



SHRI Video Training Series
2018 dx and forward
Recorded 1/2020

Colorectal EOD & SUMM Stage 2018

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2020

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Colon Staging Systems- old and new

- Dukes (Stage A (in wall, not in muscle), Stage B (in muscle wall), Stage C (in lymph nodes), Stage D (distant spread/mets))
- Summary Stage (insitu, local, regional, distant)
- EOD (Extent of Disease- extending away from primary site, lymph nodes)- used by SEER
- TNM (tumor spread, lymph nodes, mets)- used by physicians and hospital cancer programs
- CS Stage: set of data items that describe how far a cancer has spread at the time of diagnosis. (Combines TNM & EOD)
*Version 1 started with 2004 DX cases; *Version 2 spanned 2010-2017 DX cases (2.02 > 2.03 > 2.04)
- **EOD STAGE starts with 2018 dx**

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EOD Staging

EOD Primary Tumor

EOD Regional Lymph Nodes (LNs involved)

EOD Mets at DX (distant spread in distant LNs)

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EOD Schemas

- 
- Colon & Rectum (combined for 2018)
 - NET Colon & Rectum
 - GIST
 - Appendix C181
 - Anus C210-C212, C218

GIST = Gastrointestinal Stromal Tumor
NET = Neuroendocrine Tumor

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EOD Primary Tumor

Note 1: Code 000 (/2) cells confined within glandular basement membrane (intraepithelial) or in situ.

Note 2: Code 050 (/3) intramucosal NOS, lamina propria, mucosa nos, confined to but not thru muscularis mucosa.

Note 3: Ignore intraluminal extension, code depth of invasion

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EOD Primary Tumor

Note 4: Adherent to other organs, code 600 or 700.
If path neg in adhesion, code 100-500

Note 5: Next slide...

Note 6: Involvement of serosal surface (visceral peritoneum) by direct ext or perforation, code 500

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EOD Primary Tumor

Note 5: Code 300 vs 400

Invasion into “pericolonic/pericolorectal tissue” depends on pri site.

- If site is completely peritonealized
 - **Do not use code 300** for sites that are entirely peritonealized: cecum, transverse colon, sigmoid colon, rectosig colon, upper third of rectum.
- If site only partially peritonealized or no peritoneum

If pathologist does not further describe that tumor arises in peritonealized portion of the colon, code 300.

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EOD Primary Tumor

Note 5: Code 300 vs 400

Code 300:

Invasion thru muscularis propria or musc NOS

Non-peritonealized pericolic/perirectal tissues invaded

Ascending colon/descending colon/hepatic flexure/splenic flexure: posterior surface
Middle 1/3 of rectum: anterior surface
Lower 1/3 of rectum

Subserosal tissue/subserosal fat invaded

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EOD Primary Tumor

Note 5: Code 300 vs 400

Code 400:

Mesentery

Peritonealized pericolic/perirectal tissues invaded

Ascending colon/descending colon/hepatic flexure/splenic flexure: anterior and lateral surfaces
Cecum, sigmoid colon, transverse colon, rectosigmoid, rectum: middle 1/3 anterior surface

Pericolic/perirectal fat

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EOD Pri Tumor: Colon & Rectum

| Code | Description |
|-------------|----------------------------------------------------------------------------------------------|
| 000 | In situ: noninvasive, intraepithelial Adenoca in a polyp or adenoma, noninvas. |
| 050 | Intramucosal, NOS, Lamina propria, Mucosa NOS. Confined to but not thru muscularis mucosa |
| 100 | Submucosa (superficial invasion) |
| 200 | Muscularis propria invaded |
| 300* | Ext thru wall, NOS |
| 400* | Invas thru muscularis , subserosal fat invaded |

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EOD Regional Nodes

Note 1: Code only regional nodes and nodes, NOS in this field. Distant nodes are coded in EOD mets.

Note 2: For colon and rectum ONLY, any unnamed nodes that are removed with a colon or rectal resection are presumed (regional) pericolic or perirectal LNs. Code 300 if positive.

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EOD Reg Nodes Colon & Rectum

| Code | Description |
|------|----------------------------------------------------------------------------------------------------------------------------------|
| 000 | No regional LN involvement and no tumor deposits (TD) |
| 200 | Tumor deposits (TD) in subserosa, mesentery, mesorectal or nonperitonealized pericolic or perirectal tissues WITHOUT Reg LN mets |
| 300 | See long list of all regional nodes |
| 800 | Regional LNs NOS, Lymph Nodes NOS |

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EOD Mets

Note: Distant LNs for colon, rectum, and rectosigmoid include:

Colon [see list of distant nodes]

Rectosigmoid [listed]

Rectum [listed]

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EOD Mets: Colon & Rectum

| Code | Description |
|------|-----------------------------------------|
| 00 | No distant mets, Unknown if mets |
| 10 | Single distant LN chain |
| 20 | Single distant organ |
| 30 | Mets to multiple distant LN chains |
| 40 | Mets to multiple distant organs |
| 50 | Carcinomatosis |
| 70 | Distant NOS |

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Mets at Diagnosis

- **Bone** excludes bone marrow
- **Brain** excluding spinal cord and other CNS
- **Liver** single or multiple, clinical or path
- **Lung** excluding pleura and pleural fluid
- **Distant LN** not for regional LNs
- **Other** includes bone marrow, malig pleural effusion, pleural nodules, pericardial effusion, spinal cord mets, CNS mets

- Code 0 when EOD Mets at Dx is 00

Reference: SPCSM 2018 Manual

https://seer.cancer.gov/manuals/2018/SPCSM_2018_maindoc.pdf

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Summ Stage

<https://seer.cancer.gov/tools/ssm/>

For SHRI – this is derived field

For CoC – this is a directly coded field

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SS2018 Colon & Rectum

- 8 notes
- Local
- Regional by direct extension
- Regional Nodes only
- Regional by BOTH direct extension and nodes
- Distant

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Homework

SEER EOD & SS cases on SEER*Edu



• <https://educate.fredhutch.org/LandingPage.aspx>

- Practical application section
 - Select EOD and Summary Stage 2018
 - Colon and rectum 01-05
 - Colon and rectum 06-10
- Complete all 10

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Questions

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