Coding Guidelines
BONES, JOINTS, AND ARTICULAR CARTILAGE C400–C419
PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM C470–C479
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES C490–C499

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Laterality
Laterality is required for sites C400-C403, C413-C414, C471-C472, and C491-C492.

Three Grade System (Nuclear Grade)
There are several sites for which a three-grade system is used. The patterns of cell growth are measured on a scale of 1, 2, and 3 (also referred to as low, medium, and high grade). This system measures the proportion of cancer cells that are growing and making new cells and how closely they resemble the cells of the host tissue. Thus, it is similar to a four-grade system, but simply divides the spectrum into three rather than four categories (see comparison table below). The expected outcome is more favorable for lower grades. Soft tissue sarcomas are evaluated using a three-grade system.

If a grade is written as 2/3 that means this is a grade 2 of a three-grade system. Do not simply code the numerator. Use the following table to convert the grade to SEER codes.

Term	Grade	SEER Code
1/3, 1/2	Low grade	2
2/3	Intermediate grade	3
3/3, 2/2	High grade	4

Sarcoma
Sarcomas are graded low, intermediate or high grade by the pathologist. Use the following table to convert these terms to a histologic grade.

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
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

Bones, Joints, Cartilage
C400-C419

Note: For Multiple Primary and Histology Coding Rules: see Other Sites (pg C-1011)

CS Staging Schemas

Bone
C40.0-C40.3, C40.8-C40.9, C41.0-C41.4, C41.8-C41.9

C40.0 Long bones of upper limb, scapula and associated joints
C40.1 Short bones of upper limb and associated joints
C40.2 Long bones of lower limb and associated joints
C40.3 Short bones of lower limb and associated joints
C40.8 Overlapping lesion of bones, joints and articular cartilage of limbs
C40.9 Bone of limb, NOS
C41.0 Bones of skull and face and associated joints (excludes mandible C41.1)
C41.1 Mandible
C41.2 Vertebral column (excludes sacrum and coccyx C41.4)
C41.3 Rib, sternum, clavicle and associated joints
C41.4 Pelvic bones, sacrum, coccyx and associated joints
C41.8 Overlapping lesion of bones, joints and articular cartilage
C41.9 Bone, NOS

Note: Laterality must be coded for C40.0-C40.3, and C41.3-C41.4. For sternum, sacrum, coccyx, and symphysis pubis, laterality is coded 0.

CS Tumor Size	CS Site-Specific Factor 1	**The following tables are available at the collaborative staging website:**
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	Histology Exclusion Table
CS Reg Nodes Eval	CS Site-Specific Factor 5	AJCC Stage
Reg LN Pos	CS Site-Specific Factor 6	Extension Size Table
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Bone
CS Tumor Size
SEE STANDARD TABLE

Bone
CS Extension (Revised: 12/05/2003)

Note: The cortex of a bone is the dense outer shell that provides strength to the bone; the spongy center of a bone is the cancellous portion. The periosteum of the bone is the fibrous membrane covering of a bone that contains the blood vessels and nerves; the periosteum is similar to the capsule on a visceral organ.

Code	Description	TNM	SS77	SS2000
10	Invasive tumor confined to cortex of bone	*	L	L
20	Extension beyond cortex to periosteum (no break in periosteum)	*	L	L
30	Localized, NOS	*	L	L
40	Extension beyond periosteum to surrounding tissues, including adjacent skeletal muscle(s)	*	RE	RE
60	Adjacent bone/cartilage	*	RE	RE
70	Skin	*	D	D
80	Further contiguous extension	*	D	D
82	Skip metastases or discontinuous tumors in the same bone	T3	D	D

CS Staging Schemas

Code	Description	TNM	SS77	SS2000
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

* For codes 10, 20, 30, 40, 60, 70, and 80 ONLY, the T category is assigned based on the value of CS Tumor Size, as shown in the Extension Size Table for this site.

Bone
CS TS/Ext-Eval
SEE STANDARD TABLE

Bone
CS Lymph Nodes (Revised: 03/17/2004)
Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.
Note 2: Regional lymph nodes are defined as those in the vicinity of the primary tumor.
Note 3: Regional lymph node involvement is rare. If there is no mention of lymph node involvement clinically, assume that lymph nodes are negative.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

Bone
CS Reg Nodes Eval
SEE STANDARD TABLE

Bone
Reg LN Pos
SEE STANDARD TABLE

Bone
Reg LN Exam
SEE STANDARD TABLE

Bone
CS Mets at DX (Revised: 06/26/2007)

Code	Description	TNM	SS77	SS2000
00	No; None	M0	NONE	NONE
10	Distant lymph node(s)	M1b	D	D
30	Distant metastasis to lung only	M1a	D	D
40	Distant metastases except distant lymph node(s) or "lung only" Distant metastasis to lung plus other sites except distant lymph nodes. Distant metastasis, NOS Carcinomatosis	M1b	D	D
50	(10) + ((30) or (40)) Distant lymph nodes(s) plus other distant metastases	M1b	D	D
55	Stated as M1 NOS	M1NOS	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Bone
CS Mets Eval
SEE STANDARD TABLE

Bone
CS Site-Specific Factor 1 (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

Bone
CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Bone
CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Bone
CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Bone
CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Bone
CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Surgery Codes

Bones, Joints, And Articular Cartilage C400–C419
Peripheral Nerves And Autonomic Nervous System C470–C479
Connective, Subcutaneous, And Other Soft Tissues C490–C499
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS
Unknown whether a specimen was sent to pathology for surgical events coded 19 (Principally for cases diagnosed prior to January 1, 2003)

15 Local tumor destruction
No specimen sent to pathology from surgical event 15

25 Local excision

26 Partial resection
Specimen sent to pathology from surgical events 25–26

30 Radical excision or resection of lesion WITH limb salvage

40 Amputation of limb
- 41 Partial amputation of limb
- 42 Total amputation of limb

50 Major amputation, NOS
- 51 Forequarter, including scapula
- 52 Hindquarter, including ilium/hip bone
- 53 Hemipelvectomy**, NOS**
- 54 Internal hemipelvectomy

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Non-Melanoma Skin
C440-C449

Note: For Multiple Primary and Histology Coding Rules: see Other Sites (pg C-1011)

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
C44.0, C44.2-C44.9

C44.0 Skin of lip, NOS
C44.2 External ear
C44.3 Skin of ear and unspecified parts of face
C44.4 Skin of scalp and neck
C44.5 Skin of trunk
C44.6 Skin of upper limb and shoulder
C44.7 Skin of lower limb and hip
C44.8 Overlapping lesion of skin
C44.9 Skin, NOS

Note: Laterality must be coded for C44.2-C44.3 and C44.5-C44.7. For codes C44.3 and C44.5, if the tumor is midline (e.g., chin), code as 9, midline, in the laterality field.

CS Tumor Size	CS Site-Specific Factor 1	**The following tables are available at the collaborative staging website:**
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	Histology Exclusion Table
CS Reg Nodes Eval	CS Site-Specific Factor 5	AJCC Stage
Reg LN Pos	CS Site-Specific Factor 6	Extension Size Table
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Tumor Size

SEE STANDARD TABLE

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Extension (Revised: 12/10/2003)

Note 1: In the case of multiple simultaneous tumors, code the tumor with greatest extension.
Note 2: Skin ulceration does not alter the Collaborative Stage classification.
Note 3: Skin of genital sites is not included in this schema. These sites are skin of vulva (C51.0-C51.2, C51.8-C51.9), skin of penis (C60.0-C60.1, C60.8, C60.9) and skin of scrotum (C63.2).

Code	Description	TNM	SS77	SS2000
00	In situ: noninvasive; intraepidermal; Bowen disease	Tis	IS	IS
10	Lesion(s) confined to dermis	*	L	L
40	Localized, NOS	*	L	L
50	Subcutaneous tissue (through entire dermis)	*	L	L
70	Underlying cartilage, bone, skeletal muscle	T4	D	RE
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U

Code	Description	TNM	SS77	SS2000
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

* For Extension codes 10, 40 and 50 ONLY, the T category is assigned based on value of CS Tumor Size from Extension Size Table for this site.

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS TS/Ext-Eval
SEE STANDARD TABLE

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Lymph Nodes (Revised: 08/15/2006)
Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes by primary site (includes bilateral or contralateral nodes for head, neck, and trunk) Head and Neck: All subsites: Cervical Lip: Mandibular, NOS: Submandibular (submaxillary) External ear/auditory canal: Mastoid (post-/retro-auricular) (occipital) Preauricular Face, Other (cheek, chin, forehead, jaw, nose and temple): Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Scalp: Mastoid (post-/retro-auricular) (occipital) Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Neck: Axillary Mandibular, NOS Mastoid (post-/retro-auricular) (occipital) Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical)	N1	RN	RN

Code	Description	TNM	SS77	SS2000
	Supraclavicular (transverse cervical) Upper Trunk: Axillary Cervical Internal mammary (parasternal) Supraclavicular (transverse cervical) Lower Trunk: Femoral (superficial inguinal) Arm/Shoulder: Axillary Epitrochlear for hand/forearm Spinal accessory for shoulder Leg/Hip: Femoral (superficial inguinal) Popliteal for heel and calf All sites: Regional lymph node(s), NOS			
20	Head and Neck: Lip: Facial, NOS: Buccinator (buccal) Nasolabial Submental Parotid, NOS: Infra-auricular Preauricular Face, Other (cheek, chin, forehead, jaw, nose, and temple): Submental Neck: Submental	N1	D	RN
30	(10) + (20)	N1	D	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Reg Nodes Eval
SEE STANDARD TABLE

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
Reg LN Pos
SEE STANDARD TABLE

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
Reg LN Exam
SEE STANDARD TABLE

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Mets at DX
SEE STANDARD TABLE

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Mets Eval
SEE STANDARD TABLE

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Site-Specific Factor 1 (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Skin [excl. Skin of Eyelid] [excl. Malignant Melanoma, Kaposi Sarcoma, Mycosis Fungoides, Sezary Disease, and Other Lymphomas]
CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Skin of Eyelid
C44.1

C44.1 Eyelid

Note: Laterality must be coded for this site.

CS Tumor Size	CS Site-Specific Factor 1	**The following tables are available at the collaborative staging website:**
CS Extension	CS Site-Specific Factor 2	Histology Exclusion Table
CS TS/Ext-Eval	CS Site-Specific Factor 3	AJCC Stage for TNM sites with no stage groupings
CS Lymph Nodes	CS Site-Specific Factor 4	Extension Size Table
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Skin of Eyelid
CS Tumor Size
SEE STANDARD TABLE

Skin of Eyelid
CS Extension (Revised: 08/18/2006)

Note 1: In the case of multiple simultaneous tumors, code the tumor with greatest extension.
Note 2: Skin ulceration does not alter the Collaborative Stage classification.
Note 3: Presence of tumor at eyelid margin takes priority over depth of invasion in dermis/tarsal plate; i.e., code 25 takes priority over codes 10-20.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial Bowen disease; intraepidermal	Tis	IS	IS
10	Lesion(s) confined to dermis Minimal infiltration of dermis (not invading tarsal plate)	T1	L	L
20	Infiltrates deeply into dermis (invading tarsal plate)	T2	L	L
25	Tumor at eyelid margin	*	L	L
30	Involves full eyelid thickness	T3	L	L
40	Localized, NOS	T1	L	L
50	Subcutaneous tissue (through entire dermis)	T3	L	L
60	Adjacent structures, including: Bulbar conjunctiva Globe Perineural space Sclera Soft tissues of orbit	T4	D	RE
70	Bone/periosteum of orbit Skeletal muscle Underlying cartilage	T4	D	RE

Code	Description	TNM	SS77	SS2000
72	Nasal cavity Paranasal sinuses	T4	D	D
74	Central nervous system	T4	D	D
75	Metastatic skin lesion(s)	T4	D	D
80	Further contiguous extension	T4	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

* For Extension code 25 ONLY, the T category is assigned based on value of CS Tumor Size as shown in Extension Size Table. Tumors 5mm or less are T1, tumors 6-10mm are T2, and tumors more than 10mm are T3.

Skin of Eyelid
CS TS/Ext-Eval
SEE STANDARD TABLE

Skin of Eyelid
CS Lymph Nodes (Revised: 04/12/2004)
Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph node(s) Cervical, NOS Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Submental Parotid, NOS: Infra-auricular Preauricular Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Skin of Eyelid
CS Reg Nodes Eval
SEE STANDARD TABLE

Skin of Eyelid
Reg LN Pos
SEE STANDARD TABLE

Skin of Eyelid
Reg LN Exam
SEE STANDARD TABLE

Skin of Eyelid
CS Mets at DX
SEE STANDARD TABLE

Skin of Eyelid
CS Mets Eval
SEE STANDARD TABLE

Skin of Eyelid
CS Site-Specific Factor 1 (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

Skin of Eyelid
CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Skin of Eyelid
CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Skin of Eyelid
CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Skin of Eyelid
CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Skin of Eyelid

CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Surgery Codes

Skin
C440–C449
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser ablation

No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy

Any combination of 20 or 26–27 WITH
- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[***SEER Note:*** Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

- 25 Laser excision

Specimen sent to pathology from surgical events 20–27

[***SEER Notes:*** Assign code 11 if there is no pathology specimen. Assign code 21 if there is a pathology specimen. Codes 20-27 include shave and wedge resection]

30 Biopsy of primary tumor followed by a gross excision of the lesion (does not have to be done under the same anesthesia)
- 31 Shave biopsy followed by a gross excision of the lesion
- 32 Punch biopsy followed by a gross excision of the lesion
- 33 Incisional biopsy followed by a gross excision of the lesion
- 34 Mohs surgery, NOS
- 35 Mohs with 1-cm margin or less
- 36 Mohs with more than 1-cm margin

[***SEER Notes:*** Codes 30 to 35 include less than a wide excision, less than or equal to 1 cm margin or margins are unknown. If it is stated to be a **wide excision** or **reexcision**, but the **margins are unknown**, code to 30. Code 45 represents a wide excision in which it is known that the margins of excision are greater than 1 cm.]

Surgery Codes

45 Wide excision or reexcision of lesion or minor (local) amputation with margins more than 1 cm, NOS. Margins MUST be microscopically negative.
- 46 WITH margins more than 1 cm and less than or equal to 2 cm
- 47 WITH margins greater than 2 cm

If the excision does not have microscopically negative margins greater than 1 cm, use the appropriate code, 20-36.

60 Major amputation

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Melanoma
M8720-8790

Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Introduction

Cutaneous melanoma starts in the melanocyte cells of the skin. Melanocytes lie in the epidermis, the outermost layer of the skin. Melanocytes often cluster together and form moles (nevi). Most moles are benign, but some may go on to become malignant melanomas.

Melanomas are divided into 5 main types, depending on their location, shape and whether they grow outward or downward into the dermis:

- **Acral melanoma:** occurs on the palms of the hand, soles of the feet, or nail beds
- **Desmoplastic melanoma:** is a rare malignant melanoma marked by non-pigmented lesions on sun-exposed areas of the body
- **Lentigo maligna:** usually occur on the faces of elderly people
- **Superficial spreading or flat melanoma:** grows outwards at first to form an irregular pattern on the skin with an uneven color
- **Nodular melanomas:** are lumpy and often blue-black in color and may grow faster and spread downwards

These types account for the majority of melanomas occurring in the US population. For a more complete listing of histologic types of melanoma, see the *AJCC Cancer Staging Manual*, 6th Ed.

Melanoma can also start in the mucous membranes of the mouth, anus and vagina, in the eye or other places in the body where melanocytes are found. This scheme is used only for melanomas that occur on the skin.

Equivalent or Equal Terms

- Tumor, mass, lesion, neoplasm
- Type, subtype, predominantly, with features of, major, or with ____differentiation.
- Giant pigmented nevus, giant congenital nevus
- Mole, Nevus
- Mixed epithelioid and spindle cell melanoma (8770): Epithelioid melanoma and spindle cell melanoma

Synonyms for In Situ

Behavior code 2
Clark level 1 (limited to the epithelium)
Hutchinson freckle (See synonyms for Hutchinson freckle)
Intraepidermal, NOS
Intraepithelial, NOS
Lentigo maligna
Noninvasive
Precancerous melanoma of Dubreuilh
Stage 0
Tis

Melanoma Terms and Definitions

Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Synonyms for Hutchinson freckle

Circumscribed precancerous melanosis
Intraepidermal malignant melanoma
Lentigo maligna
Precancerous melanosis of Dubreuilh

Definitions

Amelanotic melanoma: A non-pigmented malignant melanoma.

Atypical melanocytic hyperplasia (dysplasia): Tumor-like lesion or condition may represent precursor stage or stage in development of melanoma. Not reportable.

Different lateralities: The right side of the body, the left side of the body and the midline are separate lateralities in the melanoma coding rules.

Evolving melanoma (borderline evolving melanoma): Evolving melanoma are tumors of uncertain biologic behavior. Histological changes of borderline evolving melanoma are too subtle for a definitive diagnosis of melanoma in situ. The tumors may be described as "proliferation of atypical melanocytes confined to epidermal and adnexal epithelium," "atypical intraepidermal melanocytic proliferation, "atypical intraepidermal melanocytic hyperplasia"; or “severe melanocytic dysplasia.” Not reportable.

Familial Atypical Multiple Mole Melanoma Syndrome (FAMM, FAM-M): An inherited condition identified when:

- Melanoma has been diagnosed in a family member, including grandparents, aunts, uncles, and cousins
- Several family members have large numbers of moles (often more than 50) which may be abnormal or atypical moles.

Giant pigmented nevus: Diameter larger than 20 cm; frequently covers large areas of the body in a garment-like fashion. The trunk, head and neck are the most common sites.

Junctional nevus: Smooth, hairless, light to dark brown mole. Can be slightly elevated, usually multiple and can occur on any part of the body. Melanocytes are confined to the dermo-epidermal junction.

Hypodermis: A subcutaneous layer of loose connective tissue containing a varying number of fat cells.
Synonyms: subcutaneous fat; subcutis.

Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

In-transit metastasis: **M**etastasis found in the lymphatic channels more than 2cm away from the primary melanoma, but not reaching the regional lymph nodes.

Invasive tumor: A tumor that penetrates the basement membrane and invades the dermis.

Laterality: For skin sites, laterality divides the body into a right and left half as though a line were drawn from mid forehead to mid pelvis and from mid skull to mid buttocks. A midline laterality describes a tumor that is in the center of the "line" drawn from the mid forehead to mid pelvis or from the mid skull to the mid buttocks; it is impossible to categorize the tumor as being on the right or left side of the body.

Lentigo maligna: Is a specific histologic type of in situ melanoma. It appears as a brown or black mottled, irregular, lesion with increased numbers of scattered atypical melanocytes in the epidermis. It usually occurs on the face.

Lentigo maligna melanoma: Is an invasive melanoma that begins as lentigo maligna, but usually after many years the dermis is invaded by the tumor. Once invasion has occurred, the lesion is called lentigo maligna **melanoma**.

Midline: the middle dividing line that separates the body into right and left sides.

Most invasive: the histology that has the greatest extension into the dermis or subcutaneous fat.

Non-invasive tumor: A tumor confined to epithelium (intraepithelial), in situ tumor, with no penetration below the basement membrane.

Precancerous melanosis: An obsolete term for lentigo maligna.

Proliferation of atypical melanocytes confined to epidermis: Number of (proliferation) pigmented cells (melanocytes) not showing the normal cell structure (atypical). Not reportable.

Regressing melanoma: The term "regressing melanoma" does not refer to a specific histology; it refers to the physical appearance and size of the lesion. A regressing melanoma is reacting to the body's immune system by shrinking in size. Partial spontaneous regression is not an uncommon finding in invasive primary melanoma; partial regression can be an indicator of poor prognosis. Proven complete regression is very rare; one website stated that only 33 cases of total regression have been reported. A regressive melanoma is usually thinner than it was originally. Although regression is a prognostic factor, the histologic type is more important for histology coding purposes. See Histology coding rules, Rule H5.

Satellite lesion or metastasis: Grossly evident metastatic skin lesion within the immediate vicinity (usually within 2 cm) of a primary malignant tumor; e.g., skin adjacent to primary malignant melanoma. This is a metastasis, not a separate primary.

Severe melanotic dysplasia: Tumor-like lesion or condition. Not reportable.

Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Skin Layers:

- Epidermis – upper surface, thin layer (outermost layer)
- Dermis – lower, intermediate thicker layer (intermediate layer)
- Hypodermis – also called subcutis or subcutaneous fat – lowest layer (innermost layer)

Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

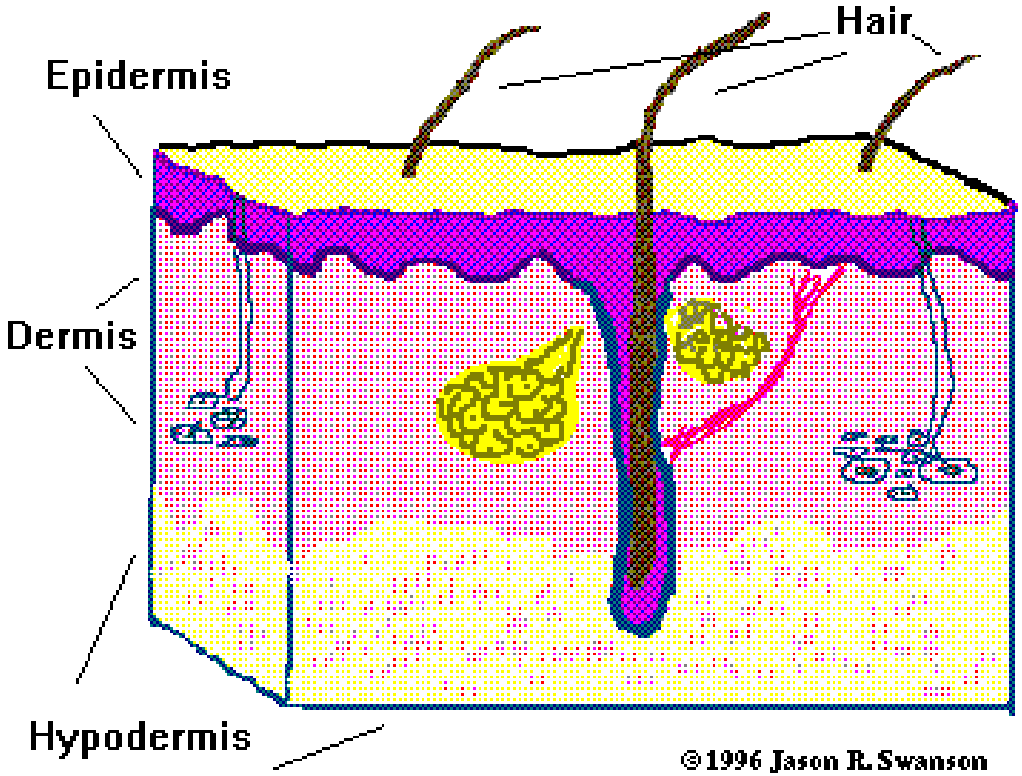
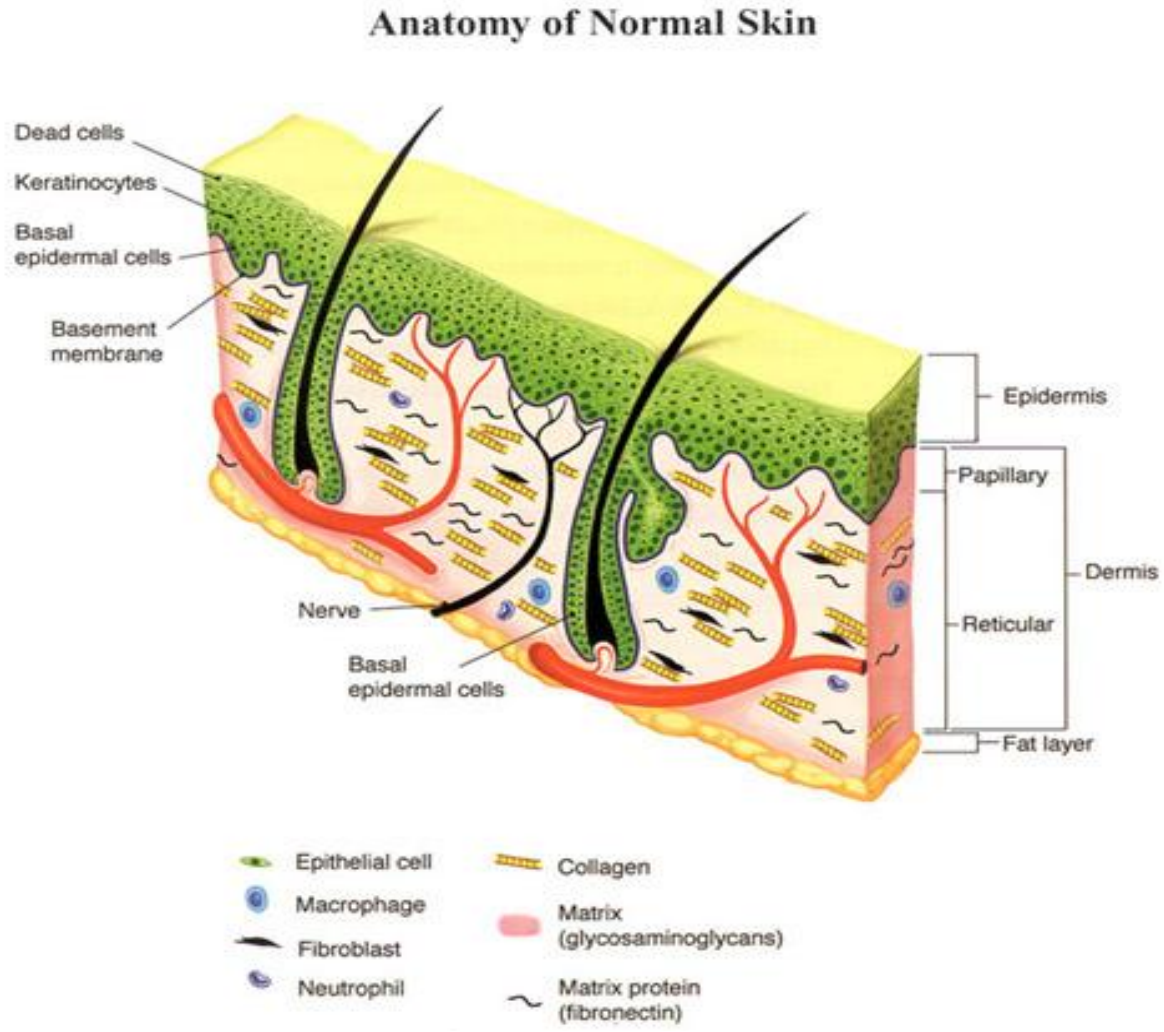


Image from LUMEN - Loyola University Medical Education Network, used with permission.

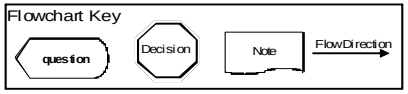
Cutaneous Melanoma Equivalent Terms, Definitions and Illustrations
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)



Source: Burnsurgery.org

Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)



* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

UNKNOWN IF SINGLE OR MULTIPLE MELANOMAS	DECISION	NOTES
		Melanoma(s) not described as metastasis.
M1 Is it impossible to determine if there is a single melanoma or multiple melanomas? YES	SINGLE Primary*	Use this rule only after all information sources have been exhausted.
NO → Go to Single Melanoma or Multiple Melanomas	End of instructions for Unknown if Single or Multiple Melanoma.	
SINGLE MELANOMA	**DECISION**	**NOTES**
		1. Melanoma not described as metastasis. 2. Includes combination of in situ and invasive.
M2 Is there a single melanoma? YES	SINGLE Primary*	
NO → Go to Multiple Melanomas.	End of instructions for Single Melanoma.	

Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE MELANOMAS

Multiple Melanomas may be a single primary or multiple primaries.

DECISION

NOTES

1. Melanoma not described as metastases.
2. Includes combinations of in situ and invasive.

M3 Are there melanomas in sites with ICD-O-3 topography codes that are different at the second (C<u>X</u>xx), third (Cx<u>x</u>x), and/or fourth character (C44<u>x</u>)?

YES → MULTIPLE Primaries**

NO

M4 Do the melanomas have different lateralities?

YES → MULTIPLE Primaries**

A midline melanoma is a different laterality than right or left.

Example 1: Melanoma on the right side of the chest and a melanoma at midline on the chest are different laterality, multiple primaries.

Example 2: A melanoma on the right side of the chest and a melanoma on the left side of the chest are multiple primaries.

NO

M5 Do the melanomas have ICD-O-3 histology codes that are different at the first (<u>X</u>xxx), second (x<u>X</u>xx), or third (xx<u>X</u>x) number?

YES → MULTIPLE Primaries**

NO

Next Page

Cutaneous Melanoma Multiple Primary Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE Melanomas, continued	DECISION	NOTES
		1. Melanomas not described as metastases. **2. Includes combinations of in situ and invasive.**
M6 Is there an invasive melanoma following an in situ melanoma more than 60 days after diagnosis?	YES → MULTIPLE Primaries**	**1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.** **2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.**
NO		
M7 Are there melanomas diagnosed more than 60 days apart?	YES → MULTIPLE Primaries**	
NO		
M8 Does not meet any of the above criteria (M1 through M7)	YES → SINGLE Primary*	**1. Use the data item "Multiplicity Counter" to record the number of melanomas abstracted as a single primary.** **2. When an invasive melanoma follows an in situ melanoma within 60 days, abstract as a single primary.** **3. All cases covered by this rule are the same site and histology.**
NO → **ERROR: Recheck rules. Stop when a match is found.**	End of instructions for Multiple Melanomas.	

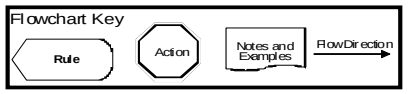
Rule M8 Examples: The following are examples of cases that use Rule M8.
This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
***Warning:* Using only these case examples to determine the number of primaries can result in major errors.**

Example 1. Solitary melanoma on the left back and another solitary melanoma on the left chest.	Example 2. Solitary melanoma on the right thigh and another solitary melanoma on the right ankle.

Melanoma Histo

Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

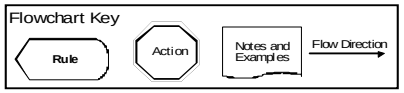


SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

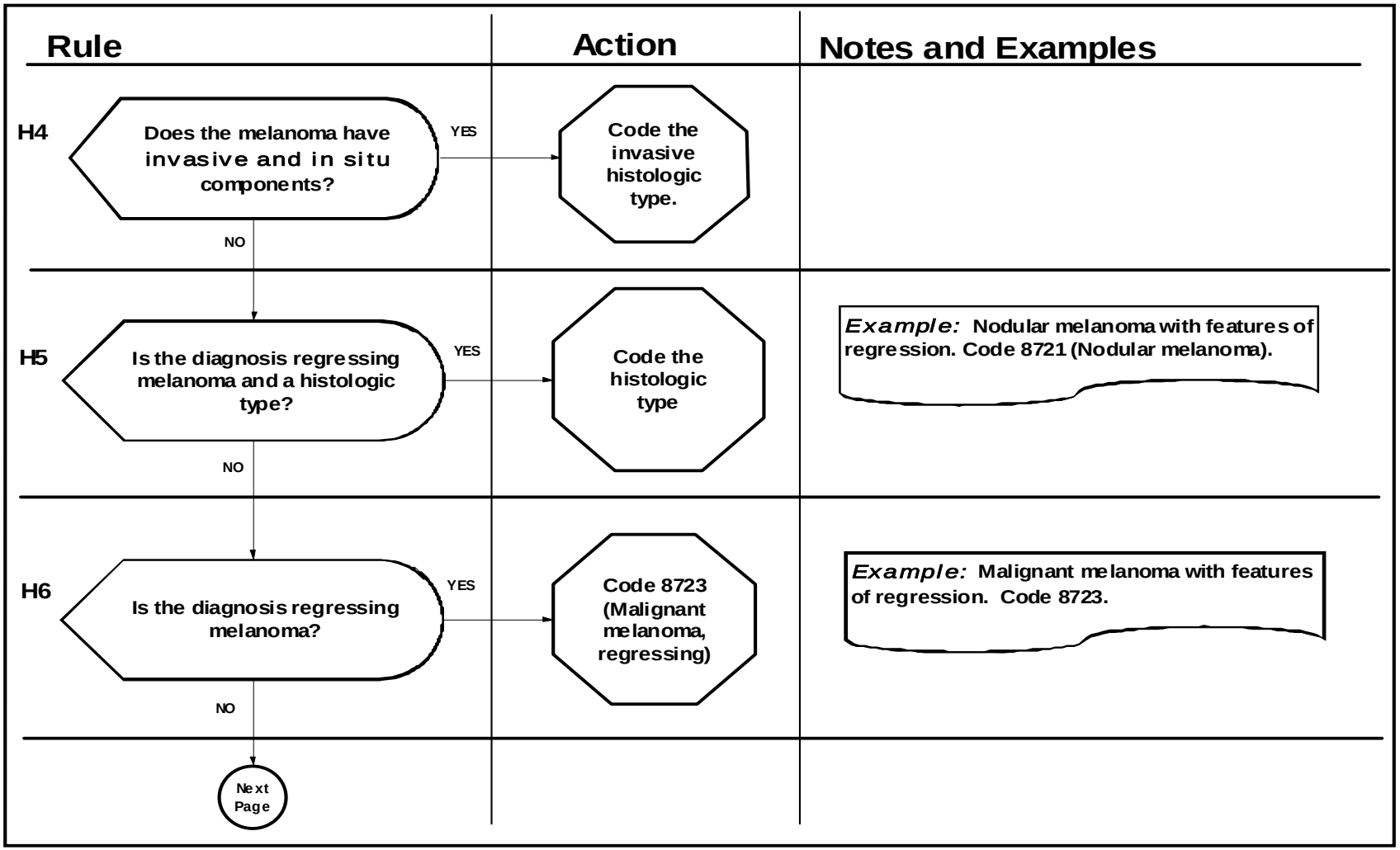
Rule	Action	Notes and Examples
H1 Is there no pathology/cytology specimen or is the pathology/cytology report unavailable? YES	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of melanoma in the medical record o PET scan 2. Code the specific histology when documented.
NO		
H2 Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) YES	Code the histology from a metastatic site.	Code the behavior /3.
NO		
H3 Is only one histologic type identified? YES	Code the histology.	
NO		
Next Page		

Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)



SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

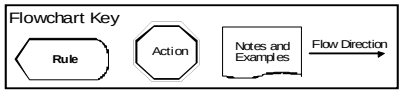


Melanoma Histo

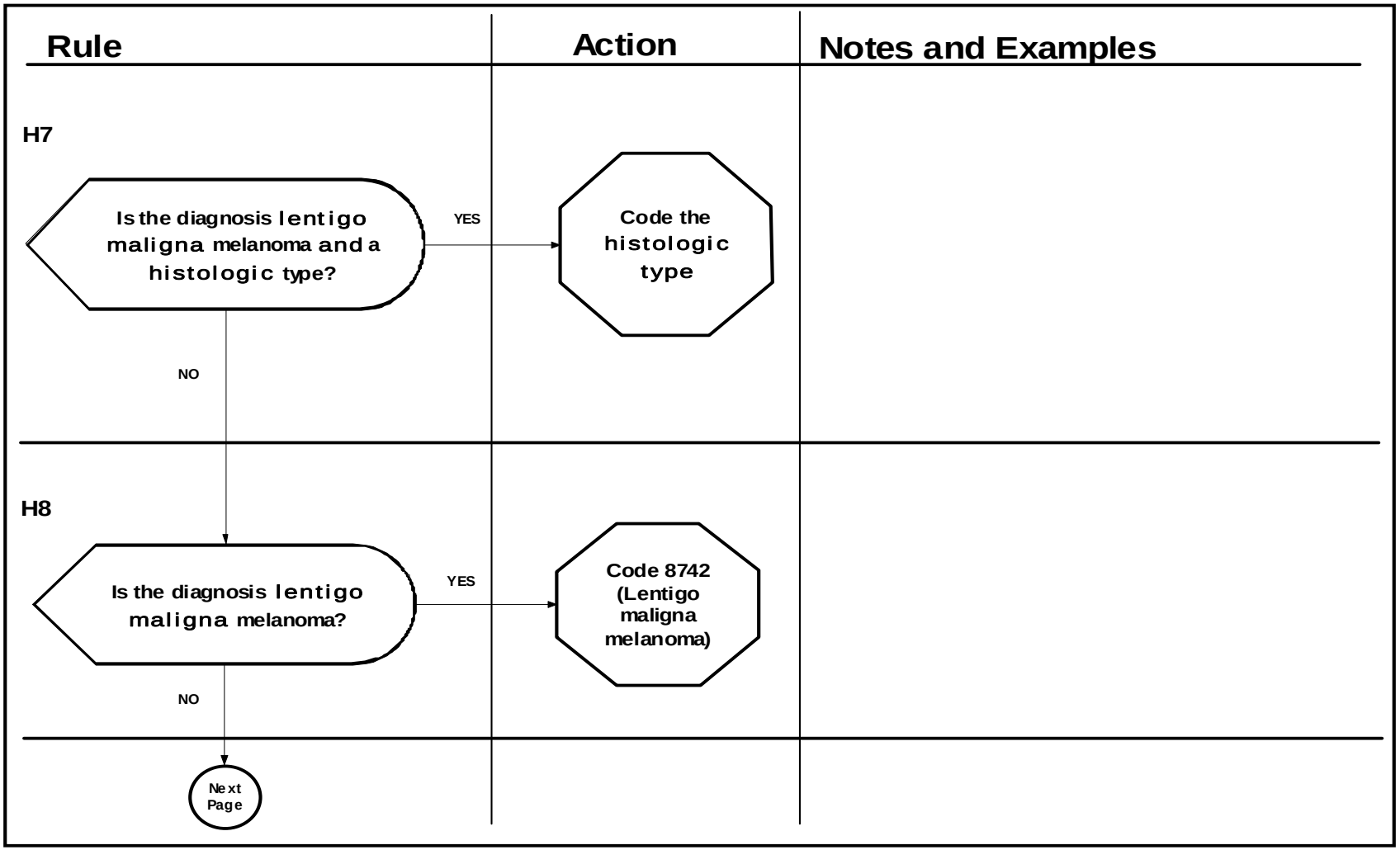
Melanoma Histo

Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)

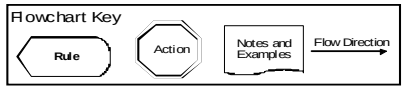


SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY



Cutaneous Melanoma Histology Coding Rules - Flowchart

(C440 - C449 with Histology 8720 - 8780)
(Excludes melanoma of any other site)



SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H9 Is the diagnosis Melanoma, NOS (8720) with a single specific type? YES	Code the most specific histologic term	1. The specific type for in situ lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with _____ differentiation. 2. The specific type for invasive lesions may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation.
H10 NO	Code the numerically higher ICD-O-3 histology code.	

This is the end of instructions for Single Melanoma or Multiple Melanomas Abstracted as a Single Primary.
Code the histology according to the rule that fits the case.

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Cutaneous Melanoma Multiple Primary Rules – Matrix
C440 – C449
(Excludes melanoma of any other site)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE MELANOMAS					Melanoma(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE MELANOMA					***1:*** Melanoma not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	Single					Single*
MULTIPLE MELANOMAS **Multiple melanomas may be a single primary or multiple primaries**					***1:*** Melanoma not described as metastases ***2:*** Includes combinations of in situ and invasive	
M3	Topography codes are different at the second (C**x**xx), third (Cx**x**x) or fourth (Cxx**x**) character					Multiple**
M4	Different laterality				A **midline** melanoma is a different laterality than right or left. ***Example 1:*** A melanoma on the right side of the chest and a melanoma at midline on the chest are different laterality, multiple primaries. ***Example 2:*** A melanoma on the right side of the chest and a melanoma on the left side of the chest are multiple primaries.	Multiple**
M5		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**

Cutaneous Melanoma Multiple Primary Rules – Matrix
C440 – C449
(Excludes melanoma of any other site)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M6			More than 60 days after diagnosis	An invasive melanoma following an in situ melanoma	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**
M7			Diagnosed more than 60 days apart			Multiple**
M8	Does not meet any of the above criteria				***1:*** Use the data item "Multiplicity Counter" to record the number of melanomas abstracted as a single primary. ***2:*** When an invasive melanoma follows an in situ melanoma within 60 days, abstract as a single primary. ***3:*** All cases covered by this rule are the same site and histology. **Rule M8 Examples** The following are examples of the types of cases that use Rule M8. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.*** **Example 1**: Solitary melanoma on the left back and another solitary melanoma on the left chest **Example 2**: Solitary melanoma on the right thigh and another solitary melanoma on the right ankle	Single*

Cutaneous Melanoma Histology Coding Rules – Matrix
C440-C449
(Excludes melanoma of all other sites)

Rule	Melanoma Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of melanoma in the medical record • PET scan ***2:*** Code the specific histology when documented.	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		One type			The histology
H4			Invasive and in situ		The invasive histologic type
H5		Regressing melanoma and a histologic type		***Example:*** Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).	The histologic type
H6		Regressing melanoma		***Example****:* Malignant melanoma with features of regression. Code 8723.	8723 (Malignant melanoma, regressing)
H7		Lentigo maligna melanoma and a histologic type			The histologic type
H8		Lentigo maligna melanoma			8742 (Lentigo maligna melanoma)
H9		Melanoma, NOS (8720) with a single specific type		***1.*** The specific type for in situ lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation. ***2.*** The specific type for invasive lesions may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.	The most specific histologic term

Cutaneous Melanoma Histology Coding Rules – Matrix
C440-C449
(Excludes melanoma of all other sites)

Rule	Melanoma Specimen	Histology	Behavior	Notes and Examples	Code
H10	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Cutaneous Melanoma Multiple Primary Rules – Text
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

UNKNOWN IF SINGLE OR MULTIPLE MELANOMAS

Note: Melanoma(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** melanoma **or multiple** melanomas, opt for a single melanoma and abstract as a single primary.*
Note: Use this rule only after all information sources have been exhausted

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Unknown if Single or Multiple Melanoma.

SINGLE MELANOMA

Note 1: Melanoma not described as metastasis
Note 2: Includes combinations of in situ and invasive

Rule M2 A **single melanoma** is always a single primary. *

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
This is the end of instructions for Single Melanoma.

MULTIPLE MELANOMAS

Multiple melanomas may be a single primary or multiple primaries
Note 1: Melanoma not described as metastases
Note 2: Includes combinations of in situ and invasive

Rule M3 Melanomas in sites with ICD-O-3 **topography** codes that are **different** at the second (C**x**xx), third (Cx**x**x) or fourth (C44**x**) character are multiple primaries. **

Melanoma MP

Cutaneous Melanoma Multiple Primary Rules – Text
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Rule M4 Melanomas with **different laterality** are multiple primaries. **
Note: A **midline** melanoma is a different laterality than right or left.
Example 1: Melanoma of the right side of the chest and a melanoma at midline of the chest are different laterality, multiple primaries
Example 2: A melanoma of the right side of the chest and a melanoma of the left side of the chest are multiple primaries

Rule M5 Melanomas with ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third number (xx**x**x) are multiple primaries. **

Rule M6 An **invasive** melanoma that occurs **more than 60 days after** an **in situ** melanoma is a multiple primary. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M7 Melanomas diagnosed **more than 60 days** apart are multiple primaries. **

Rule M8 Melanomas that **do not meet any** of the above **criteria** are abstracted as a single primary. *
Note 1: Use the data item "Multiplicity Counter" to record the number of melanomas abstracted as a single primary.
Note 2: When an invasive melanoma follows an in situ melanoma within 60 days, abstract as a single primary.
Note 3: All cases covered by this rule are the same site and histology.

*** Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**
**** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.**
This is the end of instructions for Multiple Melanomas.

Rule M8 Examples: The following are examples of cases that use Rule M8. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.***

Example 1: Solitary melanoma on the left back and another solitary melanoma on the left chest.	**Example 2:** Solitary melanoma on the right thigh and another solitary melanoma on the right ankle.

Cutaneous Melanoma Histology Coding Rules – Text
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY

Rule H1 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of melanoma in the medical record
- PET scan

Note 2: Code the specific histology when documented.

Rule H2 Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.
Note: Code the behavior /3.

Rule H3 Code the histology when only **one histologic type** is identified.

Rule H4 Code the invasive histologic type when there are **invasive and in situ** components.

Rule H5 Code the **histologic type** when the diagnosis is **regressing** melanoma **and** a **histologic** type.
Example: Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).

Rule H6 Code 8723 (Malignant melanoma, regressing) when the diagnosis is **regressing melanoma**.
Example*:* Malignant melanoma with features of regression. Code 8723.

Rule H7 Code the **histologic type** when the diagnosis is **lentigo maligna** melanoma **and** a **histologic** type.

Rule H8 Code 8742 (Lentigo maligna melanoma) when the diagnosis is **lentigo maligna** melanoma.

Rule H9 **Code the** most **specific** histologic **term** when the diagnosis is melanoma, NOS (8720) with a single specific type.
Note 1: The specific type for **in situ** lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation
Note 2: The specific type for **invasive** lesions may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Melanoma Histo

Cutaneous Melanoma Histology Coding Rules – Text
C440-C449 with Histology 8720-8780
(Excludes melanoma of any other site)

Rule H10 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Single Melanoma or Multiple Melanomas Abstracted as a Single Primary. Code the histology according to the rule that fits the case.

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.2, C60.8-C60.9, C63.2

(M-8720-8790)
C44.0 Skin of lip, NOS
C44.1 Eyelid
C44.2 External ear
C44.3 Skin of other and unspecified parts of face
C44.4 Skin of scalp and neck
C44.5 Skin of trunk
C44.6 Skin of upper limb and shoulder
C44.7 Skin of lower limb and hip
C44.8 Overlapping lesion of skin
C44.9 Skin, NOS
C51.0 Labium majus
C51.1 Labium minus
C51.2 Clitoris
C51.8 Overlapping lesion of vulva
C51.9 Vulva, NOS
C60.0 Prepuce
C60.1 Glans penis
C60.2 Body of penis
C60.8 Overlapping lesion of penis
C60.9 Penis
C63.2 Scrotum, NOS

Note 1: Laterality must be coded for C44.1-C44.3, and C44.5-C44.7. For codes C44.3 and C44.5, if the tumor is midline (e.g., chin), code as 9, midline, in the laterality field.
Note 2: For melanoma of sites other than those above, use the site-specific schema for the appropriate site.
Note 3: The level of invasion, as defined by Dr. Wallace Clark, is used when defining subcategories of T1 melanomas, but not for thicker melanoma (i.e., T2, T3 or T4).

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	**CS Site-Specific Factor 1 -** Measured Thickness (Depth), Breslow's Measurement **CS Site-Specific Factor 2 -** Ulceration **CS Site-Specific Factor 3 -** Clinical Status of Lymph Node Mets **CS Site-Specific Factor 4 -** LDH CS Site-Specific Factor 5 CS Site-Specific Factor 6	**The following tables are available at the collaborative staging website:** Histologies for Which AJCC Staging Is Not Generated AJCC Stage Thickness and Ulceration Extension and Ulceration CS Nodes Pos and Clinical Status Mets at DX and LDH

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Tumor Size (Revised: 08/14/2006)

Note: Record the size of the tumor in the CS Tumor Size table below, not depth or thickness. Depth or thickness is recorded in Site-Specific Factor 1 in the Measured Thickness (Depth), Breslow's Measurement table.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given

Code	Description
991	Described as "less than 1 cm"
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
999	Unknown; size not stated Not documented in patient record

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

CS Extension (Revised: 05/04/2004)

Note 1: If there is a discrepancy between the Clark level and the pathologic description of extent, use the higher (more extensive) code.
Note 2: Satellite lesions/nodules or in-transit metastasis are coded under CS Lymph Nodes.
Note 3: Ulceration of the melanoma is coded in Site-Specific Factor 2.

Code	Description	TNM	SS77	SS2000
00	In situ: noninvasive; intraepidermal Clark's level I Basement membrane of the epidermis is intact	Tis	IS	IS
10	Papillary dermis invaded Clark's level II	*	L	L
20	Papillary-reticular dermal interface invaded Clark's level III	*	L	L
30	Reticular dermis invaded Clark's level IV	*	L	L
40	Skin/dermis, NOS Localized, NOS	*	L	L
50	Subcutaneous tissue invaded (through entire dermis) Clark's level V	*	L	RE
80	Further contiguous extension: Underlying cartilage, bone, skeletal muscle	*	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed (e.g., shave biopsy or regressed melanoma) Not documented in patient record	*	U	U

* For Extension codes 10 - 80, and 99 ONLY, the T category is assigned based on values the of CS Site-Specific Factor 1, Measured Thickness, and CS Site-Specific Factor 2, Ulceration, as shown in Extra Table 1, Thickness and Ulceration and Extra Table 2, Extension and Ulceration.

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS TS/Ext-Eval
SEE STANDARD TABLE

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Lymph Nodes (Revised: 08/22/2006)

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.
Note 2: Satellite lesions/nodules or in-transit metastasis are coded under CS Lymph Nodes.
Note 3: Use codes 10-12 if there is regional node involvement without satellite nodule(s) or in-transit metastases. Use codes 13-15 if there are satellite nodule(s) or in-transit metastases but there is either no regional lymph node involvement, or involvement of regional nodes is not stated. Use codes 20-22 if both satellite nodules(s)/in-transit metastases and regional lymph node(s) are present.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes by primary site: (includes bilateral or contralateral nodes for head, neck, and trunk) HEAD AND NECK SITES: All subsites: Cervical, NOS Lip: Mandibular, NOS: Submandibular(submaxillary) Eyelid/canthus: Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular External ear/auditory canal: Mastoid (post-/retro-auricular) (occipital) Preauricular Face, Other (cheek, chin forehead, jaw, nose and temple): Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Parotid, NOS: Infra-auricular Preauricular Scalp: Mastoid (post-/retro-auricular) (occipital) Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Neck: Axillary Mandibular, NOS Mastoid (post-/retro-auricular) Parotid, NOS:	*	RN	RN

Code	Description	TNM	SS77	SS2000
	Infra-auricular Preauricular Spinal accessory (posterior cervical) Supraclavicular (transverse cervical) UPPER TRUNK: Axillary Cervical Internal mammary Supraclavicular LOWER TRUNK: Superficial inguinal (femoral) ARM/SHOULDER: Axillary Epitrochlear for hand/forearm Spinal accessory (posterior cervical) for shoulder LEG/HIP: Popliteal for heel and calf Superficial inguinal (femoral) VULVA/PENIS/SCROTUM: Deep inguinal: Rosenmuller or Cloquet node Superficial inguinal (femoral) ALL SITES: Regional lymph node(s), NOS			
12	Regional lymph node(s) by primary site: HEAD AND NECK SITES: Lip: Facial, NOS Buccinator (buccal) Nasolabial Mandibular, NOS Submental Parotid, NOS Infra-auricular Preauricular Eyelid/canthus: Facial, NOS: Mandibular, NOS Submental Face, Other (cheek, chin, forehead, jaw, nose, and temple): Mandibular, NOS Submental Neck: Mandibular, NOS Submental	*	D	RN
13	Satellite nodule(s) or in-transit metastases, NOS (distance from primary tumor not stated) WITHOUT regional lymph node involvement or involvement of regional nodes not stated.	N2c	RE	RE
14	Satellite nodule(s) or in-transit metastases less than or equal to 2cm from primary tumor WITHOUT regional lymph node involvement or involvement of regional nodes not stated.	N2c	RE	RE

Code	Description	TNM	SS77	SS2000
15	Satellite nodule(s) or in-transit metastases greater than 2cm from primary tumor WITHOUT regional lymph node involvement or involvement of regional nodes not stated.	N2c	RE	RN
17	Matted lymph nodes in code 10	N3	RN	RN
18	Matted lymph nodes in code 12	N3	D	RN
20	Satellite nodule(s) or in-transit metastases WITH regional lymph nodes listed in code 10.	N3	RE+RN	RE+RN
22	Satellite nodule(s) or in-transit metastases WITH regional lymph nodes listed in code 12.	N3	D	RE+RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

* For codes 10, 12, and 80 ONLY, the N category depends on the values in Reg LN Pos and SSF 3, as shown in the CS Nodes Pos and Clinical Status table.

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

CS Reg Nodes Eval (Revised: 09/17/2007)

Note: This item reflects the validity of the classification of the item CS Lymph Nodes only according to diagnostic methods employed.

Code	Description	Staging Basis
0	No regional lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No regional lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination. Evidence based on endoscopic examination, diagnostic biopsy including fine needle aspiration of lymph node(s), satellite nodule(s) or in-transit metastases (nodules) or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used.	c
2	No regional lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Regional lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination (removal of at least one lymph node, satellite nodule(s) or in-transit metastasis) WITHOUT pre-surgical systemic treatment or radiation OR lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination, unknown if pre-surgical systemic treatment or radiation performed.	p
5	Regional lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination WITH pre-surgical systemic treatment or radiation, BUT lymph node, satellite nodule(s) or in-transit metastases (nodules) evaluation based on clinical evidence.	c

Code	Description	Staging Basis
6	Regional lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination WITH pre-surgical systemic treatment or radiation, and lymph node(s), satellite nodule(s) or in-transit metastases (nodules) evaluation based on pathological evidence.	y
8	Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Unknown if lymph nodes, satellite nodule(s) or in-transit metastases (nodules) removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

Reg LN Pos (Revised: 08/18/2006)

Note 1: Record this field even if there has been preoperative treatment.
Note 2: Although satellite nodules and in-transit metastasis are coded under CS Lymph Nodes, DO NOT count as Reg LN Pos in this field.

Code	Description
00	All nodes examined negative.
01-89	1 - 89 nodes positive (code exact number of nodes positive)
90	90 or more nodes positive
95	Positive aspiration or core biopsy of lymph node(s)
97	Positive nodes - number unspecified
98	No nodes examined
99	Unknown if nodes are positive; not applicable Not documented in patient record

Malignant Melanoma of Skin, Vulva, Penis, Scrotum

Reg LN Exam (Revised: 08/18/2006)

Note: Although satellite nodules and in-transit metastasis are coded under CS Lymph Nodes, DO NOT count as Reg LN Exam in this field.

Code	Description
00	No nodes examined
01-89	1 - 89 nodes examined (code exact number of regional lymph nodes examined)
90	90 or more nodes examined
95	No regional nodes removed, but aspiration or core biopsy of regional nodes performed
96	Regional lymph node removal documented as sampling and number of nodes unknown/not stated
97	Regional lymph node removal documented as dissection and number of nodes unknown/not stated

Code	Description
98	Regional lymph nodes surgically removed but number of lymph nodes unknown/not stated and not documented as sampling or dissection; nodes examined, but number unknown
99	Unknown if nodes were examined; not applicable or negative Not documented in patient record

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Mets at DX (Revised: 08/22/2006)

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
05	Underlying cartilage, bone, skeletal muscle	*	D	D
10	Distant lymph node(s)	*	D	D
40	Distant metastasis, NOS	*	D	D
42	Metastases to skin or subcutaneous tissue beyond regional lymph nodes	*	D	D
43	Lung	*	D	D
44	All other visceral sites Carcinomatosis Other distant sites	M1c	D	D
52	(10) + (42)	*	D	D
53	(10) + (43)	*	D	D
54	(10) + (44)	M1c	D	D
99	Unknown Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

* For codes 05, 10, 40, 42, 43, 52 and 53 ONLY, the M category is assigned based on the status of serum LDH as coded in Site-Specific Factor 4 LDH table and shown in the Special Mets at DX and LDH table.

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Mets Eval
SEE STANDARD TABLE

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 1 Measured Thickness (Depth), Breslow's Measurement (Revised: 08/15/2006)

Note: Code MEASURED THICKNESS (Depth) of tumor (Breslow's measurement), not size. Record actual measurement in hundredths of millimeters from Pathology Department.

Code	Description
000	No mass/tumor found

Code	Description
001-988	0.01 - 9.88 millimeters Code exact measurement in HUNDREDTHS of millimeters. Examples: 001 0.01 millimeter 002 0.02 millimeters 010 0.1 millimeter 074 0.74 millimeters 100 1 millimeters 105 1.05 millimeters 988 9.88 millimeters
989	9.89 millimeters or larger
990	OBSOLETE - Microinvasion; microscopic focus or foci only; no size given NOTE: See code 999
999	Microinvasion; microscopic focus or foci only; no size given Not documented in patient record Unknown; size not stated

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 2 Ulceration (Revised: 05/04/2004)

Note 1: Melanoma ulceration is the absence of an intact epidermis overlying the primary melanoma based upon histopathological examination.

Note 2: If there is no documentation or no mention of ulceration in the pathology report, assume ulceration is not present and code 000.

Code	Description
000	No ulceration present
001	Ulceration present
999	Unknown Not stated Not documented in patient record

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 3 Clinical Status of Lymph Node Mets (Revised: 05/04/2004)

Note: Use code 000, No lymph node metastases, if either: A) there is no lymph node involvement, i.e., CS Lymph Nodes is coded 00, or B) there are satellite nodules or in-transit metastases, but no regional lymph node metastases, i.e., CS Lymph Nodes is coded 13-15.

Code	Description
000	No lymph node metastases
001	Clinically occult (microscopic) lymph node metastases only
002	Clinically apparent (macroscopic) lymph node metastases
999	Unknown Not stated Not documented in patient record

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 4 LDH (Revised: 02/04/2005)

Note: Per AJCC, "An elevated serum LDH should be used only when there are 2 or more determinations obtained more than 24 hours apart, because an elevated serum LDH on a single determination can be falsely positive as a result of hemolysis or other factors unrelated to melanoma metastases."

Code	Description
000	Test not done, test was not ordered and was not performed
002	Within normal limits
004	Range 1 less than 1.5 x upper limit of normal for LDH assay; Stated as elevated, NOS
005	Range 2 1.5 - 10 x upper limit of normal for LDH assay
006	Range 3 more than 10 x upper limit of normal for LDH assay
008	Ordered, but results not in chart
999	Unknown Not stated Not documented in patient record

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Malignant Melanoma of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Surgery Codes

Skin
C440–C449
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser ablation

No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy

Any combination of 20 or 26–27 WITH
- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[***SEER Note:*** Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

25 Laser excision

Specimen sent to pathology from surgical events 20–27

[***SEER Notes:*** Assign code 11 if there is no pathology specimen. Assign code 21 if there is a pathology specimen. Codes 20-27 include shave and wedge resection]

30 Biopsy of primary tumor followed by a gross excision of the lesion (does not have to be done under the same anesthesia)
- 31 Shave biopsy followed by a gross excision of the lesion
- 32 Punch biopsy followed by a gross excision of the lesion
- 33 Incisional biopsy followed by a gross excision of the lesion
- 34 Mohs surgery, NOS
- 35 Mohs with 1-cm margin or less
- 36 Mohs with more than 1-cm margin

[***SEER Notes:*** Codes 30 to 35 include less than a wide excision, less than or equal to 1 cm margin or margins are unknown. If it is stated to be a **wide excision** or **reexcision**, but the **margins are unknown**, code to 30. Code 45 represents a wide excision in which it is known that the margins of excision are greater than 1 cm.]

Surgery Codes

45 Wide excision or reexcision of lesion or minor (local) amputation with margins more than 1 cm, NOS. Margins MUST be microscopically negative.
- 46 WITH margins more than 1 cm and less than or equal to 2 cm
- 47 WITH margins greater than 2 cm

If the excision does not have microscopically negative margins greater than 1 cm, use the appropriate code, 20-36.

60 Major amputation

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Surgery Codes

All Other Sites
C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, **C510–C519**, C529, C570–C579, C589, **C600–C609**, **C630–C639,** C680–C689, C690–C699, C740–C749, C750–C759
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser

No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy

Any combination of 20 or 26–27 WITH
- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[***SEER Note:*** Codes 21 to 24 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

- 25 Laser excision

Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

40 Total surgical removal of primary site; enucleation
- 41 Total enucleation (for eye surgery only)

50 Surgery stated to be "debulking"

60 Radical surgery
Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs
[***SEER Note:*** In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum (M9700-9701)
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.2, C60.8-C60.9, C63.2

Note: For Multiple Primary and Histology Coding Rules: see Other Sites (pg C-1011)

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum (M-9700-9701)
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.2, C60.8-C60.9, C63.2

C44.0 Skin of lip, NOS
C44.1 Eyelid
C44.2 External ear
C44.3 Skin of other and unspecified parts of face
C44.4 Skin of scalp and neck
C44.5 Skin of trunk
C44.6 Skin of upper limb and shoulder
C44.7 Skin of lower limb and hip
C44.8 Overlapping lesion of skin
C44.9 Skin, NOS
C51.0 Labium majus
C51.1 Labium minus
C51.2 Clitoris
C51.8 Overlapping lesion of vulva
C51.9 Vulva, NOS
C60.0 Prepuce
C60.1 Glans penis
C60.2 Body of penis
C60.8 Overlapping lesion of penis
C60.9 Penis
C63.2 Scrotum, NOS

Note 1: Laterality must be coded for C44.1-C44.3 and C44.5-C44.7. For codes C44.3 and C44.5, if the tumor is midline (e.g., chin), code as 9 (midline) in the laterality field.
Note 2: Source: Developed by the Mycosis Fungoides Cooperative Group (MFCG)

CS Tumor Size	**CS Site-Specific Factor 1 -**	**The following tables are available at the collaborative staging website:**
CS Extension	Peripheral Blood Involvement	Histology Exclusion Table
CS TS/Ext-Eval	CS Site-Specific Factor 2	AJCC Stage
CS Lymph Nodes	CS Site-Specific Factor 3	
CS Reg Nodes Eval	CS Site-Specific Factor 4	
Reg LN Pos	CS Site-Specific Factor 5	
Reg LN Exam	CS Site-Specific Factor 6	
CS Mets at DX		
CS Mets Eval		

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Tumor Size
SEE STANDARD TABLE

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Extension (Revised: 08/15/2006)

Note 1: In approximating body surface, the palmar surface of the hand, including digits, is about 1%.
Note 2: Use code 25 when skin involvement is present but only a general location/site is mentioned (i.e., face, legs, torso, arms). Use code 30 when there is skin involvement but there is no mention of location/site.

Code	Description	TNM	SS77	SS2000
10	Plaques, papules, or erythematous patches ("plaque stage"): Less than 10% of skin surface, no tumors Limited plaques/patches MFCG Stage I	T1	L	L

Code	Description	TNM	SS77	SS2000
20	Plaques, papules, or erythematous patches ("plaque stage"): Greater than or equal to 10% of skin surface, no tumors Generalized plaques/patches MFCG Stage II	T2	L	L
25	Plaques, papules, or erythematous patches ("plaque stage"): % or body surface not stated, no tumors	T2	L	L
30	Skin involvement, NOS: Extent not stated, no tumors Localized, NOS	T1	L	L
50	One or more tumors (tumor stage) Cutaneous tumors	T3	RE	RE
70	Generalized erythroderma (greater than 50% of body involved with diffuse redness) Sezary syndrome/Sezary disease MFCG Stage III	T4	RE	RE
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS TS/Ext-Eval
SEE STANDARD TABLE

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Lymph Nodes (Revised: 08/21/2006)
Note: For this site, code ALL lymph node (regional and distant) involvement in this field.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Clinically enlarged palpable lymph node(s) (adenopathy), and either pathologically negative nodes or no pathological statement	N1	RN	RN
20	No clinically enlarged palpable lymph node(s) (adenopathy); pathologically positive lymph node(s)	N2	RN	RN
30	Both clinically enlarged palpable lymph node(s) (adenopathy) and pathologically positive lymph nodes	N3	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Reg Nodes Eval
SEE STANDARD TABLE

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
Reg LN Pos
SEE STANDARD TABLE

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
Reg LN Exam
SEE STANDARD TABLE

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Mets at DX (Revised: 08/15/2006)

Note: For this site, code ALL lymph node (regional and distant) involvement in the CS Lymph Nodes field.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
40	Visceral (non-cutaneous, extra nodal) involvement: Carcinomatosis Distant metastasis, NOS MFCG Stage IV	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Mets Eval
SEE STANDARD TABLE

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 1 Peripheral Blood Involvement (Revised: 08/15/2006)

Code	Description
000	No peripheral blood involvement: Less than 1000 Sezary cells
001	Atypical circulating cells in peripheral blood: Less than 5% Greater than or equal to 1000 Sezary cells
002	Atypical circulating cells in peripheral blood: Greater than 5%
003	% not stated
999	Insufficient information Not documented in patient record

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum
CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Surgery Codes

Skin
C440–C449
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser ablation

No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy

Any combination of 20 or 26–27 WITH
- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[***SEER Note:*** Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

- 25 Laser excision

Specimen sent to pathology from surgical events 20–27

[***SEER Notes:*** Assign code 11 if there is no pathology specimen. Assign code 21 if there is a pathology specimen. Codes 20-27 include shave and wedge resection]

30 Biopsy of primary tumor followed by a gross excision of the lesion (does not have to be done under the same anesthesia)
- 31 Shave biopsy followed by a gross excision of the lesion
- 32 Punch biopsy followed by a gross excision of the lesion
- 33 Incisional biopsy followed by a gross excision of the lesion
- 34 Mohs surgery, NOS
- 35 Mohs with 1-cm margin or less
- 36 Mohs with more than 1-cm margin

[***SEER Notes:*** Codes 30 to 35 include less than a wide excision, less than or equal to 1 cm margin or margins are unknown. If it is stated to be a **wide excision** or **reexcision**, but the **margins are unknown**, code to 30. Code 45 represents a wide excision in which it is known that the margins of excision are greater than 1 cm.]

Surgery Codes

45 Wide excision or reexcision of lesion or minor (local) amputation with margins more than 1 cm, NOS. Margins MUST be microscopically negative.
- 46 WITH margins more than 1 cm and less than or equal to 2 cm
- 47 WITH margins greater than 2 cm

If the excision does not have microscopically negative margins greater than 1 cm, use the appropriate code, 20-36.

60 Major amputation

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Surgery Codes

All Other Sites
C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, C480–C488, **C510–C519**, C529, C570–C579, C589, **C600–C609**, **C630–C639,** C680–C689, C690–C699, C740–C749, C750–C759
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser

No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy

Any combination of 20 or 26–27 WITH
- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[***SEER Note:*** Codes 21 to 24 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

- 25 Laser excision

Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

40 Total surgical removal of primary site; enucleation
- 41 Total enucleation (for eye surgery only)

50 Surgery stated to be "debulking"

60 Radical surgery
Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs
[***SEER Note:*** In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Coding Guidelines
BONES, JOINTS, AND ARTICULAR CARTILAGE C400–C419
PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM C470–C479
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES C490–C499

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Laterality
Laterality is required for sites C400-C403, C413-C414, C471-C472, and C491-C492.

Three Grade System (Nuclear Grade)
There are several sites for which a three-grade system is used. The patterns of cell growth are measured on a scale of 1, 2, and 3 (also referred to as low, medium, and high grade). This system measures the proportion of cancer cells that are growing and making new cells and how closely they resemble the cells of the host tissue. Thus, it is similar to a four-grade system, but simply divides the spectrum into three rather than four categories (see comparison table below). The expected outcome is more favorable for lower grades. Soft tissue sarcomas are evaluated using a three-grade system.

If a grade is written as 2/3 that means this is a grade 2 of a three-grade system. Do not simply code the numerator. Use the following table to convert the grade to SEER codes.

Term	Grade	SEER Code
1/3, 1/2	Low grade	2
2/3	Intermediate grade	3
3/3, 2/2	High grade	4

Sarcoma
Sarcomas are graded low, intermediate or high grade by the pathologist. Use the following table to convert these terms to a histologic grade.

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
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

Nerves, Nervous System, Soft Tissues
C470-479, C490-499

Note: For Multiple Primary and Histology Coding Rules: see Other Sites (pg C-1011)

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
C47.0-C47.6, C47.8-C47.9, C49.0-C49.6, C49.8-C49.9

C47.0 Peripheral nerves and autonomic nervous system of head, face and neck
C47.1 Peripheral nerves and autonomic nervous system of upper limb and shoulder
C47.2 Peripheral nerves and autonomic nervous system of lower limb and hip
C47.3 Peripheral nerves and autonomic nervous system of thorax
C47.4 Peripheral nerves and autonomic nervous system of abdomen
C47.5 Peripheral nerves and autonomic nervous system of pelvis
C47.6 Peripheral nerves and autonomic nervous system of trunk, NOS
C47.8 Overlapping lesion of peripheral nerves and autonomic nervous system
C47.9 Autonomic nervous system, NOS
C49.0 Connective, subcutaneous and other soft tissues of head, face, and neck
C49.1 Connective, subcutaneous and other soft tissues of upper limb and shoulder
C49.2 Connective, subcutaneous and other soft tissues of lower limb and hip
C49.3 Connective, subcutaneous and other soft tissues of thorax
C49.4 Connective, subcutaneous and other soft tissues of abdomen
C49.5 Connective, subcutaneous and other soft tissues of pelvis
C49.6 Connective, subcutaneous and other soft tissues of trunk
C49.8 Overlapping lesion of connective, subcutaneous and other soft tissues
C49.9 Connective, subcutaneous and other soft tissues, NOS

Note 1: Laterality must be coded for C47.1-C47.2 and C49.1-C49.2.
Note 2: Soft tissue sarcomas of the heart and mediastinum (C38.0-C38.3 and C38.9) use the Heart, Mediastinum schema.

CS Tumor Size	CS Site-Specific Factor 1	**The following tables are available at the collaborative staging website:**
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	Histology Exclusion Table
CS Reg Nodes Eval	CS Site-Specific Factor 5	AJCC Stage
Reg LN Pos	CS Site-Specific Factor 6	Special Extension Size Table 1
Reg LN Exam		Special Extension Size Table 2
CS Mets at DX		Special Extension Size Table 3
CS Mets Eval		

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS Tumor Size
SEE STANDARD TABLE

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS Extension (Revised: 12/20/2003)

Note 1: Connective tissue includes adipose tissue; aponeuroses; arteries; blood vessels; bursa; connective tissue, NOS; fascia; fatty tissue; fibrous tissue; ligaments; lymphatic channels (not nodes); muscle; skeletal muscle; subcutaneous tissue; synovia; tendons; tendon sheaths; veins; and vessels, NOS. Peripheral nerves and autonomic nervous system includes: ganglia, nerve, parasympathetic nervous system, peripheral nerves, spinal nerves, sympathetic nervous system.
Note 2: If a vessel has a name, for example, brachial artery or recurrent laryngeal nerve, consider it a structure (code 60).
Note 3: For tumors of the extremities and trunk ONLY, superficial lesions are defined as those not involving the superficial muscular fascia. Deep lesions are those that involve or are beneath the superficial fascia.

Note 4: According to AJCC, "All intraperitoneal visceral lesions, retroperitoneal lesions, and intrathoracic lesions, and the majority of head and neck tumors are considered deep." For coding extension of soft tissue tumors in these sites (C47.0, C47.3-5, C49.0, C49.3-5), use only codes 12, 32, 42, 62, 80, 95, or 99.
Note 5: Definition of Adjacent Connective Tissue: Some of the schemes for ill-defined or non-specific sites in this manual contain a code 40, adjacent connective tissue, which is defined here as the unnamed tissues that immediately surround an organ or structure containing a primary cancer. Use this code when a tumor has invaded past the outer border (capsule, serosa, or other edge) of the primary organ into the organ's surrounding supportive structures but has not invaded into larger structures or adjacent organs. In general, these tissues do not have specific names. These tissues form the framework of many organs, provide support to hold organs in place, bind tissues and organs together, and serve as storage sites for nutrients. Blood, cartilage and bone are sometimes considered connective tissues, but in this manual they are listed separately.

Code	Description	TNM	SS77	SS2000
10	Invasive tumor confined to site/tissue of origin, NOS	***	L	L
11	Superficial invasive tumor confined to site/tissue of origin (lesion does not involve superficial fascia)	*	L	L
12	Deep tumor confined to site/tissue of origin	**	L	L
30	Localized, NOS	***	L	L
31	Superficial: localized tumor, NOS	*	L	L
32	Deep: localized tumor, NOS	**	L	L
40	Adjacent connective tissue (see Note 5)	***	RE	RE
41	Superficial tumor involving adjacent connective tissue	*	RE	RE
42	Deep tumor involving adjacent connective tissue	**	RE	RE
60	Adjacent organs/structures including bone/cartilage (including major vessel invasion) (see Note 5)	***	RE	RE
61	Superficial tumor involving adjacent organs/structures including bone/cartilage (including major vessel invasion) (see Note 5)	*	RE	RE
62	Deep tumor involving adjacent organs/structures including bone/cartilage (including major vessel invasion) (see Note 5)	**	RE	RE
80	Further contiguous extension	**	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

* For Extension codes 11, 31, 41, and 61 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in the Special Extension Size Table 1 for this site.
** For Extension codes 12, 32, 42, 62 and 80 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in the Special Extension Size Table 2 for this site.
*** For Extension codes 10, 30, 40, and 60 ONLY, the T category is assigned based on the value of CS Tumor Size as shown in the Special Extension Size Table 3 for this site.

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS TS/Ext-Eval
SEE STANDARD TABLE

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS Lymph Nodes (Revised: 08/15/2006)

Note 1: Regional lymph nodes are defined as those in the vicinity of the primary tumor.
Note 2: Regional lymph node involvement is rare. For this schema, if there is no mention of lymph node involvement clinically, assume that lymph nodes are negative (code 00). Use code 99 (Unknown) only when there is no available information on the extent of the patient's disease, for example, when a lab-only case is abstracted from a biopsy report and no clinical history is available.
Note 3: For head, neck and trunk primaries ONLY, regional lymph nodes include bilateral or contralateral nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes by primary site: All Head and Neck Subsites: Cervical Lip: Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Submental Parotid, NOS: Infra-auricular Preauricular Eyelid/canthus: Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Submental Parotid, NOS: Infra-auricular External ear and auditory canal: Mastoid (posterior, retro-auricular) (occipital) Preauricular Face, Other (cheek, chin, forehead, jaw, nose, and temple): Facial, NOS: Buccinator (buccal) Nasolabial Mandibular, NOS: Submandibular (submaxillary) Submental Parotid, NOS: Infra-auricular Preauricular Scalp: Mastoid (posterior, retro-auricular) (occipital)	N1	RN	RN

Code	Description	TNM	SS77	SS2000
	Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Neck: Axillary Mastoid (posterior, retro-auricular) (occipital) Mandibular, NOS Parotid, NOS: Infra-auricular Preauricular Spinal accessory (posterior cervical) Supraclavicular (transverse cervical) Arm/shoulder: Axillary Spinal accessory for shoulder Epitrochlear for hand/forearm Leg/hip: Femoral (superficial inguinal) Popliteal for heel and calf Thorax: Hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Mediastinal Abdomen: Celiac Iliac Para-aortic Pelvis: Deep inguinal, NOS: Rosenmuller or Cloquet node Superficial inguinal (femoral) Upper trunk: Axillary Cervical Internal mammary Supraclavicular (transverse cervical) Lower trunk: Superficial inguinal (femoral) All sites: Regional lymph node(s), NOS			
12	Submental nodes for neck primary only (including bilateral or contralateral)	N1	D	RN
15	Neck primary only: (10) + (12)	N1	D	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown (see Note 2)	NX	U	U

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues

CS Reg Nodes Eval

SEE STANDARD TABLE

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
Reg LN Pos
SEE STANDARD TABLE

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
Reg LN Exam
SEE STANDARD TABLE

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS Mets at DX
SEE STANDARD TABLE

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS Mets Eval
SEE STANDARD TABLE

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS Site-Specific Factor 1 (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues
CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Surgery Codes

Bones, Joints, And Articular Cartilage C400–C419
Peripheral Nerves And Autonomic Nervous System C470–C479
Connective, Subcutaneous, And Other Soft Tissues C490–C499
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS
Unknown whether a specimen was sent to pathology for surgical events coded 19 (Principally for cases diagnosed prior to January 1, 2003)

15 Local tumor destruction
No specimen sent to pathology from surgical event 15

25 Local excision

26 Partial resection
Specimen sent to pathology from surgical events 25–26

30 Radical excision or resection of lesion WITH limb salvage

40 Amputation of limb
- 41 Partial amputation of limb
- 42 Total amputation of limb

50 Major amputation, NOS
- 51 Forequarter, including scapula
- 52 Hindquarter, including ilium/hip bone
- 53 Hemipelvectomy**, NOS**
- 54 Internal hemipelvectomy

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Retroperitoneum, Peritoneum
C480-C488

Note: For Multiple Primary and Histology Coding Rules: see Other Sites (pg C-1011)

Retroperitoneum and Peritoneum
C48.0-C48.2, C48.8

C48.0 Retroperitioneum
C48.1 Specified parts of peritoneum (including omentum and mesentery)
C48.2 Peritoneum, NOS
C48.8 Overlapping lesion of retroperitoneum and peritoneum
Note: AJCC includes these sites with soft tissue sarcomas (C47.0-C48.9)

CS Tumor Size	CS Site-Specific Factor 1	**The following tables are available at the collaborative staging website:**
CS Extension	CS Site-Specific Factor 2	
CS TS/Ext-Eval	CS Site-Specific Factor 3	
CS Lymph Nodes	CS Site-Specific Factor 4	Histology Exclusion Table
CS Reg Nodes Eval	CS Site-Specific Factor 5	AJCC Stage
Reg LN Pos	CS Site-Specific Factor 6	Extension Size Table
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Retroperitoneum and Peritoneum
CS Tumor Size

SEE STANDARD TABLE

Retroperitoneum and Peritoneum
CS Extension (Revised: 12/04/2003)

Note: For AJCC TNM staging, all retroperitoneal lesions are considered deep lesions.

Code	Description	TNM	SS77	SS2000
10	Tumor confined to site of origin	*	L	L
30	Localized, NOS	*	L	L
40	Adjacent connective tissue see definition of adjacent connective tissue in General Instructions.	*	RE	RE
60	Adjacent organs/structures including bone/cartilage Retroperitoneum: Adrenal(s) (suprarenal gland(s)) Aorta Ascending colon Descending colon Kidney(s) Pancreas Vena cava Vertebra Peritoneum: Colon (except ascending and descending colon) Esophagus Gallbladder Liver Small intestine Spleen Stomach	*	RE	RE

Code	Description	TNM	SS77	SS2000
80	Further contiguous extension, including: For retroperitoneum, extension to colon other than ascending or descending For peritoneum, extension to ascending or descending colon	*	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

* For codes 10-80 ONLY, the T category is assigned based on value of CS Tumor Size, as shown in the Extension Size Table for this site.

Retroperitoneum and Peritoneum
CS TS/Ext-Eval
SEE STANDARD TABLE

Retroperitoneum and Peritoneum
CS Lymph Nodes (Revised: 12/04/2003)

Note 1: Regional lymph nodes are defined as those in the vicinity of the primary tumor.
Note 2: Regional lymph node involvement is rare. For this schema, if there is no mention of lymph node involvement clinically, assume that lymph nodes are negative (code 00). Use code 99 (Unknown) only when there is no available information on the extent of the patient's disease, for example, when a lab-only case is abstracted from a biopsy report and no clinical history is available.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes: Intra-abdominal Paracaval Pelvic Subdiaphragmatic Regional lymph nodes, NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown (see Note 2)	NX	U	U

Retroperitoneum and Peritoneum
CS Reg Nodes Eval
SEE STANDARD TABLE

Retroperitoneum and Peritoneum
Reg LN Pos
SEE STANDARD TABLE

Retroperitoneum and Peritoneum
Reg LN Exam
SEE STANDARD TABLE

Retroperitoneum and Peritoneum
CS Mets at DX
SEE STANDARD TABLE

Retroperitoneum and Peritoneum
CS Mets Eval
SEE STANDARD TABLE

Retroperitoneum and Peritoneum
CS Site-Specific Factor 1 (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

Retroperitoneum and Peritoneum
CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Retroperitoneum and Peritoneum
CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Retroperitoneum and Peritoneum
CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Retroperitoneum and Peritoneum
CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Retroperitoneum and Peritoneum

CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

All Other Sites
C142–C148, C170–C179, C239, C240–C249, C260–C269, C300–C301, C310–C319, C339, C379, C380–C388, C390–C399, **C480–C488**, C510–C519, C529, C570–C579, C589, C600–C609, C630–C639, C680–C689, C690–C699, C740–C749, C750–C759
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser

No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy

Any combination of 20 or 26–27 WITH
- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[***SEER Note:*** Codes 21 to 24 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

- 25 Laser excision

Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

40 Total surgical removal of primary site; enucleation
- 41 Total enucleation (for eye surgery only)

50 Surgery stated to be "debulking"

60 Radical surgery
Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs
[***SEER Note:*** In continuity with or "en bloc" means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

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