

Colon & Rectum Schema EOD & SUMM Stage 2018-2022 dx V2.1

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SHRI Video Training Series | Iowa Cancer Registry
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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 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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SEER*RSA

- From the SEER*RSA page
 - https://staging.seer.cancer.gov/eod_public/list/2.1/
- Select Colon and Rectum Schema
- Scroll down to see the Data Items specific for this schema
- Selecting EOD Primary Tumor brings up the site-specific notes to code this data item
- Notes at top of data item codes will overrule any general rules



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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 primary 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:

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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Example Code 300

- Right colon resection for 5.5 cm mass. Histologic type and grade: Adenocarcinoma, moderately differentiated
Microscopic tumor extension: Into subserosal tissue.
Margins: Clear by 7.0cm. 0/17 LNs pos. LVI and PNI neg.

If the pathologist does not further describe the “pericolic/perirectal tissues” as either “non-peritonealized pericolic/perirectal tissues” vs “peritonealized pericolic/perirectal tissues” and the gross description does not describe the tumor relation to the serosa/peritoneal surface, and it cannot be determined whether the tumor arises in a peritonealized portion of the colon, **code 300**.



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EOD Primary Tumor

Note 5: 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



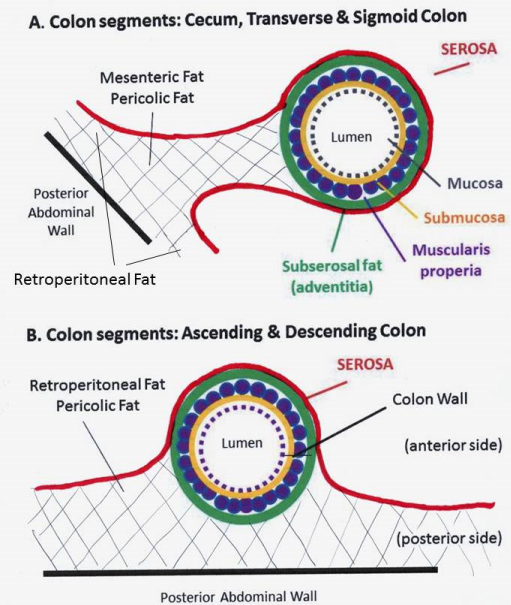
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Mesentery (Mesenteries):
folds of peritoneum- these attach the colon to the posterior abdominal wall.

Visceral peritoneum: =
Serosa covering of colon (organs)

Parietal peritoneum: =
Serosa covering of ABD cavity (body cavities)

Figure C-3: Peritoneum



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Example of code 400

- RT HEMICOLECTOMY: 8 cm PD adenocarcinoma in cecum, **invades thru the muscularis propria into perirectal tissue and perirectal fat.** NO LVI, PNI or tumor deposits. Margins free of tumor. 3/13 nodes pos for cancer.

| | |
|-----|--|
| 400 | Adjacent (connective) tissue(s), NOS Fat, NOS Gastrocolic ligament (transverse colon and flexures) Greater omentum (transverse colon and flexures) Mesentery (including mesenteric fat, mesocolon) Pericolonic fat Perirectal fat Peritonealized pericolonic/perirectal tissues invaded (see code 300 for non-peritonealized pericolonic/perirectal tissues invaded. See Note 5) Rectovaginal septum (rectum) Retroperitoneal fat (ascending and descending colon only) |
|-----|--|



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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 (C180-C189, C199, C209), any unnamed nodes that are removed with a colon or rectal resection are presumed (regional) pericolic or perirectal LNs. Code 300 if positive.

Note 3: Code 200 “path assessment only”



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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 (path assessed only) |
| 300 | See long list of all regional nodes |
| 800 | Regional LNs NOS, Lymph Nodes NOS |



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EOD Mets

- Note 1: Use code 70 when only info:
 - Distant nodes involved, but not stated single or multiple
 - Distant mets present, but not stated as single or multiple
- Note 2: Peritoneal involvement WITH or WITHOUT other mets code 50
- Note 3: 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 | Single distant node WITH distant organ Mets to multiple distant nodes W/WO single distant organ |
| 40 | Mets to multiple distant organs W/WO distant nodes |
| 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 is 00

Reference: SPCSM 2022 Manual

https://seer.cancer.gov/archive/manuals/2022/SPCSM_2022_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

EOD Data v2.1 NAACCR 2022
SEER*RSA

EOD Home > Schema List > Colon and Rectum > SS2018

Summary Stage 2018: Colon and Rectum

Summary Stage 2018

Notes

Colon and Rectum

8000-8700, 8720-8790

C180, C182-C189, C199, C209
C180 Cecum
C182 Ascending colon
C183 Hepatic flexure of colon
C184 Transverse colon
C185 Splenic flexure of colon
C186 Descending colon
C187 Sigmoid colon
C188 Overlapping lesion of colon
C189 Colon, NOS
C199 Rectosigmoid junction
C209 Rectum, NOS



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SS2018

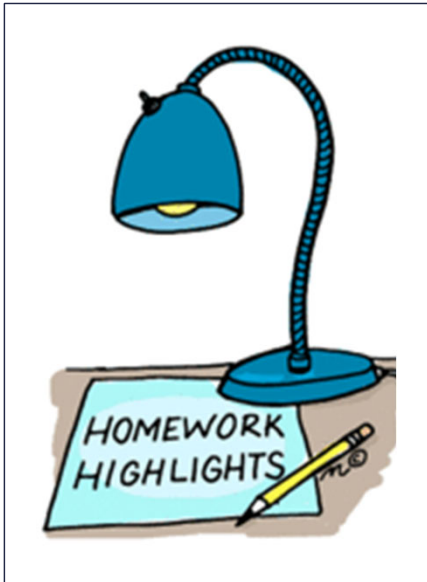
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Localized only (localized, NOS)

- > Confined to colon, rectum, rectosigmoid, NOS
- > Extension through wall, NOS
- > Intraluminal extension to colon and/or anal canal/anus (rectum only)
- > Invasion of
 - > Intramucosal, NOS
 - > Lamina propria
 - > Mucosa, NOS
 - > Muscularis mucosae
 - > Muscularis, NOS
 - > Muscularis propria
 - > Submucosa (superficial invasion)
- > Non-peritonealized pericolic/perirectal tissues invaded (see Regional for peritonealized pericolic/perirectal tissues invaded. See Note 6)
- > Pericolic/perirectal tissues invaded, NOS (unknown whether non-peritonealized or peritonealized. See Note 6)
- > Perimuscular tissue invaded
- > Polyp (head, stalk, NOS)
- > Subserosal tissue/(sub)serosal fat invaded
- > Transmural, NOS
- > Wall, NOS



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Homework

SEER EOD & SS cases on SEER*Edu

- <https://educate.fredhutch.org/LandingPage.aspx>
- Training | Coding – CEs (formerly Practical Application)
 - Select DX 2021-2022 EOD and Summary Stage, Grade, SSDI
 - Colon and rectum 01-05
 - Colon and rectum 06-10
- Complete all 10



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Questions

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