

Rectum**Rectosigmoid, Rectum (excluding Gastrointestinal Stromal Tumor and Neuroendocrine Tumor)****C19.9, C20.9****M-8000-8152,8154-8231,8243-8245,8247-8248,8250-8576,8940-8950,8980-8981**

C19.9 Rectosigmoid junction

C20.9 Rectum, NOS

Rectum**CS Tumor Size****See Standard Table****Rectum****CS Extension**

Note 1: For rectosigmoid, ignore intraluminal extension to adjacent segment(s) of colon and rectum; code depth of invasion or extra-rectosigmoidal spread as indicated.

Note 2: Codes 600 - 750 are used for contiguous extension from the site of origin. Discontinuous involvement is coded in CS Mets at DX.

Note 3: 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 - 163, 200, 210, 400, 415, 455, 458, 500, and 555 as appropriate to describe the microscopically confirmed depth of tumor invasion for these cases. Use codes 610-800 to code invasion of underlying structures from the adherent tumor.

Note 4: High grade dysplasia and severe dysplasia are generally not reportable in cancer registries but, if a registry does collect these, code 000 should be used.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|--|-----------|-----------|----------|------------|
| 000 | In situ, intraepithelial, noninvasive | Tis | Tis | IS | IS |
| 050 | (Adeno)carcinoma, noninvasive, in a polyp or adenoma | Tis | Tis | IS | IS |
| 100 | Invasive tumor confined to mucosa, NOS including intramucosal, NOS | Tis | Tis | L | L |
| 110 | Invades lamina propria, including lamina propria in the stalk of a polyp | Tis | Tis | L | L |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|--|-----------|-----------|----------|------------|
| 120 | Confined to and not through the muscularis mucosae, including muscularis mucosae in the stalk of a polyp. | Tis | Tis | L | L |
| 130 | Confined to head of polyp, NOS | T1 | T1 | L | L |
| 140 | Confined to stalk of polyp, NOS | T1 | T1 | L | L |
| 150 | Invasive tumor in polyp, NOS | T1 | T1 | L | L |
| 160 | Submucosa (superficial invasion), including submucosa in the head or stalk of a polyp | T1 | T1 | L | L |
| 165 | For rectum: Tumor invading submucosa with intraluminal extension to colon and/or anal canal/anus | T1 | T1 | L | L |
| 170 | Stated as T1 with no other information on extension | T1 | T1 | L | L |
| 200 | Muscularis propria invaded | T2 | T2 | L | L |
| 210 | For rectum: Tumor invading muscularis propria with intraluminal extension to colon and/or anal canal/anus | T2 | T2 | RE | L |
| 250 | Stated as T2 with no other information on extension | T2 | T2 | L | L |
| 300 | Confined to rectosigmoid junction, NOS Confined to rectum, NOS Localized, NOS | T1 | T1 | L | L |
| 400 | Extension through wall, NOS Invasion through muscularis propria or muscularis, NOS | T3 | T3 | L | L |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|---|-----------|-----------|----------|------------|
| 400 cont'd | Non-peritonealized perirectal tissues invaded Perimuscular tissue invaded Subserosal tissue/(sub)serosal fat invaded Transmural, NOS | T3 | T3 | L | L |
| 410 | OBSELETE DATA CONVERTED V0203; See code 470 Stated as T3 with no other information on extension | ERROR | ERROR | ERROR | ERROR |
| 415 | For rectum: Tumor invading through muscularis propria with intraluminal extension to colon and/or anal canal/anus | T3 | T3 | RE | L |
| 420 | OBSELETE DATA CONVERTED V0203; See code 458 Fat, NOS | ERROR | ERROR | ERROR | ERROR |
| 450 | OBSELETE DATA RETAINED AND REVIEWED V0203 Extension to anus from rectum recoded based on intraluminal versus extraluminal extension; See codes 165, 210, 415, 455, and 610 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 | T3 | RE | RE |
| 455 | Adjacent (connective) tissue: For all sites: Perirectal fat For rectosigmoid: | T3 | T3 | RE | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|--|-----------|-----------|----------|------------|
| 455 cont'd | Mesentery (including mesenteric fat, mesocolon) Pericolic fat For rectum: Rectovaginal septum | T3 | T3 | RE | RE |
| 458 | Fat, NOS | T3 | T3 | RE | RE |
| 460 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See Note 3, codes 565, 570; Adherent to other organs or structures but no tumor found in adhesion(s) | T3 | T3 | RE | RE |
| 470 | Stated as T3 with no other information on extension | T3 | T3 | RE | RE |
| 490 | OBSOLETE DATA CONVERTED V0203 See code 900; Stated as T4 [NOS] with no other information on extension | ERROR | ERROR | ERROR | ERROR |
| 500 | Invasion of/through serosa (mesothelium) (visceral peritoneum) Tumor penetrates visceral peritoneum | T4a | T4 | RE | RE |
| 550 | OBSOLETE DATA RETAINED AND REVIEWED V0203; See codes 555, 610 (500) with [(420) or (450)] | T4a | T4 | RE | RE |
| 555 | 500 + (165, 210, 415, or 458) | T4a | T4 | RE | RE |
| 560 | Stated as T4a with no other information on extension | T4a | T4 | RE | RE |
| 565 | Adherent to other organs or structures clinically with no microscopic examination; Tumor found in adhesion(s) if microscopic examination performed | T4b | T4 | RE | RE |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|--|-----------|-----------|----------|------------|
| 570 | Adherent to other organs or structures, NOS | T4b | T4 | RE | RE |
| 600 | <p>OBSOLETE DATA CONVERTED V0203</p> <p>See code 610</p> <p>Rectosigmoid:</p> <ul style="list-style-type: none"> Cul de sac (rectouterine pouch) Pelvic wall Small intestine <p>Rectum:</p> <ul style="list-style-type: none"> 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 | ERROR | ERROR | ERROR | ERROR |
| 610 | <p>For rectosigmoid:</p> <ul style="list-style-type: none"> Cul de sac (rectouterine pouch) Pelvic wall/pelvic plexuses Small intestine <p>For rectum:</p> <ul style="list-style-type: none"> Anal canal/anus extraluminally Bladder for males only Cul de sac (rectouterine pouch) Ductus deferens Pelvic wall Prostate Rectovesical fascia for males only Seminal vesicle(s) Skeletal muscle of pelvic floor Vagina | T4b | T4 | RE | RE |
| 700 | <p>For all sites:</p> <ul style="list-style-type: none"> Ovary(ies) Uterus <p>For rectosigmoid:</p> | T4b | T4 | D | D |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|--|-----------|-----------|----------|------------|
| 700 cont'd | Bladder Colon via serosa Fallopian tube(s) Prostate Skeletal muscles of pelvic floor Ureter(s) Vagina For rectum: Bladder for females only Bone(s) of pelvis Cervix Perineum, perianal skin Sacrum Sacral plexus Urethra | T4b | T4 | D | D |
| 800 | Further contiguous extension | T4b | T4 | D | D |
| 850 | Stated as T4b with no other information on extension | T4b | T4 | RE | RE |
| 900 | Stated as T4 [NOS] with no other information on extension | T4NOS | T4 | RE | RE |
| 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 |

Rectum**CS Tumor Size/Ext Eval**

See Standard Table

Rectum**CS Lymph Nodes**

Note 1: Code only regional nodes and nodes, NOS, in this field. Note 2 specifies when to code tumor deposits (TD) here. Distant nodes are coded in CS Mets at DX.

Note 2: One or more malignant satellite peritumoral nodules in the pericorectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule(s) may represent discontinuous spread, venous invasion with extravascular spread, or a totally replaced lymph node. If

the primary tumor is localized and maps to T1 or T2 and this is the only information on lymph nodes, use code 050. The total number of TD must always be coded in CS Site-Specific Factor 4. If there are TD and node involvement, code only the information on node involvement in this field; use a higher code number than 050.

Note 3: Rectal nodes, NOS are coded 100. Middle or superior rectal nodes are coded 200 for both rectosigmoidal and rectal primaries. Inferior rectal nodes are coded 200 for rectal primaries. Inferior rectal nodes are coded in CS Mets at DX for rectosigmoidal primaries.

Note 4: Middle or superior hemorrhoidal nodes are coded 200 for both rectosigmoidal and rectal primaries. Inferior hemorrhoidal nodes are coded 200 for rectal primaries. Inferior hemorrhoidal nodes are coded in CS Mets at DX for rectosigmoidal primaries.

Note 5: Mesenteric nodes, NOS are coded 300. Inferior mesenteric or sigmoid mesenteric nodes are coded 200. Superior mesenteric nodes are coded in CS Mets at DX.

Note 6: CS does not collect information on otherwise negative lymph nodes containing isolated tumor cells (ITCs) for this schema. CS does not derive ITC status for this schema. Count otherwise negative regional nodes containing ITCs as negative nodes.

Note 7: The number of positive regional nodes is required to calculate the correct N category for this schema. Use codes 400-470 when the pathology report assigns an N1 or N2 category but does not specify the number of nodes involved, or the record identifies an N1 or N2 category but the specific information about number of nodes involved is not available. Use codes 100-300 rather than codes 400-470 when information about the number of positive nodes is available, or when nodes are clinically positive but not removed for examination.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 000 | No regional lymph node involvement and no tumor deposits (TD) | N0 | N0 | NONE | NONE |
| 050 | TD in the subserosa, mesentery, or nonperitonealized pericolic or perirectal tissues WITHOUT regional nodal metastasis Stated as N1c with information that regional lymph nodes are not involved | N1c | N1 | RE | RE |
| 100 | OBSOLETE DATA RETAINED AND REVIEWED V0203 See codes 050, 110 Regional lymph nodes: Rectosigmoid: Paracolic/pericolic Perirectal Rectal | ^ | * | RN | RN |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|---------------|--|-----------|-----------|----------|------------|
| 100 cont'd | Nodule(s) or foci in pericolic fat/adjacent mesentery/mesocolic fat Rectum: Perirectal Rectal, NOS Nodule(s) or foci in perirectal fat | ^ | * | RN | RN |
| 110 | Regional lymph nodes: All sites: Perirectal Rectal, NOS Rectosigmoid: Paracolic/pericolic | ^ | * | RN | RN |
| 200 | Regional lymph nodes for rectosigmoid and rectum: Hemorrhoidal, middle Hemorrhoidal, superior Inferior mesenteric Rectal, middle Rectal, superior Sigmoidal (sigmoid mesenteric) Regional lymph nodes for rectosigmoid: Colic, NOS Left colic Regional lymph nodes for rectum: Hemorrhoidal, inferior Internal iliac (hypogastric), NOS Obturator Rectal, inferior Sacral, NOS Lateral (laterosacral) Middle (promontorial) (Gerota's node) Presacral Sacral promontory | ^ | * | RN | RN |
| 300 | Mesenteric, NOS Regional lymph node(s), NOS | ^ | * | RN | RN |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 400 | OBSOLETE DATA CONVERTED V0203 ; See code 430 Stated as pathologic N1 | ERROR | ERROR | ERROR | ERROR |
| 410 | Stated as pathologic N1a with no other information on regional lymph nodes | N1a | N1 | RN | RN |
| 420 | Stated as pathologic N1b with no other information on regional lymph nodes | N1b | N1 | RN | RN |
| 430 | Stated as pathologic N1 [NOS] with no other pathologic information on regional lymph nodes | N1NOS | N1 | RN | RN |
| 450 | OBSOLETE DATA CONVERTED V0203 ; See code 480 Stated as pathologic N2 | ERROR | ERROR | ERROR | ERROR |
| 460 | Stated as pathologic N2a with no other information on regional lymph nodes | N2a | N2 | RN | RN |
| 470 | Stated as pathologic N2b with no other information on regional lymph nodes | N2b | N2 | RN | RN |
| 480 | Stated as pathologic N2 [NOS] with no other pathologic information on regional lymph nodes | N2NOS | N2 | RN | RN |
| 800 | Lymph nodes, NOS | N1NOS | N2 | RN | RN |
| 999 | Unknown; regional lymph nodes not stated Regional lymph node(s) cannot be assessed Not documented in patient record | NX | NX | U | U |

^ For codes 110-300 ONLY: when CS Lymph Nodes Eval is 0, 1, 5, or 9, the N category is assigned

from the Lymph Nodes Clinical Evaluation AJCC 7 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 AJCC 7 Table Also Used When CS Reg Nodes Eval is Not Coded using Regional Nodes Positive.

* For CS Lymph codes 110- 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 AJCC 6 Table Also Used When CS Reg Nodes Eval is Not Coded using Regional Nodes Positive.

Rectum

CS Lymph Nodes Eval

See Standard Table

Rectum

Regional Nodes Positive

See Standard Table

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

Rectum

Regional Nodes Examined

See Standard Table

Rectum

CS Mets at DX

Note: For metastasis limited to a single distant lymph node chain, use code 08 or 16. For metastases involving multiple distant lymph node chains, use codes 29 or 31.

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|------|---|-----------|-----------|----------|------------|
| 00 | No distant metastasis | M0 | M0 | NONE | NONE |
| 05 | OBSOLETE DATA CONVERTED V0203; See code 18 Metastasis to a single distant lymph node chain, NOS | ERROR | ERROR | ERROR | ERROR |
| 08 | Metastasis limited to a single distant lymph node chain: For rectosigmoid: Internal iliac (hypogastric), NOS Obturator | M1a | M1 | RN | D |
| 10 | OBSOLETE DATA RETAINED | ERROR | M1 | D | D |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|--------------|--|-----------|-----------|----------|------------|
| 10 cont'd | V0200 ; See codes 15 and 20 Distant lymph node(s), NOS | ERROR | M1 | D | D |
| 11 | OBSOLETE DATA RETAINED V0200 ; See codes 15 and 20 Rectosigmoid: Internal iliac (hypogastric) Obturator | ERROR | M1 | RN | D |
| 12 | OBSOLETE DATA RETAINED V0200 ; See codes 15 and 20 Other distant lymph node(s), including external iliac or common iliac | ERROR | M1 | D | D |
| 15 | OBSOLETE DATA CONVERTED V0203 ; See code 08 Metastasis limited to a single distant lymph node chain: For rectosigmoid: Internal iliac (hypogastric), NOS Obturator | ERROR | ERROR | ERROR | ERROR |
| 16 | Metastasis limited to a single distant lymph node chain: For rectosigmoid and rectum: Common iliac External iliac Superior mesenteric For rectosigmoid: Hemorrhoidal, inferior Rectal, inferior For rectum: Left colic | M1a | M1 | D | D |
| 18 | Metastases limited to a single distant lymph node chain, NOS | M1a | M1 | RN | D |
| 20 | OBSOLETE DATA CONVERTED V0203 See code 16 | ERROR | ERROR | ERROR | ERROR |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|--------------|---|-----------|-----------|----------|------------|
| 20 cont'd | Metastasis to other single distant lymph node chains, including external iliac or common iliac | ERROR | ERROR | ERROR | ERROR |
| 25 | OBSOLETE DATA CONVERTED V0203 See code 26 Metastasis to a single distant organ | ERROR | ERROR | ERROR | ERROR |
| 26 | Metastasis limited to a single distant organ except peritoneum | M1a | M1 | D | D |
| 27 | Stated as M1a with no other information on distant metastasis | M1a | M1 | RN | D |
| 29 | Metastasis to multiple distant lymph node chains included in code 08 only | M1b | M1 | RN | D |
| 30 | OBSOLETE DATA CONVERTED V0203 ; See code 31 Metastasis to more than one distant lymph node chain | ERROR | ERROR | ERROR | ERROR |
| 31 | Metastasis to multiple distant lymph node chains listed in code 16, with or without distant lymph node chains listed in code 08 | M1b | M1 | D | D |
| 33 | Metastases to multiple distant lymph node chains, NOS | M1b | M1 | D | RN |
| 35 | OBSOLETE DATA REVIEWED V0203 ; See codes 36, 48 Distant metastases to more than one distant organ Metastases to the peritoneum Carcinomatosis Stated as M1b, NOS | M1b | M1 | D | D |
| 36 | Metastasis to more than one distant | M1b | M1 | D | D |

| Code | Description | TNM 7 Map | TNM 6 Map | SS77 Map | SS2000 Map |
|--------------|---|-----------|-----------|----------|------------|
| 36 cont'd | organ except distant lymph node(s) Metastasis to peritoneum Carcinomatosis | M1b | M1 | D | D |
| 40 | OBSOLETE DATA RETAINED V0200; See codes 35 and 60 Distant metastases except distant lymph node(s) codes 10-12 Distant metastasis, NOS Carcinomatosis | ERROR | M1 | D | D |
| 45 | (26 or 36) + any of (08, 16, 18, 29, 31 or 33) Metastases to distant organs plus distant nodes | M1b | M1 | D | D |
| 48 | Stated as M1b with no other information on distant metastasis | M1b | M1 | RN | D |
| 50 | OBSOLETE DATA RETAINED V0200; See code 45 40+ any of (10 or 12) Distant lymph node(s) plus other distant metastases | ERROR | M1 | D | D |
| 60 | Distant metastasis, NOS Stated as M1 [NOS] with no other information on distant metastasis | M1NOS | M1 | RN | D |
| 99 | Unknown; distant metastasis not stated Distant metastasis cannot be assessed Not documented in patient record | M0 | MX | U | U |

Rectum**CS Mets Eval****See Standard Table**

Note 1: This item reflects the validity of the classification of the item CS Mets at DX only according to the diagnostic methods employed.

Note 2: If a specific subcategory of M1 will be derived from CS Mets at DX, then determine if there was any pathological evidence for the highest subcategory. If so, select an Eval code that will derive a "p" staging basis. If there was only clinical evidence of the highest subcategory, select an Eval code

that will derive a "c" staging basis. See also CS Mets Eval in Part 1.

Rectum

CS Site-Specific Factor 2

Clinical Assessment of Regional Lymph Nodes

Note: See page A-98

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 nodes is stated but a clinical N category is not stated, use the code that reflects the most specific statement about the number of 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.

| Code | Description |
|------|---|
| 000 | Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned |
| 010 | Metastasis in 1 regional node, determined clinically Stated as clinical N1a |
| 020 | Metastases in 2-3 regional nodes, determined clinically Stated as clinical N1b |
| 030 | Tumor deposits without regional nodal metastasis Stated as clinical N1c |
| 100 | Metastases in 1-3 regional nodes, determined clinically Stated as clinical N1 [NOS] |
| 110 | Metastases in 4-6 regional nodes, determined clinically Stated as clinical N2a |
| 120 | Metastases in 7 or more regional nodes, determined clinically Stated as clinical N2b |
| 200 | Metastases in 4 or more regional nodes, determined clinically Stated as clinical N2 [NOS] |
| 400 | Clinically positive regional node(s), NOS |
| 888 | OBSOLETE DATA CONVERTED V0200; See code 988 |

| Code | Description |
|---------------|--|
| 888 cont'd | 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 pathologically, clinical assessment not stated Unknown if regional lymph nodes clinically evident Not documented in patient record |

Rectum**CS Site-Specific Factor 5****Tumor Regression Grade****Note:** See page A-99

Note 1: Record the pathologic response to preoperative adjuvant treatment as documented in the pathology report. The response may be called "treatment effect" and will often be stated in terms of a Tumor Regression Grade of 0 to 3. The response may also be characterized in descriptive terms. Consult the pathologist if a different grading system is used.

Note 2: Tumor regression grade or treatment effect should only be assessed on the primary tumor.

Note 3: If a response is stated to be present or found but is not described further, use code 990.

| Code | Description |
|------|--|
| 000 | Tumor Regression Grade 0 Complete response: No viable cancer cells; No residual tumor |
| 010 | Tumor Regression Grade 1 Moderate response: Single cells or small groups of cancer cells |
| 020 | Tumor Regression Grade 2 Minimal response: Residual cancer outgrown by fibrosis |
| 030 | Tumor Regression Grade 3 Poor response: Minimal or no tumor kill; extensive residual cancer |
| 888 | OBSOLETE DATA CONVERTED V0200; See code 988 Not applicable for this site. |
| 988 | Not applicable: Information not collected for this case |

| | |
|---------------|---|
| 988 cont'd | (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 | Response present, but degree of response not further described |
| 998 | No preoperative treatment or no resection of primary site after preoperative treatment |
| 999 | Unknown or no information Not documented in patient record |

Rectum**CS Site-Specific Factor 7****Microsatellite Instability (MSI)****Note: See page A-100**

Note: The microsatellite instability (MSI) test is a genetic test performed on tumor tissue to look for differences in length of certain non-functioning sections of DNA. The differences are caused by problems with the genes that normally repair DNA. A high-positive MSI (MSI-H) result may indicate that the gene repair problem is related to the development of the cancer, and that the patient may have hereditary nonpolyposis colorectal cancer (HNPCC), also known as Lynch syndrome.) A low-positive or stable MSI result (stable meaning that there are no differences in the lengths) means it is unlikely that the cancer is related to a hereditary condition.

| Code | Description |
|------|--|
| 020 | Microsatellite instability (MSI) stable; no MSI |
| 040 | MSI unstable low; positive, low |
| 050 | MSI unstable high; positive, high |
| 060 | MSI unstable, NOS; positive, NOS |
| 988 | Not applicable: Information not collected for this case; (If this information is required by your standard setter, use of code 988 may result in an edit error.) |
| 997 | Test ordered, results not in chart |
| 998 | Test not done (test not ordered and not performed) |
| 999 | Unknown or no information Not documented in patient record |

Rectum**CS Site-Specific Factor 9****KRAS****Note:** See page A-100

Note: KRAS is a gene which belongs to a class of genes known as oncogenes. When mutated, oncogenes have the potential to cause normal cells to become cancerous. Studies suggest that KRAS gene mutations are often present in colorectal cancer.

| Code | Description |
|------|--|
| 010 | Abnormal (mutated) Positive for mutations |
| 020 | Normal (wild type) Negative for mutations |
| 988 | Not applicable: Information not collected for this case (If this information is required by your standard setter, use of code 988 may result in an edit error.) |
| 997 | Test ordered, results not in chart |
| 998 | Test not done (test was not ordered and was not performed) |
| 999 | Unknown Not documented in patient record |

Rectum**CS Site-Specific Factor 10****18q Loss of Heterozygosity (LOH)****Note:** See page A-100

Note 1: This is a special molecular diagnostic test performed on tumor tissue to identify loss of genetic material normally found on the long arm of one of the patient's two copies of chromosome 18. A normal cell will contain two complete copies of each chromosome, one from each parent, and this normal state is termed heterozygous. Loss of heterozygosity (LOH) is an abnormal state reflecting damage to the chromosome that may mean that normal tumor suppression functions cannot take place.

Note 2: Other terms for LOH include gene deletion and allelic loss.

| Code | Description |
|------|--|
| 010 | Test positive for loss of heterozygosity (LOH) |

| Code | Description |
|------|--|
| 020 | Test negative for LOH; normal heterozygous state |
| 030 | Undetermined if LOH positive or negative |
| 988 | Not applicable: Information not collected for this case; (If this information is required by your standard setter, use of code 988 may result in an edit error.) |
| 997 | Test ordered, results not in chart |
| 998 | Test not done (test not ordered and not performed) |
| 999 | Unknown or no information Not documented in patient record |