

EsophagusGEJunction**C16.0, C16.1, C16.2**

C16.0 Cardia, Esophagogastric junction (EGJ)

C16.1 Fundus of stomach, proximal 5cm only

C16.2 Body of stomach, proximal 5cm only

Note: The cardia/EGJ, and the proximal 5cm of the fundus and body of the stomach have been moved from the Stomach schema and added to Esophagus effective with AJCC TNM 7th Edition. Due to differences in the schemas for Esophagus and Stomach, a new schema was created in CSv2 to accommodate these changes. Since primary site codes C16.0 (gastric cardia), C16.1 (fundus of stomach), and C16.2 (body of stomach) can be assigned to either schema, EGJunction or Stomach, a schema discriminator field is needed for the CS Algorithm to determine which schema to select. In 7th ed., cancers whose midpoint is in the lower thoracic esophagus, esophagogastric junction, or within the proximal 5 cm of the stomach (cardia) that extend into the esophagogastric junction or esophagus are stage grouped similar to adenocarcinoma of the esophagus. All other cancers with a midpoint in the stomach greater than 5 cm distal to the esophagogastric junction, or those within 5 cm of the esophagogastric junction but not extending into the esophagogastric junction or esophagus, are stage grouped using the gastric cancer staging system. Anatomic Limits of Cardia: Cardia: proximal 5 cm of the Stomach Esophagogastric junction (C16.0): The junction between the esophagus and the stomach epithelium at approximately 40 cm. Fundus of Stomach (C16.1) Body of stomach (C16.2) Effective with AJCC TNM 7th Edition, there are separate stage groupings for squamous cell carcinoma and adenocarcinoma. Since squamous cell carcinoma typically has a poorer prognosis than adenocarcinoma, a tumor of mixed histopathologic type or a type that is not otherwise specified should be classified as squamous cell carcinoma. Effective with AJCC TNM 7th Edition, histologic grade is required for stage grouping.

EsophagusGEJunction**CS Tumor Size**

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 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"

Code	Description
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	Diffuse; widespread; 3/4's or more: linitis plastica
999	Unknown; size not stated Not documented in patient record

EsophagusGEJunction

CS Extension

Note 1: Ignore intraluminal extension to adjacent segment(s) of esophagus or to cardia of stomach and code depth of invasion or extra-esophageal spread as indicated.

Note 2: T4 has been subclassified into T4a and T4b in the 7th Edition.

Note 3: For this site, AJCC defines Tis as High grade dysplasia, in which they Include "all non-invasive neoplastic epithelium that was previously called carcinoma in situ. Cancers stated to be non-invasive or in situ are classified as Tis." High grade dysplasia is generally not reportable in cancer registries, but if a registry does collect it, code 000 should be used.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ; non-invasive; intraepithelial; high grade dysplasia	Tis	Tis	IS	IS
050	(Adeno)carcinoma in a polyp, noninvasive	Tis	Tis	IS	IS
100	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	T1a	T1	L	L
110	Invades lamina propria	T1a	T1	L	L
120	Invades muscularis mucosae	T1a	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
130	OBSOLETE DATA RETAINED V0200 since cardia/EGJ, and the proximal 5cm of the fundus and body of the stomach have been moved from the Stomach schema in CSv2. Confined to head of polyp Extension to stalk	ERROR	T1	L	L
140	OBSOLETE DATA RETAINED V0200 since cardia/EGJ, and the proximal 5cm of the fundus and body of the stomach have been moved from the Stomach schema in CSv2. Confined to stalk of polyp	ERROR	T1	L	L
150	Tumor in polyp, NOS	T1NOS	T1	L	L
160	Invades submucosa (superficial invasion)	T1b	T1	L	L
170	Stated as T1, NOS	T1NOS	T1	L	L
200	Invades into but not through muscularis propria	T2	T2a	L	L
300	Localized, NOS Implants inside stomach	T1NOS	T1	L	L
350	Linitis plastica (see Note 2) and no other information regarding extension is available.	T2	T2a	RE	L
360	Stated as T2 [NOS]	T2	T2NOS	L	L
400	Invasion through muscularis propria or muscularis, NOS	T3	T2b	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
400 cont'd	Extension through wall, NOS Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded	T3	T2b	L	L
420	Adventitia and/or soft tissue invaded Esophagus is described as "FIXED"	T3	T3	RE	RE
430	Stated as T3 [NOS]	T3	T3	L	L
450	Extension to adjacent (connective) tissue WITHOUT perforation of visceral peritoneum: Gastric artery Ligaments: Gastrocolic Gastrohepatic Gastrosplenic Omentum, NOS Greater Lesser Perigastric fat	T4a	T2b	RE	RE
500	Invasion of/through serosa (mesothelium) (tunica serosa) (visceral peritoneum), including perforation of visceral peritoneum covering the gastric ligaments or the omentum WITHOUT invasion of adjacent structures	T4a	T3	RE	RE
550	(45) + (50)	T4a	T3	RE	RE
600	Diaphragm Duodenum via serosa or NOS Esophagus via serosa Ileum	T4a	T4	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
600 cont'd	Jejunum Liver Pancreas Small intestine, NOS Spleen Transverse colon (including flexures)	T4a	T4	RE	RE
610	Pleura Pericardium	T4a	T4	RE	RE
700	Abdominal wall Adrenal gland Kidney Retroperitoneum	T4a	T4	D	D
710	Stated as T4 [NOS]	T4NOS	T4	RE	RE
720	Stated as T4a [NOS]	T4a	T4	RE	RE
800	Further contiguous extension including but not limited to: Aorta Vertebral body Trachea Stated as unresectable, NOS	T4b	T4	D	D
820	Stated as T4b [NOS]	T4b	T4	D	D
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

EsophagusGEJunction
CS Tumor Size/Ext Eval
See Standard Table

EsophagusGEJunction**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.

Note 2: If information about named regional lymph nodes is available, use codes 100, 400, 450 or 500, rather than codes 600, 650, or 700.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	None; no regional lymph node involvement	N0	N0	NONE	NONE
100	Regional lymph nodes: Left gastric (superior gastric), NOS: Cardial Cardioesophageal Gastric, left Gastropancreatic, left Lesser curvature Lesser omental Paracardial Pancreaticosplenic (pancreaticolienal) Pancreatoduodenal Perigastric, NOS Peripancreatic Right gastric (inferior gastric), NOS: Gastrocolic Gastroduodenal Gastroepiploic (gastro-omental), right or NOS Gastrohepatic Greater curvature Greater omental Pyloric, NOS Infrapyloric (subpyloric) Suprapyloric Splenic (lienal), NOS: Gastroepiploic (gastro-omental), left Splenic hilar	^	*	RN	RN

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100 cont'd	Nodule(s) in perigastric fat	^	*	RN	RN
400	Celiac Hepatic (excluding gastrohepatic, [see code 100] and hepatoduodenal [see code 420 which is obsolete in CSv2])	^	*	D	RN
420	OBSOLETE DATA RETAINED V0200 since cardia/EGJ, and the proximal 5cm of the fundus and body of the stomach have been moved from the Stomach schema in CSv2. For lesser curvature only: Hepatoduodenal	ERROR	*	D	D
450	Paraesophageal Periesophageal	^	*	D	RN
500	Regional lymph nodes, NOS	^	*	RN	RN
600	Stated as N1 [NOS]	N1	N1	RN	RN
650	Stated as N2 [NOS]	N2	N2	RN	RN
700	Stated as N3 [NOS]	N3	N3	RN	RN
800	Lymph nodes, NOS	^	*	RN	RN
999	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	NX	U	U

* For codes 100-500 and 800 ONLY: when CS Regional Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation Table, using Reg LN Pos and CS Site-Specific Factor 1; when CS Regional Nodes Eval is 2, 3, 6, 8, or not coded, the N category is determined from the Lymph Nodes Pathologic Evaluation Table using Reg LN Pos.

^ For codes 100-500 and 800 ONLY: when CS Regional Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation 7th Edition Table, using Reg LN Pos and CS Site-Specific Factor 1; 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 Edition Table using Reg LN Pos.

EsophagusGEJunction**Reg LN Pos**

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

See Standard Table

EsophagusGEJunction**Reg LN Exam**

See Standard Table

EsophagusGEJunction**CS Mets at DX**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No; none	M0	M0	NONE	NONE
10	Distant lymph node(s): For all subsites: Inferior mesenteric Para-aortic Porta hepatis (portal) (hilar) (in hilus of liver) Retropancreatic Retroperitoneal Superior mesenteric or mesenteric, NOS Hepatoduodenal	M1	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Carcinomatosis	M1	M1	D	D
50	(40) + (10) Distant lymph node(s) plus other distant metastases	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1 [NOS]	M1	M1	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

EsophagusGEJunction

CS Site-Specific Factor 25

Involvement of Cardia and Distance from Esophagogastric Junction (EGJ)

Note 1: Since primary site codes C16.1 (fundus of stomach) and C16.2 (body of stomach) can be assigned to either schema, EsophagusGEJunction or Stomach, this schema discriminator field is needed for the CS Algorithm to determine which schema to select only when the site is C16.1 or C16.2.

Note 2: In 7th ed., Esophagogastric junction and the proximal 5 cm of the Stomach were removed from the Stomach schema and added 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. In 7th ed., cancers whose midpoint is in the lower thoracic esophagus, esophagogastric junction, or within the proximal 5 cm of the stomach (cardia) that extend into the esophagogastric junction or esophagus are stage grouped similar to adenocarcinoma of the esophagus. All other cancers with a midpoint in the stomach greater than 5 cm distal to the esophagogastric junction, or those within 5 cm of the esophagogastric junction but not extending into the esophagogastric junction or esophagus, are stage grouped using the gastric cancer staging system.

Note 3: For cases coded to primary site code C16.1 or C16.2 and histology: 8000-8152,8154-8231,8243-8245,8247,8248,8250- 8934,8940-9136,9141-9582,9700-9701, code whether or not tumor extends to 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 stomach and involvement of EGJ and distance from EGJ is unknown but a physician stages the case using esophagus definitions, assign to code 060.

Collaborative Stage will use the EsophagusGEJunction schema to assign TNM and AJCC stage.

Code	Description	Schema
000	No involvement of esophagus or EGJ	Stomach
010	Tumor located in Cardia or EGJ	EsophagusGEJunction
020	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5cm or less	EsophagusGEJunction
030	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ more than 5cm	Stomach

Code	Description	Schema
040	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ unknown	EsophagusGEJunction
050	Esophagus and EGJ not involved but distance of tumor midpoint from EGJ is 5cm or less	Stomach
060	Esophagus involved or esophagus involvement unknown AND distance of tumor midpoint from EGJ more than 5cm or unknown AND physician stages case using esophagus definitions	EsophagusGEJunction
100	OBSOLETE DATA RETAINED V0200 C16.1, C16.2 - originally coded in CSv1	Stomach
999	Involvement of esophagus not stated, unknown or no information, not documented in patient record	Stomach
	Blank for Stomach cases which are C16.3-C16.9	Stomach
	Blank for Cardia/EGJ cases which are C16.0	EsophagusGEJunction