

Carcinoid Appendix**Carcinoid Tumor and Neuroendocrine Carcinoma of Appendix****C18.1****M-8153, 8240-8242, 8246, 8249**

Note 1: Carcinoid tumor of the appendix is typically not reportable. Use this schema if your institution collects this tumor as reportable by agreement.

Note 2: This schema is also used for neuroendocrine carcinoma and malignant gastrinomas.

Note 3: Not all histologies included in this schema were staged in AJCC 6th Edition. The algorithm will derive an AJCC 6 TNM and stage group only for histology codes 8153 and 8246.

Carcinoid Appendix**CS Tumor Size**

Note: The assignment of T1, T1a, and T1b categories for carcinoid tumors of the appendix 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 991 and 992 as appropriate to code CS Tumor Size based on a statement of T when no other size information is available.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (mm) (Exact size in mm)
989	989 mm or larger
990	Microscopic focus or foci only and no size of focus given
991	Described as "less than 1 cm" Stated as T1 [NOS] or T1a with no other information on tumor size
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm" Stated as T1b with no other information on tumor size
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"

Code	Description
998	OBSOLETE DATA REVIEWED AND CHANGED V0203 Size category not appropriate for carcinoid of appendix Familial/multiple polyposis (M-8220/8221)
999	Unknown; size not stated Size of tumor cannot be assessed Not documented in patient record

Carcinoid Appendix

CS Extension

Note 1: AJCC does not include an in situ category for carcinoid tumors of appendix. Any case so coded will be mapped to TX for AJCC 7 stage and in situ Summary Stage. Cases coded with 000 will continue to map to Tis if AJCC 6 staging is applicable.

Note 2: The assignment of T1, T1a, and T1b categories for carcinoid of appendix 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 code 320, 330, or 335, 410, 490, or 850 as appropriate to code CS Extension based on a statement of T when no other extension information is available.

Note 3: Codes 405-750 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Note 4: Tumor that is adherent to other organs or structures, macroscopically, is classified cT4b. If tumor is present in adhesion(s) upon microscopic examination, the tumor is classified as pT4b. Use code 565 for macroscopic adhesions if no pathologic confirmation, and for pathologically confirmed tumor in adhesions. However, if no tumor is present in adhesion(s) upon microscopic examination, the classification is based upon extent of tumor invasion into or through the wall; use codes 000, 100, 160, 200, 370, 451, and 470 as appropriate to describe the microscopically confirmed depth of tumor invasion for these cases. Use codes 601-650, 670, 701, and 751-800 to code invasion of underlying structures from the adherent tumor.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	In situ, intraepithelial, noninvasive	TX	Tis	IS	IS
050	(Adeno)carcinoma, noninvasive, in a polyp or adenoma	TX	Tis	IS	IS
100	Invasive tumor confined to mucosa, NOS (including intramucosal, NOS)	^	Tis	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
110	Invades lamina propria	^	Tis	L	L
120	Invades muscularis mucosae	^	Tis	L	L
130	OBSOLETE DATA RETAINED V0200 Confined to head of polyp, NOS	ERROR	T1	L	L
140	OBSOLETE DATA RETAINED V0200 Confined to stalk of polyp, NOS	ERROR	T1	L	L
150	OBSOLETE DATA RETAINED V0200 Invasive tumor in polyp, NOS	ERROR	T1	L	L
160	Invades submucosa (superficial invasion)	^	T1	L	L
200	Invades muscularis propria	^	T2	L	L
300	Confined to appendix, NOS Localized, NOS	^	T1	L	L
310	OBSOLETE DATA CONVERTED V0203 See code 335 Stated as T1, NOS with no other information on extension	ERROR	ERROR	ERROR	ERROR
320	Stated as T1a with no other information on extension	^	T1	L	L
330	Stated as T1b with no other information on extension	^	T1	L	L
335	Stated as T1 [NOS] with no other information on extension	^	T1	L	L

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
340	OBSOLETE DATA CONVERTED V0203 See code 410 Stated as T2 with no other information on extension	ERROR	ERROR	ERROR	ERROR
350	OBSOLETE DATA CONVERTED V0203 See code 490 Stated as T3 with no other information on extension	ERROR	ERROR	ERROR	ERROR
370	Extension to cecum	^	T1	L	L
400	OBSOLETE DATA REVIEWED AND CHANGED V0203 Code 400 was defined as "Extension through wall, NOS, Non-peritonealized pericolic tissues invaded, Perimuscular tissue invaded, Subserosal tissue/(sub)serosal fat invaded, Transmural, NOS in CSv1. Code 400 was defined as "Extension to cecum" in CSv2: V0201, V0202. All cases should be reviewed and recoded to appropriate codes; see codes 370, 401. Extension to cecum	ERROR	ERROR	ERROR	ERROR
401	Extension through wall, NOS Invasion through muscularis propria or muscularis, NOS Non-peritonealized pericolic tissues invaded Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded Transmural, NOS	^	T3	L	L
410	Stated as T2 with no other information on extension	^	TX	L	L

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	OBSOLETE DATA REVIEWED AND CHANGED V0203 Code 450 was defined as "Extension to: Adjacent tissue(s), NOS, Connective tissue, Mesenteric fat, Mesentery, Mesoappendix, Mesocolon, Pericolonic fat" in CSv1. Code 450 was defined as "Extension to ileum" in CSv2: V0201, V0202. All cases should be reviewed and recoded to appropriate codes; see codes 451, 470. Extension to ileum	ERROR	ERROR	ERROR	ERROR
451	Extension to: Adjacent tissue(s), NOS Connective tissue Mesenteric fat Mesentery Mesoappendix Mesocolon Pericolonic fat	^	T3	RE	RE
458	Fat, NOS	^	T3	RE	RE
460	OBSOLETE DATA RETAINED V0200 Adherent to other organs or structures, but no microscopic tumor found in adhesion(s)	ERROR	T3	RE	RE
470	Extension to ileum	T3	T4	RE	RE
490	Stated as T3 with no other information on extension	T3	TX	RE	RE

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
500	OBSOLETE DATA REVIEWED AND CHANGED V0203; Code 500 was defined as "Invasion of/through serosa (mesothelium) (visceral peritoneum)" in CSv1. Code 500 was defined as "Abdominal wall, Skeletal muscles" in CSv2: V0201, V0202. All cases should be reviewed and recoded to appropriate codes; see codes 501, 650, and 670 Abdominal wall Skeletal muscles	ERROR	ERROR	ERROR	ERROR
501	OBSOLETE DATA RETAINED V0203 Invasion of/through serosa (mesothelium) (visceral peritoneum)	ERROR	T4	RE	RE
550	OBSOLETE DATA RETAINED V0200 Any of [(420) to (451)] + (501)	ERROR	T4	RE	RE
565	Adherent to other organs or structures clinically with no microscopic examination Tumor found in adhesion(s) if microscopic examination performed	T4	T3	RE	RE
570	Adherent to other organs or structures, NOS	T4	T4	RE	RE
600	OBSOLETE DATA REVIEWED AND CHANGED V0203; Code 600 was defined as "Small intestine, Greater omentum" in CSv1. Code 600 was defined as "Perineum, Vulva" in CSv2: V0201, V0202. All cases should be reviewed and recoded to appropriate codes; see codes 601, 800. Perineum Vulva	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
601	Small intestine Greater omentum	T4	T4	RE	RE
650	Abdominal wall Retroperitoneum (excluding fat)	T4	T4	RE	RE
660	OBSOLETE DATA RETAINED V0200 Ascending colon: Right kidney Right ureter Descending colon: Left kidney Left ureter	ERROR	T4	RE	RE
670	Skeletal muscle	T4	T4	D	D
700	OBSOLETE DATA REVIEWED AND CHANGED V0203 Code 700 was defined as "Bladder, Pelvic peritoneum, Urethra, Vagina" in CSv1. Code 700 was defined as "Fallopian tube, Ovary, Uterus" in CSv2: V0201, V0202. All cases should be reviewed and recoded to appropriate codes; see codes 701, 800. Bladder Pelvic peritoneum Urethra Vagina	ERROR	ERROR	ERROR	ERROR
701	Bladder Pelvic peritoneum Urethra Vagina	T4	T4	D	D
750	OBSOLETE DATA REVIEWED AND CHANGED V0203 Code 750 was defined as "Adrenal (suprarenal) gland, Bladder, Diaphragm, Fistula to skin,	ERROR	ERROR	ERROR	ERROR

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
750 cont'd	Gallbladder, Other segment(s) of colon via serosa" in CSv1. Code 750 was defined as "Broad ligament(s), Cervix uteri, Corpus uteri, Prostate" in CSv2: V0201, V0202. All cases should be reviewed and recoded to appropriate codes; see codes 751, 800. Broad ligament(s) Cervix uteri Corpus uteri Prostate	ERROR	ERROR	ERROR	ERROR
751	Adrenal (suprarenal) gland Diaphragm Fistula to skin Gallbladder Other segment(s) of colon via serosa	T4	T4	D	D
800	Further contiguous extension: Kidney Liver Ureter Other contiguous extension	T4	T4	D	D
850	Stated as T4 with no other information on extension	T4	T4	D	D
950	No evidence of primary tumor	T0	T0	U	U
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record	TX	TX	U	U

^ For CS Extension codes 100-120, 160-300, 320-335, 370, 401-410, and 451 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size AJCC 7 Table for this schema.

Carcinoid Appendix
CS Tumor Size/Ext Eval
See Standard Table

Carcinoid Appendix**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: Superior and inferior mesenteric nodes are coded in CS Mets at DX. Mesenteric nodes, NOS are coded in CS Lymph Nodes.

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
000	No regional lymph node involvement	N0	N0	NONE	NONE
100	Regional lymph nodes: Colic, NOS Epicolic (adjacent to bowel wall) Mesocolic, NOS Paracolic/pericolic	N1	*	RN	RN
200	Cecal: Anterior (prececal) Posterior (retrocecal) Ileocolic Right colic	N1	*	RN	RN
300	Mesenteric, NOS Regional lymph node(s), NOS	N1	*	RN	RN
400	Stated as N1 with no other information on regional lymph nodes	N1	N1	RN	RN
450	OBSOLETE DATA RETAINED V0200 ; Stated as N2 pathologic	ERROR	N2	RN	RN
800	Lymph nodes, NOS	N1	N1	RN	RN
999	Unknown; regional lymph nodes not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	NX	U	U

* For CS Lymph Nodes codes 100-300 ONLY: when CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category is assigned from the Lymph Nodes Clinical Evaluation AJCC 6 Table, using Regional Nodes Positive and CS Site-Specific Factor 2; when CS Lymph Nodes Eval is 2, 3, 6, 8, or not coded,

the N category is determined from the Lymph Nodes Pathologic Evaluation 6 Table Also Used When CS Reg Nodes Eval is Not Coded using Regional Nodes Positive.

**Carcinoid Appendix
CS Lymph Nodes Eval
See Standard Table**

**Carcinoid Appendix
Regional Nodes Positive
See Standard Table**

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

**Carcinoid Appendix
Regional Nodes Examined
See Standard Table**

**Carcinoid Appendix
CS Mets at DX**

Code	Description	TNM 7 Map	TNM 6 Map	SS77 Map	SS2000 Map
00	No distant metastasis	M0	M0	NONE	NONE
08	Superior mesenteric lymph node(s)	M1	M1	RN	D
10	Distant lymph node(s) other than those in code 08 (Includes inferior mesenteric lymph node(s))	M1	M1	D	D
40	Distant metastasis except distant lymph node(s) Carcinomatosis	M1	M1	D	D
50	40 + (08 and/or 10) Distant metastasis plus distant lymph nodes	M1	M1	D	D
60	Distant metastasis, NOS Stated as M1 with no other information on distant metastasis	M1	M1	RN	D
99	Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record	M0	MX	U	U

Carcinoid Appendix**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.

Carcinoid Appendix**CS Site-Specific Factor 2****Clinical Assessment of Regional Lymph Nodes****Note: See page A-104**

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 regional lymph nodes are involved clinically but there is no indication of the 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 rule that presumes unmentioned nodes to be negative.

Code	Description
000	Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned
100	Metastasis in 1–3 regional lymph nodes, determined clinically Stated as clinical N1
200	Metastasis in 4 or more regional lymph nodes, determined clinically Stated as clinical N2
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	Regional lymph node(s) involved, clinical assessment not stated Unknown if regional nodes clinically evident Not documented in patient record