

**SEER Program:**

**Comparative  
Staging Guide  
For Cancer**

**MAJOR CANCER SITES**

Version 1.1

NATIONAL INSTITUTES OF HEALTH  
National Cancer Institute

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# **SEER PROGRAM: COMPARATIVE STAGING GUIDE FOR CANCER**

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Major Cancer Sites:

Colon and Rectum  
Lung and Bronchus  
Breast  
Female Genital  
Prostate Gland  
Urinary Bladder

Version 1.1  
June 1993

SEER Program  
Cancer Statistics Branch  
Division of Cancer Prevention and Control  
National Cancer Institute

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# **SEER PROGRAM: COMPARATIVE STAGING GUIDE FOR CANCER**

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*Comparative Staging Guide for Cancer* is based on the *SEER Extent of Disease--1988: Codes and Coding Instructions*, which was prepared by Evelyn M. Shambaugh, MA; Lynn A. Gloeckler Ries, MS; John L. Young, Jr., Dr PH; and Mary A. Kruse, all of the Cancer Statistics Branch, Surveillance Program, Division of Cancer Prevention and Control (DCPC), National Cancer Institute.

*Comparative Staging Guide for Cancer* is based on the *Manual for Staging of Cancer*, third edition, of the American Joint Committee on Cancer.



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## PREFACE

This *Comparative Staging Guide for Cancer* is being issued in parts, with this first part covering the major cancer sites of colon and rectum, lung, breast, female genital, prostate, and urinary bladder. Subsequent parts will cover additional cancer sites, and a future edition is planned to be compatible with the AJCC's *Manual for Staging of Cancer*, fourth edition (1992).

Publication of the major cancer sites culminates a process spanning many years, during which there were major changes in codes for primary site and histologic type, changes in SEER extent of disease, and changes in thinking regarding appropriate stage groupings. Version 1.1 represents SEER's best understanding and interpretation as of June 1993 of how the data SEER collects can be related to AJCC's third edition categories. AJCC and UICC continue to interpret and revise their staging systems. However, we felt it was more important to issue what we believe to be a useful guide compatible with the AJCC's third edition than to continue to delay publication while waiting for an elusive "final" interpretation.

This version of the *Comparative Staging Guide for Cancer* cannot replace either the SEER *Summary Staging Guide* or the *Self-Instructional Manual for Tumor Registrars: Book 6*, which incorporated the *Summary Staging Guide*. Not all primary sites are covered, nor does the present guide serve all the purposes of Book 6, since it does not provide self-instructional material to train the novice in applying staging or extent of disease categories to specific cases. We are still considering how best to prepare a revised Book 6.

The guide is designed to be published as both a document and a set of computer routines (written in COBOL) which can recode *SEER Extent of Disease--1988* into the various staging systems described in this guide. We welcome comments and suggestions regarding this material. Send them to:

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## DEFINITIONS OF ABBREVIATIONS AND SYMBOLS

AJCC	American Joint Committee on Cancer (AJC prior to June 19, 1980)
C-	topography code of the <i>International Classification of Diseases for Oncology</i> , second edition (ICD-O-2, 1990)
cm	centimeter
COC	Commission on Cancer of the American College of Surgeons
EOD	Extent of disease
ERG	End Results Group of the National Cancer Institute, predecessor of the SEER program
excl.	excluding, exclusive
FIGO	International Federation of Gynecology and Obstetrics/Federation Internationale de Gynecologie et d'Obstetrique
g	gram(s)
GE	gastroesophageal
GI	gastrointestinal
incl.	including, inclusive
IS	in situ
KUB	kidneys, ureters, bladder
M-	morphology code of the <i>International Classification of Diseases for Oncology</i> , second edition (ICD-O-2, 1990)
mm	millimeter
MSB	main stem bronchus
NFS	not further specified
NOS	not otherwise specified
NR	not recorded
NXr*	regional lymph nodes, NOS, positive for cancer
NXu*	lymph nodes, NOS, positive for cancer: unknown if regional or distant
N1x*	Site-specific SEER-defined N category used when limited information precludes assigning a specific AJCC N subcategory
SEER	Surveillance, Epidemiology, and End Results Program of the National Cancer Institute
T-	topography code of the <i>International Classification of Diseases for Oncology</i> , first edition (ICD-O, 1976)
TNM	primary tumor, regional lymph nodes, distant metastasis
TXa-TXc*	Site-specific SEER-defined T categories used when limited information precludes assigning a specific AJCC T category
T1x-T3x*	Site-specific SEER-defined T categories used when limited information precludes assigning a specific AJCC T subcategory
UICC	International Union Against Cancer/Union Internationale Contre le Cancer
<	less than
>	greater than
≤	less than or equal to
≥	greater than or equal to

\* abbreviations unique to this guide



# **INTRODUCTION**







## OVERVIEW

Extent of disease or stage of disease at diagnosis is a data item of central importance collected by most cancer registries. It is part of the core data set required of hospital cancer programs approved by the Commission on Cancer (COC) of the American College of Surgeons, and one of the required elements in the data set of the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. However, hospital and central cancer registries collect and code stage data using a variety of staging schemes designed to meet different needs. The major schemes used to classify cancer registry stage data today are:

- The American Joint Committee on Cancer's TNM system  
(required by COC, see page I.13)
- SEER Extent of Disease (EOD)  
(required by SEER, see page I.6)
- *SEER Summary Staging Guide*, probably used by most registries, either exclusively, or in addition to one or both of the above schemes  
(see page I.11)
- Other summary stages  
(see page I.13)

Changes over time in methods of cancer screening, diagnosis, staging, and treatment have affected the distribution of stage of disease, but there have also been changes over time in the classification schemes themselves that can complicate data analysis and obscure the meaning of time trends. For all these reasons, comparing cancer registry data by stage over time or across registries, or using pooled data collected by different registries, is problematic. Detailed information about the differences among the staging schemes, their changes over time, and the potential effects of these differences on data comparisons have not been available in a concise or convenient form to those collecting or analyzing registry data.

The *Comparative Staging Guide for Cancer* (CSGC) documents the varying definitions from several currently-used stage classifications and provides systematic, uniform, tabular comparisons. The CSGC is based on *SEER Extent of Disease -- 1988: Codes and Coding*

*Instructions*, second edition (1992), described in detail below (referred to as EOD or SEER EOD 88). Since the primary purpose of the CSGC was to effect recoding of EOD into multiple stage classifications, EOD is the pivot point for all comparisons. Other purposes of the CSGC are:

- To assist the tumor registrar in abstracting and coding extent of disease and stage data;
- To define the stages in terms of extent of disease information for different staging classifications;
- To show the relationships among different staging classifications;
- To serve as a resource for understanding how SEER data were originally coded and how to interpret SEER data by stage; and
- To serve as documentation of computer conversion programs used by SEER to collapse EOD into different staging classifications.

Whenever the assumptions made in this book are followed, the final staging and comparisons will be consistent with summary statistics produced by SEER. Persons analyzing hospital or central registry data will find it useful as a source of documentation of the cases included in a stage category and of potential differences in series of cases due to coding differences. Those using the SEER computer conversion programs will use it to document how EOD was collapsed into stage categories.

The CSGC is divided into two major sections. Section 1 shows, for each cancer site, the relationship of SEER Extent of Disease (SEER EOD-88) to:

- TNM (primary tumor, regional lymph nodes, distant metastasis) designations defined by the American Joint Committee on Cancer (AJCC) in the *Manual for Staging of Cancer*, third edition, and by the International Union Against Cancer/Union Internationale Contre le Cancer (UICC) in the *TNM Classification of Malignant Tumours*, fourth edition;
- localized, regional, and distant stages as defined in: a) SEER published data, using SEER historic stage, b) the *Summary Staging Guide*, and c) this CSGC. (These three staging classifications are not identical.)

Section 2 contains the site-specific definitions for AJCC/UICC stage and AJCC/UICC stage as used by SEER, based on TNM designations from section 1.

To summarize, this *Comparative Staging Guide* allows for the collapse of SEER EOD into stage in five different systems:

- Three summary stages
  1. SEER historic stage
  2. *Summary Staging Guide* stage
  3. *Comparative Staging Guide* stage

- Two AJCC stages:
  1. AJCC/UICC stage
  2. AJCC/UICC stage as used by SEER

## **Basic Concepts of Extent of Disease and Staging**

All cancer staging systems have an underlying similarity. Each system is based on a careful documentation of the "extent of disease," a detailed description of the spread of the disease from the site of origin. "Stage" refers to the more general categories into which patients are grouped, such as localized, regional, and distant, or stages I through IV.

Knowledge of the extent of disease or stage at the first diagnosis of cancer is essential in determining the choice of therapy and in assessing prognosis. The anatomic site of the primary tumor, its size and multiplicity, the depth of invasion, its extension to regional or remote areas, lymph node involvement, distant metastases, and histologic grade are all elements used to determine the stage of disease. This information can be obtained from clinical and operative/pathologic findings.

The routes of tumor spread are most often by direct extension and via the vascular and lymphatic systems. Spread from the primary site by direct extension occurs generally by invasion beyond the organ of origin into adjacent connective tissue and, in time, by extension to neighboring and distant organs and structures. Depth of invasion through the various tissue layers varies greatly, and depends on the primary site of the tumor, its morphology, and the host's resistance.

The most common routes for metastasis of cancers are by way of the vascular and lymphatic systems which transport fluids to and from every part of the body. A common way for a malignant neoplasm to spread from one site to another is for the malignant cells to invade the lymph or blood vessels within the primary site and then to pass through the lymphatic and/or vascular system to another site in the body. The lungs, liver, and brain are common sites of metastasis, since blood flows directly into these organs.

Metastasis also occurs when tumors invade through serosal surfaces into body cavities, or when cells implant on the pleural or peritoneal lining of these cavities.

The concept of describing the spread of disease in terms of stage categories was introduced by the League of Nations' World Health Organization in 1929 with the development of a four-stage clinical classification system for cancer of the uterine cervix. The original scheme was revised in 1937, and in 1950 a fifth stage was added for carcinoma in situ (Stage 0). The Federation Internationale de Gynecologie et d'Obstetrique/Federation of Gynecology and Obstetrics (FIGO) subsequently added clinical staging classifications for other female genital organs.

The Dukes classification for carcinoma of the rectum was a predecessor of current colorectal schemes. First developed by Dukes in 1929, it has been modified several times since then. In 1939 Simpson and Mayo adapted it for cancers of the colon. Some other



modifications were made by Kirklin, Dockerty and Waugh in 1949; by Astler and Collier in 1954; by Turnbull in 1967; and by Gunderson and Sosin in 1978.

A similar classification for carcinoma of the bladder was developed by Jewett and Strong in 1946 and modified by Marshall in 1952. This system focused on invasion of the bladder wall and contiguous viscera.

In 1958, the UICC published the original staging classification using the technique of assessing the extent of the primary tumor (T); the absence or presence and extent of regional lymph node metastasis (N); and the absence or presence of distant metastasis (M) in arriving at a stage grouping. Since then the UICC has published four editions of the *TNM Classification of Malignant Tumours*, the fourth appearing in 1987.

The American Joint Committee for Cancer Staging and End Results Reporting, established in 1959, adopted the basic principles of the TNM system. It developed schemes that differed in some detail from those of the UICC, but which were deemed more consistent with American medical practice. From 1962 to 1974, the American Joint Committee published a series of site-specific fascicles. Initially these fascicles provided clinical staging schemes for accessible sites: cervix, corpus, larynx, oral cavity, pharynx, and breast; but later fascicles included selected inaccessible sites: stomach, bladder, lung, and esophagus. In 1977 the American Joint Committee brought together their site-specific schemes into the first edition of the *Manual for Staging of Cancer*. This was revised in 1978, and a second edition followed in 1983, in which the organization's name was changed to the American Joint Committee on Cancer. The third edition was published in 1988, and the fourth in 1992.

The third edition of the AJCC's *Manual for Staging of Cancer* is compatible with the fourth edition of the UICC's *TNM Classification of Malignant Tumours*. The CSGC is based on these schemes, and in it they are referred to as the AJCC/UICC TNM or stage.

Stage alone does not determine the patient's outcome. The morphology of the tumor; age, sex, and race of the patient; co-morbid conditions; and efficacy of treatment all interact to determine the length and quality of the patient's survival.

A number of different staging systems are currently being used by physicians for the classification of malignant diseases. The extent to which these systems are being used will vary from hospital to hospital, and even among departments within a hospital. Patients' medical records may refer to the TNM classification system or to designations such as Stage IA, Stage IIB, or Stage IV. These usually will refer to one of the classification systems developed by the AJCC or others. These systems have undergone a number of revisions over the years. Consequently, knowing which version was used by the clinician is important in interpreting the stage recorded in the medical record.

## **SEER Extent of Disease**

SEER extent of disease codes have undergone several revisions. Extent of disease information includes items such as extension of primary tumor, lymph node involvement, and size of primary tumor. The amount and detail of the information collected by SEER has varied considerably for different primary sites and for different time periods. Briefly

stated, cases included in the SEER database diagnosed prior to 1982 were coded according to a scheme developed by the End Results Group (ERG) of NCI; for selected cases diagnosed between 1977-1982, an extremely detailed scheme, the expanded 13-digit extent of disease scheme, was used; for all cases diagnosed between 1983-1987, a 4-digit extent of disease scheme was used; and for all cases diagnosed beginning in 1988, a 10-digit scheme is used.

SEER extent of disease codes have been designed with several principles in mind:

- Regardless of changes in thinking over time about appropriate groupings of extent into stage categories, SEER must retain the ability to group its data into the categories used since the beginning of the SEER program, that is, "historic stage," to allow analysis of time trends. This principle results in "splitting," rather than "lumping," when codes are changed. For example, in colon cancer, invasion through the serosa was considered localized in the historic stage, but is now considered as regional involvement. Thus serosal invasion was assigned its own code 50 in the 10-digit scheme so that it could be grouped with either stage category as needed for a specific analysis.
- SEER has worked toward being able to categorize its data by AJCC stage groupings, as well as its own historic stage. Since AJCC's stage groupings differ from SEER historic stage, and since AJCC groupings have changed over time, additional "splitting" rather than "lumping" has been necessary.
- SEER EOD is designed as a code manual for tumor registrars rather than physicians. Wherever possible, more synonyms for structures are provided to eliminate ambiguities and allow application of the code by persons of varying background and experience.
- SEER EOD is designed to be applied to data derived from the medical record rather than direct examination of the patient. The schemes must therefore provide codes for missing values. For example, EOD schemes for most sites provide a category for "localized, NOS," to be used when the record documents that the tumor had not spread beyond the organ of origin, but does not document in sufficient detail the extent within the organ. SEER prefers to categorize these cases as localized rather than unstaged.

The SEER 10-digit extent of disease schemes include separate fields for size of primary tumor, extension of primary tumor, involvement of lymph nodes, number of regional lymph nodes positive, and number of regional lymph nodes examined.

### Size of Primary Tumor

The field Size of Primary Tumor contains a 3-digit code for the exact measurement of the primary tumor. For melanoma of the skin, vulva, penis, scrotum, and conjunctiva, SEER codes thickness of tumor instead of size. For mycosis fungoides and Sezary's disease, the size field is used to record peripheral blood involvement. For Kaposi's sarcoma and

lymphoma, it is used to record information about HIV/AIDS. No information is required in this field for hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms, or unknown and ill-defined sites. [These sites are not included in this publication.]

Size is recorded in tenths of centimeters. For surgically treated patients who received preoperative radiation, the size of the primary tumor prior to radiation is used. In all cases, the size of the primary tumor, not the size of a polyp, ulcer, or cyst, is coded. The sizes of pieces or chips of tumor are not added together to obtain the size of the primary tumor. If multiple tumors are within the same primary site, but are considered only one primary tumor, the size of the largest is coded. See the current EOD coding manual for the most explicit and up-to-date coding rules.

Table 1 shows the 3-digit SEER codes used for most primary sites translated into millimeters and centimeters. This table includes a statement of the priority of sources of information. It also includes a description of the special meaning assigned to codes for some sites. The size codes for sites which do not follow the pattern in table 1 are reproduced in section 1.

Size may be recorded in the medical record using a descriptive term rather than a measurement in millimeters or centimeters. Some of these descriptive terms are found in table 2 together with their approximate equivalents in centimeters.

### Extension

The Extension field contains a 2-digit code describing the extension of the primary tumor within the organ of origin, extension to neighboring organs, or metastasis. The code is hierarchical, and the most extensive spread of the tumor is coded. Thus, information about extent of the tumor within the primary site is not reflected in the code if the tumor extends to neighboring organs, and information on extension to neighboring organs is not reflected if there is distant metastasis.

"Not Otherwise Specified" (NOS) codes are to be used only after a careful search for more specific information fails. A "localized, NOS" category is provided for those cases when the only description is "localized" with no further information.

The SEER Extension codes are reproduced as part of section 1.

### Lymph Nodes

Information on lymph nodes is recorded as overall lymph node involvement, number of regional lymph nodes positive, and number of regional lymph nodes examined. Overall lymph node involvement is recorded in the 1-digit field, Lymph Nodes, the codes for which specify regional nodes for each site. Where necessary for coding according to the requirements of AJCC, size, laterality, or multiplicity of involved nodes, or their distance from the primary site, are also coded. Distant lymph nodes are also specified in agreement with AJCC/UICC categories. The code is hierarchical, so information on regional nodes is not reflected in the code once distant nodes are involved.

**TABLE 1**

**CODES FOR SIZE OF PRIMARY TUMOR**

(from pathology report; operative report; endoscopy examination;  
radiographic report; physical examination--in priority order)

Code

000 No mass; no tumor found  
001 Microscopic focus or foci only

	mm	cm
002	<2	<0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.9
...		
...		
990	990+	99.0+

999 Not stated

Codes 002, 997, and 998 are used as follows for selected sites:

- 002 Lung and Bronchus: Malignant cells present in bronchopulmonary secretions  
Breast: Mammography/Xerography diagnosis only with no size given (tumor not clinically palpable)
- 997 Breast: Paget's disease of nipple with no demonstrable tumor
- 998 Esophagus: Entire circumference  
Stomach: Diffuse; widespread; 3/4's or more: linitis plastica  
Colorectal: Familial/multiple polyposis  
Lung and Bronchus: Diffuse (entire lobe or lung)  
Breast: Diffuse; widespread: 3/4's or more of breast; inflammatory carcinoma

TABLE 2

**CENTIMETER EQUIVALENTS FOR DESCRIPTIVE TERMS**

<u>Fruits</u>	cm	<u>Miscellaneous Food</u>	cm
Apple	7	Doughnut	9
Apricot	4	Egg	5
Cherry	2	Bantam	4
Date	4	Goose	7
Fig (dried)	4	Hen	3
Grape	2	Pigeon	3
Grapefruit	10	Robin	2
Kumquat	5	Lentil	<1
Lemon	8	Millet	<1
Olive	2		
Orange	9	<u>Money</u>	
Peach	6	Dime	1
Pear	9	Dollar (silver)	4
Plum	3	Dollar (half)	3
Tangerine	6	Nickel	2
		Quarter	2
<u>Nuts</u>		Penny	1
Almond	3		
Chestnut	4	<u>Other</u>	
Chestnut (horse)	4	Ball (golf)	4
Hazel	2	Ball (ping-pong)	3
Hickory	3	Ball (tennis)	6
Peanut	1	Baseball	7
Pecan	3	Eraser on pencil	<1
Walnut	3	Fist	9
		Marble	1
<u>Vegetables</u>		Match (head)	<1
Bean	1	Microscopic	<1
Bean (lima)	2		
Pea	<1		
Pea (split)	<1		

**SIZES IN CENTIMETERS, MILLIMETERS, INCHES**

10 millimeters (mm) = 1 centimeter (cm)

2.5 centimeters (cm) = 1 inch (in)

1 millimeter (mm) = 1/10 centimeter (cm)

1 centimeter (cm) = 0.394 inch (in)

The SEER Lymph Nodes codes are reproduced as part of section 1. In addition, information from the pathology report on the number of regional lymph nodes positive and the number of regional lymph nodes examined is recorded separately. The definitions for these codes appear in table 3.

## Localized, Regional, and Distant Staging Systems

Localized, regional, and distant (LOC-REG-DIS) categories to express the stage of disease have been found useful over the years for descriptive and statistical analysis of tumor registry data. They can be applied to invasive malignancies of almost all primary sites with the exception of systemic diseases, such as leukemias, multiple myeloma, and reticuloendothelial neoplasms. (Benign tumors are not staged, nor are they usually included in registries.)

### SEER Summary Staging Guide

The SEER *Summary Staging Guide*, published in 1977, provided site-specific guidelines for allocating cases to the broad staging categories then used in most tumor registries. It was based on the description of disease spread found in the medical record.

For most cancer sites, the *Summary Staging Guide* classified depth of invasion within the primary site, extension to neighboring tissues and organs, involvement of regional lymph nodes, and common sites of metastases. The categories localized, regional, and distant were subdivided for use when a more detailed classification was desired.

In the development of the *Summary Staging Guide*, consideration was given to the prognostic significance (survival probability) of various factors. The stage groupings or categories were defined as follows:

- In situ: A neoplasm with all the characteristics of malignancy except invasion; it has not penetrated the basement membrane nor extended beyond the epithelial tissue. Some synonyms are intraepithelial (confined to epithelial tissue), noninvasive, and noninfiltrating.
  
- Localized: An invasive malignant neoplasm confined entirely to the organ of origin. It may include intraluminal extension where specified. For example for colon, intraluminal extension limited to immediately contiguous segments of the large bowel is localized, if no lymph nodes are involved. (For some sites, localized may exclude invasion of the serosa of the organ because of the poor survival of the patient once the serosa is invaded.)

TABLE 3

**CODES FOR NUMBER OF REGIONAL NODES  
POSITIVE AND EXAMINED**

<u>Positive</u>	<u>Examined</u>
00 All nodes examined negative	00 No nodes examined
01 One positive lymph node	01 One node examined
02 Two positive lymph nodes	02 Two nodes examined
..	..
..	..
10 Ten positive lymph nodes	10 Ten nodes examined
11 Eleven positive lymph nodes	11 Eleven nodes examined
..	..
..	..
96 96+	..
97 Positive nodes but number of positive nodes not specified	97 97+
98 No nodes examined	98 Nodes examined, but number unknown
99 UNKNOWN if nodes are positive or negative; not applicable	99 UNKNOWN if nodes were examined; not applicable

- Regional:** A malignant neoplasm that 1) has extended beyond the limits of the organ of origin directly into surrounding organs or tissues; 2) involves regional lymph nodes by way of the lymphatic system; or 3) has both regional extension and involvement of regional lymph nodes.
- Distant:** A malignant neoplasm that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis (e.g., implantation or seeding) to distant organs, tissues, or via the lymphatic system to distant lymph nodes.
- Not Recorded:** Information is not sufficient to assign a stage.

### SEER Published Data (SEER Historic Stage)

The localized, regional, and distant staging categories used in data published by the SEER program are based on extent of disease categories developed by the End Results Group (ERG) of NCI. These extent of disease categories were originally published by ERG in 1967. One can use the SEER 2-digit extent of disease codes as published in the SEER *Extent of Disease Codes and Coding Instructions*, 1977, to determine the definitions used for SEER published data. Based on the first digit of extent of disease, a '0' denotes in situ; a '1', '2', '3' or '4' denotes localized; a '5', '6', '7', '9' or '-' (unless '--') denotes regional; and an '&' denotes distant. A code '--' denotes unstaged cases. In order to evaluate long-term trends, SEER continues to use this version of localized, regional, and distant in its published data. Although this staging system is based on the same concepts as the *Summary Staging Guide*, the definitions of various stages differ. All versions of EOD, including current and future versions, will allow derivation of historic stage categories.

## **AJCC/UICC Staging System**

The American Joint Committee on Cancer's classification of tumors provides for assessing extent of disease (TNM) and stage grouping, both clinically and pathologically. Clinical classification is based upon evidence before treatment. Pathological classification is based upon evidence acquired before treatment supplemented or modified by additional evidence from the pathologic examination of the resected specimen.

AJCC classifies the extent of disease in terms of the extent of the primary tumor (T), the absence or presence of regional lymph node metastasis (N), and the absence or presence of distant metastasis (M). AJCC and UICC use compatible definitions in, respectively, the *Manual for Staging of Cancer* and the *TNM Classification of Malignant Tumours*. The following describes the T, N, and M categories as generally used in these manuals.



Primary Tumor (T)

TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ
Ta	Noninvasive papillary carcinoma
T1,T2,T3,T4	Increasing size and/or extent of the primary tumor

Regional Lymph Nodes (N)

NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1,N2,N3	Increasing involvement of regional lymph nodes
Note 1:	Direct extension of the primary tumor into lymph nodes is classified as lymph node metastasis.
Note 2:	Metastasis in any lymph node other than regional is classified as distant metastasis (M1).

Distant Metastasis (M)

MX	Presence of distant metastasis cannot be assessed
M0	No distant metastasis
M1	Distant metastasis

AJCC and UICC state that site(s) of distant metastasis should be noted. In the American College of Surgeons' *Data Acquisition Manual*, a separate data item is provided for coding site(s) of distant metastasis. The codes are:

0	None	4	Liver	8	Lymph nodes (distant)
1	Peritoneum	5	Bone	9	Other, generalized,
2	Lung	6	Central nervous system (CNS)		not specified,
3	Pleura	7	Skin		unknown

Cancer staging schemes for brain, bone, soft tissue, and prostate require the additional element of grade, which is a quantitative assessment of the extent to which a tumor resembles normal tissue of the same histologic type. The definitions of histologic grade categories are as follows:

GX	Grade cannot be assessed
G1	Well differentiated
G2	Moderately well differentiated
G3	Poorly differentiated
G4	Undifferentiated

For some cancers, other items such as age at diagnosis are also required to determine stage of disease.

This edition of the *Comparative Staging Guide for Cancer* is based on the third edition of the AJCC manual, referred to below as AJCC, third edition.



## USING SECTION 1

Section 1 presents the codes from *SEER Extent of Disease--1988*, and groups them into 1) T, N, and M categories; 2) an updated summary stage grouping first published in this CSGC; 3) SEER historic stage; and 4) stage using definitions from the *Summary Staging Guide*.

Two pages are included for each site, one page for extension and metastasis and one page for lymph node involvement. Refer to the template on page S.5 for an illustration of the layout used. At the top of each page is the name of the primary site(s) and its *International Classification of Disease for Oncology (ICD-O)* codes for topography and, if applicable, morphology.

The topography codes from both the first and second editions of ICD-O are provided (Topography codes from the first edition are in the range 140.0-199.0; second edition codes begin with a "C".) The morphology codes, provided if required to define some cancers, are from the second edition of ICD-O. The primary sites for which the AJCC third edition does not have a TNM scheme are designated by brackets around the topography and/or morphology code(s). These bracketed codes are included in the SEER extent of disease coding, and the CSGC includes them in localized, regional, and distant staging and in the AJCC/UICC stage as used by SEER (described below). If the AJCC/UICC has not defined TNM codes for the entire site group, the statement "No Scheme" appears on both pages instead of TNM. For sites where T and M codes are defined and no N code is defined, the statement "No N Scheme" is used. For Hodgkin's disease and non-Hodgkin's lymphoma, the Ann Arbor classification is presented, not TNM codes. [Lymphomas are not included in this publication.] The layout of each page is explained below.

## Description of Extension Page in Section 1

### Extension Column

On the page for extension, the Extension codes from SEER EOD appear in the center. It is the 2-digit code developed by the SEER program which describes the spread of the

primary tumor. This is a hierarchical code; therefore, if metastases are present, information on direct extension from the primary site is lost.

Dashed lines separate the EOD extension codes into CSGC stage groups, based on the *Summary Staging Guide*, but revised to be compatible with AJCC/UICC TNM definitions. Differences in the stage grouping indicated by the dashed lines from either the *Summary Staging Guide* or SEER historic stage are footnoted.

### Summary Stage Column

The left hand column contains the designation for the summary stage group, either in situ (IS), localized (LOC), regional (REG), distant (DIS), or not recorded (NR).

A pound sign (#) indicates that the EOD extension code was included with a different stage group in the *Summary Staging Guide*; the associated footnote specifies how it was classified. For example, a lung cancer involving the main stem bronchus less than 2 cm. from the carina was considered localized in the *Summary Staging Guide*, but is considered regional in the *Comparative Staging Guide*; therefore EOD code 50 is marked with a pound sign (#). An asterisk (\*) indicates that the EOD extension code is included with a different historic stage group in published SEER data using localized, regional, and distant stages; the associated footnote specifies how the extension category should be handled. These symbols are used only when all structures included in a code were included in a different stage group. When only some of the structures included in a code were considered part of a different group, they are tagged by a superscript and the difference(s) explained in a footnote. For consistency, superscript 1 refers to differences from SEER historic stage data; superscript 2 refers to differences from the *Summary Staging Guide*; superscript 3 refers to differences involving both.

### AJCC/UICC TNM Column

The appropriate AJCC/UICC T or M code appears in the right-hand column opposite each EOD extension code.

SEER has defined several additional site-specific T categories, of two forms: TXa, TXb, etc., to indicate instances where limited information precludes assigning a specific AJCC T category, and T1x, T2x, etc., to indicate that limited information precludes assigning a specific T sub-category. For example, both size of primary tumor and its extension may be required to assign the AJCC T-code, but size may not be described in the medical record, while extension is. Use of the SEER-defined T category may avoid classifying such a case as unstaged. These SEER-defined categories should not be confused with the AJCC category of TX.

For some sites, size of the primary tumor is required to determine the AJCC T category. Size is usually classified into ranges, which vary from site to site. Whenever tumor size is required, the EOD extension codes for which size is needed are designated by a bracket on the right. The specific T codes are then specified in the AJCC/UICC TNM column in terms of the size of the primary tumor. The following rules explain how certain SEER

size codes are handled. (These rules are applied only to cases with extension codes in the bracketed group.)

- For all sites:
  1. Size code 000, "No mass; no tumor found," is included with the group "No Evidence of Primary Tumor" under the tumor size designation.
  2. Size code 001, "Microscopic focus or foci only," is always included in the smallest size group.
  3. Size code 999, "Not stated," is assigned to the group, "Unknown," under the tumor size designation.
  
- For lung:
  1. Size code 002, "Malignant cells in bronchopulmonary secretions," is included with TX.
  2. Size code 998, "Diffuse (entire lobe or lung)," is included with the largest size group.
  
- For breast:
  1. Size code 002, "Mammography/xerography diagnosis only with no size given (tumor not clinically palpable)," is included with the smallest size group.
  2. Size code 997, "Paget's Disease of nipple with no demonstrable tumor," is considered an error if used with any extension code other than 05, "Paget's disease (WITHOUT underlying tumor)".
  3. Size code 998, "Diffuse; widespread: 3/4's or more of breast; inflammatory carcinoma," is included with the largest size group.

The EOD extension code is hierarchical, implying the following:

- When distant involvement is present, then information on local and regional involvement is lost, i.e., when the EOD extension code implies M1, it also implies TX.
- When the EOD extension code implies a specific T code, then it also implies that no metastasis is present (MO).
- When no information is available, then no information on tumor extension or metastasis is available, and TX and MX are implied.

Table 4 illustrates these relationships between the T and M codes derived from the given extension information. Hence for SEER, TX has two meanings:

- No information on direct extension or distant metastases is available.
- Distant involvement is present, and therefore, no information for a specific T-code is available from SEER extension codes.

For AJCC/UICC, T categories are independent of M categories. TX is defined as "Primary tumor cannot be assessed".

## Description of Lymph Node Page in Section 1

### Lymph Nodes Column

The Lymph Nodes codes from SEER extent of disease appear in the center. The AJCC N categories were the basis for the definitions of these codes.

The dashed lines between code definitions separate the SEER lymph node categories into the groups: no lymph node involvement (nodes negative); regional lymph nodes involved; distant lymph nodes involved; lymph nodes, NOS involved; and unknown. As on the Extension page, asterisks (\*) and pound signs (#) are used to specify differences between these groups and definitions used for SEER historic stage and definitions in the *Summary Staging Guide*, respectively. However, no attempt was made to mark partial differences with superscripts.

### AJCC/UICC Lymph Node Column

The appropriate AJCC/UICC N code appears opposite each SEER lymph node code.

For some sites, number of positive lymph nodes is required to determine the AJCC N category. For these sites, the appropriate SEER codes are grouped by a bracket on the right. The specific N codes given are in terms of the number of positive lymph nodes.

SEER has defined additional N categories to cover cases where complete information is not present in the medical record. These are:

- NXr Positive regional lymph nodes, but additional information (such as size) required to assign N category is not available.
- NXu Lymph nodes positive, but unknown if positive lymph nodes are regional or distant.

SEER has also defined additional subcategory N1x for use when limited information precludes assigning a specific AJCC subcategory.

For all sites, when regional node involvement is coded in the EOD Lymph Nodes field and number of positive nodes is needed to derive the AJCC N code, Number of Regional Nodes Positive Codes 00, 97, 98, and 99 are included in the NXr category.

The EOD Lymph Nodes code is hierarchical, implying the following:

- When distant lymph node metastasis is present, then information on regional lymph node involvement is lost, i.e., when the EOD Lymph Node code implies M1, it also implies NX.
- When the Lymph Nodes code implies a specific N code, then it also implies that no distant lymph node metastasis is present (MO).
- When no information is available, then no information on either regional or distant lymph node involvement is available, and NX and MX are implied.

Table 5 illustrates the relationship between the N and M codes derived from the given EOD Lymph Nodes information. Hence for SEER, NX has two meanings:

- No information on regional or distant lymph node metastases is available.
- Distant lymph node metastasis is present, and therefore, no information on regional lymph node involvement is available from SEER lymph node codes.

For AJCC/UICC, N categories are independent of M categories, and, therefore, NX implies only that regional lymph node involvement is unknown.

#### AJCC/UICC Final M Code

Since M codes are obtained separately using only the EOD Extension and Lymph Nodes codes, they must be combined to determine the final AJCC/UICC M code. The relationships between these M codes are illustrated in table 6.

Because of the structure of SEER EOD and the application of tables 4-6, certain TNM combinations are not derivable from only the SEER EOD codes. For example, the combination of a known T, unknown N, unknown M is not possible. Any combination with known T, known N, cannot appear with MX or M1.

## **Obtaining Localized, Regional, and Distant Stage**

Final stage classification of in situ (IS), localized (LOC), regional (REG), distant (DIS), or not recorded/no information (NR) is based on the summarized classification of tumor extension and the summarized classification of lymph node involvement found in section 1. The final stage category of regional can be subdivided into: regional by direct extension (DE), regional by nodes only, and regional by nodes and direct extension.

For comparison with published SEER data (SEER historic stage), any extension code labeled with an asterisk (\*) is grouped with the appropriate LOC-REG-DIS group as stated in the footnote and the designation of LOC-REG-DIS in the left column is ignored.

Similarly, for comparison with data previously coded with the *Summary Staging Guide*, the footnotes designated by a pound sign (#) should be followed. For lymph node involvement, the same footnote designations are used and should be followed. The footnotes denoted by superscripts are ignored in the assignment of stage. However, they will explain differences that may appear when a series of cases coded using these definitions is compared to a series coded using previous definitions.

Table 7 specifies how the extension and nodal information obtained using section 1 are summarized into localized, regional, and distant stages. To obtain the stage using table 7, find the intersection of the row representing the extension category and the column representing the lymph node category. For example, if a case has localized extension and positive regional nodes, the final stage is "regional by nodes."

The 2-digit numbers in each cell of table 7 represent a code assigned to each stage. The numeric code is only used internally in the computer conversion program which recodes SEER extent of disease into summary stage and is not to be confused with an EOD code number. The computer program can generate three summary stages for a given EOD: SEER historic stage, *Summary Staging Guide* stage, and *Comparative Staging Guide* stage. The stage categories (and 2-digit numeric representations of them) are the same for all three stages, but a given EOD may result in different stages for the three systems.

For urinary bladder only, the computer conversion program applies a further recode, combining in situ and localized (codes 00 and 10 in table 7) into "Localized plus in situ" (code 11 in the program), to correspond with the categories used in SEER published data for bladder cancer. Use of this further recode is optional.

**TABLE 4**

<b><u>DERIVATION OF T OR M CODE USING ONLY SEER EXTENSION CODE</u></b>	
<u>T or M code obtained from Extension page</u>	<u>Implied T or M code</u>
Tis	M0
Ta	M0
T0	M0
T1-T4	M0
M1	TX
MX	TX

**TABLE 5**

<b><u>DERIVATION OF N OR M CODE USING ONLY SEER LYMPH NODE CODE</u></b>	
<u>N or M code obtained from lymph node involvement page</u>	<u>Implied N or M code</u>
N0, N1-N3	M0
NXr	M0
NXu	MX
NX	MX
M1	NX

**TABLE 6**

<b><u>DERIVATION OF FINAL M CODE USING ONLY SEER EXTENSION AND LYMPH NODE CODES</u></b>		
<u>M Obtained From Extension (directly or by using Table 4)</u>	<u>M Obtained From Nodal Involvement (directly or by using Table 5)</u>	<u>Final M</u>
M0	M0, MX	M0
M1	M0, M1, MX	M1
M0, MX	M1	M1
MX	M0, MX	MX



TABLE 7

<b><u>OBTAINING LOC-REG-DIS STAGE USING SECTION 1</u></b>					
Extension	Lymph Nodes				
	Negative Nodes	Positive Regional Nodes	Positive Distant Nodes	Positive Nodes, NOS*	Not Stated**
IS (in situ)	In situ (00)	Error (99)	Error (99)	Error (99)	In situ (00)
LOC (localized extension)	LOC (10)	REG by nodes (22)	DIS (40)	REG by nodes (22)	LOC (10)
REG (regional extension)	REG by DE (21)	REG by nodes and DE (23)	DIS (40)	REG by nodes and DE (23)	REG by DE (21)
DIS (distant extension)	DIS (40)	DIS (40)	DIS (40)	DIS (40)	DIS (40)
NR (not recorded: no information on extension)	Unstaged (90)	Unstaged (90)	DIS (40)	Unstaged (90)	Unstaged (90)

\* SEER assumes "Positive Nodes, NOS" to be "Positive Regional Nodes" for assigning localized, regional, distant stages.

\*\* SEER assumes no information on lymph node involvement to be "Negative Nodes."

(Numbers in parentheses refer to codes used within the computer program that recodes EOD into LOC-REG-DIS stages. They are not the same as EOD codes. Their meaning is as follows:

- 00 In situ
- 10 Localized
- 21,22,23 Regional
- 40 Distant
- 90 Unstaged
- 99 Error)



## **USING SECTION 2**

AJCC/UICC condenses the T, N, and M categories into stage groupings. These groupings are site-specific combinations of the assigned TNM values. Section 2 provides the AJCC/UICC stage groupings and in addition provides an AJCC/UICC stage grouping as used by SEER for some of the unstaged categories of AJCC/UICC. At the top of each page in section 2 appear the name and ICD-O codes identifying the primary site(s) and, if applicable, the histologic type(s) to which the scheme applies. Site codes that appear in brackets are not included by the AJCC/UICC for staging, but they are included by SEER in the AJCC/UICC stage as used by SEER. The AJCC restricts the histologies to which their staging scheme is applied. The applicable histologies are noted at the bottom of each site's page in section 2. However, the AJCC/UICC stage as used by SEER is applied to all reported cases not included in another scheme, regardless of histology. For example, the AJCC/UICC staging scheme for lung is applied only to carcinomas, but the AJCC/UICC scheme as used by SEER applies to all lung cases except lymphomas, which are included in another EOD scheme. (The CSGC computer conversion will not assign an AJCC/UICC stage to these sites and histology codes but will assign an AJCC/UICC stage as used by SEER.)

AJCC applies the general rule that all cases should be histologically confirmed, and cases not histologically confirmed must be reported separately. The CSGC and its computer conversion programs for AJCC/UICC and the AJCC/UICC stage as used by SEER apply to both histologically confirmed and unconfirmed cases. It is assumed that users can separate their cases based on diagnostic confirmation as needed.

## **Obtaining AJCC/UICC Stage and AJCC/UICC Stage as Used by SEER**

Each staging table lists, first, those TNM combinations with a stage defined by AJCC/UICC and, second, the remaining TNM combinations considered unstaged by AJCC/UICC. In some instances, these unstaged combinations are assigned a stage by SEER. The AJCC/UICC stage is on the left of the page, TNM is in the center, and the AJCC/UICC stage as used by SEER is on the right.

### Rules for Obtaining Stage

The following seven rules were used for obtaining the AJCC/UICC stage for cases not explicitly staged:

1. Page 7 of the *Manual for Staging of Cancer*, third edition, states, "If there is doubt concerning the correct T, N, or M category to which a particular case should be allotted, then the lower (less advanced) category should be chosen." For the AJCC/UICC stage as used by SEER, application of this rule meant that NXr is always treated as AJCC/UICC N1.
2. For AJCC, any case with TX (unknown extension) is unstaged, unless known N or M information implies stage IV. Any case with NX (unknown regional lymph node involvement) is unstaged, unless known T or M information implies stage IV. For example, the stage IV combination "Any T, Any N, M1" includes TX, Any N, M1 as stage IV.
3. Except for TX or NX, if a particular T, N, or M category is further subdivided but the subdivision does not impact staging, the total category is sometimes listed without its subdivisions. For example, if T1 is subdivided into T1a and T1b but both are assigned to the same stage, then T1 may be used in the tables in section 2.

SEER has adopted the following additional rules to define the AJCC/UICC stage as used by SEER:

4. Rule 2 above is modified such that cases with TX or NX are staged when known T, N, or M information is enough to designate any stage (not just stage IV). For example, the Stage III combination "Any T, N1, M0" will include TX, N1, MX.
5. Any combination including NXu is unstaged unless:
  - a. the T category with any positive nodes implies stage IV or
  - b. the M category alone implies stage IV.
6. SEER adopts the assumption that EOD Lymph Nodes "UNKNOWN; not stated" implies "no nodal involvement." Thus, NX is treated as N0.
7. Because of the definitions associated with Tis, Ta, and T0, the following combinations are considered errors and thus unstaged:

<u>T</u>	with	<u>N</u>	with	<u>M</u>
Tis, Ta		Any N except N0, NX		M0
Tis, Ta		Any N		M1
T0		N0		M0
T0		NX		M0

Tis is defined as in situ, and therefore positive nodal involvement or distant metastases are not possible.

T0 is obtained from the *Comparative Staging Guide* only when the SEER size code is 000 (No mass; no tumor found), a specific known EOD extension code is used, and tumor size is a criterion for determining the T category. When T0 is combined with N0 (or NX) and M0, doubt exists concerning the diagnosis, because to make the diagnosis, either lymph nodes were involved or further extension or metastases of the tumor was present.

All cases with error conditions should be considered unstaged for analysis, but every effort should be made to correct errors before going on to analysis.

Example of Constructing a Stage Table

Example 1 which follows illustrates the construction of a hypothetical staging scheme similar to those appearing in section 2. To construct this example, the above seven rules were applied and the following four assumptions made:

1. Assume AJCC defined the T categories of Tis, T1a, T1b, T2, T3, T4, and TX. Assume SEER defined the category TXa for use when missing data do not allow discrimination between T1 and T2.
2. Assume AJCC defined the N categories of N0, N1, and NX. Assume SEER defined the category NXu for use when missing data do not allow determination of whether involved nodes were regional or distant.
3. Assume AJCC defined the M categories M0, M1 and MX.
4. Assume the hypothetical AJCC staging table for this example only is:

<u>AJCC/UICC Stage</u>	<u>T</u>	<u>N</u>	<u>M</u>
0	Tis	N0	M0
I	T1	N0	M0
II	T2	N0	M0
III	T3	N0	M0
IV	T4	Any N	M0
	Any T	N1	M0
	Any T	Any N	M1

Example 2 below shows how the table in example 1 can be further condensed, for ease of reading. The condensed forms are the ones appearing in section 2.

Computer Recode Program

Like the computer recode program for LOC-REG-DIS stages, the program for AJCC stage grouping uses internal numeric codes to represent specific values of T, N, M, and stage group. The values for these numeric codes are presented in table 8 (T, N, and M) and table 9 (AJCC stage).

**EXAMPLE 1**

AJCC/UICC Stage	T	N	M	AJCC/UICC Stage as Used by SEER	Rules 1-7 Applied (See pages 24-25)
0	Tis	N0	M0	0	
I	T1	N0	M0	I	3
II	T2	N0	M0	II	
III	T3	N0	M0	III	
IV	T4	N0	M0**	IV	
	T4	NX	M0		2
	T1-T4	N1	M0**		3
	T1-T4	NXu	M0		3, 5
	T1-T4	NX	M1*		3, 6
	TXa	N1	M0		1
	TXa	NXu	M0		1, 5
	TXa	NX	M1*		1, 6
	TX	N0	M1*		2
	TX	N1	M1*		2
	TX	NXu	M1*		2, 5
	TX	NX	M1*		2, 6
	TX	N1	MX		2
	TX	NXu	MX		2, 5
Unstaged	Tis	NX	M0	0	6
Unstaged	T1	NX	M0	I	3, 6
	TXa	N0	M0		1
	TXa	NX	M0		1, 6
Unstaged	T2	NX	M0	II	6
Unstaged	T3	NX	M0	III	6
Unstaged	TX	NX	MX	Unstaged	2, 6
	TX	N0	MX		2
Unstaged	Tis	N1	M0	Error	7
	Tis	NXu	M0		
	Tis	NX	M1		

\* Using tables 4-6, these are the only combinations for Any T, Any N, M1.

\*\* Duplication of T4, N1, M0 present in hypothetical AJCC definition has been eliminated.

**EXAMPLE 2**

AJCC/UICC Stage	T	N	M	AJCC/UICC Stage as Used by SEER
0	Tis	N0	M0	0
I	T1	N0	M0	I
II	T2	N0	M0	II
III	T3	N0	M0	III
IV	T4 T1-T4, TXa T1-T4, TXa, TX TX TX	N0, NX N1, NXu NX N0, N1, NXu N1, NXu	M0 M0 M1 M1 MX	IV
Unstaged	Tis	NX	M0	0
Unstaged	T1 TXa	NX N0, NX	M0 M0	I
Unstaged	T2	NX	M0	II
Unstaged	T3	NX	M0	III
Unstaged	TX	M0, NX	MX	Unstaged
Unstaged	Tis Tis	N1, NXu NX	M0 M1	Error

TABLE 8

CODES USED BY COMPUTER RECODE PROGRAM FOR T, N, AND M

<u>T</u>		<u>N</u>	
	<u>Code</u>		<u>Code</u>
Tis	00	N0	00
Ta	01	N1	10
T1	10	N1a	11
T1a	11	N1b	12
T1b	12	N1x	19
T1c	13	N2	20
T1a1	16	N2a	21
T1a2	17	N2b	22
T1x	19	N2c	23
T2	20	N3	30
T2a	21	NXr	70
T2b	22	NXu	80
T2c	23	NX	99
T2x	29		
T3	30		
T3a	31		
T3b	32		
T3c	33		
T3x	39		
T4	40		
T4a	41		
T4b	42		
T4c	43		
T4d	44		
T4x	49		
T0	70		
T0a	71		
T0b	72		
TXa	81		
TXb	82		
TXc	83		
TXd	84		
TX	99		

		<u>M</u>	
			<u>Code</u>
		M0	00
		M1	10
		MX	99
		M1a	11
		M1b	12

TABLE 9

**CODES USED BY COMPUTER RECODE PROGRAM FOR AJCC STAGE GROUP**

	<u>Code</u>		<u>Code</u>
0	00	Recode Scheme not yet available	88
I	10		
IA	11	Unstaged	90
IB	12		
IC	13	Not Applicable, such as for	
I, NOS	19	excluded histologies	98
II	20		
IIA	21	Error condition	99
IIB	22		
IIC	23		
II, NOS	29		
III	30		
IIIA	31		
IIIB	32		
IIIC	33		
III, NOS	39		
IV	40		
IVA	41		
IVB	42		
IV, NOS	49		







## CAUTIONS WHEN REPORTING AND COMPARING DATA

It is essential to identify which stage-group definitions are being used when reporting data, because differences in definitions may explain variations observed among different series of cases. By using this publication and related computer programs, one can obtain five different stages for the same case:

1. LOC-REG-DIS using definitions comparable to those used in published SEER data (SEER historic stage, based on ERG categories);
2. LOC-REG-DIS using definitions comparable to those in the *Summary Staging Guide*;
3. LOC-REG-DIS using current CSGC definitions;
4. Stage 0, I, II, III, or IV using AJCC/UICC stage definitions; and
5. Stage 0, I, II, III, or IV using definitions of AJCC/UICC stage as used by SEER.

Among the three LOC-REG-DIS stage classifications, the definitions for stage groups for some primary sites are the same while for other sites they may be radically different. Between the two AJCC/UICC stage classifications, there are major differences:

- SEER stages many more site/histology combinations;
- SEER stages cases with no information on nodal involvement as though nodes were negative;
- SEER stages cases with TX or NX if known information allows assignment to a stage group.





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*Data Acquisition Manual* (American College of Surgeons Commission on Cancer, 1988, revised October 1990)

*Cancer Program Manual* (American College of Surgeons Commission on Cancer, 1991)

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## **SITE-SPECIFIC SCHEMES**

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**SITE-SPECIFIC SCHEMES**

**SECTION 1: SEER EOD-88, LOC-REG-DIS, AND AJCC/UICC TNM**





**SECTION 1, TEMPLATE: EXTENSION PAGE**

**PRIMARY SITE NAMES**

Primary site codes, ICD-0-2 [Codes not included by AJCC]

Primary site codes, ICD-0-1 [Codes not included by AJCC]

<u>CSGC</u>	<u>EXTENSION</u>	<u>AJCC/UTCC TNM</u>
	EOD extension codes and their descriptions	
IS	00 IN SITU	Tis
LOC	20 Confined to organ of origin	T2
REG	45 Extension to adjacent (connective) tissue	T3
DIS	85 Metastasis	M1
NR	99 UNKNOWN if extension or metastasis	MX

**Note:** Notes taken directly from SEER EOD.

\*For comparison with published SEER data, consider this code in another stage group.

#This code was considered in another stage group in the Summary Staging Guide.

<sup>1</sup>This structure was included in another stage group in published SEER data.

<sup>2</sup>This structure was included in another stage group in the Summary Staging Guide.

<sup>3</sup>This structure was included in another stage group in both the Summary Staging Guide and SEER published data.

**CSGC Note:** Explanatory notes pertinent to the Comparative Staging Guide.

**COLON (incl. Flexures and Appendix)**  
**C18.0-C18.7, [C18.8-C18.9]**  
**153.0-153.7, [153.8-153.9]**

<b>CSGC</b>	<b>EXTENSION</b>	<b>AJCC/UICC TNM</b>
IS	00 IN SITU: Noninvasive; intraepithelial	Tis
	05 (Adeno)carcinoma in a polyp, noninvasive	Tis
-----		
LOC	<b>Invasive tumor confined to:</b>	
	10 Mucosa, NOS (incl. intramucosal)	Tis
	11 Lamina propria	] >
	12 Muscularis mucosae	
	13 Head of polyp	
	14 Stalk of polyp	
	15 Polyp, NOS	
	16 Submucosa (superficial invasion)	T1
	20 Muscularis propria invaded	T2
	30 Localized, NOS/confined to colon, NOS	TXa
	40 Invasion through muscularis propria or muscularis, NOS	T3
	Extension through wall, NOS	
	Perimuscular tissue invaded	
	(Sub)serosal tissue/fat invaded	
-----		
REG	45 Extension to adjacent (connective) tissue:	T3
	Mesentery (incl. mesenteric fat, mesocolon)--all colon sites	
	Retroperitoneal fat--ascending and descending colon	
	Greater omentum; gastrocolic ligament --transverse colon/flexures	
	Pericolic fat--all colon sites	
	50* Invasion of/through serosa (mesothelium)	T4
	55 (45) + (50)	T4
	60 Greater omentum--cecum, appendix, ascending, descending and sigmoid colon	T4
	Spleen--descending colon	
	Pelvic wall--descending colon/sigmoid	
	Liver, right lobe--ascending colon	
	Stomach; spleen; liver; pancreas; gallbladder/bile ducts; kidney--transverse colon and flexures	
	Small intestine--all colon sites	
	65* Abdominal wall; retroperitoneum (excl. fat)--all colon sites	T4
	66* Ureter/kidney:	T4
	Right--ascending colon	
	Left--descending colon	
-----		
DIS	70* Uterus; ovary; fallopian tube	T4
	--cecum, appendix, ascending, descending, and sigmoid colon	
	75 Urinary bladder; gallbladder; adrenal gland; diaphragm; other segment(s) of colon via serosa; fistula to skin	T4
	--all colon sites unless otherwise stated above	
	80 FURTHER extension	T4
	85 Metastasis	M1
-----		
NR	99 UNKNOWN if extension or metastasis	MX

**Note:** Ignore intraluminal extension to adjacent segment(s) of colon/rectum; code depth of invasion or extracolonic spread as indicated.

\*For comparison with published SEER data, consider code 50 localized, 65 and 66 distant, and 70 regional.

**COLON (incl. Flexures and Appendix)**  
**C18.0-C18.7, [C18.8-C18.9]**  
**153.0-153.7, [153.8-153.9]**

**LYMPH NODES**

**AJCC/UICC TNM**

0 No lymph node involvement

N0

-----  
**REGIONAL Lymph Nodes**

1 All colon subsites:

Epicolic (adjacent to bowel wall)  
 Paracolic/pericolic  
 Colic, NOS  
 Nodule(s) in pericolic fat

}  
 }  
 }

**Number  
Positive**

N1, if 01-03  
 N2, if 04-96  
 NXr, unknown

2 Cecum and Appendix:

Cecal, anterior, posterior, NOS  
 Ileocolic  
 Right colic

N3

**Ascending colon:**

Ileocolic  
 Right colic  
 Middle colic

**Transverse colon and flexures:**

Middle colic  
 Right colic for hepatic flexure only  
 Left colic for splenic flexure only  
 Inferior mesenteric for splenic flexure only

**Descending colon:**

Left colic  
 Sigmoid  
 Inferior mesenteric

**Sigmoid:**

Sigmoidal (sigmoid mesenteric)  
 Superior hemorrhoidal  
 Superior rectal  
 Inferior mesenteric

3 Mesenteric, NOS

Regional lymph node(s), NOS

NXr

-----  
**DISTANT Lymph Nodes**

7 Other than above, incl. superior mesenteric

M1

8 Lymph Nodes, NOS

NXu

9 UNKNOWN; not stated

NX

**CSGC Note:** For Lymph Nodes code 1, the following Number of Regional Nodes Positive Codes are included with NXr:

00 All nodes examined negative  
 97 Positive nodes but number...not specified  
 98 No nodes examined  
 99 Unknown...

**RECTOSIGMOID, RECTUM**  
**C19.9, C20.9**  
**154.0-154.1**

<b>CSGC</b>	<b>EXTENSION</b>	<b>AJCC/UICC TNM</b>
IS	00 IN SITU: Noninvasive; intraepithelial 05 (Adeno)carcinoma in a polyp, noninvasive	Tis Tis
-----		
LOC	<b>Invasive tumor confined to:</b>	
	10 Mucosa, NOS (incl. intramucosal)	Tis
	11 Lamina propria	} > T1
	12 Muscularis mucosae	
	13 Head of polyp	
	14 Stalk of polyp	
	15 Polyp, NOS	
	16 Submucosa (superficial invasion)	
	20 Muscularis propria invaded	T2
	30 Localized, NOS	TXa
	40 Invasion through muscularis propria or muscularis, NOS Extension through wall, NOS Perimuscular tissue invaded (Sub)serosal tissue/fat invaded	T3
-----		
REG	45 Extension to adjacent (connective) tissue: Mesentery (incl. mesenteric fat, mesocolon)-- <b>rectosigmoid</b> Pericolic fat-- <b>rectosigmoid</b> Rectovaginal septum-- <b>rectum</b> Perirectal fat-- <b>all sites</b>	T3
	50* Invasion of/through serosa (mesothelium)	T4
	55 (45) + (50)	T4
	60 Small intestine; cul de sac <sup>1</sup> (rectouterine pouch); pelvic wall <sup>1</sup> -- <b>rectosigmoid</b> Rectovesical fascia, male; bladder, male; prostate; ductus deferens; seminal vesicle(s); vagina; cul de sac (rectouterine pouch); pelvic wall; skeletal muscle of pelvic floor-- <b>rectum</b>	T4
-----		
DIS	70* Prostate; uterus; ovary; fallopian tube; bladder; ureter; colon via serosa-- <b>rectosigmoid</b> Uterus; bladder, female; urethra; bones of pelvis-- <b>rectum</b>	T4
	80 FURTHER extension	T4
	85 Metastasis	M1
-----		
NR	99 UNKNOWN if extension or metastasis	MX

**Note:** Ignore intraluminal extension to adjacent segment(s) of colon/rectum and code depth of invasion or extracolonic spread as indicated.

\*For comparison with published SEER data, consider code 50 localized and code 70 regional.

<sup>1</sup>In SEER published data for rectosigmoid, cul de sac and pelvic wall were considered distant.

**RECTOSIGMOID, RECTUM**  
**C19.9, C20.9**  
**154.0-154.1**

**LYMPH NODES**

**AJCC/UICC TNM**

0 No lymph node involvement

N0

-----  
**REGIONAL Lymph Nodes**

1 **Rectosigmoid:**  
 Paracolic/pericolic  
 Perirectal  
 Nodule(s) in pericolic fat

**Number  
 Positive**

N1, if 01-03  
 N2, if 04-96  
 NXr, unknown

**Rectum:**  
 Perirectal  
 Nodule(s) in perirectal fat

2 **Rectosigmoid:**  
 Hemorrhoidal, superior or middle  
 Left colic (incl. colic, NOS)  
 Superior rectal  
 Sigmoidal (sigmoid mesenteric)  
 Inferior mesenteric

N3

**Rectum:**  
 Sigmoidal (sigmoid mesenteric)  
 Inferior mesenteric  
 Hemorrhoidal, superior or  
 inferior  
 Sacral (lateral, presacral, sacral  
 promontory (Gerota's), or NOS)  
 Internal iliac (hypogastric)

3 **Mesenteric, NOS**  
 Regional lymph node(s), NOS

NXr

-----  
**DISTANT Lymph Nodes**

7 Other than above

M1

8 Lymph Nodes, NOS

NXu

9 UNKNOWN; not stated

NX

**CSGC Note:** For Lymph Nodes code 1, the following Number of Regional Nodes Positive Codes are included with NXr:

- 00 All nodes examined negative
- 97 Positive nodes but number...not specified
- 98 No nodes examined
- 99 Unknown...

**LUNG AND BRONCHUS**  
**C34.0-C34.3, C34.8-C34.9**  
**162.2-162.5, 162.8-162.9**

<b>CSGC</b>	<b>EXTENSION</b>	<b>AJCC/UICC TNM</b>
IS	00 IN SITU: Noninvasive; intraepithelial	Tis
LOC	10 Tumor confined to one lung (excl. primary in MSB)	<u>Tumor Size</u> T0, no tumor T1, if <3 cm T2, if >3 cm TXa, unknown
	20* Tumor involving main stem bronchus ≥2 cm from carina (primary in lung or MSB)	T2
	25 Primary confined to the carina	TXb
	30 Localized, NOS	TXc
REG	40 Extension to: Pleura, visceral or NOS; pulmonary ligament Atelectasis/obstructive pneumonitis involving <entire lung (or NOS) WITHOUT pleural effusion	T2
	50*#Tumor of/involving main stem bronchus <2.0 cm from carina	T3
	60# Extension to: Chest (thoracic) wall; parietal pericardium or NOS; parietal (mediastinal) pleura; brachial plexus from superior sulcus or Pancoast tumor (superior sulcus syndrome); diaphragm Atelectasis/obstructive pneumonitis involving entire lung	T3
	70 Carina; trachea; esophagus Mediastinum, extrapulmonary or NOS Major blood vessel(s): Pulmonary artery or vein; superior vena cava (SVC syndrome); aorta; azygos vein Nerve(s): Recurrent laryngeal (vocal cord paralysis); vagus; phrenic; cervical sympathetic (Horner's syndrome)	T4
DIS	71* Heart; visceral pericardium	T4
	72 Malignant pleural effusion; pleural effusion, NOS	T4
	73* Adjacent rib	T3
	75 Sternum, vertebra(e), skeletal muscle; skin of chest	T4
	78 Contralateral lung Contralateral MSB	M1
	80 FURTHER extension	M1
	85 Metastasis	M1
NR	99 UNKNOWN if extension or metastasis	MX

\*For comparison with published SEER data, consider codes 71 and 73 regional. Consider codes 20 and 50 regional if primary in the lung (162.3-162.9) (C34.1-C34.9) and localized if primary in main stem bronchus (162.2) (C34.0).

#Code 50 was considered localized and code 60 was considered distant in the Summary Staging Guide.

**CSGC Note:** For EOD Extension Code 10, size code 001 (Microscopic focus or foci only) is included with T1. Size code 002 (Malignant cells present in bronchopulmonary secretions) is included with TXa. Size code 998 (Diffuse (entire lobe or lung)) is included with T2.

**LUNG AND BRONCHUS**  
**C34.0-C34.3, C34.8-C34.9**  
**162.2-162.5, 162.8-162.9**

**LYMPH NODES**

**AJCC/UICC TNM**

0	No lymph node involvement	N0
-----		
REGIONAL Lymph Nodes (Ipsilateral)		
1	Intrapulmonary (incl. interlobar, lobar, segmental) Hilar (proximal lobar) Peribronchial	N1
2	Subcarinal Carinal Mediastinal, anterior, posterior, NOS Peri/paratracheal (incl. tracheobronchial, lower peritracheal, azygos) Pre- and retrotracheal (incl. precarinal) Peri/paraesophageal Aortic (above diaphragm) (incl. peri/para-aortic, subarotic, aortico-pulmonary window, ascending aorta or phrenic) Pulmonary ligament Pericardial	N2
5	Regional lymph node(s), NOS	NXr
6	Contralateral hilar or mediastinal (incl. bilateral) Supraclavicular (transverse cervical), ipsilateral or contralateral Scalene, ipsilateral or contralateral	N3
-----		
DISTANT Lymph Nodes		
7	Other than above (incl. cervical neck nodes)	M1
-----		
8	Lymph Nodes, NOS	NXu
9	UNKNOWN; not stated	NX

**Note 1:** Assume tumor  $\geq 2$  cm from carina if lobectomy, segmental resection, or wedge resection is done.

**Note 2:** If no mention is made of the opposite lung on a chest x-ray, assume it is not involved.

**Note 3:** "Bronchopneumonia" is not the same thing as "obstructive pneumonitis" and should not be coded as such.

**Note 4:** Ignore pleural effusion which is negative for tumor.

**Note 5:** If at mediastinoscopy/x-ray the description is mediastinal mass/adenopathy, assume that it is mediastinal nodes.

**Note 6:** The words "no evidence of spread" or "remaining examination negative" are sufficient information to consider regional lymph nodes negative in the absence of any statement about nodes.

**Note 7:** "Vocal cord paralysis," "superior vena cava syndrome," and "compression of the trachea or the esophagus" are classified as mediastinal lymph node involvement unless there is a statement of involvement by direct extension from the primary tumor.

✕For comparison with published SEER data, consider code 6 distant.

✎Code 6 was considered distant in the Summary Staging Guide.



**BREAST**  
 C50.0-C50.6, C50.8-C50.9  
 174.0-174.6, 174.8-174.9, 175.9

<b>CSGC</b>	<b>EXTENSION</b>	<b>AJCC/UICC TNM</b>
IS	00 IN SITU: Noninfiltrating; intraductal WITHOUT infiltration; lobular neoplasia	Tis
LOC	05 Paget's disease (WITHOUT underlying tumor) Nipple (174.0 or C50.0) Other breast (174.1-174.9 or C50.1-C50.9)	Tis T0
	10 Confined to breast tissue and fat including nipple and/or areola	<u>Tumor Size</u> T0, size coded as "No mass; no tumor found; no Paget's disease" T1, if ≤2 cm T2, if 2-5 cm T3, if >5 cm TXa, unknown
REG	20 Invasion of subcutaneous tissue Skin infiltration of primary breast including skin of nipple and/or areola Local infiltration of dermal lymphatics adjacent to primary tumor involving skin by direct extension	
	30 Invasion of (or fixation to) pectoral fascia or muscle; deep fixation; attachment or fixation to pectoral muscle or underlying tissue	
	40 Invasion of (or fixation to) chest wall, ribs, intercostal or serratus anterior muscles	
	50 Extensive skin involvement: Skin edema, peau d'orange, "pigskin," en cuirasse, lenticular nodule(s), inflammation of skin, erythema, ulceration of skin of breast, satellite nodule(s) in skin of primary breast	T4b
	60 (50) plus (40)	T4c
	70* Inflammatory carcinoma, incl. diffuse (beyond that directly overlying the tumor) dermal lymphatic permeation or infiltration	T4d
DIS	80 FURTHER extension: Skin over sternum, upper abdomen, axilla or opposite breast	M1
	85 Metastasis: Bone, other than adjacent rib; lung; breast, contralateral--if metastatic; adrenal gland; ovary; satellite nodule(s) in skin other than primary breast	M1
NR	99 UNKNOWN if extension or metastasis	MX

\*For comparison with published SEER data, consider code 70 distant.

**CSGC Note:** For EOD Extension codes 10-30, size codes 001 (Microscopic focus or foci only) and 002 (Mammography/xerography diagnosis only with no size given (tumor not clinically palpable)) are included with T1. Size code 998 (Diffuse; widespread: 3/4's or more of breast; inflammatory carcinoma) is included with T3. If size code 997 (Paget's disease of nipple with no demonstrable tumor) is used with any extension code other than 05, it is considered an error and the case should be reviewed.

**LYMPH NODES**

**AJCC/UICC TNM**

<b>0</b>	<b>No lymph node involvement</b>	<b>N0</b>
-----		
	<b>REGIONAL Lymph Nodes (ipsilateral)</b>	
	<b>Axillary:</b>	
	Level I/low: Adjacent to tail of breast	
	Level II/mid: Central, interpectoral, (Rotter's node)	
	Level III/high: Subclavicular, apical	
	<b>Infraclavicular</b>	
	<b>Intramammary</b>	
	<b>Nodule(s) in axillary fat</b>	
	<b>Size of largest metastasis§ in axillary node,           ipsilateral (codes 1-4)</b>	
<b>1</b>	<b>Micrometastasis (≤0.2 cm)</b>	<b>N1a</b>
<b>2</b>	<b>&gt;0.2-&lt;2.0 cm, no extension beyond capsule</b>	<b>N1b</b>
<b>3</b>	<b>&lt;2.0 cm WITH extension beyond capsule</b>	<b>N1b</b>
<b>4</b>	<b>≥2.0 cm</b>	<b>N1b</b>
<b>5</b>	<b>Fixed/matted ipsilateral axillary nodes</b>	<b>N2</b>
<b>6</b>	<b>Axillary/regional lymph nodes, NOS</b>	<b>N1x</b>
	<b>Lymph nodes, NOS</b>	
<b>7</b>	<b>Internal mammary node(s), ipsilateral</b>	<b>N3</b>
-----		
	<b>DISTANT Lymph Nodes</b>	
<b>8</b>	<b>Cervical, NOS</b>	<b>M1</b>
	<b>Contralateral/bilateral axillary and/or internal mammary Supraclavicular (transverse cervical) Other than above</b>	
-----		
<b>9</b>	<b>UNKNOWN; not stated</b>	<b>NX</b>

§ Effective date January 1, 1992 diagnoses

**Note 1:** Changes such as dimpling of the skin, tethering, and nipple retraction are caused by tension on Cooper's ligament(s), not by actual skin involvement. They do not alter the classification.

**Note 2:** Consider adherence, attachment, fixation, induration, and thickening as clinical evidence of extension to skin or subcutaneous tissue; code '20'.

**Note 3:** Consider "fixation, NOS" as involvement of pectoralis muscle; code '30'.

<b>Note 4:</b>	<b>If Extension code is:</b>	<b>Behavior code must be:</b>
	00	2
	05	2 or 3
	10+	3

**VULVA (incl. Skin of Vulva)**  
 (excl. Malignant Melanoma, Kaposi's Sarcoma, Mycosis Fungoides,  
 Sezary's Disease, and Other Lymphomas)  
 [C51.0-C51.2], C51.8-C51.9  
 [184.1-184.3], 184.4

<b>CSGC</b>	<b>EXTENSION</b>	<b>AJCC/UICC TNM</b>
IS	00 IN SITU: Noninvasive; Bowen's disease, intraepidermal FIGO Stage 0	Tis
LOC	10 Invasive cancer confined to: Submucosa; musculature FIGO Stage I if size $\leq 2.0$ cm FIGO Stage II if size $> 2.0$ cm 30 Localized, NOS	<u>Tumor Size</u> T0, Size coded as "No mass; no tumor found" T1, if $\leq 2$ cm T2, if $> 2$ cm TXa, unknown
REG	60 Extension to: Vagina Urethra Perineum Perianal skin Anus FIGO Stage III	T3
DIS	70* Rectal mucosa Perineal body 75 Extension to: Upper urethral mucosa Bladder mucosa Pelvic bone FIGO Stage IVA 80 FURTHER extension 85 Metastasis FIGO Stage IVB	T4 T4 M1 M1
NR	99 UNKNOWN if extension or metastasis	MX

**Note 1:** Melanoma (M-8720-8790) of vulva is included in the melanoma scheme.

**Note 2:** Mycosis fungoides (M-9700) and Sezary's disease (M-9701) of vulva are included in the mycosis fungoides scheme.

\*For comparison with published SEER data, consider code 70 regional.

**CSGC Note 1:** Lymph nodes palpable in either groin (not clinically suspicious) are considered "no lymph node involvement" by SEER whereas AJCC considers them N1. The difference between N0 and N1 does not affect AJCC staging.

**CSGC Note 2:** For EOD Extension codes 10-30, size code 001 (Microscopic focus or foci only) is included with T1.

VULVA (incl. Skin of Vulva)  
(excl. Malignant Melanoma, Kaposi's Sarcoma, Mycosis  
Fungoides, Sezary's Disease, and Other Lymphomas)  
[C51.0-C51.2], C51.8-C51.9  
[184.1-184.3], 184.4

**LYMPH NODES**

**AJCC/UICC TNM**

0 No lymph node involvement -----	N0
REGIONAL Lymph Nodes (incl. contralateral or bilateral)	
1 Superficial inguinal (femoral) Deep inguinal, Rosenmuller's or Cloquet's node Regional lymph nodes, NOS	N2
2 (1) WITH fixation or ulceration	N3
3 External iliac Internal iliac (hypogastric) Pelvic, NOS	N2
4 (3) WITH fixation or ulceration -----	N3
DISTANT Lymph Nodes	
7 Other than above -----	M1
8 Lymph Nodes, NOS	NXu
9 UNKNOWN; not stated	NX

VAGINA  
C52.9  
184.0

CSGC	EXTENSION	AJCC/UICC TNM
IS	00 IN SITU: Noninvasive; intraepithelial	Tis
LOC	10 Invasive cancer confined to: Submucosa (stroma) FIGO Stage I	T1
	20x Musculature involved	T1
	30 Localized, NOS	T1
REG	40 Extension to: Paravaginal soft tissue Cervix Vulva Vesicovaginal septum Rectovaginal septum FIGO Stage II	T2
	50 Extension to: Bladder wall or NOS Rectal wall or NOS Cul de sac (rectouterine pouch) FIGO Stage II	T2
	60 Extension to pelvic wall FIGO Stage III	T3
DIS	70x Extension to bladder or rectal mucosa FIGO Stage IVA	T4
	80 Extension beyond true pelvis Extension to urethra FIGO Stage IVA, not further specified	T4
	85 Metastasis FIGO Stage IVB	M1
NR	99 UNKNOWN if extension or metastasis	MX

**Note:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as 60.

xFor comparison with published SEER data, consider codes 20 and 70 regional.

**LYMPH NODES**

**AJCC/UICC TNM**

0	No lymph node involvement	N0
-----		
REGIONAL Lymph Nodes		
Upper two-thirds of vagina:		
1	Pelvic lymph nodes:	N1
	Iliac: Common	
	Internal (hypogastric)	
	External	
	Sacral promontory	
	Pelvic, NOS	
Lower third of vagina:		
2	Ipsilateral inguinal lymph node(s)	N1
3	Bilateral inguinal lymph node(s)	N2
Both parts of vagina:		
5	Regional lymph node(s), unknown whether primary is in upper or lower vagina	NXr
-----		
DISTANT Lymph Nodes		
6	Inguinal (upper two-thirds only)	M1
	Aortic (para-, peri-, lateral)	
	Retroperitoneal, NOS	
7	Other than above	M1
-----		
8	Lymph Nodes, NOS	NXu
9	UNKNOWN; not stated	NX

**CERVIX UTERI**  
 C53.0-C53.1, C53.8-C53.9  
 180.0-180.1, 180.8-180.9

<b>CSGC</b>	<b>EXTENSION</b>	<b>AJCC/UICC TNM</b>
IS	00 IN SITU: Preinvasive; noninvasive; intraepithelial Cancer in situ WITH endocervical gland involvement FIGO Stage 0	Tis
	01 CIN (Cervical intraepithelial neoplasia) Grade III	Tis
LOC	11 Minimal microscopic stromal invasion FIGO Stage IA1	T1a1
	12 "Microinvasion" Tumor with invasive component ≤5 mm in depth, taken from the base of the epithelium, and ≤7 mm in horizontal spread FIGO Stage IA2	T1a2
	20 Invasive cancer confined to cervix and tumor larger than that in code 12 FIGO Stage IB	T1b
	30 Localized, NOS; confined to cervix uteri or uterus, NOS	T1x
	31 FIGO Stage I, not further specified	T1x
REG	35 Corpus uteri	T1x
	40 Extension to: Upper 2/3's of vagina (incl. fornices and vagina/vaginal wall, NOS) Cul de sac (rectouterine pouch) FIGO Stage IIA	T2a
	50 Extension to: Parametrium (paracervical soft tissue) Ligaments: Broad, uterosacral, cardinal FIGO Stage IIB	T2b
	60 Extension to: Lower 1/3 of vagina; vulva <sup>2</sup> Rectal and/or bladder wall or NOS Bullous edema of bladder mucosa Ureter <sup>2</sup> , intra- and extramural FIGO Stage IIIA	T3a
	65 Extension to: Pelvic wall(s) <sup>3</sup> ; hydronephrosis or nonfunctioning kidney (except if other cause) FIGO Stage IIIB	T3b
DIS	70* Extension to rectal or bladder <u>mucosa</u> FIGO Stage IVA	T4
	80 FURTHER extension beyond true pelvis FIGO Stage IVA, not further specified	T4
	85 Metastasis FIGO Stage IVB	M1
NR	99 UNKNOWN if extension or metastasis	MX

\*For comparison with published SEER data, consider code 70 regional.

<sup>2</sup>Ureter and vulva in code 60 were considered distant in the Summary Staging Guide.

<sup>3</sup>"Frozen pelvis" was not included with pelvic walls in published SEER data or the Summary Staging Guide. It was staged distant.

**CERVIX UTERI**  
**C53.0-C53.1, C53.8-C53.9**  
**180.0-180.1, 180.8-180.9**

**LYMPH NODES**

**AJCC/UICC TNM**

0	No lymph node involvement	N0
-----		
1	REGIONAL Lymph Nodes	N1
	Paracervical	
	Parametrial	
	Iliac: Common	
	Internal (hypogastric): Obturator	
	External	
	Pelvic, NOS	
	Sacral (lateral, presacral, sacral	
	promontory (Gerota's), uterosacral,	
	or NOS)	
	Regional lymph node(s), NOS	
-----		
	DISTANT Lymph Nodes	
6	Aortic (para-, peri-, lateral)	M1
7	Other than above	M1
-----		
8	Lymph Nodes, NOS	NXu
9	UNKNOWN; not stated	NX

**Note 1:** Involvement of anterior and/or posterior septum is coded as involvement of the vaginal wall.

**Note 2:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as 65.

**Note 3:** If the clinician says "adnexa palpated" but does not mention lymph nodes, assume lymph nodes are not involved.

**Note 4:** If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.





CORPUS UTERI

**DISTINGUISHING "IN SITU" AND "LOCALIZED" TUMORS FOR THE CORPUS UTERI**

Careful attention must be given to the use of the term "confined to endometrium" for corpus uteri.

- 1) Determine if the tumor is confined to the columnar epithelium, in which case it is in situ, OR
- 2) if the tumor has penetrated the basement membrane to invade the stroma (lamina propria), in which case it is localized and is coded to invasion of the stroma.

The endometrium (mucosa) consists of:

The EPITHELIAL LAYER which contains no blood vessels or lymphatics.

The BASEMENT MEMBRANE, a sheet of extracellular material, functions as a filtration barrier and a boundary involved in generating and maintaining tissue structure.

The LAMINA PROPRIA, composed of areolar connective tissue, contains blood vessels, nerves, and, in some regions, glands. Once tumor has broken through the basement membrane into the lamina propria, it can spread by way of the lymphatics and blood vessels to other parts of the body.

There is NO MUSCULARIS MUCOSAE or SUBMUCOSA in the endometrium.

The MYOMETRIUM (muscularis) is composed of three layers of smooth muscle fibers; it constitutes the wall of the organ.

The SEROSA, the outermost layer covering the corpus uteri, is a serous membrane, part of the visceral peritoneum.

CORPUS UTERI

PRIMARY SITE	ENDOMETRIUM (mucosa)		MYOMETRIUM (3 layers)	SEROSA
Corpus Uteri (C54._) (182._)	Columnar Epithelium	B A S E : M E M : S t r o m a (lamina propria)	Yes	Yes
	Yes	Yes		

**CORPUS UTERI, PLACENTA AND UTERUS, NOS**  
**C54.0-C54.3, [C54.8], C54.9, [C55.9, C58.9]**  
**[179.9, 181.9], 182.0-182.1, [182.8]**

<b>CSGC</b>	<b>EXTENSION</b>	<b>AJCC/UICC TNM</b>
IS	00 IN SITU: Preinvasive, noninvasive FIGO Stage 0	Tis
LOC	<b>No sounding done; sounding, NOS</b>	
	10 FIGO Stage I not further specified	T1x
	11 Confined to endometrium (stroma)	
	Extension to:	
	12 Myometrium--inner half	
	13 Myometrium--outer half	
	14 Myometrium--NOS	
	15 Serosa	
	<b>Sounding of uterine cavity is ≤8.0 cm in length</b>	
	20 FIGO Stage IA not further specified	T1a
	21 Confined to endometrium (stroma)	
	Extension to:	
	22 Myometrium--inner half	
	23 Myometrium--outer half	
	24 Myometrium--NOS	
	25 Serosa	
	<b>Sounding of uterine cavity is &gt;8.0 cm in length</b>	
	30 FIGO Stage IB not further specified	T1b
	31 Confined to endometrium (stroma)	
	Extension to:	
	32 Myometrium--inner half	
	33 Myometrium--outer half	
	34 Myometrium--NOS	
	35 Serosa	
	40 Localized, NOS	T1x
REG	50 Cervix uteri, incl. endocervix invaded FIGO Stage II	T2
	60 Extension within true pelvis: Parametrium Ligaments: Broad, round, uterosacral Pelvic wall(s) <sup>3</sup> Ovary(ies) and/or fallopian tubes(s) Rectal and/or bladder wall or NOS Vagina <sup>2</sup> FIGO Stage III	T3
DIS	70* Extension to rectal or bladder <u>mucosa</u> FIGO Stage IVA	T4
	80* Extension beyond true pelvis FIGO Stage IVA, not further specified	T4
	85 Metastasis FIGO Stage IVB	M1
NR	99 UNKNOWN if extension or metastasis	MX

\*For comparison with published SEER data, consider codes 70 and 80 regional.

<sup>2</sup>Vagina was considered distant in the Summary Staging Guide.

<sup>3</sup>For comparison with published SEER data, pelvic wall(s) was considered distant. In the Summary Staging Guide, pelvic wall(s) was considered regional, but "frozen pelvis" was considered distant.

**CORPUS UTERI, PLACENTA AND UTERUS, NOS**  
**C54.0-C54.3, [C54.8], C54.9, [C55.9, C58.9]**  
**[179.9, 181.9], 182.0-182.1, [182.8]**

**LYMPH NODES**

**AJCC/UICC TNM**

0	No lymph node involvement -----	N0
<b>REGIONAL Lymph Nodes</b>		
1	Parametrial Paracervical Iliac: Common Internal (hypogastric): Obturator External Pelvic, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), uterosacral, or NOS)	N1
2*	Aortic (para-, peri-, lateral)	M1
5	Regional Lymph Nodes, NOS -----	N1
<b>DISTANT Lymph Nodes</b>		
6#	Superficial inguinal	M1
7	Other than above (incl. deep inguinal) -----	M1
8	Lymph Nodes, NOS	NXu
9	UNKNOWN; not stated	NX

**Note 1:** Adnexa=tubes, ovaries and ligament(s)

**Note 2:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as 60.

**Note 3:** If the clinician says "adnexa palpated" but does not mention lymph nodes, assume lymph nodes are not involved.

**Note 4:** If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.

\*For comparison with published SEER data, consider code 2 distant.

#Code 6 was considered regional in the Summary Staging Guide.

OVARY  
C56.9  
183.0

<u>CSGC</u>	<u>EXTENSION</u>	<u>AJCC/UICC TNM</u>
IS	00 IN SITU: Preinvasive, noninvasive; intraepithelial	Tis
LOC	10 Tumor limited to one ovary, capsule intact, no tumor on ovarian surface FIGO Stage IA	T1a
	20 Tumor limited to both ovaries, capsule(s) intact, no tumor on ovarian surface FIGO Stage IB	T1b
	30 Localized, NOS; unknown if capsule(s) ruptured or one or both ovaries involved FIGO Stage I, not further specified	T1x
REG	40 Tumor limited to ovary(ies), capsule(s) ruptured or tumor on ovarian surface FIGO Stage IC	T1c
	41*#Tumor limited to ovary(ies) WITH malignant cells in ascites or peritoneal washings FIGO Stage IC	T1c
	42*#(40) plus (41) FIGO Stage IC, not further specified	T1c
	50 Extension to or implants on: Uterus <sup>2</sup> ; fallopian tube(s); adnexa, NOS FIGO Stage IIA	T2a
	60 Extension to or implants on: Pelvic wall; pelvic tissue (broad ligament, adjacent peritoneum--mesovarium) FIGO Stage IIB	T2b
	62*#(50) and/or (60) WITH malignant cells in ascites or peritoneal washings FIGO Stage IIC	T2c
	65 FIGO Stage II, not further specified	T2x
DIS	70 Microscopic peritoneal implants beyond pelvis, including peritoneal surface of liver FIGO Stage IIIA	T3a
	71 Macroscopic peritoneal implants beyond pelvis, ≤2 cm in diameter, including peritoneal surface of liver FIGO Stage IIIB	T3b
	72 Peritoneal implants beyond pelvis, >2 cm in diameter, including peritoneal surface of liver FIGO Stage IIIC	T3c
	75 Peritoneal implants, NOS FIGO Stage III, not further specified	T3x
	80 FURTHER extension	M1
	85 Metastasis, including: Liver parenchymal metastasis; pleural fluid (positive cytology) FIGO Stage IV	M1
NR	99 UNKNOWN if extension or metastasis	MX

\*For comparison with published SEER data, consider codes 41, 42 and 62 distant.

#Codes 41, 42 and 62 were considered distant in the Summary Staging Guide.

<sup>2</sup>Uterus in code 50 was considered distant in the Summary Staging Guide.

**LYMPH NODES**

**AJCC/UICC TNM**

0 No lymph node involvement	N0
-----	
REGIONAL Lymph Nodes (incl. contralateral or bilateral nodes)	
1 Iliac: Common	N1
Internal (hypogastric): Obturator	
External	
Lateral sacral	
Pelvic, NOS	
2 Aortic (para-, peri-, lateral)	N1
Retroperitoneal, NOS	
3# Inguinal	N1
4 (2) plus (1) and/or (3)	N1
5 Regional Lymph Nodes, NOS	N1
-----	
DISTANT Lymph Nodes	
7 Other than above	M1
-----	
8 Lymph Nodes, NOS	NXu
9 UNKNOWN; not stated	NX

**Note 1:** Code size of tumor, not size of the cyst.

**Note 2:** Ascites WITH malignant cells changes FIGO Stages I and II to IC and IIC, respectively. Ascites, NOS is considered negative.

**Note 3:** Peritoneal implants outside the pelvis (codes 70-72) must be microscopically confirmed.

**Note 4:** If implants are mentioned, determine whether they are in the pelvis or in the abdomen and code appropriately (60-62) or (70-72). If the location is not specified, code as outside the pelvis (70-72 or 75).

#Code 3 was considered distant in the Summary Staging Guide.

**CSGC Note:** If FIGO Stage IIIC is based on involvement of lymph nodes only, code under lymph nodes and not extension.

**FALLOPIAN TUBE, BROAD AND ROUND LIGAMENTS**

[C57.0-C57.4]

[183.2-183.5, 183.8-183.9]

**CSGC    EXTENSION**

**AJCC/UICC TNM**

No Scheme

IS	00	IN SITU: Noninvasive	-----
LOC	10	Tumor confined to tissue or organ of origin	-----
	30	Localized, NOS	-----
REG	40	Ovary, ipsilateral Corpus uteri; uterus, NOS	-----
	50	Peritoneum Fallopian tube for ligaments Broad ligament, ipsilateral for fallopian tube Mesosalpinx, ipsilateral	-----
DIS	70*	Omentum Cul de sac (rectouterine pouch) Sigmoid Rectosigmoid Small intestine Ovary, contralateral	-----
	80*	FURTHER extension	-----
	85	Metastasis	-----
NR	99	UNKNOWN if extension or metastasis	-----

\*For comparison with published SEER data, consider codes 70 and 80 regional.

FALLOPIAN TUBE, BROAD AND ROUND LIGAMENTS  
[C57.0-C57.4]  
[183.2-183.5, 183.8-183.9]

**LYMPH NODES**

**AJCC/UICC TNM**  
No Scheme

0 No lymph node involvement

-----  
REGIONAL Lymph Nodes

1 Iliac: Common  
    Internal (hypogastric): Obturator  
    External  
    Lateral sacral  
    Pelvic, NOS

2 Aortic (para-, peri-, lateral)  
    Retroperitoneal, NOS

3# Inguinal

4 (2) plus (1) and/or (3)

5 Regional Lymph Nodes, NOS

-----  
DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

#Code 3 was considered distant in the Summary Staging Guide.



**OTHER FEMALE GENITAL ORGANS**  
**[C57.7-C57.9]**  
**[184.8-184.9]**

**CSGC EXTENSION**

**AJCC/UICC TNM**  
**No Scheme**

IS	00	IN SITU: Noninvasive; intraepithelial	-----
LOC	10	Confined to site of origin	-----
	30	Localized, NOS	-----
REG	40	Adjacent connective tissue	-----
	60	Adjacent organs/structures	-----
DIS	80	FURTHER extension	-----
	85	Metastasis	-----
NR	99	UNKNOWN if extension or metastasis	-----

**OTHER FEMALE GENITAL ORGANS**  
[C57.7-C57.9]  
[184.8-184.9]

**LYMPH NODES**

**AJCC/UICC TNM**  
No Scheme

- 0 No lymph node involvement
- - - - -
- 1 REGIONAL Lymph Nodes
- - - - -
- 7 DISTANT Lymph Nodes
- - - - -
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

**PROSTATE GLAND**  
 C61.9  
 185.9

<u>CSGC</u>	<u>EXTENSION</u>	<u>AJCC/UICC TNM</u>
IS	00 IN SITU: Noninvasive; intraepithelial	Tis
LOC	Incidentally found microscopic carcinoma (latent)	
	10 Number of foci not specified (A)	T1x
	11 <3 microscopic foci (A1 Focal)	T1a
	12 >3 microscopic foci (A2 Diffuse)	T1b
	20 Palpable nodule(s) confined to prostate (intracapsular)--one lobe (B)	T2a, if <1.5 cm T2b, if >1.5 cm T2x, Size unknown; size coded as "No mass; no tumor found"
	25 Multiple nodules confined to prostate (intracapsular)--more than one lobe (B)	T2b
	30 Localized, NOS; confined to prostate, NOS (B, not further specified)	TXa
	40* Invasion of prostatic capsule (C1)	T3
REG	50 Extension to periprostatic tissue (C1): Extracapsular extension (beyond prostatic capsule) Extraprostatic urethra (membranous) Bladder neck and/or prostatic apex Through capsule, NOS	T3
	55 Extension to seminal vesicle(s) (C2)	T3
	56 Extension to periprostatic tissue, NOS (C, not further specified)	T3
	60 Extension to or fixation of other adjacent structures: Rectovesical (Denonvilliers') fascia Bladder, NOS; ureter(s) <sup>2</sup> ; rectum Skeletal muscle (levator ani) <sup>2</sup> Fixation, NOS	T4
DIS	70* Pelvic bone Pelvic wall(s)	T4
	80 Further extension to bone, soft tissue or other organs (D2)	T4
	85 Metastasis (D2) D, not further specified	M1
NR	99 UNKNOWN if extension or metastasis	MX

**Note 1:** Involvement of prostatic urethra does not alter the extension code.

**Note 2:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as 70.

**Note 3:** If D1-D2 is based on involvement of lymph nodes only, code under lymph nodes and not extension.

**Note 4:** B can be further classified: B1, Small, discrete nodule(s) <1.5 cm, and B2 Nodule(s) >1.5 cm or in more than one lobe.

\*For comparison with published SEER data, consider codes 40 and 70 regional.

<sup>2</sup>Ureter and skeletal muscle in code 60 were distant in the Summary Staging Guide.

**CSGC Note 1:** For AJCC staging, histologic grade is required.

**CSGC Note 2:** For EOD extension code 20, size code 001 (Microscopic focus or foci only) is included with T2a.

**LYMPH NODES**

**AJCC/UICC TNM**

0	No lymph node involvement	N0
-----		
	REGIONAL Lymph Nodes (incl. contralateral or bilateral nodes)	
	Periprostatic	
	Iliac: Internal (hypogastric): Obturator	
	External	
	Iliac, NOS	
	Pelvic, NOS	
	Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS)	
	Regional lymph node(s), NOS	
1	Single lymph node $\leq$ 2 cm	N1
2	Single lymph node >2-5 cm OR multiple nodes, none greater than 5 cm	N2
3	Lymph node(s), at least one >5 cm	N3
5	Size not stated	NXr
-----		
	DISTANT Lymph Nodes	
6	Aortic (para-, peri-, lateral, lumbar) Retroperitoneal, NOS Common iliac Inguinal, superficial (femoral) and/or deep	M1
7	Other than above	M1
-----		
8	Lymph Nodes, NOS	NXu
9	UNKNOWN; not stated	NX

Source: Stages A-D refer to the American Urological Association staging system.



**URINARY BLADDER, RENAL PELVIS and URETERS**

**DISTINGUISHING "IN SITU" AND "LOCALIZED" TUMORS FOR URINARY SITES**

Careful attention must be given to the use of the term "confined to mucosa" for the urinary bladder.

Historically, carcinomas described as "confined to mucosa" have been coded as localized. However, pathologists almost uniformly use this designation for non-invasive tumor as well. In order to provide greater specificity and to rule out the possibility of classifying noninvasive tumors in this category, abstractors should determine:

- 1) if the tumor is confined to the epithelium, in which case it is in situ, OR
- 2) if the tumor has penetrated the basement membrane to invade the lamina propria, in which case it is localized and is coded to invasion of the lamina propria. Only if this separation cannot be made should the tumor be coded to "confined to mucosa."

The mucosa of the urinary tract consists of:

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

The BASEMENT MEMBRANE, a sheet of extracellular material, functions as a filtration barrier and a boundary involved in generating and maintaining tissue structure.

The LAMINA PROPRIA, composed of areolar connective tissue, contains blood vessels, nerves, and, in some regions, glands. Once tumor has broken through the basement membrane into the lamina propria, it can spread by way of the lymphatics and blood vessels to other parts of the body.

The urinary sites do NOT have a MUSCULARIS MUCOSAE, and, therefore, the lamina propria and the submucosa are difficult to separate. These terms are used interchangeably.

The SUBMUCOSA is a thick layer of either dense or areolar connective tissue. It contains blood vessels, lymphatic vessels, nerves, and, in some regions, glands.

The MUSCULARIS PROPRIA is composed of multiple layers of muscle tissue; it constitutes the wall of the organ.

The SEROSA, the outermost layer covering, is a serous membrane, part of the visceral peritoneum. It covers only the superior surface of the urinary bladder. There is no serosa on the renal pelvis or ureters. Where there is no serosa, the connective tissue of surrounding structures merges with the connective tissue of the urinary organs and is called ADVENTITIA.

**URINARY BLADDER, RENAL PELVIS and URETERS**

PRIMARY SITE	MUCOSA		MUSCULARIS PROPRIA	SEROSEA
	Epithelium	B A S E M E M B R A N E		
Urinary Bladder (C67.0) (188.0)	Yes	: M E	Yes	Yes, on superior surface
Renal pelvis (C65.9) (189.1)	Yes	M B R	Yes	No
Ureter(s) (C66.9) (189.2)	Yes	A N E :	Yes	No

**URINARY BLADDER**

C67.0-C67.9

188.0-188.9

<b>CSGC</b>	<b>EXTENSION</b>	<b>AJCC/UICC TNM</b>
IS	00 Sessile carcinoma-IN SITU; Carcinoma-IN SITU, NOS	Tis
	05 Noninvasive papillary (transitional) carcinoma	Ta
LOC	10 Confined to mucosa, NOS	T1
	15 Invasive tumor confined to: Subepithelial connective tissue (tunica propria, lamina propria, submucosa, stroma)	T1
	<b>Muscle (muscularis) invaded</b>	
	20* NOS	T2
	21* Superficial muscle--inner half	T2
	22* Deep muscle--outer half	T3a
	23* Extension through full thickness of bladder wall	T3a
30 Localized, NOS	TXa	
REG	40 Subserosal tissue; perivesical fat/tissue; periureteral fat/tissue	T3b
	50 Extension to/through serosa (mesothelium); peritoneum	T3b
	60 Prostate; Urethra, including prostatic urethra; ureter	T4
	65 Vas deferens; seminal vesicle Rectovesical/Denonvilliers' fascia Parametrium; uterus; vagina	T4
	70 Bladder FIXED	T4
DIS	75 Pelvic wall Abdominal wall	T4
	80 FURTHER extension <sup>2</sup>	M1
	85 Metastasis	M1
NR	99 UNKNOWN if extension or metastasis	MX

**Note 1:** The lamina propria and submucosa tend to merge when there is no muscularis mucosae, so these terms will be used interchangeably.

**Note 2:** The meaning of the terms "invasion of mucosa, grade 1" and "invasion of mucosa, grade 2" varies with the pathologist who must be queried to determine whether carcinoma is "in situ" or "invasive".

**Note 3:** If Extension code is: Behavior code must be:

00 or 05	2
10	2 or 3
15+	3

**Note 4:** Periureteral in code 40 refers only to that portion of the ureter that is intramural to the bladder. All other periureteral involvement would be coded to 60.

\*For comparison with published SEER data, consider codes 20-23 regional.

<sup>2</sup>Rectum (male) and pubic bones in code 80 were considered regional in the Summary Staging Guide.

**CSGC Note:** For urinary bladder only, the computer conversion program applies a recode combining in situ and localized into one stage group to correspond with the categories used in SEER published data for bladder cancer. See Introduction for more details.

**LYMPH NODES**

**AJCC/UICC TNM**

0	No lymph node involvement	N0
-----		
	REGIONAL Lymph Nodes (incl. contralateral and bilateral)	
	Perivesical	
	Iliac: Internal (hypogastric): Obturator	
	External	
	Iliac, NOS	
	Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS)	
	Pelvic, NOS	
	Regional lymph node(s), NOS	
1	Single lymph node ≤2 cm	N1
2	Single lymph node >2-5 cm OR multiple nodes, none greater than 5 cm	N2
3	Lymph node(s), at least one >5 cm	N3
5	Size not stated	NXr
-----		
	DISTANT Lymph Nodes	
6*	Common iliac	M1
7	Other than above	M1
-----		
8	Lymph Nodes, NOS	NXu
9	UNKNOWN; not stated	NX

\*Code 6 was considered regional in the Summary Staging Guide.





**SITE SPECIFIC SCHEMES**

**SECTION 2: AJCC/UICC STAGE GROUPINGS**

**COLON**  
**C18.0-C18.7, [C18.8-C18.9]**  
**153.0-153.7, [153.8-153.9]**

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N</u>	<u>M</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
0	Tis	N0	M0	0
I	T1-T2	N0	M0	I
II	T3-T4	N0	M0	II
III	T1-T4, TXa	N1-3, NXr	M0	III
IV	T1-T4, TXa TX	NX N0-N3, NXr, NXu, NX	M1 M1	IV
Unstaged	T1-T4, TXa TX	NXu N0-N3, NXr, NXu, NX	M0 MX	Unstaged
Unstaged	Tis	NX	M0	0
Unstaged	T1-T2, TXa TXa	NX N0	M0 M0	I
Unstaged	T3-T4	NX	M0	II
Unstaged	Tis Tis	N1-N3, NXr, NXu NX	M0 M1	Error

**Histopathologic Type**

AJCC Statement: "This system of staging applies to all carcinomas arising in the colon or rectum. It does not apply to sarcomas, lymphomas, or carcinoids."

CSGC definition of applicable histologic types: 801-823, 825-867, 894.

**RECTOSIGMOID, RECTUM**  
**C19.9, C20.9**  
**154.0-154.1**

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N</u>	<u>M</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
0	Tis	N0	M0	0
I	T1-T2	N0	M0	I
II	T3-T4	N0	M0	II
III	T1-T4, TXa	N1-N3, NXr	M0	III
IV	T1-T4, TXa TX	NX N0-N3, NXr, NXu, NX	M1 M1	IV
Unstaged	T1-T4, TXa TX	NXu N0-N3, NXr, NXu, NX	M0 MX	Unstaged
Unstaged	Tis	NX	M0	0
Unstaged	T1-T2, TXa TXa	NX N0	M0 M0	I
Unstaged	T3-T4	NX	M0	II
Unstaged	Tis Tis	N1-N3, NXr, NXu NX	M0 M1	Error

**Histopathologic Type**

AJCC Statement: "This system of staging applies to all carcinomas arising in the colon or rectum. It does not apply to sarcomas, lymphomas, or carcinoids."

CSGC definition of applicable histologic types: 801-823, 825-867, 894.

**LUNG AND BRONCHUS**  
**C34.0-C34.3, C34.8-C34.9**  
**162.2-162.5, 162.8-162.9**

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N</u>	<u>M</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
0	Tis	N0	M0	0
I	T1-T2	N0	M0	I
II	T1-T2	N1	M0	II
IIIA	T1-T2 T3	N2 N0-N2	M0 M0	IIIA
IIIB	T1-T3 T4 TX	N3 N0-N3, NXr, NX N3	M0 M0 MX	IIIB
IV	T0-T4, TXa-TXc TX	NX N0-N3, NXr, NXu, NX	M1 M1	IV
Unstaged	T1-T4, TXa-TXc T0 TX	NXu NXr, NXu, NX N0-N2, NXr, NXu, NX	M0 M0 MX	Unstaged
Unstaged	Tis	NX	M0	0
Unstaged	T1-T2, TXa-TXc TXa-TXc	NX N0	M0 M0	I
Unstaged	T1-T2, TXa, TXc T0, TXa-TXc	NXr N1	M0 M0	II
Unstaged	T0, TXa-TXc T3	N2 NXr, NX	M0 M0	IIIA
Unstaged	T0, TXa-TXc	N3	M0	IIIB
Unstaged	Tis T0 Tis	N1-N3, NXr, NXu N0 NX	M0 M0 M1	Error

**Histopathologic Type**

AJCC Statement: "This staging system applies only to the carcinomas. Sarcomas and other rare tumors are excluded."

CSGC definition of applicable histologic types: 801-823, 825-867, 894 [i.e., excludes carcinoids].

**BREAST**  
 C50.0-C50.6, C50.8-C50.9  
 174.0-174.6, 174.8-174.9, 175.9

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N</u>	<u>M</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
0	Tis	N0,NX	M0	0
I	T1	N0	M0	I
IIA	T0-T1 T2	N1 N0	M0 M0	IIA
IIB	T2 T3	N1 N0	M0 M0	IIB
IIIA	T0-T2, TXa T3	N2 N1-N2	M0 M0	IIIA
IIIB	T0-T3, TXa T4	N3 N0-N3, NX	M0 M0	IIIB
IV	T0-T4, TXa TX	NX N0-N3, NX	M1 M1	IV
Unstaged	TX TXa	N0-N2, NX N0, NX	MX M0	Unstaged
Unstaged	T1	NX	M0	I
Unstaged	T2	NX	M0	IIA
Unstaged	T3	NX	M0	IIB
Unstaged	TXa	N1	M0	II, NOS
Unstaged	TX	N3	MX	IIIB
Unstaged	Tis T0 Tis	N1-N3 N0, NX NX	M0 M0 M1	Error

**Histopathologic Type**

AJCC Statement: "This staging system for carcinomas of the breast applies to infiltrating and in situ carcinomas."

CSGC definition of applicable histologic types: 801-867, 894.

**VULVA**  
 [C51.0-C51.2], C51.8-C51.9  
 [184.1-184.3], 184.4

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N*</u>	<u>M</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
0	Tis	N0	M0	0
I	T1	N0	M0	I
II	T2	N0	M0	II
III	T0-T2, TXa T3	N2 N0, N2	M0 M0	III
IV	T0-T3, TXa T4 T0-T4, TXa TX TX	N3 N0, N2, N3, NXu, NX NX N0, N2, N3, NXu, NX N3	M0 M0 M1 M1 MX	IV
Unstaged	T0-T3, TXa TX	NXu N0, N2, NXu, NX	M0 MX	Unstaged
Unstaged	Tis	NX	M0	0
Unstaged	T1, TXa TXa	NX N0	M0 M0	I
Unstaged	T2	NX	M0	II
Unstaged	T3	NX	M0	III
Unstaged	Tis T0 Tis	N2, N3, NXu N0, NX NX	M0 M0 M1	Error

\* AJCC defines an N1, "Nodes palpable in either groin, not enlarged, mobile (not clinically suspicious of neoplasm)." N1 is treated like N0 in determining AJCC stage. N1 cannot be derived from SEER EOD codes.

**Histopathologic Type**

AJCC Statements: "The classification applies only to primary carcinoma of the vulva," and "Malignant melanoma should be reported separately."

CSGC definition of applicable histologic types: 801-867, 894. EOD for malignant melanoma (872-879) is coded using the melanoma scheme, not the vulva scheme.

VAGINA  
C52.9  
184.0

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N</u>	<u>M</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
0	Tis	N0	M0	0
I	T1	N0	M0	I
II	T2	N0	M0	II
III	T1-T2 T3	N1 N0-N1	M0 M0	III
IVA	T1-T3 T4	N2 N0-N2, NXr	M0 M0	IVA
IVB	T1-T4 TX	NX N0-N2, NXr, NXu, NX	M1 M1	IVB
IV, NOS	T4 TX	NXu N2	M0 MX	IV, NOS
IV, NOS	T4	NX	M0	IVA
Unstaged	T1-T3 TX	NXu N0-N1, NXr, NXu, NX	M0 MX	Unstaged
Unstaged	Tis	NX	M0	0
Unstaged	T1	NX	M0	I
Unstaged	T2	NX	M0	II
Unstaged	T1-T2 T3	NXr NXr, NX	M0 M0	III
Unstaged	Tis Tis	N1-N2, NXr, NXu NX	M0 M1	Error

**Histopathologic Type**

AJCC Statement: "The classification applies to primary carcinoma only."

CSGC definition of applicable histologic types: 801-867, 894.



**CERVIX UTERI**  
**C53.0-C53.1, C53.8-C53.9**  
**180.0-180.1, 180.8-180.9**

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N</u>	<u>M</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
0	Tis	N0	M0	0
IA	T1a	N0	M0	IA
IB	T1b	N0	M0	IB
I, NOS	T1x	N0	M0	I, NOS
IIA	T2a	N0	M0	IIA
IIB	T2b	N0	M0	IIB
IIIA	T3a	N0	M0	IIIA
IIIB	T1-T2, T3a T3b	N1 N0-N1, NX	M0 M0	IIIB
IVA	T4	N0-N1	M0	IVA
IVB	T1-T4 TX	NX N0-N1, NXu, NX	M1 M1	IVB
IV, NOS	T4	NX	M0	IVA
IV, NOS	T4	NXu	M0	IV, NOS
Unstaged	T1-T3 TX	NXu N0-N1, NXu, NX	M0 MX	Unstaged
Unstaged	Tis	NX	M0	0
Unstaged	T1a	NX	M0	IA
Unstaged	T1b	NX	M0	IB
Unstaged	T1x	NX	M0	I, NOS
Unstaged	T2a	NX	M0	IIA
Unstaged	T2b	NX	M0	IIB
Unstaged	T3a	NX	M0	IIIA
Unstaged	Tis	N1, NXu	M0	Error
	Tis	NX	M1	

**Histopathologic Type**

AJCC Statement: "The classification applies only to carcinomas."

CSGC definition of applicable histologic types: 801-867, 894.

**CORPUS UTERI, PLACENTA AND UTERUS, NOS**  
**C54.0-C54.3, [C54.8], C54.9, [C55.9, C58.9]**  
**[179.9, 181.9], 182.0-182.1, [182.8]**

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N</u>	<u>M</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
0	Tis	N0	M0	0
IA	T1a	N0	M0	IA
IB	T1b	N0	M0	IB
I, NOS	T1x	N0	M0	I, NOS
II	T2	N0	M0	II
III	T1-T2 T3	N1 N0-N1	M0 M0	III
IVA	T4	N0-N1	M0	IVA
IVB	T1-T4 TX	NX N0-N1, NXu, NX	M1 M1	IVB
IV, NOS	T4	NX	M0	IVA
IV, NOS	T4	NXu	M0	IV, NOS
Unstaged	T1-T3 TX	NXu N0-N1, NXu, NX	M0 MX	Unstaged
Unstaged	Tis	NX	M0	0
Unstaged	T1a	NX	M0	IA
Unstaged	T1b	NX	M0	IB
Unstaged	T1x	NX	M0	I, NOS
Unstaged	T2	NX	M0	II
Unstaged	T3	NX	M0	III
Unstaged	Tis Tis	N1, NXu NX	M0 M1	Error

**Histopathologic Type**

AJCC Statement: "The classification applies only to carcinoma."

CSGC definition of applicable histologic types: 801-867, 894.

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N</u>	<u>M</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
0	Tis	N0	M0	0
IA	T1a	N0	M0	IA
IB	T1b	N0	M0	IB
IC	T1c	N0	M0	IC
I, NOS	T1x	N0	M0	I, NOS
IIA	T2a	N0	M0	IIA
IIB	T2b	N0	M0	IIB
IIC	T2c	N0	M0	IIC
II, NOS	T2x	N0	M0	II, NOS
IIIA	T3a	N0	M0	IIIA
IIIB	T3b	N0	M0	IIIB
IIIC	T1-T3 T3c	N1 N0	M0 M0	IIIC
III, NOS	T3x	N0	M0	III, NOS
IV	T1-T3 TX	NX N0-N1, NXu, NX	M1 M1	IV
Unstaged	T1-T3 TX	NXu N0-N1, NXu, NX	M0 MX	Unstaged
Unstaged	Tis	NX	M0	0
Unstaged	T1a	NX	M0	IA
Unstaged	T1b	NX	M0	IB
Unstaged	T1c	NX	M0	IC
Unstaged	T1x	NX	M0	I, NOS
Unstaged	T2a	NX	M0	IIA
Unstaged	T2b	NX	M0	IIB
Unstaged	T2c	NX	M0	IIC
Unstaged	T2x	NX	M0	II, NOS

(continued)

OVARY (continued)  
 C56.9  
 183.0

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N</u>	<u>M</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
Unstaged	T3a	NX	M0	IIIA
Unstaged	T3b	NX	M0	IIIB
Unstaged	T3c	NX	M0	IIIC
Unstaged	T3x	NX	M0	III, NOS
Unstaged	Tis	N1, NXu	M0	Error
	Tis	NX	M1	

**Histopathologic Type**

AJCC Statement: "The types recommended at the present time are as follows: serous tumors, mucinous tumors, endometrioid tumors, undifferentiated tumors, and unclassified tumors...Malignant tumors other than those of the common epithelial types are not to be included with the categories listed above. However, the more common ones such as granulosa cell tumor, immature teratoma, dysgerminoma, and endodermal sinus tumor may be collected and reported separately by institutions so desiring, particularly those with a pediatric population among their patients."

CSGC definition of applicable histologic types: all.

PROSTATE GLAND  
C61.9  
185.9

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N</u>	<u>M</u>	<u>G</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
0	Tis T1a T2a	N0 N0 N0	M0 M0 M0	G1-G4,GX G1 G1	0
I	T1a T2a	N0 N0	M0 M0	G2-G4 G2-G4	I
II	T1b T2b	N0 N0	M0 M0	G1-G4,GX G1-G4,GX	II
III	T3	N0	M0	G1-G4,GX	III
IV	T1-T3, TXa T4 T1-T4, TXa TX TX	N1-N3, NXr, NXu N0-N3, NXr, NXu, NX NX N0-N3, NXr, NXu, NX N1-N3, NXr, NXu	M0 M0 M1 M1 MX	G1-G4, GX G1-G4, GX G1-G4, GX G1-G4, GX G1-G4, GX	IV
Unstaged	TXa T1a T1x T2a T2x TX	N0, NX N0, NX N0, NX N0, NX N0, NX N0, NX	M0 M0 M0 M0 M0 MX	G1-G4, GX GX G1, GX GX G1, GX G1-G4, GX	Unstaged
Unstaged	Tis T1a T2a	NX NX NX	M0 M0 M0	G1-G4, GX G1 G1	0
Unstaged	T1a T1x T2a T2x	NX N0, NX NX N0, NX	M0 M0 M0 M0	G2-G4 G2-G4 G2-G4 G2-G4	I
Unstaged	T1b T2b	NX NX	M0 M0	G1-G4, GX G1-G4, GX	II
Unstaged	T3	NX	M0	G1-G4, GX	III
Unstaged	Tis Tis	N1-N3, NXr, NXu NX	M0 M1	G1-G4, GX G1-G4, GX	Error

**Histopathologic Type**

AJCC Statement: "The histopathological type is almost always adenocarcinoma of variable grades."

CSGC definition of applicable histologic types: all.

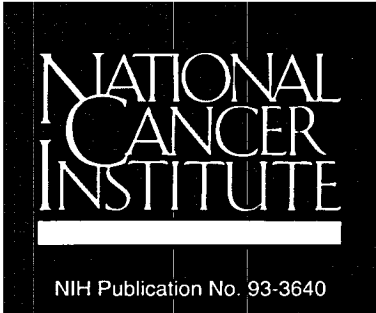
**URINARY BLADDER**  
**C67.0-C67.9**  
**188.0-188.9**

<u>AJCC/UICC STAGE</u>	<u>T</u>	<u>N</u>	<u>M</u>	<u>AJCC/UICC STAGE as Used by SEER</u>
0	Tis Ta	N0 N0	M0 M0	0
I	T1	N0	M0	I
II	T2	N0	M0	II
III	T3	N0	M0	III
IV	T1-T3, TXa T4 T1-T4, TXa TX TX	N1-N3, NXr, NXu N0-N3, NXr, NXu, NX NX N0-N3, NXr, NXu, NX N1-N3, NXr, NXu	M0 M0 M1 M1 MX	IV
Unstaged	TX	N0, NX	MX	Unstaged
Unstaged	Tis Ta	NX NX	M0 M0	0
Unstaged	T1 TXa	NX N0, NX	M0 M0	I
Unstaged	T2	NX	M0	II
Unstaged	T3	NX	M0	III
Unstaged	Tis Ta Tis Ta	N1-N3, NXr, NXu N1-N3, NXr, NXu NX NX	M0 M0 M1 M1	Error

**Histopathologic Type**

AJCC Statement: The histologic types are listed, but there are no stated restrictions on applying the staging system.

CSGC definition of applicable histologic types: all.



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