

GISTSmall Intestine**Gastrointestinal Stromal Tumor of Small Intestine****C17.0-C17.3, C17.8-C17.9****M-8935-8936**

C17.0 Duodenum

C17.1 Jejunum

C17.2 Ileum (excludes ileocecal valve C18.0)

C17.3 Meckel diverticulum (site of neoplasm)

C17.8 Overlapping lesion of small intestine

C17.9 Small intestine, NOS

Note: The histologies included in this schema were not staged with AJCC 6th Edition. Therefore, the algorithm will not derive an AJCC 6th TNM or stage group.

GISTSmall Intestine**CS Tumor Size**

Note 1: Code exact tumor measurements when available. Use codes 990-997 only if a specific measurement is not available.

Note 2: The assignment of T categories for gastrointestinal stromal tumors (GIST) is based on tumor size. A physician's statement of the T category may be used to code 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, other than the physician's statement of the T category. Use codes 992, 993, 996, and 997 as appropriate to code CS Tumor Size based on a statement of T when no other size information is available.

Note 3: Codes 992-995 were obsolete in CS Version 2, V0201 and V0202. They are made active in V0203. Codes 996-997 are new for V0203. Tumors that now fall into one of these categories would have been coded as 011, 021, 051, 101, or 999 in V0201/V0202. Therefore cases with codes 011, 021, 051, 101, 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)"
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm" Stated as T1 with no other information on size

Code	Description
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm" Stated as T2 with no other information on size
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"
996	Described as "less than 10 cm," or "greater than 5 cm" or "between 5 cm and 10 cm" Stated as T3 with no other information on tumor size
997	Described as "greater than 10 cm" Stated as T4 with no other information on tumor size
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

GISTSmall Intestine

CS Extension

Note 1: AJCC does not include a Tis category for gastrointestinal stromal tumors (GIST). Any case with a CS Extension code of 000 is mapped to TX for AJCC 7 stage and in situ Summary Stage.

Note 2: Give priority to coding depth of invasion or spread outside the small intestine for tumor with intraluminal or lateral extension to adjacent segment(s) of small intestine.

Note 3: The assignment of T categories for GISTs is based on tumor size. A physician's statement of the T category may be used to code 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, other than the physician's statement of the T category. Use codes 170, 210, 250, and 270 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Note 4: Use code 150 only if GIST is described as arising in a polyp. Do not use this code for GIST described as arising in the wall of the appendix and extending into the lumen with a polypoid appearance.

Note 5: Use code 300 for localized cases only if no information is available to assign a more specific code.

Note 6: Adherence to the liver capsule is not considered distant metastasis. Use code 570 for any adherence to the liver capsule.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	TX	NA	IS	IS

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
050	OBSOLETE DATA RETAINED AND REVIEWED V0203 See code 000 (Adeno)carcinoma in a polyp, noninvasive	TX	NA	IS	IS
100	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Invasive tumor confined to mucosa, NOS, including intramucosal, NOS	^	NA	L	L
110	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Invasion of lamina propria	^	NA	L	L
120	OBSOLETE DATA RETAINED AND REVIEWED V0203 See code 155 and 165 Invasion of muscularis mucosae	^	NA	L	L
130	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Confined to head of polyp	^	NA	L	L
140	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Confined to stalk of polyp	^	NA	L	L
150	Invasion of polyp, NOS	^	NA	L	L
155	Tumor confined to muscular wall	^	NA	L	L
160	OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 155 and 165 Invasion of submucosa (superficial	^	NA	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
160 cont'd	invasion)	^	NA	L	L
165	Tumor invades through submucosa and muscularis mucosae to involve mucosa	^	NA	L	L
170	Stated as T1 with no other information on extension	^	NA	L	L
200	OBSOLETE DATA RETAINED AND REVIEWED V0203 See code 155 and 165 Muscularis propria invaded	^	NA	L	L
210	Stated as T2 with no other information on extension	^	NA	L	L
250	Stated as T3 with no other information on extension	^	NA	L	L
270	Stated as T4 with no other information on extension	^	NA	L	L
300	Intraluminal spread to other segments of small intestine or cecum (See Note 2) Localized, NOS	^	NA	L	L
400	Invasion through muscularis propria or muscularis, NOS Extension through wall, NOS Subserosal tissue/(sub) serosal fat invaded Transmural, NOS	^	NA	L	L
410	OBSOLETE DATA CONVERTED V0203; See code 250 Stated as T3, NOS	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
420	OBSOLETE DATA CONVERTED V0203 ; See code 458 Fat, NOS	ERROR	ERROR	ERROR	ERROR
450	Adjacent connective tissue Mesentery, including mesenteric fat, invaded less than or equal to 2 cm in depth or invaded, NOS Nonperitonealized perimuscular tissue invaded less than or equal to 2 cm in depth or invaded, NOS Retroperitoneum invaded less than or equal to 2 cm in depth or NOS	^	NA	RE	RE
458	Fat, NOS	^	NA	RE	RE
500	Invasion of/through serosa (mesothelium) (tunica serosa) (visceral peritoneum)	^	NA	L	RE
550	500 + (420 or 450) Invasion of/through serosa plus invasion of structures in codes 420 or 450	^	NA	RE	RE
560	Invasion of/through serosa with invasion of/through mucosa	^	NA	RE	RE
600	For duodenum primary only: Ampulla of Vater Diaphragm Extrahepatic bile duct(s) Gallbladder Pancreas Pancreatic duct	^	NA	RE	RE
650	For duodenum primary only: Blood vessel(s), major: Aorta Gastroduodenal artery	^	NA	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
650 cont'd	Portal vein Renal vein Superior mesenteric artery or vein Vena cava Greater omentum Hepatic flexure Kidney, NOS Kidney, right Liver, NOS Liver, quadrate lobe Liver, right lobe Omentum, NOS Transverse colon Ureter, right For jejunum or ileum primaries only: Colon, including appendix	^	NA	RE	RE
660	For duodenum primary only: Stomach	^	NA	RE	RE
670	Abdominal wall Mesentery invaded greater than 2 cm in depth Non-peritonealized perimuscular tissue invaded greater than 2 cm in depth Retroperitoneum invaded greater than 2 cm in depth	^	NA	RE	RE
680	Other segments of the small intestine via serosa	^	NA	RE	RE
690	OBSOLETE DATA CONVERTED V0203 ; See code 270 Stated as T4, NOS	ERROR	ERROR	ERROR	ERROR
700	For jejunum or ileum primary only: Bladder Fallopian tube(s) Ovary(ies)	^	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
700 cont'd	Uterus	^	NA	D	D
800	Further contiguous extension	^	NA	D	D
950	No evidence of primary tumor	T0	NA	U	U
999	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	NA	U	U

For CS Extension codes 100-800 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 site.

**GISTSmall Intestine
CS Tumor Size/Ext Eval
See Standard Table**

**GISTSmall Intestine
CS Lymph Nodes**

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

Note 2: Pericholedochal (common bile duct) lymph nodes are coded here for primaries of the duodenum. They are coded in CS Mets at DX for primaries of other small intestine subsites.

Note 3: The assignment of T categories for gastrointestinal stromal tumors (GISTs) is based on tumor size. A physician's statement of the T category may be used to code 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, other than the physician's statement of the T category. Use codes 170, 210, 250, and 270 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Note 4: Nodal metastasis is very rare in gastrointestinal stromal tumors and surgeons generally agree that nodal dissection is not indicated. In the absence of information on regional lymph node status, N0 is appropriate; code 999 is mapped to N0 accordingly.

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

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
100	Regional lymph node(s): For duodenum primary only: Duodenal Gastroduodenal Hepatic Pancreaticoduodenal Pyloric: Infrapyloric (subpyloric) For jejunum or ileum primary only: Mesenteric, NOS: Superior mesenteric For terminal ileum primary: Cecal, posterior (retrocecal) Ileocolic	N1	NA	RN	RN
200	For duodenum primary only: Pericholodochal (common bile duct) Superior mesenteric	N1	NA	D	RN
300	Regional lymph node(s), NOS	N1	NA	RN	RN
400	Stated as N1 with no other information on regional lymph nodes	N1	NA	RN	RN
800	Lymph nodes, NOS	N1	NA	RN	RN
999	Unknown regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record	N0	NA	U	U

**GISTSmall Intestine
CS Lymph Nodes Eval
See Standard Table**

**GISTSmall Intestine
Regional Nodes Positive
See Standard Table**

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

GISTSmall Intestine
Regional Nodes Examined
See Standard Table

GISTSmall Intestine
CS Mets at DX

Note 2: When a patient has more than one area of GIST, it is important to try to distinguish between intra-abdominal metastasis and tumor multiplicity. Distant metastases are relatively rare in GISTs, but they are increasingly detected with sophisticated radiological studies. Intra-abdominal metastasis will present as tumor involvement in the abdominal cavity outside the main tumor mass, in the peritoneum, omentum, serosae of organs, and the cul-de-sac, among other areas. Code this form of metastasis in CS Mets at DX.

Tumor multiplicity, in contrast, will present with anatomically separate, multiple tumors of different sizes arising independently in the GI tract. This form of tumor multiplicity usually will be seen in patients with neurofibromatosis type 1 or familial GIST syndrome, but in rare instances may be seen in patients without these conditions. This form of multiplicity should not be coded as metastasis, but the presence of multiple tumors should be coded in CS Site-Specific Factor 10, Tumor Multiplicity.

When a solitary omental or mesenteric tumor mass is found with a primary GIST elsewhere, do not code this as a metastasis. Code it as multiple tumors in CS Site-Specific Factor 10, Tumor Multiplicity.

When multiple tumor areas are present and it is not stated whether these are metastases or independent tumors, consult with a physician if possible to determine how to code them. If a decision cannot be made, code this site-specific factor as 010 (Multiple GIST tumors are present).

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	NA	NONE	NONE
10	Distant lymph node(s): Celiac lymph node(s) Distant lymph node(s), NOS	M1	NA	D	D
11	For jejunum and ileum primaries only: Pericholedochal (For duodenal primary, see CS Lymph Nodes field)	M1	NA	D	RN
40	Distant metastases except distant lymph node(s) Carcinomatosis	M1	NA	D	D
50	40 + (10and/or 11)	M1	NA	D	D

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
50 cont'd	Distant metastasis plus distant lymph node(s)	M1	NA	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	NA	D	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	NA	U	U

GISTSmall Intestine**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

GISTSmall Intestine**CS Site-Specific Factor 6****Mitotic Count****Note: See page A-94**

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

Code	Description
000	0.0 mitoses per 50 high-power fields (HPF) (40x fields) 0.0 mitoses per 5 square millimeters (mm) Mitoses absent

Code	Description
000 cont'd	No mitoses present
001-008	0.1-0.8 mitoses per 50 HPF (40x field) 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
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.)
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
995	OBSOLETE DATA CONVERTED V0203 See code 991 Specific number not stated, described as greater than 5 mitoses per 50 high-power fields (40x field)

Code	Description
995 cont'd	Specific number not stated, described as greater than 5 mitoses per 5 square millimeters
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