

Colorectal Abstracting 101 2025 Training

Extent of Disease (EOD) & Summary Stage

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ICR Video Training Series: Iowa Cancer Registry

Extent of Disease (EOD) v3.2

- General Instructions:

<https://seer.cancer.gov/tools/staging/eod/>

- Site Specific – SEER*RSA v3.2

https://staging.seer.cancer.gov/eod_public/home/3.2/



NATIONAL CANCER INSTITUTE
SEER Registrar Staging Assistant

Database Version:
EOD_PUBLIC v3.2 (NAACCR 2025) Go

EOD Data v3.2 NAACCR 2025
SEER*RSA

SCHEMA LIST MANUALS STAGING CALCULATOR SOFTWARE CONTACT

For use with cases diagnosed 2018 forward after registry software conversion to the NAACCR Data Standards and Data Dictionary, Version 25.

Extent of Disease 2018

Extent of Disease (EOD) is a set of three data items that describe how far a cancer has spread at the time of diagnosis. EOD 2018 is effective for cases diagnosed in 2018 and later.

In each EOD schema, valid values, definitions, and registrar notes are provided for

- > EOD Primary Tumor
- > EOD Lymph Nodes
- > EOD Mets
- > Summary Stage 2018
- > Site-Specific Data Items (SSDIs) including grade pertinent to the schema

EOD Schema List >

See below for more information about schemas.

EOD Schemas

- **Colon & Rectum (exclude C181)**
 - Schema ID 00200
- NET Colon & Rectum
- GIST
- Appendix (C181)
- Anus

Ampulla of Vater	Floor of Mouth	Body
▶ Anus	Gallbladder	Melanoma Conjunctiva
▶ Appendix	Genital Female Other	Melanoma Head and Neck
Bile Duct Distal	Genital Male Other	Melanoma Iris
Bile Ducts Intrahepatic	GIST	Melanoma Skin
Bile Ducts Perihilar	Gum	Merkel Cell Skin
Biliary Other	Heart, Mediastinum and Pleura	Middle Ear
Bladder	HemeRetic	Mouth Other
Bone Appendicular Skeleton	Hypopharynx	Mycosis Fungoides
Bone Pelvis	ILL-Defined Other	Nasal Cavity and Ethmoid Sinus
Bone Spine	▶ Intracranial Gland	▶ Nasopharynx
▶ Brain	Kaposi Sarcoma	NET Adrenal Gland
Breast	Kidney Parenchyma	▶ NET Ampulla of Vater
Buccal Mucosa	Kidney Renal Pelvis	▶ NET Appendix
Cervical Lymph Nodes and Unknown Primary	Lacrimal Gland	▶ NET Colon and Rectum
▶ Cervix	Lacrimal Sac	▶ NET Duodenum
Cervix Sarcoma	Larynx Glottic	▶ NET Jejunum and Ileum
▶ CNS Other	Larynx Other	▶ NET Pancreas
Colon and Rectum	Larynx Subglottic	▶ NET Stomach
Conjunctiva	Larynx Supraglottic	Orbital Sarcoma
	Lip	Oropharynx (p16-)

SEER*RSA

- From the SEER*RSA page
 - Select **Colon and Rectum**
 - Scroll down to see the Data Items specific for this schema
 - Select Data Item you are coding
 - **EOD Primary Tumor**
 - **EOD Regional Nodes**
 - **EOD Mets**

EOD Primary Tumor	999	Yes	NAACCR #772 eodPrimaryTumor	None
EOD Regional Nodes	999	Yes	NAACCR #774 eodRegionalNodes	None
EOD Mets	00	Yes	NAACCR #776 eodMets	None

EOD Primary Tumor

EOD Primary Tumor

- **8 Site-Specific Notes**

- In Situ Tumors
- Code 050
- Intraluminal extension
- Adherent tumors
- Peritonealized parts of colon and rectum
- Invasion into “pericolonic/pericolorectal” tissue
- Involvement of serosal surface
- Transmural extension

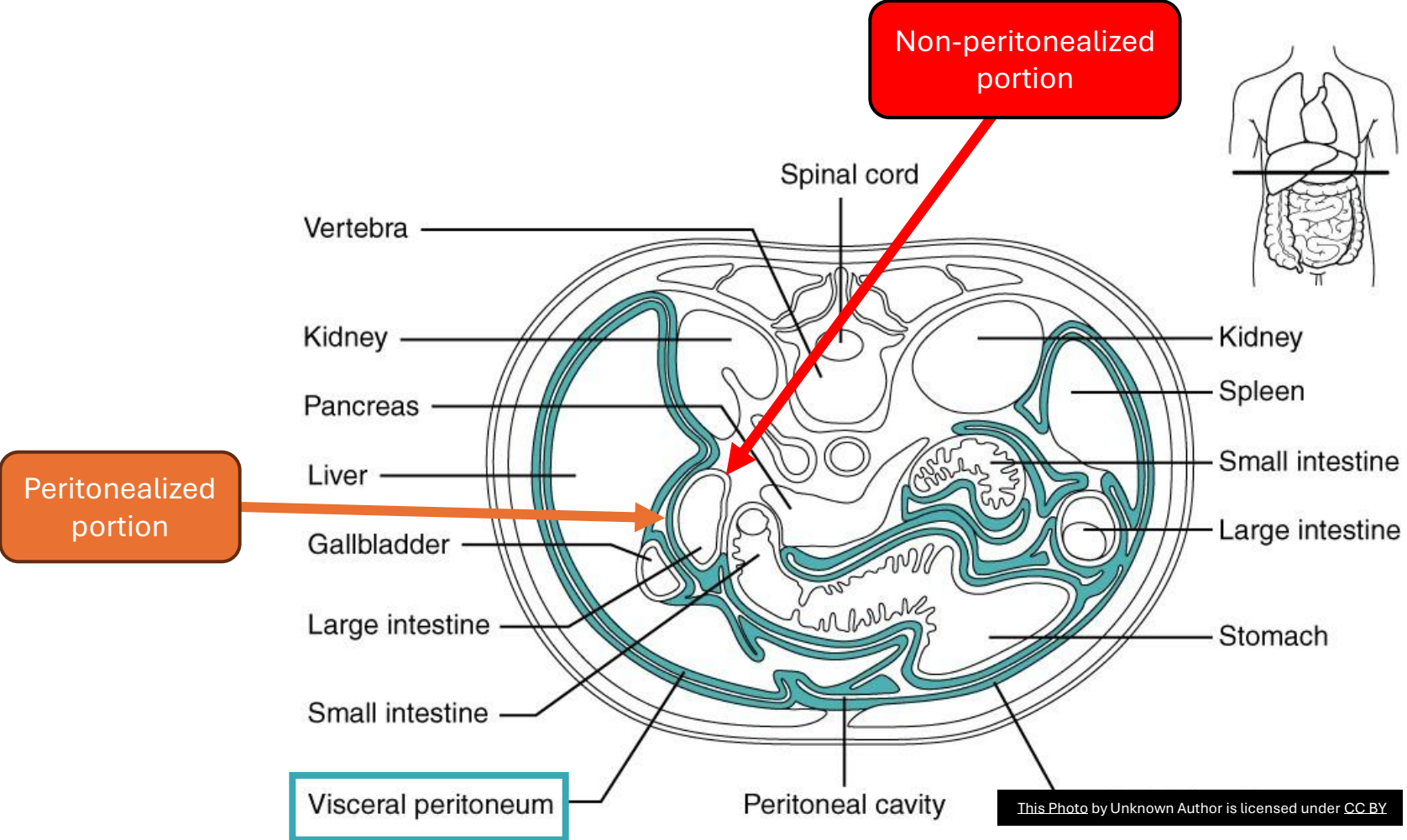
EOD Primary Tumor

Description	Notes	Code	SS18
In Situ; Noninvasive	Note 1 – behavior code /2 (in situ)	000	0
Lamina Propria invasion; intramucosal, NOS; mucosa, NOS; Confined to but not through muscularis mucosa	Note 2 – behavior code /3 (invasive)	050	1
Submucosa invasion; Through muscularis mucosa but not into muscularis propria; <u>Rectum</u> : WITH/WITHOUT intraluminal extension to colon and/or anal canal/anus	Note 3 – ignore intraluminal extension to adjacent segment(s) of colon/rectum or to ileum from cecum; code depth invasion	100	1
Muscularis propria invaded; <u>Rectum</u> : WITH/WITHOUT intraluminal extension to colon and/or anal canal/anus		200	1

EOD Primary Tumor

Description	Notes	Code	SS18
Invasion through muscularis propria and into pericolorectal tissue (see list in SEER*RSA); Peritonealized or non-peritonealized: invasion into pericolorectal tissue and/or pericolic adipose tissue ONLY	<p>Note 5 – List of sites that are peritonealized or non-peritonealized</p> <p>Note 6 – invasion into pericolic/pericolorectal tissue</p>	300	1
Invasion through muscularis propria and into pericolorectal tissue (see list in SEER*RSA); Peritonealized or non-peritonealized: invasion into pericolorectal tissue and/or pericolic adipose tissue ONLY		400	2
Invasion of/through visceral peritoneum	Note 7 – Involvement of serosal surface by DE or perforation	500	2

Anatomy of Peritoneum



Peritoneum

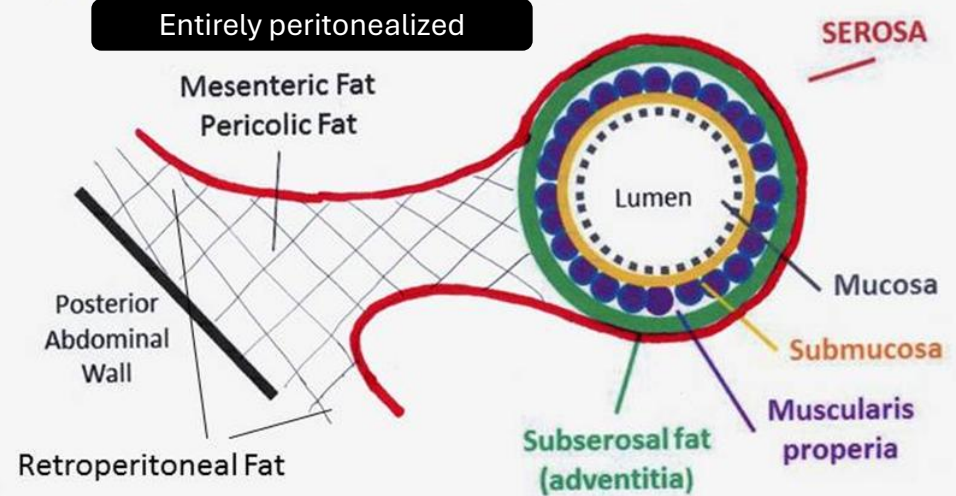
Mesentery (Mesenteries): folds of peritoneum- these attach the colon to the posterior abdominal wall.

Visceral peritoneum: = Serosa covering of colon (organs)

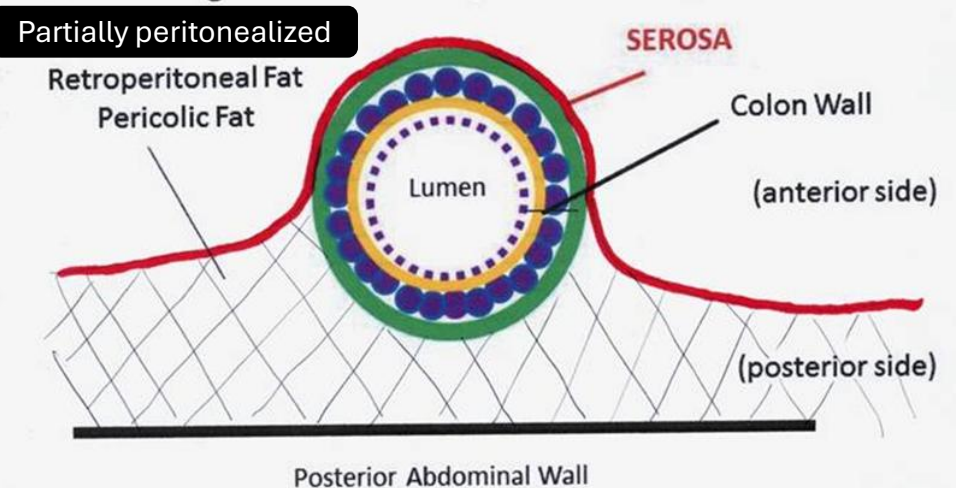
Parietal peritoneum: = Serosa covering of abdominal cavity (body cavities)

Figure C-3: Peritoneum

A. Colon segments: Cecum, Transverse & Sigmoid Colon



B. Colon segments: Ascending & Descending Colon



EOD Primary Tumor: Note 5

Site	Peritonealized	Non-Peritonealized
Cecum (C180)	All surfaces	
Ascending (C182)	Anterior/Lat Surface	Posterior Surface
Hepatic Flexure (C183)	Anterior/Lat Surface	Posterior Surface
Transverse (C184)	All surfaces	
Splenic Flexure (C185)	Anterior/Lat Surface	Posterior Surface
Descending (C186)	Anterior/Lat Surface	Posterior Surface
Sigmoid (C187)	All surfaces	
Rectosigmoid (C199)	All surfaces	
Upper 1/3 Rectum (C209)	Anterior/Lat Surface	Posterior Surface
Middle 1/3 Rectum (C209)	Anterior Surface	
Lower 1/3 Rectum (C209)		All surfaces

EOD Primary Tumor: Note 6

- Invasion into “pericolonic/pericolorectal tissue” can be either **codes 300 or 400**
 - Primary Site dependent and whether the site is fully or partially peritonealized when extension is described only as “pericolonic/pericolorectal tissue”
 - **Code 300**
 - **Peritonealized sites** when extension is described using another term
 - *Example:* invasion into subserosal fat
 - **Partially peritonealized sites**, you need to know which portion is involved
 - *Example:* Ascending colon, anterior/lateral surfaces peritonealized and posterior surface is non-peritonealized
 - Is the invasion on the peritonealized portion or non-peritonealized?
 - If non-peritonealized portion, **code 300**
 - If unknown which portion, **code 300**
 - **Code 400**
 - **Entirely peritonealized sites** when extension is only stated to be “pericolonic/pericolorectal tissue”
 - **Partially peritonealized sites**, know which portion involved
 - If peritonealized portion, **code 400**
 - If unknown which portion, **code 300**
 - Stated invasion listed for All sites
 - *Example:* Invasion into mesenteric fat

EOD Primary Tumor

Description	Notes	Code	SS18
Direct invasion or adherence to adjacent structures/organs; See list by site	Note 4 – Macroscopic adherence to other organs/structures is either code 600 or 700	600	2
Direct invasion to adjacent organs/structures; See list by site	<ul style="list-style-type: none"> If <u>no tumor found microscopically</u> use codes 100-500 Note 8 – Transmural extension means that the tumor has extended through the wall of colon to invade regional tissue/organ, either codes 600 or 700	700	7
No evidence of primary tumor	Only metastatic disease w/out finding the primary	800	9
Unknown – extension not stated	Use sparingly	999	9

Case Scenario 1

- 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

Where is the primary site?

Right colon – Ascending colon C182

Is it peritonealized or non-peritonealized?

Peritonealized portion: anterior/lateral surface

Non-Peritonealized portion: posterior surface

Do we know what is involved per the pathologist?

Yes, the subserosa tissue is involved

Code EOD Primary Tumor 300 – stated to be subserosa

Case Scenario 2

- **RT HEMICOLECTOMY:**

- 8 cm PD adenocarcinoma in cecum
- Invades thru the muscularis propria into pericolic tissue and fat
- NO LVI, PNI or tumor deposits
- Margins free of tumor
- 3/13 nodes pos for cancer

Where is the primary site?

Cecum C180

Is this a peritonealized or non-peritonealized site?

Cecum is fully peritonealized

What is the appropriate EOD Primary Tumor code?

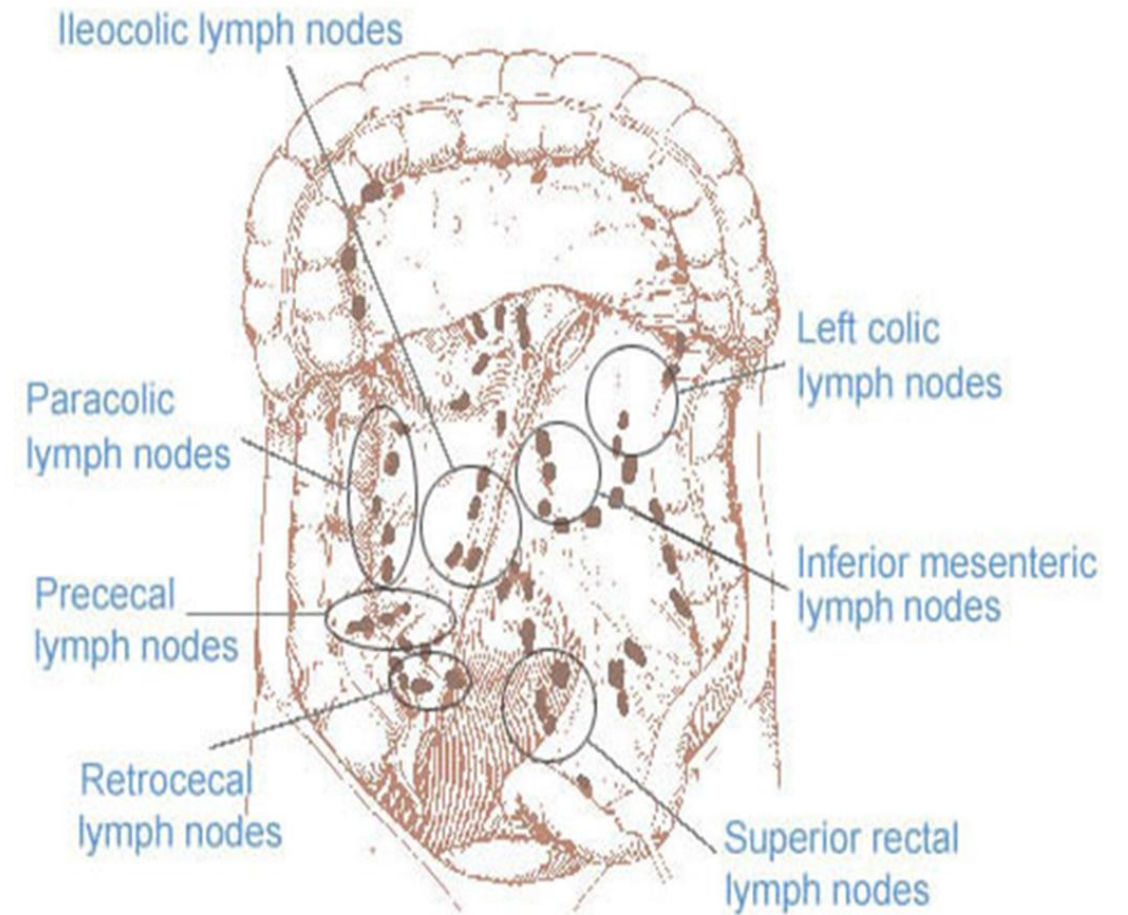
Code 400 – peritonealized site with involvement of pericolic tissue/fat

Muscularis propria invasion is code 200

EOD Regional Nodes

EOD Regional Nodes

- **4 Site-Specific Notes:**
 - Regional Nodes and nodes, NOS
 - Unnamed nodes
 - Clinical and Pathologic codes
 - Tumor Deposits

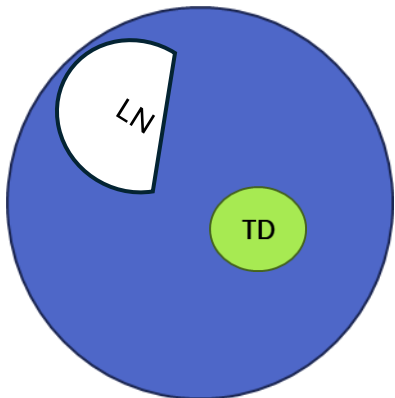


EOD Regional Nodes

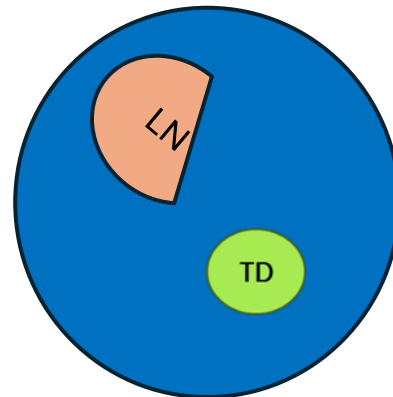
Description	Notes	Clinical	Path	Code
No regional LN involved and no Tumor Deposits (TD)		X	X	000
TD present WITHOUT regional LN mets	Note 3 – pathologic assessment includes FNA, core bx, SLN, or LND; Note 4 - primary tumor resected with findings of TD only – no LN involved		X	200
Regional LN as listed	Regional LN present during pathologic assessment; Note 2 – unnamed nodes removed with colon/rectum resection presumed to be regional LN Note 3 – pathologic assessment includes FNA, core bx, SLN, or LND (microscopic confirmation) Note 4 – if there is TD and regional LN involved		X	300
One positive LN (cN1a)	Note 3 – clinical assessment is based on imaging or other diagnostic workup that does NOT include microscopic confirmation • If there are positive LN by microscopic confirmation, code 300	X		350
Two-Three positive LN (cN1b)		X		400
Positive LN stated as cN1		X		450
Four-Six positive LN (cN2a)		X		500
Seven+ positive LN (cN2b)		X		550
Positive LN stated as cN2		X		600
Positive nodes clinically, number unknown; LN involved, NOS			X	X
Unknown; Regional LN not stated	Unknown if assessed; Use sparingly	X	X	999

Tumor Deposits

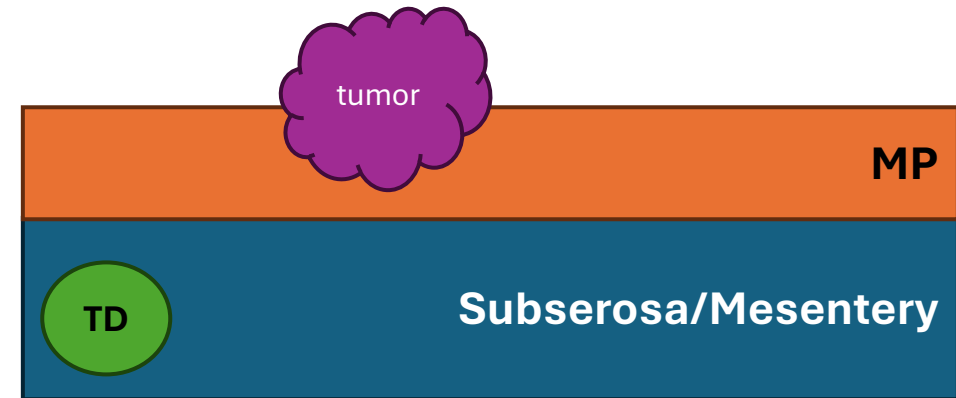
- Isolated tumor foci found in the pericolonic or perirectal fat or adjacent mesentery, without any residual lymphatic tissue
- Approximately 20% of colon cancer patients present with TD
 - Poor prognostic factor



LN neg and TD+
Code 200



LN + and TD +
Code 300



Case Scenario 3

- **RT HEMICOLECTOMY:**

- 8 cm PD adenocarcinoma in cecum
- Invades thru the muscularis propria into pericolononic tissue and fat
- NO LVI, PNI or tumor deposits
- Margins free of tumor
- 3/13 nodes pos for cancer

Primary Site: C180

EOD Primary Tumor: 400

What is the appropriate EOD Regional Node code?

Code 300 – pathologic involvement of LN

- *Note 2:* unnamed nodes with colon resection code as regional LN

EOD Mets

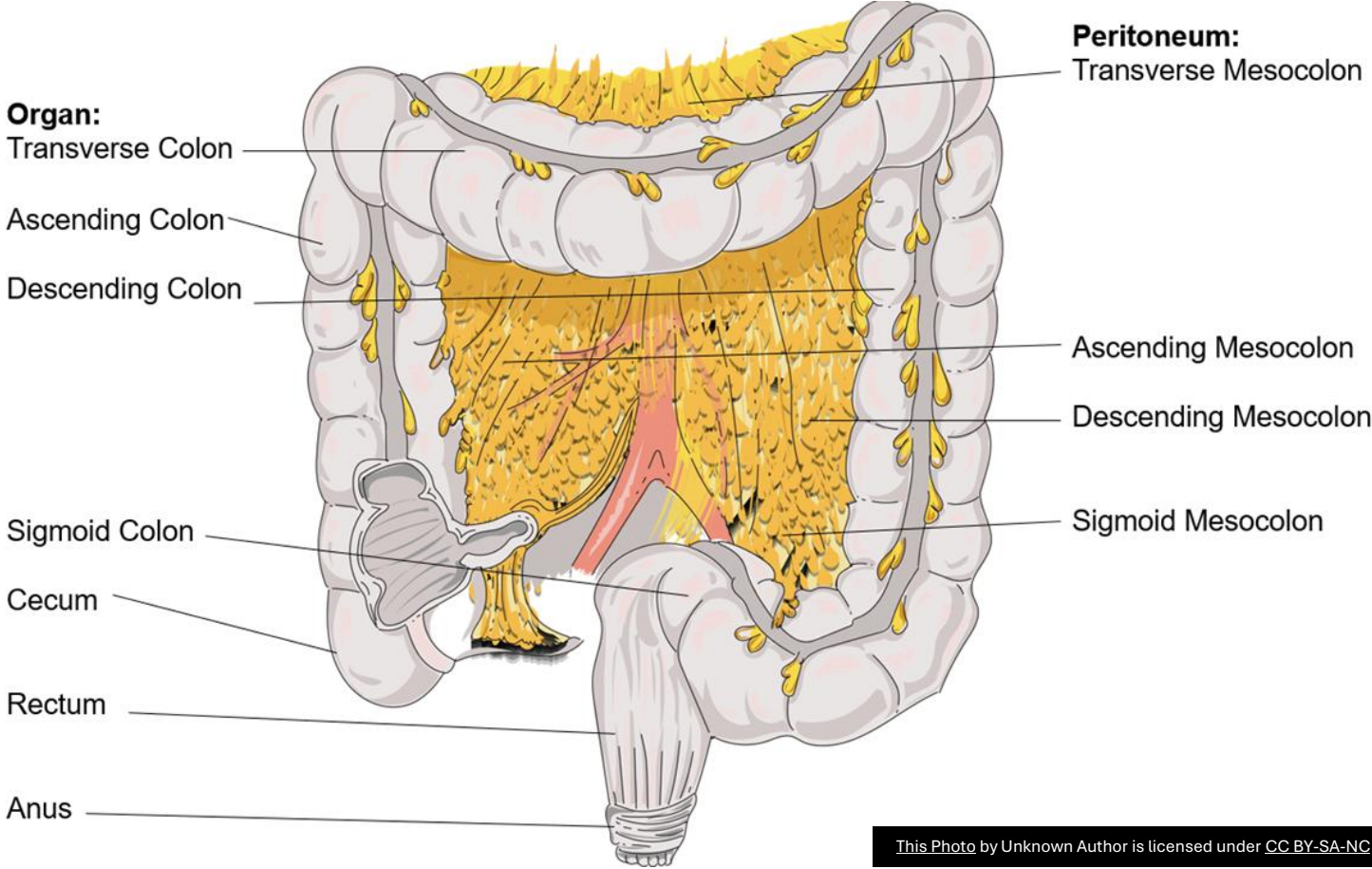
EOD Mets

- **3 Site-Specific Notes**
 - Distant Mets, NOS
 - Peritoneal involvement
 - Distant LN for colon, rectosigmoid, and rectum

EOD Mets

Description	Notes	Code
No distant mets	Not stated to have distant mets; physical exam alone is enough to code; unknown if distant mets involved	00
Single distant LN chain	Note 3 – see list of distant LN by site	10
Single distant organ	Excludes peritoneum	20
Single distant LN chain + Single distant organ; MULTIPLE distant LN WITH/WITHOUT single distant organ		30
MULTIPLE distant organs WITH/WITHOUT distant LN		40
Peritoneal surface mets WITH/WITHOUT distant LN or organ(s)	Carcinomatosis Note 2 – Peritoneal involvement (discontinuous spread)	50
Distant LN, NOS or Distant mets, NOS	Not specified as single or multiple LN chains; Not specified as single or multiple organs	70

Peritoneum



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Summary Stage v3.2

Summary Stage v3.2

- General and Site-Specific Instructions

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

- SEER*RSA – Site-Specific Only

https://staging.seer.cancer.gov/eod_public/list/3.2/

- SEER (ICR)

- Derived field

- CoC Facilities

- Directly coded

Colon and Rectum

- Located in the **Digestive and Hepatobiliary Systems** section
 - Table of anatomic structures can be helpful for staging information
 - **Note 2** – provides the histologies not included
 - Soft tissue sarcomas
 - GIST
 - Kaposi sarcoma
 - Mycosis fungoides

Summary Stage: Colon and Rectum

- **9 Site-Specific Notes**
 - In Situ
 - Localized tumors
 - Intraluminal extension
 - Peritonealized parts of colon/rectum
 - Invasion into “pericolonic/pericolorectal tissue”
 - Adherent tumors
 - Involvement of serosal surface

Summary Stage

Description	Notes	Code
In situ; noninvasive	Note 3 - Behavior code /2; confined to the basement membrane	0
Localized	Note 4 – Behavior code /3; intramucosal invasion, lamina propria, mucosa, NOS, confined to but not through muscularis mucosa (AJCC 8 stages these as in situ); See list in SS18	1
Regional by Direct Extension (DE)	See list in SS18 Note 9 – serosal surface involvement by DE or perforation in which tumor cells are continuous w/ serosal surface	2
Regional LN	See list in SS18 Includes involvement by TD without regional LN	3
Regional DE + LN	When there is direct extension (code 2) and involvement regional LN or TD (code 3)	4
Distant site/LN involved	See list in SS18	7
Unknown	Use sparingly	9

Case Scenario 4

- 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

Primary Site: C182

EOD Primary Tumor: 300

What is the correct Summary Stage code?

Code 1 – localized; subserosal involvement

Case Scenario 5

- **RT HEMICOLECTOMY:**

- 8 cm PD adenocarcinoma in cecum
- Invades thru the muscularis propria into pericolic tissue and fat
- NO LVI, PNI or tumor deposits
- Margins free of tumor
- 3/13 nodes pos for cancer

Primary Site: C180

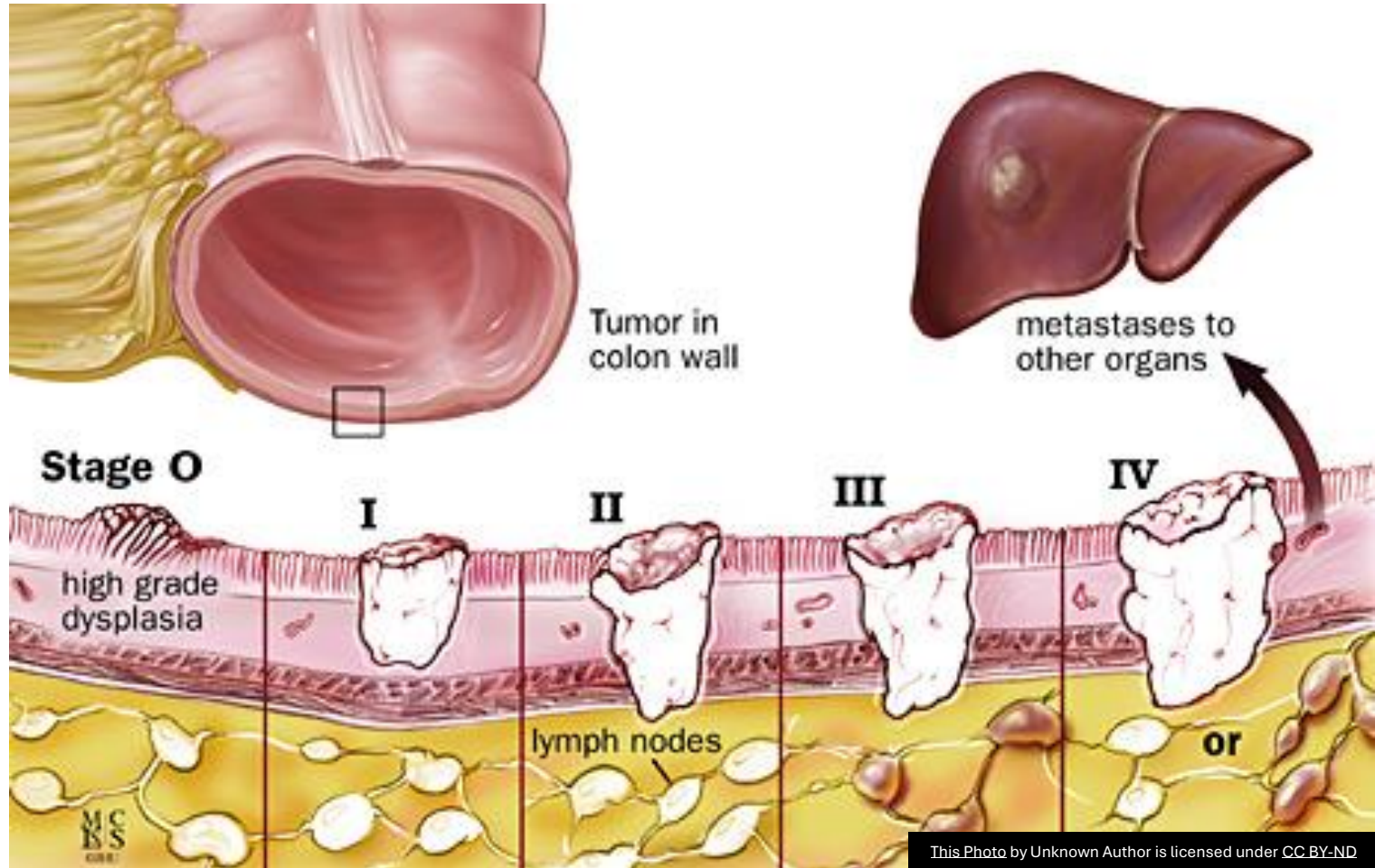
EOD Primary Tumor: 400

What is the appropriate Summary Stage?

Code 4 – Regional DE + LN

- Peritonealized site with involvement of pericolic tissue/fat (code 2)
- Regional LN involved (code 3)

AJCC Staging
Colon/Rectum



Homework Time

- SEER*Educate Cases
 - Training/Coding – CEs
 - Select DX 2021-2024 EOD and Summary Stage, Grade, SSDI Mashup
 - Colon and rectum 01-05
 - Colon and rectum 06-10



Questions?

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