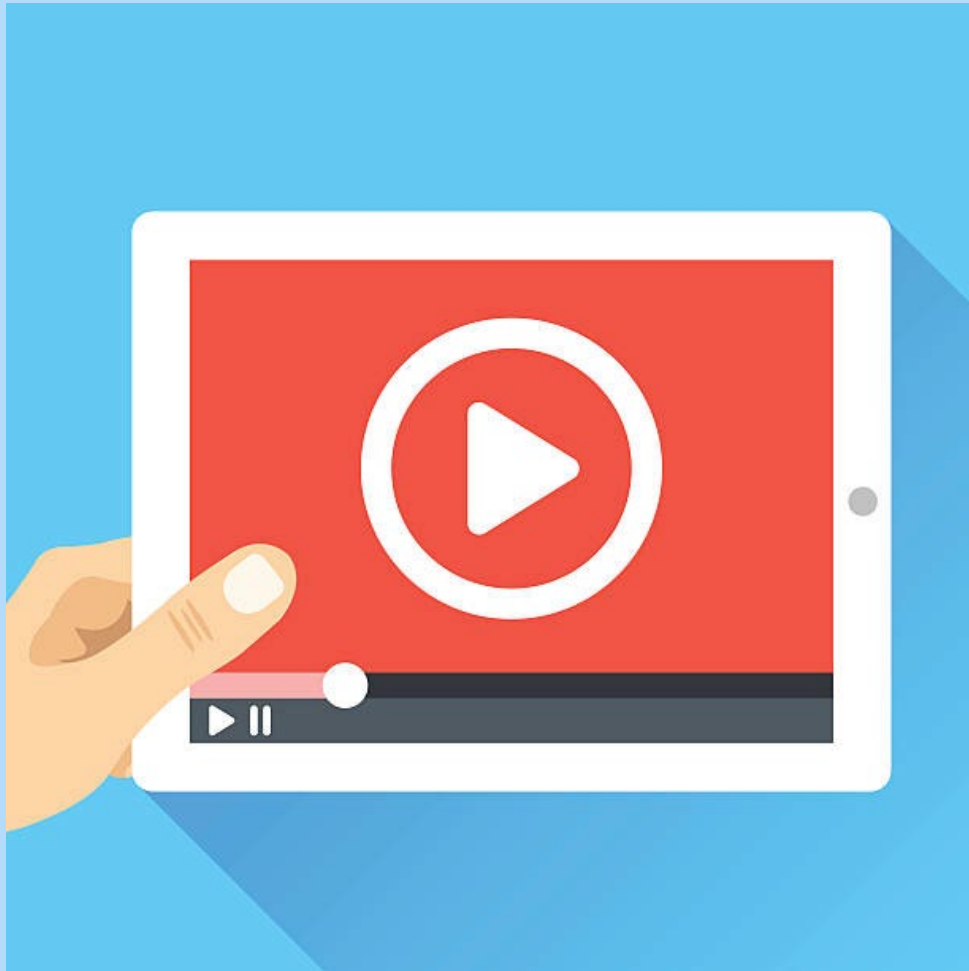


Colon & Rectum Schema EOD & SUMM Stage 2018-2023 dx V3.0



Presented by Lori Somers, RN
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**

EOD Staging

EOD Primary Tumor

EOD Regional Lymph Nodes (LNs involved)

EOD Mets at DX (distant spread in distant LNs)

General instructions for EOD:

<https://seer.cancer.gov/tools/staging/eod/2018%20Extent%20of%20Disease.General%20Instructions.6.18.23.pdf>

EOD Schemas



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

GIST = Gastrointestinal Stromal Tumor

NET = Neuroendocrine Tumor

SEER*RSA

- From the SEER*RSA page
 - https://staging.seer.cancer.gov/eod_public/list/3.0/
 - 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

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

EOD Primary Tumor

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

Note 5 & 6: Next slides...

Note 7: Involvement of serosal surface (visceral peritoneum) by direct ext or perforation, code 500

EOD Primary Tumor

Note 5: Code 300 vs 400

Colon and rectum may be entirely peritonealized, partially or non-peritonealized. Use list to help distinguish between EOD 300 and 400 (see also note 6)

- >entirely peritonealized segments: Cecum, Transverse Colon, Sigmoid Colon, Rectosigmoid Colon
- >segmental surfaces are peritonealized: (see list)
- >entirely non-peritonealized segment: Lower 1/3 rectum
- >segmental surfaces non-peritonealized: (see list)

EOD Primary Tumor

Note 6: Invasion into Pericolonic/pericolrectal tissue can be either 300 or 400, depending on primary site and if peritonealized or not.

- >Code 300 may NOT be used for entirely peritonealized sites (cecum, transverse colon, sigmoid colon, rectosigmoid colon), as this would be equivalent to peritonealized pericolonic/perirectal tissue invasion (code 400)

EOD Primary Tumor

Note 6: Invasion into Pericolonic/pericolrectal tissue can be either 300 or 400, depending on primary site and if peritonealized or not.

- >Code 300 may ONLY be used for peritonealized sites (See Note 5) when the extension is described using other terms listed under code 300 (ex. subserosal fat). If there are no other terms used to describe the extension, other than invasion of “pericolorectal tissue”, then assign code 400

EOD Primary Tumor

Note 6: Invasion into Pericolonic/pericolrectal tissue can be either 300 or 400, depending on pri site and if peritonealized or not.

- > For partially peritonealized sites (See Note 5), “pericolonic/pericolorectal tissue” may indicate invasion of either non-peritonealized (code 300) or peritonealized tissue (code 400)
 - Check for mention of serosa/peritoneum in op report or path report
- >If pathologist does not describe pericolonic/perirectal tissues as non-peritonealized tissue vs peritonealized tissue or cannot be determined, code to 300

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 “pericolonic/perirectal tissues” as either “non-peritonealized pericolonic/perirectal tissues” vs “peritonealized pericolonic/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**.

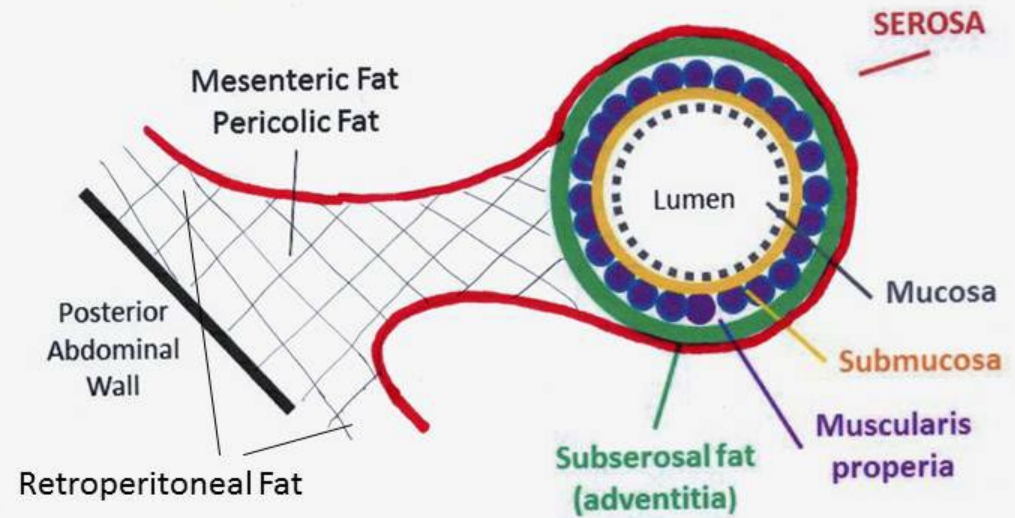
Mesentery (Mesenteries):
folds of peritoneum- these
attach the colon to the
posterior abdominal wall.

Visceral peritoneum: =
Serosa covering of colon
(organs)

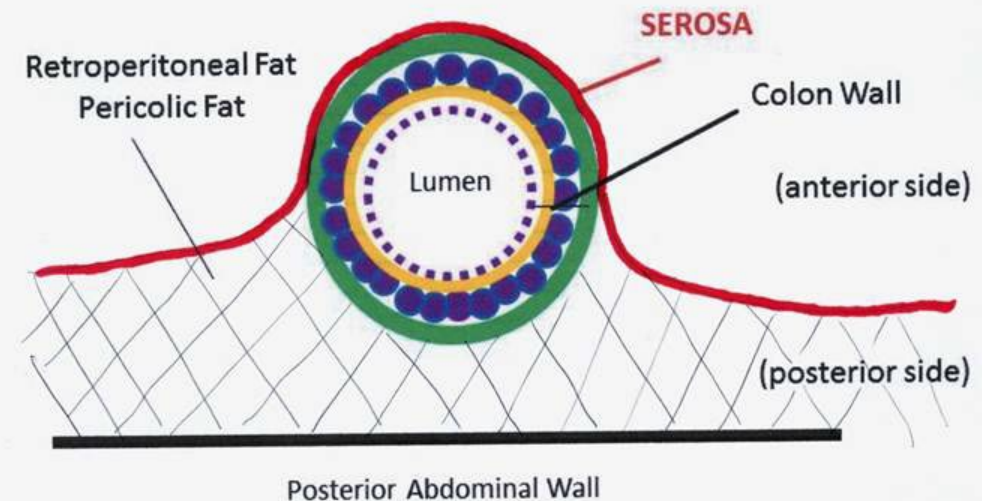
Parietal peritoneum: =
Serosa covering of ABD
cavity (body cavities)

Figure C-3: Peritoneum

A. Colon segments: Cecum, Transverse & Sigmoid Colon



B. Colon segments: Ascending & Descending Colon



Example of code 400

RT HEMICOLECTOMY. Pathology: 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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Non-Peritonealized vs Peritonealized Surfaces

Summary of Note 5 (EOD)/6 (SS)

Subsite		Non-Peritonealized Surface(s)	Peritonealized Surface(s)
Cecum			All surfaces
Ascending colon		Posterior	Anterior and lateral
Hepatic flexure		Posterior	Anterior and lateral
Transverse colon			All surfaces
Splenic flexure		Posterior	Anterior and lateral
Descending colon		Posterior	Anterior and lateral
Sigmoid colon			All surfaces
Rectosigmoid colon			All surfaces
Rectum	Upper	Posterior	Anterior and lateral
	Middle	Posterior	Anterior
	Lower	All surfaces	

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); Localized NOS
200	Muscularis propria invaded
300*	Ext thru wall, NOS
400*	Invas thru muscularis , subserosal fat invaded

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”

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

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]

EOD Mets: Colon & Rectum

Code	Description
00	No distant mets, Unknown if mets
10	Single distant LN chain
20	Single distant organ (except peritoneum)
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

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 2023 Manual

https://seer.cancer.gov/manuals/2023/SPCSM_2023_MainDoc.pdf

Summ Stage

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

For SHRI – this is derived field

For CoC – this is a directly coded field

SS2018 Colon & Rectum

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

EOD Data v3.0 NAACCR 2023
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

SS2018

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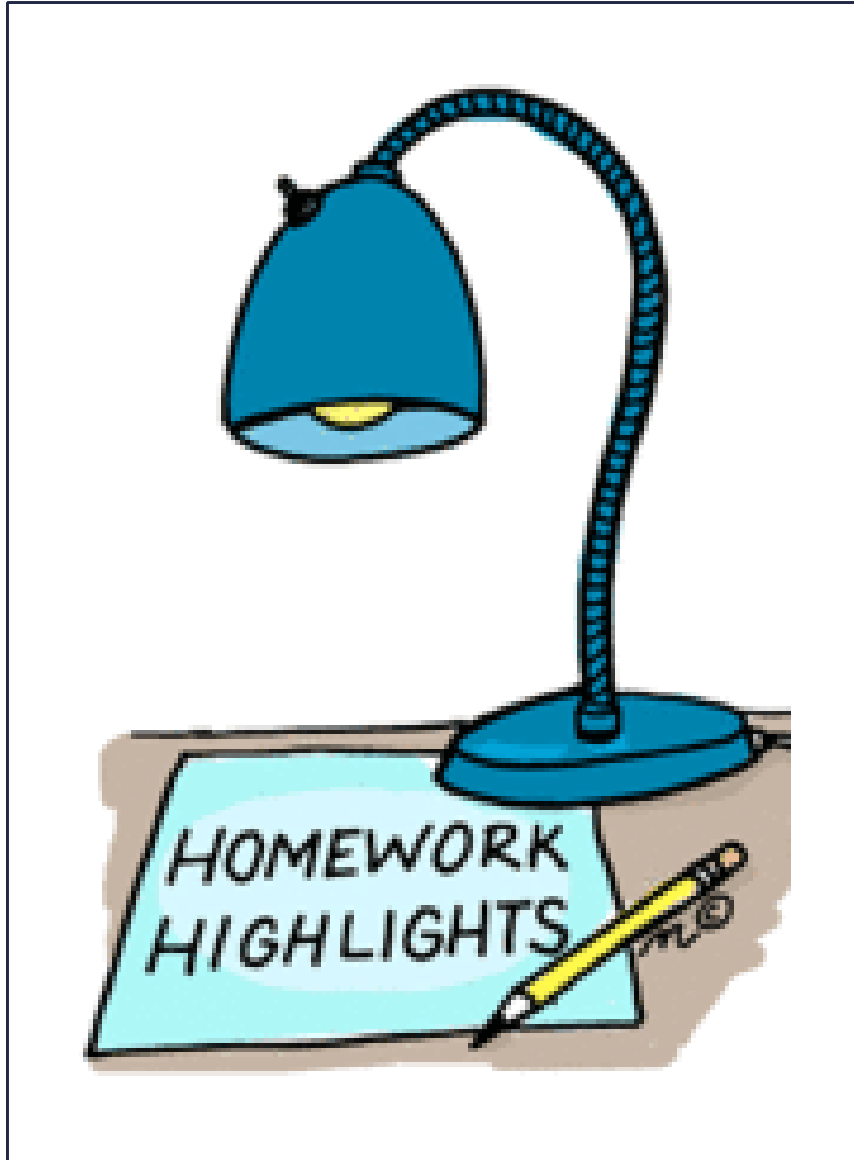
Localized only (localized, NOS)

All Sites

- › Confined to colon, rectum, rectosigmoid, NOS
- › Confined to polyp (head, stalk, 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
 - › Rectum (C209): WITH or WITHOUT intraluminal extension to colon and/or anal canal/anus
- › Perimuscular tissue invaded
- › Submucosa (superficial invasion)
- › Subserosal tissue/(sub)serosal fat invaded
- › Transmural, NOS
- › Wall, NOS

Non-peritonealized sites (See Notes 6 and 7) or UNKNOWN if peritonealized (for peritonealized sites, see code 2)

- › Pericolic fat/tissues
- › Perirectal fat/tissues



Homework

SEER EOD & SS cases on SEER*Edu

- <https://educate.fredhutch.org/Identity/Account/Login>
- Training | Coding – CEs (formerly Practical Application)
 - Select DX 2021-2024 EOD and Summary Stage, Grade, SSDI Mashup
 - Colon and rectum 01-05
 - Colon and rectum 06-10
- Complete all 10

Questions?

Contact Info

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