



## Esophagus, GE Junction

Collaborative Stage Data Collection System  
Version v02.03  
Presented by  
Betty Gentry

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## Learning Objectives

- Understand rationale behind changes and updates
- Understand use of codes and reporting
- Determine proper code use for accurate reporting
- Understand finding specific documentation
  - SSFs
  - Coding rules

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## Outline

- Overview of the following schemas:
  - Esophagus
  - Esophagus GE Junction
- Review Collaborative Stage data items for schemas
- Describe changes to schemas in CSv2

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# Esophagus

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## ICD-O-3 Topography

### Based on Landmarks

- Cervical esophagus (C15.0)
- Thoracic esophagus (C15.1)
  - Upper Thoracic
  - Mid Thoracic
- Abdominal esophagus (C15.2)
  - Lower Thoracic

### Based on Measurement

- Upper 1/3 esophagus (C15.3)
  - Proximal third of esophagus
- Middle 1/3 esophagus (C15.4)
  - Mid third of esophagus
- Lower 1/3 esophagus (C15.5)
  - Distal esophagus



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## Esophagus & Esophagus GE Junction: Histologies

- Adenocarcinoma
  - Usually forms in the lower third of the esophagus, near the stomach.
- Squamous Cell Carcinoma
  - Typically found in the upper two thirds of the esophagus.
- Histologies Stage Table
  - Assign all ICD-O-3 histology codes to either the Adenocarcinoma or Squamous staging tables



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## Esophagus: Adenocarcinoma/Squamous Cell Carcinoma

- Effective with AJCC TNM 7th Edition, there are separate stage groupings for squamous cell carcinoma and adenocarcinoma.
  - Since squamous cell carcinoma typically has a poorer prognosis than adenocarcinoma, a tumor of mixed histopathologic type or a type that is not otherwise specified should be classified as squamous cell carcinoma.
- Applies to both Esophagus and EGJ schema
  - AJCC TNM 7 Stage Squamous
  - AJCC TNM 7 Stage Adenocarcinoma



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## Esophagus: The Histologies Stage Table

### Esophagus

#### Histologies Stage Table

- Note 1: The determination of the AJCC 7 stage group from T, N, M, and grade for esophagus depends further on histologic type. Since squamous cell carcinoma typically has a poorer prognosis than adenocarcinoma, a tumor of mixed histopathologic type (including a squamous component or NCS histology) or a type that is not otherwise specified should be staged as squamous cell carcinoma.
- Note 2: This table shows the selection of the appropriate version of the AJCC Stage table based on histology. In the table below, Squamous maps to the table AJCC TNM 7 Stage Squamous, and Adenocarcinoma maps to the table AJCC TNM 7 Stage Adenocarcinoma.

ICD-O-3 histology code	Stage Table
8000-8046	Squamous
8050	Adenocarcinoma
8051-8131	Squamous
8140-8147	Adenocarcinoma
8148-8157	Squamous
8160-8162	Adenocarcinoma
8170-8175	Adenocarcinoma

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## Esophagus

- AJCC 7<sup>th</sup> edition stage derived from:
  - T(CS Extension)
  - N(CS Lymph nodes) & Regional Nodes Positive
  - M(CS Mets at Dx)
  - Eval codes (for clinical/pathologic staging)
  - Grade
  - Histology (Adenocarcinoma vs Squamous Cell)
  - SSF 1: Clinical assessment of regional lymph nodes
    - For clinical cases
  - SSF 2: Specific Location of tumor
    - For Squamous cell carcinomas only



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### Esophagus: High Grade Dysplasia

- The terminology preferred by pathologists for carcinoma in situ of the esophagus is *high grade dysplasia*.
- This terminology is not reportable to most cancer registries.
  - Therefore, it may be a future issue that early/very low stage esophageal cancer is under-reported as a result of registry reporting terminology.
- If high grade dysplasia of the esophagus is a reportable cancer, it should be coded as 00 in CS Extension.

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### Esophagus: CS Extension

#### • OBSOLETE CODES

- 600 (v02.00): See codes 610-730
- 610 (v02.03): See codes 615, 720, 725
- 650 (v02.00): See codes 610-730
- 780 (v02.00): See code 660
- 800 (v02.00): See codes 730-750

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### Esophagus: CS Extension-v02.03

- Code 130: Stated as T1a
- Code 165: Stated as T1b
- Code 815: Stated as T4 [NOS] or invasion of adjacent structures, NOS

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## Esophagus: CS Extension

- Code 615: Initially in code 610
  - Tumor invades adjacent structures for cervical and intrathoracic esophagus (upper or middle)
  - Maps to T4a
  - Tumor invades Azygos vein moved to new code
- Code 720: Initially in code 610
  - Tumor invades adjacent structures for intrathoracic esophagus: Azygos vein
  - Maps to T4b
- Code 725: 720 + 615

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## Esophagus: CS Extension

- Code 728: 720 + 660
  - Azygos vein (upper/middle esophagus) + Pericardium (middle esophagus)
- Code 740: 730 + 660
  - Tumor invades adjacent structures + Pericardium (middle esophagus)
- Code 745: 730 + 680
  - Tumor invades adjacent structures + Pleura (upper esophagus, diaphragm fixed (lower esophagus)

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## Esophagus: CS Lymph Nodes

- Code 255: 250 + any of (100, 200, 220)
  - Cervical (upper) + Celiac (lower) lymph nodes + other named regional lymph nodes (code 100) or scalene/supraclavicular (cervical) and superior mediastinal (upper)

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## Esophagus: CS Lymph Nodes

- Code 260: OBSOLETE v02.03
- Code 265: Code 260 minus the following:
  - Common hepatic now Mets at Dx code 15
  - Splenic now Mets at Dx code 15
- Codes 270, 275 and 280: Combination codes
  
- Note: Code 260 refers to Mets at Dx codes 15, 55
  - This should be code 15, 50 (the 55 is a typo)
  - Fixed in v02.04

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## Esophagus: CS Lymph Nodes

- Code 300: OBSOLETE v02.03
- Code 305: Code 300 minus the following:
  - Common hepatic now Mets at Dx code 15
  - Splenic now Mets at Dx code 15
- Codes 310, 320, 330: Combination codes

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## Esophagus: CS Lymph Nodes

- Code 560: Stated as pathologic N1
- Code 600: OBSOLETE v02.03
  - Stated as clinical N2 (no lymph nodes removed)
  - See code 500 (regional lymph nodes, NOS)
- Code 700: OBSOLETE v02.03
  - Stated as clinical N3a (no lymph nodes removed)
  - See code 500 (regional lymph nodes, NOS)
- Only use pathologic “stated as” codes in CS Lymph nodes (560, 610, 710)

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## Esophagus: CS Lymph Nodes

- Pathologic N derived from CS Lymph Nodes (codes 100-500) and Reg Nodes Pos
  - CS Lymph node eval code 2, 3, 6, 8
  - N1: Metastasis in 00-02 regional lymph nodes
    - Regional nodes positive coded 95-99
  - N2: Metastasis in 03-06 regional lymph nodes
  - N3: Metastasis in 07-90 regional lymph nodes
- Code 500 when number of positive nodes available, but names of nodes not documented
- Code 800 when unknown if regional or distant
  - ALWAYS defaults to a N1

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## Esophagus: CS Mets at Dx

- Codes 11 & 12: OBSOLETE v02.00
  - Defined as regional in AJCC 7<sup>th</sup> edition, see CS Lymph node codes 250 and 265
  - Still mapped as mets at dx for AJCC 6<sup>th</sup> edition
- Code 15: Common hepatic and splenic
  - From CS Lymph nodes code 260

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## Esophagus SSF 1: Clinical Assessment of Regional Lymph Nodes

- Code clinical “stated as” codes in SSF 1
- 100: Stated as N1
  - 1-2 positive nodes, clinically
- 200: Stated as N2
  - 3-6 regional nodes positive, clinically
- 300: Stated as N3
  - 7 or more regional nodes positive, clinically
- 400: Clinically positive regional nodes positive
  - No other information on clinical status of nodes

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### Esophagus SSF 1: Clinical Assessment of Regional Lymph Nodes

- Deriving Clinical N
  - CS Lymph nodes 000, 560-999 automatically derived
  - CS Lymph nodes 100-500 use extra table
- Lymph Nodes Clinical Evaluation AJCC 7 Table
  - CS Lymph nodes 100-500
  - CS Lymph nodes eval code 0, 1, 5, 9
  - N derived from combination of regional nodes positive and SSF 1

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### Esophagus SSF 2: Specific Location of Tumor

- Staging element for squamous cell tumors
  - Collect for all histologies
- AJCC definition of location:
  - Position of upper (proximal) edge of tumor in esophagus
- Location of tumor provides information about extension to adjacent structures
- Coding a upper thoracic esophagus tumor
  - ICD-O-3: C15.1 (Thoracic esophagus)
  - SSF #2: 020 (Stated as upper thoracic esophagus)

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### Esophagus SSF 3: Number of Regional Nodes with Extracapsular Tumor

- Tumor involvement of lymph node which spills beyond the wall of the node into surrounding fat
- Poor prognostic factor
- Information found in pathology report
  - If extracapsular ext. noted to be negative, code 000
  - If no mention of extracapsular ext., code 990
  - If lymph node examination done and results not available, code 997
  - If no pathologic assessment of lymph nodes, code 998

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### Esophagus SSF 4: Distance to Proximal Edge of Tumor from Incisors

- Measures distance from incisors (teeth) to the uppermost (proximal) point of the tumor
- Codes 001-060: code to nearest centimeter
- Codes 991-997: range codes for when exact distance is not available
- Code 999: unknown

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### Esophagus SSF 5: Distance to Distal Edge of Tumor from Incisors

- Measures distance from incisors (teeth) to the lowermost(distal) point of the tumor
- Codes 001-060: code to nearest centimeter
- Codes 991-997: range codes for when exact distance is not available
- Code 999: unknown

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### Esophagogastric Junction

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## Esophagus & Esophagus GE Junction: Histologies

- Adenocarcinoma
  - Usually forms in the lower third of the esophagus, near the stomach.
- Squamous Cell Carcinoma
  - Typically found in the upper two thirds of the esophagus.
- Histologies Stage Table
  - Assign all ICD-O-3 histology codes to either the Adenocarcinoma or Squamous staging tables



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## Esophagus GE Junction

- AJCC 7<sup>th</sup> edition stage derived from:
  - T(CS Extension)
  - N(CS Lymph nodes) & Regional Nodes Positive
  - M(CS Mets at Dx)
  - Eval codes (for clinical/pathologic staging)
  - Grade
  - Histology (Adenocarcinoma vs Squamous Cell)
  - SSF 1: Clinical assessment of regional lymph nodes
    - For clinical cases
  - SSF 25: Schema discriminator



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## Esophagus GE Junction: CS Extension

- **OBSOLETE CODES**
  - 130 (v02.00): Polyps not relevant for schema
  - 140 (v02.03): Polyps not relevant for schema
  - 430 (v02.03): See code 480
  - 600 (v02.03): See codes 570, 605, 615
  - 610 (v02.03): See codes 570, 615
  - 710 (v02.03): See code 810
  - 720 (v02.03): See code 580
  - 820 (v02.03): See code 805



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### Esophagus GE Junction: CS Extension-v02.03 New Codes

Code	Explanation
125	Stated as T1a
480	Stated as T3 (previously coded 430)
570	Pericardium, Pleura, Diaphragm (previously coded 600)
580	Stated as T4a (previously coded 720)
605	Code 600 minus organs now listed in codes 570 (also includes transverse colon, including flexures)
615	Combination of codes 570 and 605
805	Stated as T4b (previously coded 820)
810	Stated as T4 [NOS] (previously coded 720)

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### Esophagus GE Junction: CS Lymph Nodes

- Named regional lymph nodes:
  - Code 100: Multiple named lymph nodes
  - Code 400: Celiac lymph nodes
  - Code 450: Paraesophageal/Periesophageal
- Regional lymph nodes, NOS
  - Code 500: Regional lymph nodes, NOS
- Lymph nodes, NOS
  - Code 800: Lymph nodes, NOS

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### Esophagus GE Junction: CS Lymph Nodes

- Code 610: Stated as pathologic N1
- Code 650: OBSOLETE v02.03
  - Stated as clinical N2 (no lymph nodes removed)
  - See code 500 (regional lymph nodes, NOS)
- Code 700: OBSOLETE v02.03
  - Stated as clinical N3a (no lymph nodes removed)
  - See code 500 (regional lymph nodes, NOS)
- Only use pathologic “stated as” codes in CS Lymph nodes (610, 660, 720)

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### Esophagus: CS Lymph Nodes

- Pathologic N derived from CS Lymph Nodes (codes 100-500) and Reg Nodes Pos
  - CS Lymph node eval code 2, 3, 6, 8
  - N1: Metastasis in 00-02 regional lymph nodes
    - Regional nodes positive coded 95-99
  - N2: Metastasis in 03-06 regional lymph nodes
  - N3: Metastasis in 07-90 regional lymph nodes
- Code 500 when number of positive nodes available, but names of nodes not documented
- Code 800 when unknown if regional or distant
  - ALWAYS defaults to a N1

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### Esophagus GE Junction: CS Mets at Dx

- Code 10: Distant lymph nodes
- Code 40: Distant mets (except distant LN's)
- Code 50: Distant mets & distant lymph nodes
- Code 60: Distant mets, NOS
  - Stated as M1 with no other info on Mets
- Code 99: Unknown if mets

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### Esophagus GE Junction: SSF 25 Schema Discriminator

- Primary site codes C16.0, C16.1, C16.2
  - For primary site codes C16.3-C16.9, code 981 for the stomach schema
- Cases coded to C16.0-automatically go to EGJ schema (use code 010)

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**American Joint Committee on Cancer  
Contact Information**

**AJCC Web Site: [www.cancerstaging.org](http://www.cancerstaging.org)**

**Karen A. Pollitt – Manager**

**email: [kpollitt@facs.org](mailto:kpollitt@facs.org)**

**phone: 312-202-5313**

**Donna M. Gress, RHIT, CTR – Technical Specialist**

**email: [dgress@facs.org](mailto:dgress@facs.org)**

**phone: 312-202-5410**

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**Practice Case**

• **Pathology**

- Tumor site: midesophagus
- Relation to EGJ: tumor entirely located within tubular esophagus & does not involve EGJ
- Histologic Type: squamous cell carcinoma
- Grade: G3, poorly differentiated
- Size: 5.2 cm
- Extension: tumor invades through muscularis propria into periesophageal soft tissue (adventitia)

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**Practice Case**

- Regional Nodes: 21 Nodes examined. Celiac nodes neg. At least 3 of 5 left gastric nodes with SCC. 4 of 12 lymph nodes involved with metastatic SCC.
- Margins: SCC in-situ at esophageal margin

CAP Staging: pT3, pN3

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**American Joint Committee on Cancer  
Contact Information**

**Marty Madera – Education Administrator**

email: [mmadera@facs.org](mailto:mmadera@facs.org)

phone: 312-202-5287

**Judy Janes – AJCC Coordinator**

email: [jjanes@facs.org](mailto:jjanes@facs.org)

phone: 312-202-5205

**General Inquiries can be directed to  
[AJCC@facs.org](mailto:AJCC@facs.org) or [CSv2@facs.org](mailto:CSv2@facs.org)**

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**Questions**



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