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**SEER Site-Specific Coding Guidelines**  
**ESOPHAGUS**  
**C150-C155, C158-C159****Primary Site**

There are two systems that divide the esophagus into three subsites. The first system divides the esophagus into the upper third, middle third, and lower third. The second system describes the subsites as the cervical esophagus, the thoracic esophagus and the abdominal esophagus. The subsites for these two different systems are not identical. Assign the ICD-O-3 topography code that describes the primary site documented in the medical record. See the *SEER Self Instructional Manual for Tumor Registrars, Book 4* for illustrated descriptions of each system

**Esophagus C15.0-C15.5, C15.8-C15.9****CS Site-Specific Factor 1****Clinical Assessment of Regional Lymph Nodes**

**Note 1:** In the rare instance that the number of clinically positive nodes is stated but a clinical N category is not stated, code 1-2 nodes as 100 (N1), 3-6 nodes as 200 (N2), and 7 or more nodes as 300 (N3).

**Note 2:** 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.

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Code	Description
000	Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned
100	Metastasis in 1-2 regional nodes, determined clinically; Stated as clinical N1
200	Metastasis in 3-6 regional nodes, determined clinically; Stated as clinical N2
300	Metastasis in 7 or more regional nodes, determined clinically; Stated as clinical N3
400	Clinically positive regional node(s), NOS
888	<b>OBSOLETE DATA CONVERTED V0200</b> 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 pathologically, clinical assessment not stated Unknown if regional lymph nodes clinically evident Not documented in patient record

**GISTEsophagus C15.0-C15.5, C15.8-C15.9****CS Site-Specific Factor 6****Mitotic Count**

**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

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

Code	Description
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
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

**Esophagus GE Junction C16.0, C16.1, C16.2****CS Site-Specific Factor 1****Clinical Assessment of Regional Lymph Nodes**

**Note 1:** In the rare instance that the number of clinically positive nodes is stated but a clinical N category is not stated, code 1-2 nodes as 100 (Clinically N1), 3-6 nodes as 200 (Clinically N2), and 7 or more nodes as 300 (Clinically N3).

**Note 2:** 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.

**Note 3:** For legacy data coded in the Stomach schema in CS Version 1, N1 was assigned for 1-6 nodes positive, N2 for 7-15 nodes positive, and N3 for 16 and more nodes positive.

**Note 4:** For data coded in the EsophagusGEJunction schema in CS Version 2, when number of nodes involved is unknown, N1 and N2 are mapped to N1 for AJCC 6 staging, and N3 is mapped to N2 for AJCC 6 staging.

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Code	Description
000	Nodes not clinically evident; imaging of regional nodes performed and nodes not mentioned
100	Metastasis in 1-2 regional nodes, determined clinically Stated as clinical N1
200	Metastasis in 3-6 regional nodes, determined clinically Stated as clinical N2
300	Metastasis in 7 or more regional nodes, determined clinically Stated as clinical N3
400	Clinically positive regional nodes, NOS
988	Not applicable: Information not collected for this site-specific factor (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 nodes involved pathologically, clinical assessment not stated Unknown if regional lymph nodes clinically evident Not documented in patient record

**EsophagusGEJunction C16.0, C16.1, C16.2****CS Site-Specific Factor 25****Schema Discriminator: EsophagusGEJunction (EGJ)/Stomach**

**Note 1:** Since primary site codes C16.1 (fundus of stomach) and C16.2 (body of stomach) can be assigned to either the EsophagusGEJunction (EGJ) schema or the Stomach schema, this schema discriminator is needed to determine the schema to select only when the site is C16.1 or C16.2. The discriminator is coded to 981 for records with primary sites C16.3-C16.6, C16.8, or C16.9. The discriminator is coded to 982 for records with primary site C16.0.

**Note 2:** In the AJCC 7th Edition, primaries of the EGJ (C16.0) and the proximal 5 cm of the stomach were moved from the Stomach chapter 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. To determine whether a cancer in the fundus or body of the stomach should be coded according to the Esophagus/EGJunction or Stomach schema, it is necessary to identify the midpoint or epicenter of the tumor. In the AJCC 7th Edition, cancers whose midpoint is in the lower thoracic esophagus, EGJ, or within the proximal 5 cm of the stomach (cardia) and extending into the EGJ or esophagus, are stage-grouped similarly to adenocarcinoma of the esophagus. All other cancers with a midpoint in the stomach greater than 5 cm distal to the EGJ, or those within 5 cm of the EGJ but not extending into the EGJ or esophagus, are stage-grouped using the gastric cancer staging system.

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

**Note 5:** Code 100 is produced by the automated conversion of records with primary site codes C16.1 and C16.2 that were originally coded in CSv1 and diagnosed before 2010.

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Code	Description	Schema
000	No involvement of esophagus or gastroesophageal junction (EGJ)	Stomach
020	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ 5 cm or less	EsophagusGEJunction
030	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ more than 5 cm	Stomach
040	Esophagus or EGJ involved AND distance of tumor midpoint from EGJ unknown	EsophagusGEJunction

Code	Description	Schema
060	<p>Esophagus/EGJ involved AND distance of tumor midpoint from EGJ more than 5 cm from EGJ  AND physician stages case using esophagus definitions  OR  Esophagus/EGJ involvement unknown  AND distance of tumor midpoint from EGJ more than 5 cm or unknown  AND physician stages case using esophagus definitions</p>	EsophagusGEJunction
981	<p>Primary site coded to C16.3 - C16.9  May include cases which were converted to this code from a blank</p>	Stomach
982	<p>Primary site coded to to C16.0  May include cases which were converted to this code from a blank</p>	EsophagusGEJunction
999	<p>Involvement of esophagus/EGJ unknown, or no information  Not documented in patient record</p>	Stomach

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