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Coding Guidelines
COLON
C180–C189

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The prognosis of patients with colon cancer is related to the degree of penetration of the tumor through the bowel wall, the presence or absence of nodal involvement, and the presence or absence of distant metastases.

Primary Site

Priority Order for Coding Primary Site
Use the information from reports in the following priority order to code the primary site when there is conflicting information:

Resected cases
       Operative report with surgeon's description
       Pathology report
       Imaging

Polypectomy or excision without resection
       Endoscopy report
       Pathology report

Subsites

Code the subsite with the most tumor when the tumor overlaps two subsites.
Code C188 when both subsites are equally involved.

Grade

Note: These guidelines pertain to the data item Grade. Refer to the Collaborative Stage Data Collection Manual for instructions on coding site-specific factors.

Colon cancer is often graded using a two-grade system; Low Grade (2) or High Grade (4). If the grade is listed as 1/2 or as low grade, convert to a grade 2. If the grade is listed as 2/2 or as high grade, convert to a code 4.

Code the highest grade given.

Term	Grade	SEER Code
Well differentiated	I	1
Fairly well differentiated	II	2
Low grade	I-II	2
Mid differentiated	II	2
Moderately differentiated	II	2
Partially differentiated	II	2
Partially well differentiated	I-II	2
Partially well differentiated	II	2
Relatively or generally well differentiated	II	2

Term	Grade	SEER Code
Medium grade, intermediate grade	II-III	3
Moderately poorly differentiated	III	3
Moderately undifferentiated	III	3
Poorly differentiated	III	3
Relatively poorly differentiated	III	3
Relatively undifferentiated	III	3
Slightly differentiated	III	3
High grade	III-IV	4
Undifferentiated, anaplastic, not differentiated	IV	4