

**Colon/Rectum/Rectosigmoid
2018 Site Specific Data Item - Circumferential Resection Margin
Coding Clarifications**

Many questions about the 2018 CRM SSDI have been received & answered by the SSDI workgroup. Registrar questions have resulted in coding clarifications, and most are documented in CAnswer Forum. However, coding updates won't be available in the SSDI manual for several months or more. Additionally, audits have revealed there is confusion over what constitutes a CRM and how to correctly interpret and document the margin measurement. We have attempted to pull together as many recent clarifications as possible below, to assist Registrars in accurate coding of the SSDI for CRM in 2018+ cases.

◆ Remember, *only code specific statements about the CRM in this data item!*

Code	Description note: black text = original code definition; sky blue indicates clarifying text																																				
0.0	<p>Circumferential resection margin (CRM) positive (Positive NOS, distance measurement not stated)</p> <p>[CRM] Margin IS involved with tumor</p> <p>[CRM] Described as “less than 0.1 millimeter (mm)”</p>																																				
0.1 mm-99.9 mm	<p>Distance of tumor from margin: 0.1-99.9 millimeters (mm) (Exact size to nearest tenth of millimeter)</p> <ul style="list-style-type: none"> CRM stated in centimeters must be converted to millimeters to code correctly. Example: CRM is 0.2 cm. Multiply 0.2 x 10 = 2.0 mm; record as 2.0 mm. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4">CRM Code Examples</th> </tr> </thead> <tbody> <tr> <td>CRM margin is positive NOS</td> <td></td> <td>0</td> <td>. 0</td> </tr> <tr> <td>CRM is 0.2 millimeters</td> <td></td> <td>0</td> <td>. 2</td> </tr> <tr> <td>CRM is 2.0 millimeters</td> <td></td> <td>2</td> <td>. 0</td> </tr> <tr> <td>CRM is 0.2 centimeters (0.2 cm = 2.0 mm)</td> <td></td> <td>2</td> <td>. 0</td> </tr> <tr> <td>CRM is 2.78 millimeters (round code to 2.8 mm)</td> <td></td> <td>2</td> <td>. 8</td> </tr> <tr> <td>CRM is 2.0 centimeters (2.0 cm = 20.0 mm)</td> <td>2</td> <td>0</td> <td>. 0</td> </tr> <tr> <td>CRM is 2.8 cm (28.0 mm)</td> <td>2</td> <td>8</td> <td>. 0</td> </tr> <tr> <td>CRM is 100 mm (10.0 cm) or greater</td> <td>X</td> <td>X</td> <td>. 0</td> </tr> </tbody> </table> <ul style="list-style-type: none"> CRM is a surgical related data item, with focus on what the margin is at surgery, therefore, a surgical CRM measurement post neoadjuvant therapy CAN also be used. <p align="center">★ Link to website with easy cm-mm/mm-cc conversion calculator: https://www.rapidtables.com/convert/length/cm-to-mm.html</p>	CRM Code Examples				CRM margin is positive NOS		0	. 0	CRM is 0.2 millimeters		0	. 2	CRM is 2.0 millimeters		2	. 0	CRM is 0.2 centimeters (0.2 cm = 2.0 mm)		2	. 0	CRM is 2.78 millimeters (round code to 2.8 mm)		2	. 8	CRM is 2.0 centimeters (2.0 cm = 20.0 mm)	2	0	. 0	CRM is 2.8 cm (28.0 mm)	2	8	. 0	CRM is 100 mm (10.0 cm) or greater	X	X	. 0
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XX.0	100 mm or greater (=10.0 centimeters)																																				
XX.1	<p>[CRM] Margins clear, distance from tumor not stated.</p> <p>Circumferential or radial resection margin negative, NOS</p> <p>No residual tumor identified on specimen</p> <ul style="list-style-type: none"> Use when surgical resection after a biopsy reveals no residual tumor; also applies if patient received neoadjuvant treatment prior to surgery and no residual tumor was identified on the surgical specimen. Documentation “all surgical margins” free/clear is NOT specific enough to code XX.1; must have a statement the CRM, mesenteric, radial or soft tissue margin is negative/clear. Otherwise code XX.9 																																				
XX.2	<p>Margins cannot be assessed</p> <p>Use code XX.2 only when path report states/or CAP checklist box “cannot be assessed” was checked by the pathologist. May happen when tissue is fragmented or for any reason the pathologist was unable to assess the margin. The registrar cannot make this determination. This is not the same as code XX.9.</p>																																				
XX.3	Described as “at least” 1 mm																																				
XX.4	Described as “at least” 2 mm																																				
XX.5	Described as “at least” 3 mm																																				
XX.6	<p>Described as “greater than” 3 mm</p> <p>Applies to any NOS “greater than” measurement such as “greater than 5 mm” or up to 99.9 mm)</p>																																				

4-digit field includes decimal point.

Leading “0” populated by software when not needed for code.

Leading “X”s may need populated by Registrar—depends on software vendor.

2018 CRM SSDI Code Clarifications *continued...*

XX.7	<p>No resection of primary site Surgical procedure did not remove enough tissue to measure the circumferential or radial resection margin. (Examples include: polypectomy only, endoscopic mucosal resection (EMR), excisional biopsy only, transanal disk excision, local tumor excision NOS or any surgery code less than 30).</p>
XX.8	<p>Not applicable; information not collected for this case (If this information is required by your standard setter, use of code XX.8 may result in an edit error). SEER, NPCR, CoC all require this data item, so no one in CA should use this code.</p>
XX.9	<p>CRM Not documented in medical record Circumferential or radial resection margin not assessed or unknown if assessed</p> <ul style="list-style-type: none"> ➔ NEW: Use when Tumor is <i>in situ</i> only (/2) (even if other margins, proximal, deep, etc., are positive for <i>in situ</i> ca); Subject matter experts recently clarified CRM is not relevant to <i>in situ</i> only tumors. • Use if CRM documented as “not applicable” in the path report or CAP checklist. For colon cancers in particular, a mesenteric/CRM may be less commonly designated in T1 or T2 tumors and CRM may occasionally be documented as N/A. • Use when surgery of primary site is unknown. • When only “margins” NOS are documented, do NOT assume it is radial or mesenteric. If statement is only “all margins negative” or “all surgical margins clear”, use code XX.9.

Additional Notes:

- ✚ **Information about CRM may be taken from anywhere in pathology report** (gross, micro, final dx, synoptic list, etc.). As an example, If CRM is documented as negative NOS in the gross, and not mentioned in synoptic list or final diagnosis, the mention of CRM Negative NOS in the gross is sufficient to code XX.1 (or vice versa), etc.
- ✚ **The terms “soft tissue margin” or “mesenteric/mesocolon margin” are also equivalent to a CRM** in addition to radial margin or mesenteric margin.
- ✚ **The anatomic peritonealized serosa of the colon is NOT equivalent to a CRM.** This is a natural anatomic barrier and not a surgical margin. CRM applies to the status of the non-serosal *surgical* margin closest to the deepest point of penetration by the cancer. If colorectal serosa is involved, look for a description of the surgically created CRM margin/measurement and code as indicated. If CRM status is not described or stated, code XX.9.
- ✚ **To qualify for an adequate specimen to measure CRM, surgery of primary site must be code 30 or greater,** indicating some type of surgical resection.
 - Example: If first procedure is polypectomy (codes 26, 28 or 29) FOLLOWED by a surgical resection (e.g. segmental resection), the CRM is coded based on the surgical segmental resection specimen.
- ✚ **In most cases, a “CRM” would not be expected to be greater than 20 mm (2.0 cm).** If a margin larger than this is stated, make sure it is not describing a distal or proximal margin, which should not be documented in this data item.
- ✚ **Code a CRM stated as “less than 1.0 cm” to 9.9 mm.** (First convert 1.0 cm to 10.0 mm; then follow the general instructions for coding “less than”, and code the next lowest number, which would be 9.9 mm).
- ✚ **A KNOWN value always takes priority.** Example: If CRM is described as positive/involved NOS (Code 0.0) AND an exact CRM measurement is given (such as 0.3 mm); the exact measurement takes priority, code CRM as 0.3 mm.

Sources: SSDI Work Group, SEER Advanced Topics Workshop 2019, Answer Forum, AJCC 8th edition