyp, NOS	T1	L	L
14	Confined to stalk of polyp, NOS	T1	L	L
15	Invasive tumor in polyp, NOS	T1	L	L
16	Submucosa (superficial invasion), including submucosa in the stalk of a polyp	T1	L	L
20	Muscularis propria invaded	T2	L	L
30	Localized, NOS Confined to rectum, NOS	TX	L	L
40	Extension through wall, NOS Invasion through muscularis propria or muscularis, NOS Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded Non-peritonealized pericolic tissues invaded Transmural, NOS	T3	L	L
42	Fat, NOS	T3	RE	RE
45	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	RE	RE
46	Adherent to other organs or structures but no tumor found in adhesion(s)	T3	RE	RE
50	Invasion of/through serosa (mesothelium)(visceral peritoneum)	T4	RE	RE
55	(50) with [(42) or (45)]	T4	RE	RE

57	Adherent to other organs or structures, NOS	T4	RE	RE
60	Rectosigmoid: 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	T4	RE	RE
70	Rectosigmoid: Bladder Colon via serosa Fallopian tube(s) Ovary(ies) Prostate Ureter(s) Uterus Rectum: Bladder for female only Bone(s) of pelvis Urethra Uterus	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Rectosigmoid, Rectum
CS TS/Ext-Eval
SEE STANDARD TABLE
NOTE: For these primary sites code CS Tumor Size/Ext Eval on the basis of the CS Extension field only.

Rectosigmoid, Rectum
CS Lymph Nodes (Revised: 09/17/2007)
Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.
Note 2: A tumor nodule in the perirectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule is classified as a regional lymph node metastasis if the nodule has the form and smooth contour of a lymph node, or if the contour is not described. If the nodule has an irregular contour, it should be coded in CS Extension as code 45.
Note 3: The number of positive regional nodes is required to calculate the correct N category for this site. Codes 40 and 45 are for use when this number is not available, but the pathology report assigns an N1 or N2 category. If information about the number of positive nodes is available, use codes 10, 20, or 30 rather than codes 40 or 45. The actual number of involved nodes will be coded in Reg LN Pos.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s): Rectosigmoid: Paracolic/pericolic Perirectal Rectal Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat Rectum: Perirectal Rectal, NOS Nodule(s) or foci in perirectal fat	*	RN	RN
20	Regional lymph node(s): Rectosigmoid: Colic, NOS Left colic Hemorrhoidal, superior or middle Inferior mesenteric Middle rectal Sigmoidal (sigmoid mesenteric) Superior rectal Rectum: Hemorrhoidal, superior, middle or inferior Inferior mesenteric Internal iliac (hypogastric) Obturator Rectal, superior, middle, or inferior Sacral, NOS	*	RN	RN

20 cont'd	Lateral (laterosacral) Middle (promontorial) (Gerota's node) Presacral Sacral promotory Sigmoidal (sigmoid mesenteric)	*	RN	RN
30	Mesenteric, NOS Regional lymph node(s), NOS	*	RN	RN
40	Stated as N1 pathologic	N1	RN	RN
45	Stated as N2 pathologic	N2	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Rectosigmoid, Rectum
Reg LN Pos
SEE STANDARD TABLE

Rectosigmoid, Rectum
Reg LN Exam
SEE STANDARD TABLE

Rectosigmoid, Rectum
CS Mets at DX (Revised: 05/06/2004)

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), NOS	M1	D	D
11	Rectosigmoid: Internal iliac (hypogastric) Obturator	M1	RN	D
12	Other distant lymph node(s), including external iliac or common iliac	M1	D	D
40	Distant metastases except distant lymph node(s) codes 10-12 Distant metastasis, NOS Carcinomatosis	M1	D	D

50	(40) + any of [(10) to (12)] Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Collaborative Staging Codes
Anus
Anal Canal; Anus, NOS; Other Parts of Rectum
C21.0-C21.2, C21.8
C21.0 Anus, NOS (excludes skin of anus and perianal skin C44.5)
C21.1 Anal canal
C21.2 Cloacogenic zone
C21.8 Overlapping lesion of rectum, anus and anal canal
Note: Skin of anus is coded separately (C44.5).

Anus
CS Tumor Size
SEE STANDARD TABLE

Anus
CS Extension (Revised: 12/08/2003)
Note: Codes 60-80 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	*	L	L
11	Invades lamina propria	*	L	L
12	Invades muscularis mucosae	*	L	L
16	Invades submucosa (superficial invasion)	*	L	L
20	Invades muscularis propria (internal sphincter)	*	L	L
30	Localized, NOS	*	L	L
40	Ischiorectal fat/tissue Perianal skin Perirectal skin Rectal mucosa or submucosa Rectal wall Skeletal muscles: Anal sphincter (external) Levator ani Subcutaneous perianal tissue	*	RE	RE
60	Perineum Vulva	T4	RE	RE

70	Bladder Pelvic peritoneum Urethra Vagina	T4	D	D
75	Broad ligament(s) Cervix uteri Corpus uteri Prostate	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Anus
CS TS/Ext-Eval
SEE STANDARD TABLE

Anus
CS Lymph Nodes (Revised: 05/06/2004)
Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Unilateral and bilateral: For all subsites: Anorectal Inferior hemorrhoidal Lateral sacral (laterosacral) Perirectal	N1	RN	RN
20	Unilateral: For anal canal: Internal iliac (hypogastric) Obturator	N2	RN	RN
21	Unilateral: For anus: Internal iliac (hypogastric) Obturator	N2	D	RN

30	Unilateral: For anal canal: Superficial inguinal (femoral)	N2	RN	RN
31	Unilateral: For anus: Superficial inguinal (femoral)	N2	D	RN
40	(20) + (30)	N2	RN	RN
41	(10) + (30)	N3	RN	RN
42	(10) + (31)	N3	D	RN
50	Bilateral: For anal canal: Internal iliac (hypogastric) Obturator Superficial inguinal (femoral)	N3	RN	RN
51	Bilateral: For anus: Internal iliac (hypogastric) Obturator Superficial inguinal (femoral)	N3	D	RN
60	Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Anus
Reg LN Pos
SEE STANDARD TABLE

Anus
Reg LN Exam
SEE STANDARD TABLE

Anus
CS Mets at DX
SEE STANDARD TABLE

Site Specific Surgery Codes
Rectosigmoid
C199
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)
Code removal/surgical ablation of single or multiple liver metastases under the data item Surgical Procedure/Other Site (NAACCR Item #1294)

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser ablation

No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy

Combination of 20 or 26–27 WITH
- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[**SEER Note:** Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation,]
- 25 Laser excision

Specimen sent to pathology from surgical events 20–27

30 Wedge or segmental resection; partial proctosigmoidectomy, NOS
- 31 Plus resection of contiguous organs; example: small bowel, bladder

Procedures coded 30 include, but are not limited to:
- Anterior resection
- Hartmann operation
- Low anterior resection (LAR)
- Partial colectomy, NOS
- Rectosigmoidectomy, NOS
- Sigmoidectomy

40 Pull through WITH sphincter preservation (colo-anal anastomosis)
[**SEER Note**: Procedures coded 40 include but are not limited to: Altemeier's operation, Duhamel's operation, Soave's submucosal resection, Swenson's operation, Turnbull's operation]

50 Total proctectomy
[**SEER Note**: Procedures coded 50 include but are not limited to: Abdominoperineal resection (A & P resection), anterior/posterior resection (A/P resection)/Miles' operation, Rankin's operation]

51 Total colectomy
[**SEER Note**: Removal of the colon from cecum to rectosigmoid or portion of rectum]

55 Total colectomy WITH ileostomy, NOS
- 56 Ileorectal reconstruction
- 57 Total colectomy WITH other pouch; example: Koch pouch

60 Total proctocolectomy, NOS [combination of 50 and 51]
- 65 Total proctocolectomy WITH ileostomy, NOS
- 66 Total proctocolectomy WITH ileostomy and pouch

[**SEER Note**: Removal of the colon from cecum to the rectosigmoid junction including the entire rectum.]

70 Colectomy or proctocolectomy resection in continuity with other organs; pelvic exenteration
[**SEER Note**: Procedures that may be part of an en bloc resection include, but are not limited to: an oophorectomy and a rectal mucosectomy. Code 70 includes any colectomy (partial, hemicolectomy or total) with an en bloc resection of any other organs. There may be partial or total removal of other organs in continuity with the primary. In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

80 Colectomy, NOS; Proctectomy, NOS

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site Specific Surgery Codes
Rectum
C209
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)
Code removal/surgical ablation of single or multiple liver metastases under the data item Surgical Procedure/Other Site (NAACCR Item #1294)

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser

No specimen sent to pathology from surgical events 10-14

20 Local tumor excision, NOS
- 27 Excisional biopsy
- 26 Polypectomy

Any combination of 20 or 26–27 WITH
- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[**SEER Note**: Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

- 25 Laser excision
- 28 Curette and fulguration

Specimen sent to pathology from surgical events 20–28

30 Wedge or segmental resection; partial proctectomy, NOS
Procedures coded 30 include, but are not limited to:
- Anterior resection
- Hartmann's operation
- Low anterior resection (LAR)
- Transsacral rectosigmoidectomy

40 Pull through WITH sphincter preservation (colo-anal anastomosis)
[**SEER Note**: Procedures coded 40 include but are not limited to: Altemeier's operation, Duhamel's operation, Soave's submucosal resection, Swenson's operation, Turnbull's operation]

50 Total proctectomy
Procedure coded 50 includes, but is not limited to: Abdominoperineal resection (Miles Procedure)
[**SEER Note**: Also called A & P resection, anterior/posterior (A/P) resection/Miles' operation, Rankin's operation]

60 Total proctocolectomy, NOS

70 Proctectomy or proctocolectomy with resection in continuity with other organs; pelvic exenteration
[**SEER Note**: In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

80 Proctectomy, NOS

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site Specific Surgery Codes
Anus
C210–C218
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser
- 15 Thermal ablation

No specimen sent to pathology from surgical events 10–15

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy

Any combination of 20 or 26–27 WITH
- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[**SEER Note**: Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]
- 25 Laser excision

Specimen sent to pathology from surgical events 20–27

[**SEER Note**: Margins of resection may have microscopic involvement]

60 Abdominal perineal resection, NOS (APR; Miles procedure)
- 61 APR and sentinel node excision
- 62 APR and unilateral inguinal lymph node dissection
- 63 APR and bilateral inguinal lymph node dissection

The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery (NAACCR Item # 1292).

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY