

SEER Extent of Disease 1988
Codes and Coding Instructions

SEER

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

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Public Health Service
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SEER EXTENT OF DISEASE -- 1988

CODES AND CODING INSTRUCTIONS

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Definitions of Abbreviations and Symbols

JCC	American Joint Committee on Cancer
cm	centimeter
excl.	excluding, exclusive
FIGO	Federation Internationale de Gynecologie et d'Obstetrique
GE	Gastroesophageal
GI	Gastrointestinal
incl.	including, inclusive
KUB	Kidneys, Ureters, Bladder
L	left
M-	Morphology code of the International Classification of Diseases for Oncology, Field Trial Edition (ICD-O, FT, 1988)
mm	millimeter
MSB	Main Stem Bronchus
NOS	Not Otherwise Specified
R	right
SEER	Surveillance, Epidemiology and End Results
T-	Topography code of the International Classification of Diseases for Oncology, Field Trial Edition (ICD-O, FT, 1988)
TNM	Primary Tumor, Regional Lymph Nodes, Distant Metastasis
<	less than
>	greater than
≤	less than or equal to
≥	greater than or equal to

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**General Instructions
for Using the SEER Extent of Disease --1988
Codes and Coding Instructions**

The Extent of Disease schemes consist of a ten-digit code to be submitted for each and every site. It will be identified by a '4' in Section IV, Field 12. This scheme replaces the 13-digit (SEER), the 2-digit (ERG), the non-specific, and the SEER 1983-87 four-digit schemes. It will apply to January 1, 1988 diagnoses and later. Do NOT replace schemes for cases diagnosed prior to January 1, 1988 with this scheme; cases diagnosed prior to 1988 will remain coded to whatever scheme was in operation at that time.

For ALL sites, extent of disease is based on a combined clinical and operative/pathological assessment. Gross observations at surgery are particularly important when all malignant tissue is not removed. In the event of a discrepancy between pathology and operative reports concerning excised tissue, priority is given to the pathology report.

Clinical information, such as description of skin involvement for breast cancer and size of the primary lesion and distant lymph nodes for any site, can change the stage. Thus, be sure to peruse the clinical information carefully to ensure accurate extent of disease. If the operative/pathology information disproves the clinical information, code the operative/pathology information.

Autopsy reports are used in coding Extent of Disease just as are pathology reports, applying the same rules for inclusion and exclusion.

Death Certificate **only** cases are coded as '9999999999' in the SEER Extent of Disease 1988 scheme.

Extent of Disease should be limited to all information available **within two months** after diagnosis for all cases.

Metastasis which is known to have developed after the original diagnosis was made should be excluded.

In coding size of tumor, code the size given prior to radiation therapy for surgical patients pretreated by radiation therapy. Do NOT code size after radiation therapy is given.

General Instructions (cont'd)

Interpreting Ambiguous Terminology

- A. Tumor invasion "to", "into", "onto", or "encroaching upon" an organ or structure is to be interpreted as involvement whether the description is clinical or operative/pathological.
- B. "Probable", "suspected", "suspicious", "compatible with", or "consistent with" are to be interpreted as involvement by tumor.
- C. "Questionable", "possible", "suggests", or "equivocal" are **NOT** to be considered as evidence of involvement by tumor.
- D. "Induration" is used to describe surrounding fibrous or connective tissue adjacent to the tumor and is to be interpreted as extension of the malignant growth.
- E. "Fixation to another organ or tissue" or "fixed" should be interpreted as involvement of other organ or tissue. |

General Instructions (cont'd)

Extent of Disease Fields

The fields of information required for extent of disease are Tumor Size, Extension, Lymph Nodes, and the Pathology Review of Lymph Nodes.

I. TUMOR SIZE

Record the exact size of the primary tumor for all sites except where stated to be 'not applicable'. Record in tenths of CENTIMETERS (._. cm). Code '999' is reserved for unknown size.

Always code the size of the tumor, not the size of the polyp, ulcer, or cyst.

Do NOT add pieces or chips together to create a whole; they may not be from the same location, or they may represent only a very small portion of a large tumor. However, if an excisional biopsy is performed, and residual tumor at time of resection of the primary is found to be larger than the excisional biopsy, code the size of the residual tumor.

The descriptions in code '998' take precedence over any mention of size. Code '998' is used only for the following sites:

- Esophagus (150.0-150.5, 150.8-150.9): Entire circumference
- Stomach (151.0-151.6, 151.8-151.9): Diffuse, widespread--3/4's or more, linitis plastica
- Colorectal (M-8220/8221 with /2 or /3): Familial/multiple polyposis
- Lung and main stem bronchus (162.2-162.5, 162.8-162.9): Diffuse, entire lobe or lung
- Breast (174.0-174.6, 174.8-174.9, 175.9): Diffuse, widespread--3/4's or more of breast, inflammatory carcinoma

For the following sites, size is not applicable:

- Hematopoietic neoplasms
- Hodgkin's and non-Hodgkin's lymphoma; Kaposi's sarcoma
- Immunoproliferative diseases
- Mycosis fungoides of skin
- Myeloproliferative diseases
- Malignant melanoma of skin, vulva, penis, scrotum, and conjunctiva
- Sezary's disease of skin
- Unknown and ill-defined primary sites (199.9, 195.0-195.5, 195.8, 169._ and 196._)

For melanoma of skin, vulva, penis, scrotum, and conjunctiva SEER requires information on thickness of tumor instead of size to be coded in this field.

For Kaposi's sarcoma and lymphomas, SEER requires information on HIV/AIDS instead of size to be coded in this field.

For mycosis fungoides and Sezary's disease of skin, vulva, penis, and scrotum, SEER requires information on peripheral blood involvement instead of size to be coded in this field.

If size is not recorded, code as '999'.

For in situ lesions, code the size as stated.

General Instructions (cont'd)

Determining Descriptive Tumor Size

CENTIMETER EQUIVALENTS FOR DESCRIPTIVE TERMS

<u>Fruits</u>	<u>cm</u>	<u>Miscellaneous Food</u>	<u>cm</u>
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) = .394 inch (in)

General Instructions (cont'd)

II. EXTENSION

The description of the primary tumor growth within the organ of origin or its extension to neighboring organs, or its metastasis to distant sites is summarized in a two-digit code. It is a hierarchical code in which the most extensive disease is all that is coded. Thus, information about the extent of the tumor within the primary site is lost if the tumor extends to neighboring organs, and extension to neighboring organs is lost if there is distant metastasis. Code '99' is reserved for unknown extension.

A "localized, NOS" category is provided for those cases in which the only description is "localized with no further information." "NOS" codes should be used only after an exhaustive search for more specific information.

If a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria.

III. LYMPH NODES

Regional lymph nodes are listed for each site and then, as necessary, the regional (first station) lymph nodes are classified in terms of size, laterality, number of involved nodes, and distance of the lymph nodes from the primary site. It is a one-digit field, a hierarchical code, in which once distant lymph node involvement is observed, all mention of regional nodal involvement is lost.

Since in situ by definition means noninvasive, code lymph node involvement as '0'. If there is evidence of nodal involvement of a tumor described as in situ, it would indicate that an area of invasion was simply missed, and it is NOT an in situ lesion.

For solid tumors, the terms "fixed" or "matted" and "mass in the mediastinum, retroperitoneum, and/or mesentery" (with no specific information as to tissue involved) are considered involvement of lymph nodes. Any other terms, such as "palpable", "enlarged", "visible swelling", "shotty", or "lymphadenopathy" should be ignored; look for a statement of involvement, either clinical or pathological.

For lymphomas, any mention of lymph nodes is indicative of involvement.

When size of involved regional lymph nodes is required, code from pathology report. Code only the size of the largest involved node.

General Instructions (cont'd)

Regional lymph nodes are not palpable for inaccessible sites such as bladder, kidney, lung, liver, and ovary. The best description you will have concerning regional lymph nodes will be the surgeon's evaluation at the time of exploratory surgery or definitive surgery.

The terms "homolateral" and "ipsilateral" are used interchangeably. Any unidentified nodes included with the resected primary site specimen are to be considered as "Regional, NOS."

Codes are provided for "regional lymph node(s), NOS" and for "lymph nodes, NOS." "NOS" codes should be used only after an exhaustive search for more specific information.

General Instructions (cont'd)

IV. PATHOLOGY REVIEW OF REGIONAL LYMPH NODES

Number of REGIONAL lymph nodes: POSITIVE nodes (first two-characters) and nodes EXAMINED (second two-characters) for all sites except the hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms, the brain, cerebral meninges, and other parts of the nervous system, and unknown or ill-defined primary sites which are coded 9999. (This is based on pathology information ONLY.)

NUMBER OF REGIONAL NODES

<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+
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 applic- able

UNKNOWN AND NOT APPLICABLE

UNKNOWN will only be used when there is no descriptive information or when there is insufficient information because of an inadequate workup. It is to be used only if more specific information cannot be found except for Death Certificate only cases which are always coded '9999999999'.

Size of the Primary Tumor	999 - Not stated; not applicable
Extension	99 - UNKNOWN; not applicable
Lymph Nodes	9 - UNKNOWN; not stated; not applicable
Pathology Review	9999 - UNKNOWN; not applicable

Code 9's to indicate that a field is not applicable. For example, "Lymph Nodes" is not an applicable field for brain tumors or leukemia.

General Instructions (cont'd)

DISEASES DISSEMINATED AT DIAGNOSIS

Hematopoietic and reticuloendothelial neoplasms such as leukemia, multiple myeloma, reticuloendotheliosis, and Letterer-Siwe's disease, as well as immunoproliferative and myeloproliferative neoplasms are considered disseminated disease at diagnosis. These conditions will always be coded as systemic disease under Extension, and 9's in the remaining fields.

HODGKIN'S DISEASE and NON-HODGKIN'S LYMPHOMA

All lymphomas, both nodal and extranodal, will be coded to the lymphoma scheme (histology codes (M-9590-9594, 9650-9698, 9702-9704) except for mycosis fungoides (M-9700) and Sezary's disease (M-9701) which have a separate scheme found under the skin site codes 173._.

KAPOSI'S SARCOMA and RETINOBLASTOMA

Kaposi's sarcoma (M-9140) and retinoblastoma (M-9510-9512) also have separate schemes based on morphology alone.

LIP, ORAL CAVITY, AND PHARYNX

DISTINGUISHING "IN SITU" AND "LOCALIZED" TUMORS FOR LIP, ORAL CAVITY, AND PHARYNX

Careful attention must be given to the use of the term "confined to mucosa" for lip, oral cavity, and pharynx.

Historically, carcinomas described as "confined to mucosa" have been coded as localized. 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.

The mucosa lining the oral cavity consists of:

The EPITHELIAL LAYER which borders on the lumen and 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 lip, oral cavity, and pharynx do NOT have a MUSCULARIS MUCOSAE. Therefore, the lamina propria and the submucosa tend to merge, and the two 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. Only the GUM and HARD PALATE do NOT have a submucosa, but rather a mucoperiosteum.

The MUSCULARIS PROPRIA is muscle tissue which constitutes the wall of the organ. Only the GUM and HARD PALATE do NOT have a muscularis.

There is no SEROSA on any of these sites.

LIP, ORAL CAVITY, AND PHARYNX

LIP AND ORAL CAVITY						
PRIMARY SITE	MUCOSA		SUBMUCOSA	MUSCULARIS PROPRIA	SEROSA	
	Epithelium	: : :	Lamina Propria			
Lip (140.0)	Yes	: : :	Yes	Yes	Yes	No
Tongue (141.0)	Yes	B A S E M E N T : : :	Yes	Yes	Yes	No
Gum (143.0)	Yes	M E N T : : :	Yes	No	No	No
Floor of Mouth (144.0)	Yes	T : : :	Yes	Yes	Yes	No
Buccal Mucosa (145.0-145.1)	Yes	M E M B R A N E : : :	Yes	Yes	Yes	No
Hard Palate (145.2)	Yes	M E M B R A N E : : :	Yes	No	No	No
Soft Palate (145.3-145.4)	Yes	A N N E : : :	Yes	Yes	Yes	No
Other Mouth (145.5, .8-.9)	Yes	: : : : :	Yes	Yes	Yes	No

For lip, oral cavity, and pharynx, if a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria.

LIP (Vermilion or Labial Mucosa)
 140.0-140.1, 140.3-140.6, 140.8-140.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to:
 - Lamina propria
 - Submucosa (superficial invasion)
 - Vermilion surface
 - Labial mucosa (inner lip)
 - Subcutaneous soft tissue of lip
 - Skin of lip
- 20 Musculature
- 30 Localized, NOS
- 50 Buccal mucosa (inner cheek)
 Opposite (both) lip(s);
 commissure
- 51 Gingiva
- 70 **Upper lip/commissure:**
 Maxilla
Lower lip/commissure:
 Mandible
- 75 Tongue
- 76 Nose for upper lip/commissure
 Skin of face/neck
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

Note: AJCC includes labial mucosa (140.3-140.5) with buccal mucosa (145.0).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Facial: Buccinator for upper lip
Mandibular for lower lip
Parotid: Infra-auricular/pre-auricular for upper lip

Submandibular (submaxillary)
Submental
Internal jugular (upper and lower deep cervical):
jugulodigastric
jugulo-omohyoid
Cervical, NOS

Regional lymph node(s), NOS

- 1 One positive ipsilateral node
≤3 cm in greatest diameter
- 2 One positive ipsilateral node
>3-6 cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated
- 6 Any positive node(s), at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note: If laterality is not specified, assume nodes are ipsilateral.

BASE OF TONGUE, LINGUAL TONSIL

141.0, 141.6

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00	IN SITU: Noninvasive; intraepithelial
10	Invasive tumor on one side confined to: Lamina propria Submucosa
20	Musculature, intrinsic or NOS
30	Localized, NOS
40	Tumor crosses midline
50	Anterior 2/3's of tongue Lower gingiva Floor of mouth
53	Sublingual gland
60	Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils) Vallecula, incl. pharyngoepiglottic and glossoepiglottic folds Epiglottis, lingual (pharyngeal) surface Soft palate, inferior surface/NOS
70	Mandible
75	Musculature, extrinsic: Hyoglossus Genioglossus Styloglossus
76	Skin
80	FURTHER extension
85	Metastasis
99	UNKNOWN if extension or metastasis

Note: AJCC includes base of tongue (141.0) with oropharynx (146._).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)

Submental

Internal jugular (upper and
lower deep cervical):

jugulodigastric

jugulo-omohyoid

Cervical, NOS

Regional lymph node(s), NOS

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3-6 cm in greatest diameter

3 Multiple positive ipsilateral
nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size
not stated

6 Any positive node(s),
at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note: If laterality is not
specified, assume nodes are
ipsilateral.

ANTERIOR 2/3's of TONGUE, TIP, BORDER, AND NOS
 141.1-141.5, 141.8-141.9

SIZE OF PRIMARY TUMOR

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

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor on one side confined to:
Lamina propria
Submucosa
- 20 Musculature, intrinsic or NOS
- 30 Localized, NOS
- 40 Tumor crosses midline
- 50 Base of tongue
Gingiva, lower (incl. retromolar trigone)
Floor of mouth
- 53 Sublingual gland
- 60 Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)
Soft palate, inferior surface
- 70 Mandible
Maxilla
- 75 Musculature, extrinsic:
Hyoglossus
Genioglossus
Styloglossus
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

ANTERIOR 2/3's of TONGUE, TIP, BORDER, AND NOS
141.1-141.5, 141.8-141.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)

Submental

Sublingual

Internal jugular (upper and
lower deep cervical):

jugulodigastric

jugulo-omohyoid

Cervical, NOS

Regional lymph node(s), NOS

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3-6 cm in greatest diameter

3 Multiple positive ipsilateral
nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size
not stated

6 Any positive node(s),
at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note: If laterality is not
specified, assume nodes are
ipsilateral.

MAJOR SALIVARY GLANDS
142.0-142.2, 142.8-142.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU; noninvasive
- 10 Invasive tumor confined to gland of origin
- 30 Localized, NOS
- 40 Periglandular soft/connective tissue
Other major salivary gland (parotid, submaxillary, sublingual)
Periosteum of mandible
Skeletal muscle: Digastric, pterygoid, stylohyoid

Parotid gland only:
Skin overlying gland
External auditory meatus
Facial nerve
Pharyngeal mucosa
Skeletal muscle: Sternocleido-mastoid, masseter

Submandibular gland only:
Skeletal muscle: Mylohyoid, hyoglossus, styloglossus
- 50 Parotid gland only:
Skull; mastoid
Mandible
Nerves: Auricular, spinal accessory
Major blood vessel(s): Carotid artery, jugular vein

Submandibular gland only:
Mandible
Nerves: Facial, lingual
Major blood vessels: Facial artery or vein, maxillary artery
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement
- - - - -

REGIONAL Lymph Nodes

Parotid gland only:

Intraparotid, infra-auricular,
preauricular

Submandibular gland only:

Submandibular (submaxillary)
Submental
Internal jugular (upper deep
cervical):
jugulodigastric

Parotid and Submandibular glands:

Cervical, NOS
Regional lymph node(s), NOS

- 1 One positive ipsilateral node
≤3 cm in greatest diameter
- 2 One positive ipsilateral node
>3-6 cm in greatest diameter
- 3 Multiple positive ipsilateral
nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral
positive nodes ≤6 cm or size
not stated
- 6 Any positive node(s),
at least one >6 cm

- - - - -
DISTANT Lymph Nodes

7 Other than above

- - - - -
8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note: If laterality is not specified, assume nodes are ipsilateral.

GUM (Gingiva), RETROMOLAR AREA
 143.0-143.1, 143.8-143.9, 145.6

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to mucoperiosteum (stroma)
- 30 Localized, NOS
- 50 Buccal mucosa (inner cheek)
 Labial mucosa (inner lip), lip
Upper gum only:
 Hard palate
 Soft palate
Lower gum/retromolar trigone only:
 Floor of mouth
 Tongue
- 55 Subcutaneous soft tissue of face
 Facial muscle, NOS
- 60 Lateral pharyngeal wall
 (tonsillar pillars and fossae, tonsils)
- 70 **Upper gum only:**
 Maxilla
Lower gum/retromolar trigone only:
 Mandible
- 73 Skull
- 74 **Upper gum only:**
 Nasal cavity
 Maxillary antrum (sinus)
- 76 Skin
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Facial: Mandibular
Submandibular (submaxillary)
Submental
Retropharyngeal for upper gum
Internal jugular (upper and
lower deep cervical):
jugulodigastric
jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

Note: If laterality is not specified, assume nodes are ipsilateral.

- 1 One positive ipsilateral node
≤3 cm in greatest diameter
- 2 One positive ipsilateral node
>3-6 cm in greatest diameter
- 3 Multiple positive ipsilateral
nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral
positive nodes ≤6 cm or size
not stated
- 6 Any positive node(s),
at least one >6 cm

DISTANT Lymph Nodes

- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

FLOOR OF MOUTH
 144.0-144.1, 144.8-144.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor on one side confined to:
 Lamina propria
 Submucosa

20 Musculature, extrinsic: Mylohyoid and hyoglossus

30 Localized, NOS

40 Tumor crosses midline

50 Gingiva (alveolar ridge), lower Anterior 2/3's of tongue
 Base of tongue

53 Sublingual gland, incl. ducts
 Submandibular (submaxillary) glands, incl. ducts

55 Subcutaneous soft tissue

60 Epiglottis, pharyngeal (lingual) surface
 Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)
 Vallecula, incl. pharyngo-epiglottic and glosso-epiglottic folds

70 Mandible

76 Skin of undersurface of chin/neck

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)

Submental

Sublingual

Internal jugular (upper and
lower deep cervical):

jugulodigastric

jugulo-omohyoid

Cervical, NOS

Regional lymph node(s), NOS

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3-6 cm in greatest diameter

3 Multiple positive ipsilateral
nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size
not stated

6 Any positive node(s),
at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note: If laterality is not
specified, assume nodes are
ipsilateral.

CHEEK (Buccal) MUCOSA, VESTIBULE
145.0-145.1

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to:
Lamina propria
Submucosa
- 20 Musculature (buccinator)
- 30 Localized, NOS
- 50 Lip(s), incl. commissure
- 51 Gingiva
- 55 Subcutaneous soft tissue of cheek
- 60 Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)
- 70 Bone: Maxilla, mandible
- 73 Skull
- 75 Tongue
- 76 Skin of cheek (WITH or WITHOUT ulceration)
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

Note: ICD-9, T-145.0 for buccal mucosa includes the membrane lining of the cheeks but not of the lips. (AJCC includes labial mucosa with buccal mucosa.)

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Facial: Buccinator, mandibular
Submandibular (submaxillary)
Parotid: Preauricular, infra-
auricular
Submental
Internal jugular (upper and
lower deep cervical):
jugulodigastric
jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

Note: If laterality is not
specified, assume nodes are
ipsilateral.

- 1 One positive ipsilateral node
≤3 cm in greatest diameter
- 2 One positive ipsilateral node
>3-6 cm in greatest diameter
- 3 Multiple positive ipsilateral
nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral
positive nodes ≤6 cm or size
not stated
- 6 Any positive node(s),
at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

HARD PALATE
145.2

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor on one side confined to mucoperiosteum (stroma)
- 30 Localized, NOS
- 40 Tumor crosses midline
- 50 Soft palate
Gingiva, upper
Buccal mucosa (inner cheek)
- 70 Palatine bone
Maxillary bone
- 74 Nasal cavity
Maxillary antrum (sinus)
Sphenoid bone
Pterygoid plate
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- Submandibular (submaxillary)
- Submental
- Internal jugular (upper and lower deep cervical):
 - jugulodigastric
 - jugulo-omohyoid
- Retropharyngeal
- Cervical, NOS
- Regional lymph node(s), NOS

Note: If laterality is not specified, assume nodes are ipsilateral.

- 1 One positive ipsilateral node ≤ 3 cm in greatest diameter
- 2 One positive ipsilateral node $> 3-6$ cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤ 6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral positive nodes ≤ 6 cm or size not stated
- 6 Any positive node(s), at least one > 6 cm

DISTANT Lymph Nodes

7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SOFT PALATE, UVULA
145.3-145.4

SIZE OF PRIMARY TUMOR

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

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor on one side confined to:
Lamina propria
Submucosa
- 20 Musculature invaded
- 30 Localized, NOS
- 40 Tumor crosses midline
- 50 Hard palate
Gum (gingiva), upper
Buccal mucosa (inner cheek)
- 60 Lateral pharyngeal wall
(tonsillar pillars and fossae, tonsils)
- 70 Palatine bone (bone of hard palate)
Maxilla
Mandible
- 74 Nasopharynx
Nasal cavity
Maxillary antrum (sinus)
- 75 Tongue
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

Note 1: AJCC includes inferior surface of the soft palate (145.3) and uvula (145.4) with oropharynx (146._).

Note 2: Soft palate excludes nasopharyngeal (superior) surface of soft palate (147.3).

Note 3: Code 145.6, retromolar area, is included with gum (143._).

LYMPH NODES

0 No lymph node involvement
- - - - -

REGIONAL Lymph Nodes

- Submandibular (submaxillary)
- Submental
- Retropharyngeal
- Internal jugular (upper and lower deep cervical):
 - jugulodigastric
 - jugulo-omohyoid
- Cervical, NOS
- Regional lymph node(s), NOS

Note: If laterality is not specified, assume nodes are ipsilateral.

- 1 One positive ipsilateral node ≤ 3 cm in greatest diameter
- 2 One positive ipsilateral node $> 3-6$ cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤ 6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral positive nodes ≤ 6 cm or size not stated
- 6 Any positive node(s), at least one > 6 cm

- - - - -
DISTANT Lymph Nodes

- 7 Other than above
- - - - -
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

OTHER MOUTH
145.5, 145.8-145.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor confined to:
Lamina propria
Submucosa

20 Musculature

30 Localized, NOS

50 Adjacent oral cavity

60 Extension to oropharynx:
Lateral pharyngeal wall
Vallecula
Lingual surface of epiglottis
Inferior surface of soft palate

70 Extension to adjacent structures:
Maxilla, mandible, skull
Maxillary antrum; nasal cavity
Tongue
Skin of face/neck

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)

Submental

Internal jugular (upper and
lower deep cervical):

jugulodigastric

jugulo-omohyoid

Cervical, NOS

Regional lymph node(s), NOS

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3-6 cm in greatest diameter

3 Multiple positive ipsilateral
nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size
not stated

6 Any positive node(s),
at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note: If laterality is not specified, assume nodes are ipsilateral.

OROPHARYNX
146.0-146.9

SIZE OF PRIMARY TUMOR

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

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

Anatomic Limits of Oropharynx

ANTERIOR WALL consists of the lingual (anterior) surface of the epiglottis and the pharyngoepiglottic and glossoepiglottic folds which bound the vallecula (the hollow formed at the junction of the base of the tongue and the epiglottis).

LATERAL WALLS include the tonsillar pillars, the tonsillar fossae, and the palatine (faucial) tonsils. On each side, the anterior pillar (glossopalatine fold) extends from the base of the tongue to the soft palate lying in front of the tonsillar fossa.

POSTERIOR WALL extends from a level opposite the free borders of the soft palate to the tip of the epiglottis.

AJCC has added a new subsite, Superior Wall, to the site of OROPHARYNX, which includes the inferior surface of the soft palate and uvula. SEER codes soft palate and uvula to ICD-0, 145.3 and 145.4.

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to one of the following subsites:
Anterior wall (incl. vallecula and lingual (anterior) surface of epiglottis)
One lateral wall
Posterior wall
- 20 Involvement of two or more subsites:
Posterior, anterior or lateral wall(s)
- 30 Localized, NOS
- 40 Soft palate, inferior surface, incl. uvula, or soft palate, NOS
- 41 Pyriform sinus (incl. hypopharynx, NOS)
- 42 Soft palate, superior (nasopharyngeal) surface
Nasopharynx, NOS
- 50 Base of tongue
Laryngeal (posterior) surface of epiglottis, or larynx, NOS
Floor of mouth
Gum (gingiva)
Buccal mucosa (inner cheek)
- 55 Any of above WITH fixation
- 60 Prevertebral fascia or muscle
Soft tissue of neck
- 70 Bone
Extrinsic muscles of tongue:
Mylohyoid, hyoglossus, styloglossus
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Retropharyngeal
Submandibular (submaxillary)
Submental
Internal jugular (upper and
lower deep cervical):
jugulodigastric
jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

Note 1: If laterality is not specified, assume nodes are ipsilateral.

Note 2: AJCC includes base of tongue (141.0) with oropharynx (146._).

Note 3: AJCC includes lingual (anterior) surface of epiglottis (146.4) with larynx (161._).

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3-6 cm in greatest diameter

3 Multiple positive ipsilateral
nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size
not stated

6 Any positive node(s),
at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

NASOPHARYNX

147.0-147.3, 147.8-147.9

SIZE OF PRIMARY TUMOR

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

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	10.0
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to one of the following subsites:
Posterior superior wall (vault)
One lateral wall
Inferior wall (superior surface of soft palate)
- 20 Involvement of two or more subsites:
Posterior, inferior, or lateral wall(s)
Lateral wall extending into eustachian tube/middle ear
- 30 Localized, NOS
- 40 Soft palate, inferior surface
Oropharynx
- 50 Nasal cavity
- 52 Pterygopalatine fossa
- 55 Any of the above WITH fixation or tumor described **only** as FIXED
- 60 Bone, including skull
- 70 Brain, incl. cranial nerves
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

Anatomic Limits of Nasopharynx

POSTERIOR SUPERIOR WALL extends from the choana, or the opening of the nasal cavities into the nasopharynx, posteriorly to a level opposite the soft palate. The pharyngeal tonsils (adenoids) are located in this part of the nasopharynx.

LATERAL WALLS extend from the base of the skull to the level of the soft palate and include Rosenmuller's fossa (pharyngeal recess).

INFERIOR ANTERIOR WALL consists of the superior surface of the soft palate.

LYMPH NODES

0 No lymph node involvement
- - - - -

REGIONAL Lymph Nodes

- Retropharyngeal
- Submandibular (submaxillary)
- Submental
- Internal jugular (upper and lower deep cervical):
 - jugulodigastric
 - jugulo-omohyoid
- Cervical, NOS
- Regional lymph node(s), NOS

Note: If laterality is not specified, assume nodes are ipsilateral.

- 1 One positive ipsilateral node
≤3 cm in greatest diameter
- 2 One positive ipsilateral node
>3-6 cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated
- 6 Any positive node(s),
at least one >6 cm

- - - - -
DISTANT Lymph Nodes

- 7 Other than above
- - - - -
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

HYPOPHARYNX (Laryngopharynx)
148.0-148.3, 148.8-148.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

Anatomic Limits of Hypopharynx

POSTCRICOID AREA (pharyngoesophageal junction) extends from the level of the arytenoid cartilages and connecting folds to the inferior border of the cricoid cartilage.

PYRIFORM SINUS extends from the pharyngoepiglottic fold to the upper edge of the esophagus. It is bounded laterally by the thyroid cartilage and medially by the hypopharyngeal surface of the aryepiglottic fold and the arytenoid and cricoid cartilages.

POSTERIOR HYPOPHARYNGEAL WALL extends from the level of the tip of the epiglottis to the inferior margin of the cricoid cartilage and laterally to the posterior margins of the pyriform sinus.

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to one of the following subsites:
Postcricoid area
Pyriform sinus
Posterior pharyngeal wall
- 20 Tumor involves adjacent subsite(s) (listed above) WITHOUT fixation
- 30 Localized, NOS
- 40 Oropharynx
- 50 Larynx
Cervical (upper) esophagus
- 51 Any of the above WITH fixation of tumor or fixation, NOS
- 55 Fixation of hemilarynx or larynx
- 60 Prevertebral muscle(s)
Soft tissue of neck, cartilage
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- Retropharyngeal
- Submandibular (submaxillary)
- Submental
- Internal jugular (upper and lower deep cervical):
 - jugulodigastric
 - jugulo-omohyoid
- Cervical, NOS
- Regional lymph node(s), NOS

Note: If laterality is not specified, assume nodes are ipsilateral.

- 1 One positive ipsilateral node ≤ 3 cm in greatest diameter
- 2 One positive ipsilateral node $> 3-6$ cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤ 6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral positive nodes ≤ 6 cm or size not stated
- 6 Any positive node(s), at least one > 6 cm

DISTANT Lymph Nodes

- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

PHARYNX NOS AND OTHER ILL-DEFINED ORAL CAVITY SITES
 149.0-149.1, 149.8-149.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to site of origin
- 30 Localized, NOS
- 40 More than one region of pharynx involved (oropharynx, nasopharynx, hypopharynx)
- 50 Pharynx and oral cavity involved
- 55 Any of the above WITH fixation
- 60 Extension to adjacent structures
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

PHARYNX NOS AND OTHER ILL-DEFINED ORAL CAVITY SITES
149.0-149.1, 149.8-149.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Submandibular (submaxillary)

Submental

Internal jugular (upper and
lower deep cervical):

jugulodigastric

jugulo-omohyoid

Retropharyngeal

Cervical, NOS

Regional lymph node(s), NOS

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3-6 cm in greatest diameter

3 Multiple positive ipsilateral
nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size
not stated

6 Any positive node(s),
at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note: If laterality is not specified, assume nodes are ipsilateral.

DIGESTIVE SYSTEM SITES

DISTINGUISHING "IN SITU" AND "LOCALIZED" TUMORS FOR THE DIGESTIVE SYSTEM

Careful attention must be given to the use of the term "confined to mucosa" for the esophagus, stomach, small intestine, colon and rectum.

Historically, carcinomas described as "confined to mucosa" have been coded as localized. 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.

The mucosa of the digestive tract consists of:

The **EPITHELIAL LAYER** borders on the lumen. It 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 **MUSCULARIS MUCOSAE** is a thin layer of smooth muscle fibers. It is found in the wall of the digestive tract from the esophagus to the anal canal.

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 a double layer of muscle tissue in most of the digestive tract; it constitutes the wall of the organ.

DIGESTIVE SYSTEM SITES

The SEROSA, the outermost layer covering most of the digestive tract, is a single layer of squamous epithelial cells, part of the visceral peritoneum. Just below the serosa (mesothelium) and sometimes considered part of the serosa, is a layer of connective tissue called the subserosa. The serosa and subserosa are present only in the peritonealized portions of the digestive tract. For the esophagus and in the rectum below the peritoneal reflection, there is no serosa. For the esophagus, the connective tissue of surrounding structures merges with the connective tissue of the esophagus and is called ADVENTITIA.

DIGESTIVE SYSTEM SITES

PRIMARY SITE	MUCOSA				SUB-MUCOSA	MUSCULARIS PROPRIA	Serosa
	Epithelium	: : Lamina : Propria	Muscularis Mucosae				
Esophagus (150. _)	Yes	: B A S	Yes	Yes	Yes	Yes	No
Stomach (151. _)	Yes	: E M E	Yes	Yes	Yes	Yes	Yes
Sm. Intestine (152. _)	Yes	: N T	Yes	Yes	Yes	Yes	Yes
Colon (153. _)	Yes	: M E M	Yes	Yes	Yes	Yes	Yes
Rectosigmoid (154.0)	Yes	: B R A	Yes	Yes	Yes	Yes	Yes
Rectum (154.1)	Yes	: N E : :	Yes	Yes	Yes	Yes	No

ESOPHAGUS

150.0-150.5, 150.8-150.9

SIZE OF PRIMARY TUMOR/LENGTH OF INVOLVED ESOPHAGUS

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

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
998	Entire circumference	
999	Not stated	

Anatomic Limits of Esophagus

CERVICAL ESOPHAGUS (150.0): From the lower border of the cricoid cartilage to the thoracic inlet (suprasternal notch), about 18 cm from the incisors.

INTRATHORACIC ESOPHAGUS (150.1-.5):
Upper thoracic portion (150.3):
From the thoracic inlet to the level of the tracheal bifurcation (18-24 cm)

Mid-thoracic portion (150.4):
From the tracheal bifurcation midway to the gastroesophageal (GE) junction (24-32 cm).

Lower thoracic portion (150.5):
From midway between the tracheal bifurcation and the gastroesophageal junction to the GE junction, including the abdominal esophagus (150.2) between 32-40 cm.

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- Invasive tumor confined to:**
- 10 Mucosa, NOS (incl. intramucosal)
- 11 Lamina propria
- 12 Muscularis mucosae
- 16 Submucosa
- 20 Muscularis propria invaded
- 30 Localized, NOS
- 40 Adventitia and/or soft tissue invaded; esophagus is described as "FIXED"
- 60 **Cervical esophagus:**
Major blood vessel(s): Carotid and subclavian arteries, jugular vein
Thyroid gland
- Intrathoracic, upper or mid-portion, esophagus:**
Major blood vessel(s): Aorta, pulmonary artery/vein, vena cava, azygos vein
Trachea, incl. carina
Main stem bronchus
- Intrathoracic, lower portion (abdominal), esophagus:**
Major blood vessel(s): Aorta, gastric artery/vein, vena cava
Diaphragm
Stomach, cardia
- 65 **Cervical esophagus:**
Hypopharynx
Larynx
Trachea, incl. carina
Cervical vertebra(e)
- Intrathoracic esophagus:**
Lung via bronchus
Pleura
Mediastinal structure(s), NOS
Rib(s); thoracic vertebra(e)

EXTENSION (cont'd)

- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension
or metastasis

Note: Ignore intraluminal extension to adjacent segment(s) of esophagus and code depth of invasion or extra-esophageal spread as indicated.

LYMPH NODES

- 0 No lymph node involvement
- - - - -
- 1 REGIONAL Lymph Nodes (incl.
contralateral or bilateral)
- Cervical only:**
 - Peri-/paraesophageal
 - Superior mediastinal
 - Internal jugular (upper
deep cervical):
 - jugulodigastric
 - jugulo-omohyoid
 - Cervical, NOS
- Intrathoracic, upper or
middle, only:**
 - Peri-/Paraesophageal
 - Internal jugular (upper and
lower deep cervical):
 - jugulodigastric
 - jugulo-omohyoid
 - Cervical, NOS
- Intratracheobronchial:**
 - peritracheal, carinal
(bifurcation), hilar
(pulmonary roots)
 - Left gastric: Cardiac, lesser
curvature, perigastric, NOS
 - Posterior mediastinal
- Intrathoracic, lower (abdominal),
only:**
 - Peri-/Paraesophageal
 - Left gastric: Cardiac, lesser
curvature, perigastric, NOS
 - Posterior mediastinal
- Regional lymph node(s), NOS
- - - - -
- DISTANT Lymph Nodes
- 6 Supraclavicular lymph nodes
- 7 Other than above
- - - - -
- 8 Lymph nodes, NOS
- 9 UNKNOWN; not stated

STOMACH

151.0-151.6, 151.8-151.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
998	Diffuse; widespread; 3/4's or more: Linitis plastica	
999	Not stated	

EXTENSION00 IN SITU: Noninvasive;
intraepithelial05 (Adeno)carcinoma in a polyp,
noninvasive**Invasive tumor confined to:**10 Mucosa, NOS (incl.
intramucosal)

11 Lamina propria

12 Muscularis mucosae

13 Head of polyp

14 Stalk of polyp

15 Polyp, NOS

16 Submucosa (superficial invasion)

20 Muscularis propria invaded

30 Localized, NOS

40 Invasion through muscularis
propria or muscularis, NOS
Extension through wall, NOS
Perimuscular tissue invaded
(Sub)serosal tissue/fat invaded45 Extension to adjacent (connective)
tissue:

Perigastric fat

Omentum, lesser, greater, NOS

Ligaments: Gastrocolic,
gastrohepatic, gastrosplenic
Gastric artery50 Invasion of/through serosa
(mesothelium)

55 (45) + (50)

60 Spleen
Transverse colon (incl.
flexures)

Liver

Diaphragm

Pancreas

Esophagus via serosa

Duodenum via serosa or NOS

Jejunum, ileum, small intestine,
NOS**Note:** Ignore intraluminal extension to esophagus and duodenum; code depth of invasion through stomach wall.

EXTENSION (cont'd)

- 70 Abdominal wall
Retroperitoneum
Kidney
Adrenal gland
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension
or metastasis

LYMPH NODES

- 0 No lymph node involvement

- REGIONAL Lymph Nodes
- Inferior (R) gastric:**
 - Greater curvature
 - Greater omental
 - Gastroduodenal
 - Gastrocolic
 - Gastroepiploic, right or NOS
 - Gastrohepatic
 - Pyloric, incl. sub-/infrapyloric
 - Pancreaticoduodenal
- Splenic:**
 - Gastroepiploic, left
 - Pancreaticolienal
 - Peripancreatic
 - Splenic hilar
- Superior (L) gastric:**
 - Lesser curvature
 - Lesser omentum
 - Gastropancreatic, left
 - Gastric, left
 - Paracardial; cardial
 - Cardioesophageal
- Perigastric, NOS
- Nodule(s) in perigastric fat
- 1 Perigastric nodes \leq 3 cm from the
primary tumor
- 2 Perigastric nodes $>$ 3 cm from the
primary tumor
- 4 Celiac
Hepatic (excl. gastrohepatic)
- 5 Regional lymph node(s), NOS

- DISTANT Lymph Nodes
- 7 Other than above

- 8 Lymph nodes, NOS
- 9 UNKNOWN; not stated

SMALL INTESTINE

152.0-152.3, 152.8-152.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive;
intraepithelial

05 (Adeno)carcinoma in a polyp,
noninvasive

Invasive tumor confined to:

10 Mucosa, NOS (incl.
intramucosal)

11 Lamina propria

12 Muscularis mucosae

13 Head of polyp

14 Stalk of polyp

15 Polyp, NOS

16 Submucosa (superficial invasion)

20 Muscularis propria invaded

30 Localized, NOS

40 Invasion through muscularis
propria or muscularis, NOS
Extension through wall, NOS
Perimuscular tissue invaded
(Sub)serosal tissue/fat invaded

45 Adjacent connective tissue
Mesentery, incl. mesenteric fat

50 Invasion of/through serosa
(mesothelium)

55 (45) + (50)

60 **Duodenum:**
Extrahepatic bile ducts,
incl. ampulla of Vater
Pancreas
Pancreatic duct

Note: Ignore intraluminal extension to adjacent segment(s) of small intestine and code depth of invasion or spread outside the small intestine as indicated.

EXTENSION (cont'd)

LYMPH NODES

- 65 **Duodenum:**
 Transverse colon, hepatic flexure
 Greater omentum; omentum, NOS
 Right or quadrate lobe of liver; liver, NOS
 Right kidney or ureter; kidney, NOS
 Major blood vessel(s): Aorta, superior mesenteric artery or vein, vena cava, portal vein, renal vein, gastroduodenal artery

Jejunum and Ileum:
 Large intestine, incl. appendix
- 66 **Duodenum:**
 Stomach
- 67 **All small intestine sites:**
 Abdominal wall
 Retroperitoneum
- 68 **All small intestine sites:**
 Small intestine via serosa
- 70 **Jejunum and Ileum:**
 Bladder
 Uterus
 Ovary; fallopian tube
- 80 **FURTHER extension**
- 85 **Metastasis**
- 99 **UNKNOWN if extension or metastasis**

- 0 No lymph node involvement
 - - - - -
- 1 REGIONAL Lymph Nodes

Duodenum:
 Hepatic:
 Pancreaticoduodenal
 Infrapyloric
 Gastroduodenal

Jejunum and Ileum:
 Posterior cecal (terminal ileum)
 Ileocolic (terminal ileum)
 Superior mesenteric; mesenteric, NOS

 Regional lymph node(s), NOS
 - - - - -
- DISTANT Lymph Nodes
- 7 Other than above
 - - - - -
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

COLON (incl. Flexures and Appendix)
153.0-153.9

SIZE OF PRIMARY TUMOR

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

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	10.0
...		
990	990+	99.0+
998	Familial/multiple polyposis (M-8220/8221)	
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 05 (Adeno)carcinoma in a polyp, noninvasive
- Invasive tumor confined to:**
- 10 Mucosa, NOS (incl. intramucosal)
- 11 Lamina propria
- 12 Muscularis mucosae
- 13 Head of polyp
- 14 Stalk of polyp
- 15 Polyp, NOS
- 16 Submucosa (superficial invasion)
- 20 Muscularis propria invaded
- 30 Localized, NOS/confined to colon, NOS
- 40 Invasion through muscularis propria or muscularis, NOS
Extension through wall, NOS
Perimuscular tissue invaded
(Sub)serosal tissue/fat invaded
- 45 Extension to adjacent (connective) tissue:
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)
- 55 (45) + (50)
- 60 Greater omentum--cecum, appendix, ascending, descending and sigmoid colon
Spleen--descending colon
Pelvic wall--descending colon/sigmoid
Liver, right lobe--ascending colon

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

EXTENSION (cont'd)

- Transverse colon and flexures:**
 - Stomach
 - Spleen; liver
 - Pancreas
 - Gallbladder/bile ducts
 - Kidney
- All colon sites:**
 - Small intestine
- 65 **All colon sites:**
 - Abdominal wall
 - Retroperitoneum (excl. fat)
- 66 **Ureter/kidney**
 - Right--ascending colon
 - Left--descending colon
- 70 **Cecum, appendix, ascending, descending, and sigmoid colon:**
 - Uterus
 - Ovary; fallopian tube
- 75 **All colon sites:**
 - Urinary bladder
 - Gallbladder
 - Adrenal gland
 - Diaphragm
 - Other segment(s) of colon via serosa
 - Fistula to skin
- 80 **FURTHER extension**
- 85 **Metastasis**
- 99 **UNKNOWN if extension or metastasis**

LYMPH NODES

- 0 No lymph node involvement

- REGIONAL Lymph Nodes
- 1 **All colon subsites:**
 - Epicolic (adjacent to bowel wall)
 - Paracolic/pericolic
 - Colic, NOS
 - Nodule(s) in pericolic fat
- 2 **Cecum and Appendix:**
 - Cecal, anterior, posterior, NOS
 - Ileocolic
 - Right colic
- 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
-
- DISTANT Lymph Nodes
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

RECTOSIGMOID, RECTUM
154.0-154.1

SIZE OF PRIMARY TUMOR

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

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	10.0
...		
...		
990	990+	99.0+
998	Familial/multiple polyposis (M-8220/8221)	
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 05 (Adeno)carcinoma in a polyp, noninvasive
- Invasive tumor confined to:**
- 10 Mucosa, NOS (incl. intramucosal)
- 11 Lamina propria
- 12 Muscularis mucosae
- 13 Head of polyp
- 14 Stalk of polyp
- 15 Polyp, NOS
- 16 Submucosa (superficial invasion)
- 20 Muscularis propria invaded
- 30 Localized, NOS
- 40 Invasion through muscularis propria or muscularis, NOS
Extension through wall, NOS
Perimuscular tissue invaded
(Sub)serosal tissue/fat invaded
- 45 Extension to adjacent (connective) tissue:
Mesentery (incl. mesenteric fat, mesocolon)--**rectosigmoid**
Pericolic fat--**rectosigmoid**
Rectovaginal septum--**rectum**
Perirectal fat--**all sites**
- 50 Invasion of/through serosa (mesothelium)
- 55 (45) + (50)

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

EXTENSION (cont'd)

LYMPH NODES

60 **Rectosigmoid:**
 Small intestine
 Cul de sac (rectouterine
 pouch)
 Pelvic wall

Rectum:
 Rectovesical fascia, male
 Bladder, male
 Prostate
 Ductus deferens
 Seminal vesicle(s)
 Vagina
 Cul de sac (rectouterine
 pouch)
 Pelvic wall
 Skeletal muscle of pelvic
 floor

70 **Rectosigmoid:**
 Prostate
 Uterus
 Ovary; fallopian tube
 Bladder
 Ureter
 Colon via serosa

Rectum:
 Uterus
 Bladder, female
 Urethra
 Bones of pelvis

80 **FURTHER extension**

85 **Metastasis**

99 **UNKNOWN if extension
 or metastasis**

0 No lymph node involvement
 - - - - -
REGIONAL Lymph Nodes

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

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

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
 - - - - -
DISTANT Lymph Nodes

7 Other than above
 - - - - -

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

ANAL CANAL, ANUS NOS, OTHER PARTS OF RECTUM
 154.2-154.3, 154.8

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- Invasive tumor confined to:**
- 10 Mucosa, NOS (incl. intramucosal |
- 11 Lamina propria |
- 12 Muscularis mucosae |
- 16 Submucosa (superficial invasion)
- 20 Muscularis propria (internal sphincter)
- 30 Localized, NOS
- 40 Rectal mucosa or submucosa |
- Subcutaneous perianal tissue |
- Perianal skin |
- Skeletal muscles: Anal sphincter (external), levator ani |
- Ischiorectal fat/tissue |
- 60 Perineum |
- Vulva |
- 70 Bladder |
- Urethra |
- Vagina |
- 75 Prostate |
- Cervix Uteri |
- Corpus Uteri |
- Broad ligament(s) |
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

ANAL CANAL, ANUS NOS, OTHER PARTS OF RECTUM
154.2-154.3, 154.8

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- 1 Anorectal; perirectal
- 2 Internal iliac (hypogastric) and lateral sacral, unilateral
- 3 Superficial inguinal (femoral), unilateral
- 4 (3) plus (1) or (2)
- 5 Bilateral internal iliac (hypogastric), lateral sacral, and/or superficial inguinal (femoral)

6 Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

LIVER, INTRAHEPATIC BILE DUCT(S)
155.0-155.1

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive

10 Single lesion (one lobe)
WITHOUT intrahepatic vascular invasion, incl. NOS

20 Single lesion (one lobe)
WITH intrahepatic vascular invasion

30 Multiple tumors (one lobe)
WITHOUT intrahepatic vascular invasion, incl. NOS

40 Multiple tumors (one lobe)
WITH intrahepatic vascular invasion

50 Confined to liver, NOS
Localized, NOS

60 More than one lobe
involved by contiguous growth (single lesion)
Extension to extrahepatic blood vessel(s): hepatic artery, vena cava, portal vein

65 Multiple (satellite) nodules in more than one lobe of liver or on surface of parenchyma
Satellite nodules, NOS

70 Extrahepatic bile duct(s)
Diaphragm

75 Parietal peritoneum
Gallbladder
Ligament(s): Falciform, coronary, hepatogastric, hepatoduodenal, triangular
Lesser omentum

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LIVER, INTRAHEPATIC BILE DUCT(S)
155.0-155.1

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

1 Hepatic: Hepatic pedicle, inferior
vena cava, hepatic artery, porta
hepatis (hilar)

5 Regional lymph node(s), NOS

DISTANT Lymph Nodes

6 Cardiac
Diaphragmatic: Pericardial
Posterior mediastinal, incl.
juxtaphrenic nodes
Aortic (para-, peri-, lateral)
Retroperitoneal, NOS

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

GALLBLADDER, OTHER AND BILIARY TRACT, NOS
156.0, 156.8-156.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor confined to:
 Mucosa, NOS
 Lamina propria
 Submucosa (superficial invasion)

20 Muscularis propria

30 Localized, NOS

40 Perimuscular connective tissue |

50 Invasion of/through serosa |

55 (40) + (50)

60 Extension into liver, NOS

61 Extension into liver ≤2 cm

62 Extension to one of the following:
 Extrahepatic bile duct(s), incl. ampulla of Vater
 Pancreas
 Omentum
 Duodenum; small intestine, NOS

65 Extension to one of the following:
 Large intestine
 Stomach

70 Extension into liver >2 cm
 Extension to two or more adjacent organs listed above in code 62 and/or code 65, OR |
 liver involvement with any organ above in code 62 and/or |
 code 65 |

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

GALLBLADDER, OTHER AND BILIARY TRACT, NOS
156.0, 156.8-156.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

1 Cystic duct (node of the neck of
the gallbladder)
Pericholedochal (node around common
bile duct)
Hilar (in hilus of liver--in
hepatoduodenal ligament)
Node of the foramen of Winslow

2 Hepatic: Periportal,
periduodenal, peripancreatic
(near head of pancreas only)

3 Regional lymph node(s), NOS

5 Celiac

6 Mesenteric, superior

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

EXTRAHEPATIC BILE DUCT(S)
156.1

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive
- 10 Invasive tumor of bile duct(s) (cystic, hepatic, and common) confined to:
Mucosa, NOS
Lamina propria
Submucosa
- 20 Muscle wall (muscularis propria) |
- 30 Localized, NOS
- 40 Periductal/perimuscular connective tissue |
- 60 Duodenum |
Gallbladder
Pancreas
Liver, porta hepatis
- 65 Blood vessels: Portal vein, |
hepatic artery
Stomach
Colon
Omentum
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

Note: Codes 156.8-156.9, biliary tract, NOS, are included with gallbladder, 156.0

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

1 Cystic duct (node of the neck of
the gallbladder)
Pericholedochal (node around
common bile duct)
Node of the foramen of Winslow
Hilar (in the hepatoduodenal
ligament)

2 Hepatic: Periportal,
periduodenal,
peripancreatic (near head of
pancreas only)

3 Regional lymph node(s), NOS

5 Celiac

6 Mesenteric, superior

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

AMPULLA OF VATER
156.2

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Invasive tumor confined to ampulla of Vater

30 Localized, NOS

40 Duodenum
Extrahepatic bile ducts |

50 Tumor invasion into pancreas, incl. pancreatic duct, ≤2 cm

60 Tumor invasion into pancreas >2 cm

70 Other adjacent organs |

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes
 - Peripancreatic
 - Hepatic
 - Infrapyloric
 - Subpyloric
 - Celiac
 - Pancreaticoduodenal
 - Superior mesenteric
 - Retroperitoneal
 - Lateral aortic
- Regional lymph node(s), NOS

- DISTANT Lymph Nodes
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

PANCREAS: HEAD, BODY, AND TAIL
157.0-157.4

SIZE OF PRIMARY TUMOR

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

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive
- 10 Confined to pancreas
- 30 Localized, NOS
- 40 Extension to peripancreatic tissue, NOS
Fixation to adj. structures/NOS
- 44 **Head of pancreas:**
Extrahepatic bile ducts (incl. external right and left hepatic ducts, common hepatic duct, and common bile duct)
Ampulla of Vater
Duodenum
- Body and/or tail of pancreas:**
Duodenum
- 48 **Body and/or tail of pancreas:**
Extrahepatic bile ducts (incl. external right and left hepatic ducts, common hepatic duct, and common bile duct)
Ampulla of Vater
- 50 **Head of pancreas:**
Adjacent stomach
Stomach, NOS
- Body and/or tail of pancreas:**
Spleen
- 52 **Head of pancreas:**
Body of stomach
- 54 **Head of pancreas:**
Major blood vessel(s): Hepatic, pancreaticoduodenal and/or gastroduodenal arteries, superior mesenteric artery/vein, portal vein
Transverse colon, incl. hepatic flexure
- 56 **Body and/or tail of pancreas:**
Splenic flexure
Major blood vessel(s): Aortic, celiac artery, hepatic artery, splenic artery/vein, superior mesenteric artery/vein, portal vein

Note: Islets of Langerhans are distributed throughout the pancreas, and, therefore, any extension code 00-85 can be used.

PANCREAS: HEAD, BODY, AND TAIL
157.0-157.4

EXTENSION (cont'd)

LYMPH NODES

<p>2 Body and/or tail of pancreas: Stomach</p>	<p>0 No lymph node involvement ----- 1 REGIONAL Lymph Nodes</p>
<p>64 Head of pancreas: Large intestine (other than transverse colon incl. hepatic flexure) Spleen</p> <p>Body and/or tail of pancreas: Large intestine (other than splenic flexure)</p>	<p>Peripancreatic Hepatic Infrapyloric (head only) Subpyloric (head only) Celiac (head only)</p> <p>Superior mesenteric Pancreaticolienal (body and tail only) Splenic (body and tail only) Retroperitoneal Lateral aortic</p> <p>Regional lymph node(s), NOS</p> <p>----- DISTANT Lymph Nodes</p>
<p>72 Body and/or tail of pancreas: Left kidney; kidney, NOS; left ureter; left adrenal (suprarenal) gland; retro- peritoneal soft tissue (retroperitoneal space)</p>	<p>7 Other than above -----</p>
<p>74 Head of pancreas: Peritoneum, mesentery, mesocolon, mesenteric fat Greater/lesser omentum</p> <p>Body and/or tail of pancreas: Ileum and jejunum Peritoneum, mesentery, mesocolon, mesenteric fat</p>	<p>8 Lymph Nodes, NOS</p> <p>9 UNKNOWN; not stated</p>
<p>76 Liver (incl. porta hepatis); gallbladder</p>	
<p>78 Head of pancreas: Kidney; ure- ter; adrenal gland; retro- peritoneum; jejunum; ileum</p> <p>Body and/or tail of pancreas: Right kidney/right ureter; right adrenal gland Diaphragm</p>	
<p>80 FURTHER extension</p>	
<p>85 Metastasis</p>	
<p>99 UNKNOWN if extension or metastasis</p>	

PANCREAS, UNSPECIFIED

157.8, 157.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00	IN SITU: Noninvasive
10	Invasive tumor confined to pancreas
30	Localized, NOS
40	Peripancreatic tissue
45	Duodenum Bile ducts Ampulla of Vater
50	Stomach Spleen Colon Adjacent large vessels
80	FURTHER extension
85	Metastasis
99	UNKNOWN if extension or metastasis

PANCREAS, UNSPECIFIED
157.8, 157.9

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Peripancreatic
Hepatic

Superior mesenteric
Retroperitoneal
Lateral aortic

Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

RETROPERITONEUM AND PERITONEAL SITES
 158.0, 158.8-158.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 10 Tumor confined to site of origin
- 30 Localized, NOS
- 40 Adjacent connective tissue
- 60 Adjacent organs/structures
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

RETROPERITONEUM AND PERITONEAL SITES
158.0, 158.8-158.9

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Subdiaphragmatic

Intra-abdominal

Paracaval

Pelvic

Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

ILL-DEFINED DIGESTIVE AND PERITONEAL SITES
 159.0, 159.8-159.9

SIZE OF PRIMARY TUMOR

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

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00	IN SITU: Noninvasive
10	Invasion of submucosa
30	Localized, NOS
40	Adjacent connective tissue
60	Adjacent organs/structures
80	FURTHER extension
85	Metastasis
99	UNKNOWN if extension or metastasis

ILL-DEFINED DIGESTIVE AND PERITONEAL SITES
159.0, 159.8-159.9

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes
 - Subdiaphragmatic
 - Intra-abdominal
 - Paracaval
 - Pelvic
 - Regional lymph node(s), NOS
 -
- DISTANT Lymph Nodes
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

NASAL CAVITY, MIDDLE EAR
160.0, 160.1

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive
10 Invasive tumor confined to site of origin
30 Localized, NOS
40 Adjacent connective tissue |
60 Adjacent organs/structures |
80 FURTHER extension
85 Metastasis
99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Submental
Submandibular (submaxillary)
Internal jugular (upper and
lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Retropharyngeal
Cervical, NOS
Regional lymph node(s), NOS

7 DISTANT Lymph Nodes

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

MAXILLARY SINUS
160.2

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to mucosa of maxillary antrum (sinus)
- 30 Localized, NOS
- 40 Invasion of infrastructure:
 - Palatine bone
 - Palate, hard
 - Middle nasal meatus
 - Nasal cavity (lateral wall, floor, septum, turbinates)
- 60 Invasion of suprastructure:
 - Skin of cheek
 - Floor or posterior wall of maxillary sinus
 - Floor or medial wall of orbit
 - Ethmoid sinus, anterior
- 65 Invasion of maxilla, NOS
- 70 Nasopharynx
 - Ethmoid sinus, posterior
 - Sphenoid sinus
 - Palate, soft
 - Base of skull
 - Cribriform plate
 - Pterygomaxillary or temporal fossa
 - Orbital contents, including eye
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

- Submental
- Submandibular (submaxillary)
- Internal jugular (upper and lower deep cervical):
 - jugulodigastric
 - jugulo-omohyoid
- Retropharyngeal
- Cervical, NOS
- Regional lymph node(s), NOS

- 1 One positive ipsilateral node ≤ 3 cm in greatest diameter
- 2 One positive ipsilateral node $> 3-6$ cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤ 6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral positive nodes ≤ 6 cm or size not stated
- 6 Any positive node(s), at least one > 6 cm

DISTANT Lymph Nodes

- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

ACCESSORY (Paranasal) SINUSES
(excl. Maxillary Sinuses)
160.3-160.5, 160.8-160.9

SIZE OF PRIMARY TUMOR

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

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	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to mucosa in one of the following:
Ethmoid air cells (sinus), unilateral
Frontal sinus
Sphenoid sinus
- 30 Localized, NOS
- 40 More than one accessory sinus invaded
Destruction of bony wall of sinus
- 50 Palate
Nasal cavity (floor, septum, turbinates)
- 60 Bone: Orbital structures, facial bones, pterygoid fossa, zygoma, maxilla
- 70 Nasopharynx
Muscles: Masseter, pterygoid
Soft tissue
Skin
Brain, incl. cranial nerves
Orbital contents, including eye
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

ACCESSORY (Paranasal) SINUSES
(excl. Maxillary Sinuses)
160.3-160.5, 160.8-160.9

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Retropharyngeal
Internal jugular (upper deep
cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

1 One positive ipsilateral node
 ≤3 cm in greatest diameter

2 One positive ipsilateral node
 >3-6 cm in greatest diameter

3 Multiple positive ipsilateral
 nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
 positive nodes ≤6 cm or size
 not stated

6 Any positive node(s),
 at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

LARYNX

161.0-161.3, 161.8-161.9

SIZE OF PRIMARY TUMOR

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

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive
- 10 Invasive tumor confined to:
 - Supraglottis (one subsite):
i.e., laryngeal (posterior) surface of epiglottis, aryepiglottic fold, arytenoid cartilage, or ventricular band (false cord)
 - Subglottis
- 11 One vocal cord (glottic tumor)
- 12 Both vocal cords (glottic tumor)
- 20 Tumor involves: More than one subsite of supraglottis
- 30 Tumor involves adjacent region(s) of larynx
- 35 Impaired vocal cord mobility (glottic tumor)
- 40 Tumor limited to larynx WITH vocal cord fixation
- 50 Localized, NOS
- 60 Pre-epiglottic tissues
 - Postcricoid area
 - Pyriiform sinus
 - Hypopharynx, NOS
 - Vallecula
 - Base of tongue
- 70 Extension to/through thyroid or cricoid cartilage and/or oropharynx, cervical esophagus, soft tissues of neck, extrinsic (strap) muscles, skin
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

Note: AJCC includes lingual (anterior) surface of epiglottis (146.4) with larynx (161._).

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contra-
lateral or bilateral nodes)

Internal jugular (upper and
lower deep cervical) for glottic
and supraglottic:

jugulodigastric

jugulo-omohyoid

Anterior cervical: Prelaryngeal,
pretracheal, paratracheal,
laterotracheal (recurrent
laryngeal)

Submaxillary

Submental

Cervical, NOS

Regional lymph node(s), NOS

1 One positive ipsilateral node
≤3 cm in greatest diameter

2 One positive ipsilateral node
>3-6 cm in greatest diameter

3 Multiple positive ipsilateral
nodes ≤6 cm

4 Ipsilateral, node size not stated

5 Bilateral and/or contralateral
positive nodes ≤6 cm or size
not stated

6 Any positive node(s),
at least one >6 cm

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note: If laterality is not
specified, assume nodes are
ipsilateral.

TRACHEA
162.0

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive
10 Invasive tumor confined to trachea
30 Localized, NOS
40 Adjacent connective tissue |
60 Adjacent organs/structures |
80 FURTHER extension
85 Metastasis
99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

- - - - -
1 REGIONAL Lymph Nodes

- - - - -
7 DISTANT Lymph Nodes

- - - - -
8 Lymph Nodes, NOS

9 UNKNOWN; not stated

LUNG, MAIN STEM BRONCHUS
162.2-162.5, 162.8-162.9

SIZE OF PRIMARY TUMOR

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

000 No primary tumor found
001 Microscopic focus or foci only
002 Malignant cells present in bronchopulmonary secretions

	<u>mm</u>	<u>cm</u>
003	≤3	≤0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990+	99.0+

998 Diffuse (entire lobe or lung)
999 Not stated

Note 1: Assume tumor ≥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.

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

10 Tumor confined to one lung (excl. primary in MSB)

20 Tumor involving main stem bronchus ≥2 cm from carina (primary in lung or MSB)

30 Localized, NOS

40 Extension to:
Pleura, visceral or NOS
Pulmonary ligament
Atelectasis/obstructive pneumonitis involving <entire lung (or NOS)
WITHOUT pleural effusion

50 Tumor of/involving main stem bronchus <2.0 cm from carina

55 Primary confined to the carina

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

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.

EXTENSION (cont'd)

- 70 Carina; trachea; esophagus
Mediastinum, extrapulmonary
or NOS
Major blood vessel(s):
Pulmonary artery or vein;
superior vena cava (SVC
syndrome); aorta
Nerve(s):
Recurrent laryngeal
(vocal cord paralysis);
vagus; phrenic; cervical
sympathetic (Horner's
syndrome)
- 71 Heart
Visceral pericardium
- 72 Malignant pleural effusion
Pleural effusion, NOS
- 73 Adjacent rib
- 75 Sternum
Vertebra(e)
Skeletal muscle
Skin of chest
- 78 Contralateral lung/MSB
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension
or metastasis

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 in-
volvement by direct extension from
the primary tumor.

LYMPH NODES

- 0 No lymph node involvement
- - - - -
- REGIONAL Lymph Nodes (Ipsilateral)
- 1 Intrapulmonary
Hilar (pulmonary root)
Peribronchial
- 2 Subcarinal; carinal
Mediastinal, anterior,
posterior, NOS
Paratracheal; pretracheal
Paraesophageal
Aortic (para-, peri-) (above
diaphragm)
- 5 Regional lymph node(s), NOS
- 6 Contralateral hilar or medias-
tinal (incl. bilateral)
Supraclavicular (transverse
cervical)
Scalene
- - - - -
- DISTANT Lymph Nodes
- 7 Other than above (incl. cervical
neck nodes)
- - - - -
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

Note 8: AJCC (TNM) classifies the
lymph nodes in code 6 to N3.

PLEURA

163.0-163.1, 163.8-163.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 10 Invasive tumor (mesothelioma) confined to pleura
- 20 Mesothelioma WITH nodule(s) beneath visceral pleural surface
- 30 Localized, NOS
- 40 Adjacent connective tissue
- 50 Mesothelioma nodule(s) which have broken through the visceral pleural surface to the lung surface; lung involvement, NOS
- 60 Extension to adjacent organs/structures such as:
 - Chest wall
 - Rib
 - Heart muscle
 - Diaphragm
- 70 Mesothelioma WITH malignant pleural fluid; pleural effusion
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

PLEURA
163.0-163.1, 163.8-163.9

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes

- 7 DISTANT Lymph Nodes

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

HEART, MEDIASTINUM
 164.1-164.3, 164.8-164.9

SIZE OF PRIMARY TUMOR

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

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

10	Invasive tumor confined to site of origin
30	Localized, NOS
40	Adjacent connective tissue
60	Adjacent organs/structures
80	FURTHER extension
85	Metastasis
99	UNKNOWN if extension or metastasis

Note: Code 164.0, thymus, is included with other endocrine glands, 194._.

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes

- 7 DISTANT Lymph Nodes

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

ILL-DEFINED RESPIRATORY SITES AND INTRATHORACIC ORGANS
 165.0, 165.8-165.9

SIZE OF PRIMARY TUMOR			EXTENSION	
(from pathology report; operative report; radiographic report--in priority order)			10	Invasive tumor confined to site of origin
000	No mass; no tumor found		30	Localized, NOS
001	Microscopic focus or foci only		40	Adjacent connective tissue
	<u>mm</u>	<u>cm</u>	60	Adjacent organs/structures
002	≤2	≤0.2	80	FURTHER extension
003	3	0.3	85	Metastasis
...			99	UNKNOWN if extension or metastasis
009	9	0.9		
010	10	1.0		
...				
099	99	9.9		
100	100	10.0		
...				
990	990+	99.0+		
999	Not stated			

ILL-DEFINED RESPIRATORY SITES AND INTRATHORACIC ORGANS
165.0, 165.8-165.9

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes

- 7 DISTANT Lymph Nodes

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

BONE
170.0-170.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

10 Invasive tumor confined to cortex of bone

20 Extension beyond cortex to periosteum (no break in periosteum)

30 Localized, NOS

40 Extension beyond periosteum to surrounding tissues, incl. adjacent skeletal muscle(s)

60 Adjacent Bone

70 Skin

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes

- 7 DISTANT Lymph Nodes

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

CONNECTIVE AND OTHER SOFT TISSUE
 171.0, 171.2-171.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

10	Invasive tumor confined to site/tissue of origin	
30	Localized, NOS	
40	Adjacent connective tissue	
60	Adjacent organs/structures	
80	FURTHER extension	
85	Metastasis	
99	UNKNOWN if extension or metastasis	

LYMPH NODES

- 0 No lymph node involvement

1 REGIONAL by primary site (bilateral or contralateral for head, neck, trunk)

Head and Neck - All subsites:

Cervical

Lip: Preauricular, facial, submental, submandibular

Eyelid/canthus:

Preauricular, facial, submandibular, infra-auricular

External ear/auditory canal:

Pre-/post-auricular (mastoid)

Face, Other (cheek, chin, forehead, jaw, nose and temple): Preauricular, facial, submental, submandibular

Scalp/neck:

Preauricular, occipital, spinal accessory (posterior cervical); mastoid (postauricular) for scalp; submental, supraclavicular, axillary for neck

LYMPH NODES (cont'd)

Upper trunk

Cervical, supraclavicular, Internal mammary, axillary

Lower trunk

Femoral (superficial inguinal)

Arm/shoulder

Axillary
Spinal accessory for shoulder
Epitrochlear for hand/forearm

Leg/hip

Femoral (superficial inguinal)
Popliteal for heel and calf

All Sites

Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

SKIN (excl. Malignant Melanoma, Kaposi's Sarcoma, Mycosis Fungoides, Sezary's Disease, and Other Lymphomas)
173.0-173.9

SIZE OF PRIMARY TUMOR

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

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00	IN SITU: Noninvasive; intraepidermal; Bowen's disease
10	Lesion(s) confined to dermis For eyelid: Minimal infiltration of dermis (not invading tarsal plate)
15	For eyelid: At eyelid margin
20	For eyelid: Infiltrates deeply into dermis (invading tarsal plate)
30	Involves full eyelid thickness
40	Localized, NOS
50	Subcutaneous tissue (through entire dermis)
60	Adjacent structures for eyelid, incl. orbit
70	Underlying cartilage, bone, skeletal muscle
75	Metastatic skin lesion(s)
80	FURTHER extension
85	Metastasis
99	UNKNOWN if extension or metastasis

Note 1: In the case of multiple simultaneous tumors, code tumor with greatest extension.

Note 2: Skin ulceration does not alter the Extent of Disease classification.

Note 3: Skin of genital sites is not included in this scheme. These sites are skin of vulva (184.1-184.4), skin of penis (187.1, 187.2, 187.4) and skin of scrotum (187.7).

**SKIN (excl. Malignant Melanoma, Kaposi's Sarcoma,
Mycosis Fungoides, Sezary's Disease, and Other Lymphomas)
173.0-173.9**

LYMPH NODES

- 0 No lymph node involvement
- - - - -
1 REGIONAL by primary site (bilat-
eral or contralateral for
head, neck, trunk)

Head and Neck - All subsites:
Cervical

Lip: Preauricular, facial,
submental, submandibular

Eyelid/canthus:
Preauricular, facial, sub-
mandibular, infra-auricular

External ear/auditory canal:
Pre-/post-auricular
(mastoid)

Face, Other (cheek, chin,
forehead, jaw, nose and
temple): Preauricular, fa-
cial, submental, subman-
dibular

Scalp/neck:
Preauricular, occipital,
spinal accessory (posterior
cervical); mastoid (post-
auricular) for scalp; sub-
mental, supraclavicular,
axillary for neck

LYMPH NODES (cont'd)

Upper trunk
Cervical, supraclavicular,
internal mammary, axillary

Lower trunk
Femoral (superficial inguinal)

Arm/shoulder
Axillary
Spinal accessory for shoulder
Epitrochlear for hand/forearm

Leg/hip
Femoral (superficial inguinal)
Popliteal for heel and calf

All sites
Regional lymph node(s), NOS

- - - - -
DISTANT Lymph Nodes

7 Other than above

- - - - -
8 Lymph Nodes, NOS

9 UNKNOWN; not stated

MALIGNANT MELANOMA OF SKIN, VULVA, PENIS, SCROTUM
 173.0-173.9, 184.1-184.4, 187.1-187.2, 187.4, 187.7
 (M-8720-8790)

MEASURED THICKNESS (Depth)* OF TUMOR (Breslow's measurement)

Record Actual Measurement (in mm)
 from Pathology Department

000 No mass; no tumor found

mm

001 0.01

002 0.02

...

...

074 0.74

075 0.75

076 0.76

...

...

103 1.03

104 1.04

105 1.05

...

...

990 9.90+

999 Not stated

EXTENSION

00 IN SITU: Noninvasive;
 intraepithelial
 Clark's level I
 Basement membrane of the
 epidermis is intact.

10 Papillary dermis invaded
 Clark's level II

11 (10) WITH ulceration

20 Papillary-reticular dermal
 interface invaded
 Clark's level III

21 (20) WITH ulceration

30 Reticular dermis invaded
 Clark's level IV

31 (30) WITH ulceration

40 Skin/dermis, NOS
 Localized, NOS

41 (40) WITH ulceration

50 Subcutaneous tissue invaded
 (through entire dermis)
 Clark's level V

51 (50) WITH ulceration

60 Satellite nodule(s), NOS

62 Satellite nodule(s), ≤ 2 cm from
 primary tumor

64 (50-51) plus (60) or (62)

70 Underlying cartilage, bone,
 skeletal muscle

80 FURTHER extension

85 Metastasis to skin or subcutaneous
 tissue beyond regional lymph nodes

87 Visceral metastasis; metastasis, NOS

99 UNKNOWN if extension or metastasis

*Thickness, NOT size, is coded.

Note: For melanoma of sites
 other than those above, use
 site-specific schemes.

MALIGNANT MELANOMA OF SKIN, VULVA, PENIS, SCROTUM
 173.0-173.9, 184.1-184.4, 187.1-187.2, 187.4, 187.7
 (M-8720-8790)

LYMPH NODES

0 No lymph node involvement

 REGIONAL by primary site (bilateral or contralateral for head, neck, trunk)

Head and Neck - All subsites:
 Cervical

Lip: Preauricular, facial, submental, submandibular

Eye/eyelid/canthus: Preauricular, facial, submandibular, infra-auricular

External ear/auditory canal: Pre-/post-auricular (mastoid)

Face, Other (cheek, chin, forehead, jaw, nose, and temple): Preauricular, facial, submental, submandibular

Scalp/neck: Preauricular, occipital, spinal accessory (post. cervical); mastoid (postauricular) for scalp; submental, supraclavicular, axillary for neck

LYMPH NODES (cont'd)

Upper trunk
 Cervical, supraclavicular, internal mammary, axillary

Lower trunk
 Femoral (superficial inguinal)

Arm/shoulder
 Axillary
 Spinal accessory for shoulder
 Epitrochlear for hand/forearm

Leg/hip
 Femoral (superficial inguinal)
 Popliteal for heel and calf

Vulva/penis/scrotum
 Femoral (superficial inguinal)
 Deep inguinal

All sites
 Regional, NOS

1 Lymph node(s) metastasis ≤3 cm |
 2 Lymph node(s) metastasis >3 cm |
 3 In-transit metastasis
 (Satellite lesion(s)/subcutaneous nodule(s) >2 cm from the primary tumor, but not beyond the site of primary lymph node drainage)

4 (2) plus (3)
 5 Size not given

 DISTANT Lymph Nodes

7 Other than above

 8 Lymph Nodes, NOS

9 UNKNOWN; not stated

MYCOSIS FUNGOIDES AND SEZARY'S DISEASE OF SKIN, VULVA, PENIS, SCROTUM |
 173.0-173.9, 184.1-184.4, 187.1-187.2, 187.4, 187.7 |
 (M-9700-9701)

PERIPHERAL BLOOD INVOLVEMENT

EXTENSION

000 No peripheral blood involvement

Plaques, papules, or erythematous patches ("plaque stage"):

Atypical circulating cells in peripheral blood:

001 <5%

10 <10% of skin surface, no tumors

002 >5%

20 ≥10% of skin surface, no tumors

003 % not stated

999 Not applicable

25 % of body surface not stated, no tumors

30 Skin involvement, NOS: extent not stated, no tumors
 Localized, NOS

Note: In approximating body surface, the palmar surface of the hand, including digits, is about 1%.

50 One or more tumors (tumor stage)

70 Generalized erythroderma (>50% of body involved with diffuse redness); Sezary's syndrome

85 Visceral (non-cutaneous, extra-nodal) involvement (other than peripheral blood)

99 UNKNOWN; not stated

Source: Developed by the Mycosis Fungoides Cooperative Group

MYCOSIS FUNGOIDES AND SEZARY'S DISEASE OF SKIN, VULVA, PENIS, SCROTUM
173.0-173.9, 184.1-184.4, 187.1-187.2, 187.4, 187.7
(M-9700-9701)

LYMPH NODES

0 No lymph node involvement (No clinical adenopathy and either pathologically negative or no pathological statement)

Lymph Nodes

1 Clinically enlarged palpable lymph node(s) (adenopathy), and either pathologically negative nodes or no pathological statement

2 No clinically enlarged palpable lymph nodes(s) (adenopathy); pathologically positive lymph node(s)

3 Both clinically enlarged palpable lymph node(s) (adenopathy) and pathologically positive lymph nodes

9 UNKNOWN; not stated

BREAST

174.0-174.6, 174.8-174.9, 175.9

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; physical examination; mammography examination--in priority order; if multiple masses, code largest diameter)

000	No mass; no tumor found; no Paget's disease	
001	Microscopic focus or foci only	
002	Mammography/xerography diagnosis only with no size given (tumor not clinically palpable)	
	<u>mm</u>	<u>cm</u>
003	≤3	≤0.3
...		
009	9	0.9
010	10	1.0
...		
099	99	9.9
100	100	10.0
...		
990	990+	99.0+
997	Paget's Disease of nipple with no demonstrable tumor	
998	Diffuse; widespread: 3/4's or more of breast; inflammatory carcinoma	
999	Not stated	

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'.

EXTENSION

- 00 IN SITU: Noninfiltrating; intraductal WITHOUT infiltration; lobular neoplasia
- 05 Paget's disease (WITHOUT underlying tumor)
- 10 Confined to breast tissue and fat including nipple and/or areola
- 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
- 60 (50) plus (40)
- 70 Inflammatory carcinoma, incl. diffuse (beyond that directly overlying the tumor) dermal lymphatic permeation or infiltration

Note 4:

If extension code is:	Behavior code must be:
00	2
05	2 or 3
10+	3

EXTENSION (cont'd)

- 80 FURTHER extension:
Skin over sternum, upper abdomen, axilla or opposite breast
- 85 Metastasis:
Bone, other than adjacent rib
Lung
Breast, contralateral--if metastatic
Adrenal gland
Ovary
Satellite nodule(s) in skin other than primary breast
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

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

CERVIX UTERI

180.0-180.1, 180.8-180.9

SIZE OF PRIMARY TUMOR

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

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	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Preinvasive; noninvasive; intraepithelial Cancer in situ WITH endocervical gland involvement
FIGO Stage 0
- 01 CIN* Grade III
- 11 Minimal microscopic stromal invasion
FIGO Stage IA1
- 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
- 20 Invasive cancer confined to cervix and tumor larger than that in code 12
FIGO Stage IB
- 30 Localized, NOS; confined to cervix uteri or uterus, NOS
- 31 FIGO Stage I, not further specified
- 35 Corpus uteri
- 40 Extension to:
Upper 2/3's of vagina (incl. fornices and vagina/vaginal wall, NOS)
Cul de sac (rectouterine pouch)
FIGO Stage IIA
- 50 Extension to:
Parametrium (paracervical soft tissue)
Ligaments: Broad, uterosacral, cardinal
FIGO Stage IIB

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 doesn't 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.

*CIN = Cervical intraepithelial neoplasia

EXTENSION (cont'd)

LYMPH NODES

<p>60 Extension to: Lower 1/3 of vagina; vulva Rectal and/or bladder wall or NOS Bullous edema of bladder mucosa Ureter, intra- and extramural FIGO Stage IIIA</p>	<p>0 No lymph node involvement - - - - - 1 REGIONAL Lymph Nodes Paracervical Parametrial Iliac: Common Internal (hypogastric): Obturator External Pelvic, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), uterosacral, or NOS)</p>
<p>65 Extension to: Pelvic wall(s) Hydronephrosis or nonfunctioning kidney (except if other cause) FIGO Stage IIIB</p>	<p>Regional lymph node(s), NOS - - - - - DISTANT Lymph Nodes</p>
<p>70 Extension to rectal or bladder <u>mucosa</u> FIGO Stage IVA</p>	<p>6 Aortic (para-, peri-, lateral) 7 Other than above - - - - -</p>
<p>80 FURTHER extension beyond true pelvis FIGO Stage IVA, not further specified</p>	<p>8 Lymph Nodes, NOS</p>
<p>85 Metastasis FIGO Stage IVB</p>	<p>9 UNKNOWN; not stated</p>
<p>99 UNKNOWN if extension or metastasis</p>	

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 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 (182._)	Columnar Epithelium	B A S E : M E M : :	Stroma (lamina propria)	Yes
	Yes		Yes	Yes

CORPUS UTERI, PLACENTA AND UTERUS, NOS
 179.9, 181.9, 182.0-182.1, 182.8

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Preinvasive, noninvasive
FIGO Stage 0
- No sounding done; sounding, NOS
- 10 FIGO Stage I not further specified
- 11 Confined to endometrium (stroma)
- Extension to:
- 12 Myometrium--inner half
- 13 Myometrium--outer half
- 14 Myometrium--NOS
- 15 Serosa
- Sounding of uterine cavity is ≤8.0 cm in length
- 20 FIGO Stage IA not further specified
- 21 Confined to endometrium (stroma)
- Extension to:
- 22 Myometrium--inner half
- 23 Myometrium--outer half
- 24 Myometrium--NOS
- 25 Serosa
- Sounding of uterine cavity is >8.0 cm in length
- 30 FIGO Stage IB not further specified
- 31 Confined to endometrium (stroma)
- Extension to:
- 32 Myometrium--inner half
- 33 Myometrium--outer half
- 34 Myometrium--NOS
- 35 Serosa
- 40 Localized, NOS
- 50 Cervix uteri, incl. endocervix invaded
FIGO Stage II

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 doesn't 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, PLACENTA AND UTERUS, NOS
179.9, 181.9, 182.0-182.1, 182.8

EXTENSION (cont'd)

LYMPH NODES

60	Extension within true pelvis: Parametrium Ligaments: Broad, round, uterosacral Pelvic wall(s) Ovary(ies) and/or fallopian tube(s) Rectal and/or bladder wall or NOS Vagina FIGO Stage III		0 No lymph node involvement - - - - - REGIONAL Lymph Nodes 1 Parametrial Paracervical Iliac: Common Internal (hypogastric): Obturator External Pelvic, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), uterosacral, or NOS)
70	Extension to rectal or bladder <u>mucosa</u> FIGO Stage IVA		2 Aortic (para-, peri-, lateral)
80	Extension beyond true pelvis FIGO Stage IVA, not further specified		5 Regional Lymph Nodes, NOS - - - - - DISTANT Lymph Nodes
85	Metastasis FIGO Stage IVB		6 Superficial inguinal
99	UNKNOWN if extension or metastasis		7 Other than above (incl. deep inguinal) - - - - - 8 Lymph Nodes, NOS 9 UNKNOWN; not stated

OVARY
183.0

SIZE OF PRIMARY TUMOR

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

SIZE

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	10.0
...		
990	990+	99.0+
999	Not stated	

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.

EXTENSION

- 00 IN SITU: Preinvasive; noninvasive; intraepithelial
- 10 Tumor limited to one ovary, capsule intact, no tumor on ovarian surface
FIGO Stage IA
- 20 Tumor limited to both ovaries, capsule(s) intact, no tumor on ovarian surface
FIGO Stage IB
- 30 Localized, NOS; unknown if capsule(s) ruptured or one or both ovaries involved
FIGO Stage I, not further specified
- 40 Tumor limited to ovary(ies), capsule(s) ruptured or tumor on ovarian surface
FIGO Stage IC
- 41 Tumor limited to ovary(ies) WITH malignant cells in ascites or peritoneal washings
FIGO Stage IC
- 42 (40) plus (41)
FIGO Stage IC, not further specified
- 50 Extension to or implants on:
Uterus
Fallopian tube(s)
Adnexa, NOS
FIGO Stage IIA
- 60 Extension to or implants on:
Pelvic wall
Pelvic tissue (broad ligament, adjacent peritoneum--mesovarium)
FIGO Stage IIB
- 62 (50) and/or (60) WITH malignant cells in ascites or peritoneal washings
FIGO Stage IIC

EXTENSION (cont'd)

LYMPH NODES

<p>65 FIGO Stage II, not further specified</p> <p>70 Microscopic peritoneal implants beyond pelvis, including peritoneal surface of liver FIGO Stage IIIA</p> <p>71 Macroscopic peritoneal implants beyond pelvis, ≤2 cm in diameter, including peritoneal surface of liver FIGO Stage IIIB</p> <p>72 Peritoneal implants beyond pelvis, >2 cm in diameter, including peritoneal surface of liver FIGO Stage IIIC</p> <p>75 Peritoneal implants, NOS FIGO Stage III, not further specified</p> <p>80 FURTHER extension</p> <p>85 Metastasis, including: Liver parenchymal metastasis Pleural fluid (positive cytology) FIGO Stage IV</p> <p>99 UNKNOWN if extension or metastasis</p>	<p>0 No lymph node involvement ----- REGIONAL Lymph Nodes (incl. contra- lateral or bilateral nodes)</p> <p>1 Iliac: Common Internal (hypogastric): Obturator External Lateral sacral Pelvic, NOS</p> <p>2 Aortic (para-, peri-, lateral) Retroperitoneal, NOS</p> <p>3 Inguinal</p> <p>4 (2) plus (1) and/or (3)</p> <p>5 Regional Lymph Nodes, NOS ----- DISTANT Lymph Nodes</p> <p>7 Other than above -----</p> <p>8 Lymph Nodes, NOS</p> <p>9 UNKNOWN; not stated</p>
--	---

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).

FALLOPIAN TUBE AND BROAD LIGAMENT
 183.2-183.5, 183.8-183.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

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

FALLOPIAN TUBE AND BROAD LIGAMENT
183.2-183.5, 183.8-183.9

LYMPH NODES

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

VAGINA
184.0

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive cancer confined to: Submucosa (stroma) FIGO Stage I |
- 20 Musculature involved
- 30 Localized, NOS
- 40 Extension to: Paravaginal soft tissue Cervix Vulva Vesicovaginal septum Rectovaginal septum FIGO Stage II |
- 50 Extension to: Bladder wall or NOS Rectal wall or NOS Cul de sac (rectouterine pouch) FIGO Stage II |
- 60 Extension to pelvic wall FIGO Stage III |
- 70 Extension to bladder or rectal mucosa FIGO Stage IVA |
- 80 Extension beyond true pelvis Extension to urethra FIGO Stage IVA, not further specified |
- 85 Metastasis FIGO Stage IVB |
- 99 UNKNOWN if extension or metastasis

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.

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Upper two-thirds of vagina:

- 1 Pelvic lymph nodes:
 - Iliac: Common
 - Internal (hypogastric)
 - External
 - Sacral promontory
 - Pelvic, NOS

Lower third of vagina:

- 2 Ipsilateral inguinal lymph node(s)
- 3 Bilateral inguinal lymph node(s)

Both parts of vagina:

- 5 Regional lymph node(s), unknown whether primary is in upper or lower vagina

DISTANT Lymph Nodes

- 6 Inguinal (upper two-thirds only)
 - Aortic (para-, peri-, lateral)
 - Retroperitoneal, NOS
- 7 Other than above
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

VULVA (incl. Skin of Vulva)
(excl. Malignant Melanoma, Kaposi's Sarcoma,
Mycosis Fungoides, Sezary's Disease, and Other Lymphomas)
184.1-184.4

SIZE OF PRIMARY TUMOR

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

EXTENSION

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

00 IN SITU: Noninvasive; Bowen's
disease, intraepidermal
FIGO Stage 0

10 Invasive cancer confined to:
Submucosa
Musculature

mm cm

FIGO Stage I if size ≤ 2.0 cm

002 ≤ 2 ≤ 0.2

FIGO Stage II if size > 2.0 cm

003 3 0.3

...

30 Localized, NOS

009 9 0.9

010 10 1.0

60 Extension to:

...

Vagina
Urethra
Perineum
Perianal skin
Anus

...

FIGO Stage III

099 99 9.9

100 100 10.0

...

990 990+ 99.0+

70 Rectal mucosa
Perineal body

...

999 Not stated

75 Extension to:
Upper urethral mucosa
Bladder mucosa
Pelvic bone
FIGO Stage IVA

80 FURTHER extension

85 Metastasis
FIGO Stage IVB

99 UNKNOWN if extension or metastasis

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.

VULVA (incl. Skin of Vulva)
(excl. Malignant Melanoma, Kaposi's Sarcoma,
Mycosis Fungoides, Sezary's Disease, and Other Lymphomas
184.1-184.4

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contra- |
lateral or bilateral) |

1 Superficial inguinal (femoral)
Deep inguinal, Rosenmuller's
or Cloquet's node
Regional lymph nodes, NOS

2 (1) WITH fixation or ulceration

3 External iliac
Internal iliac (hypogastric)
Pelvic, NOS

4 (3) WITH fixation or ulceration

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

**OTHER FEMALE GENITAL ORGANS
184.8-184.9**

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive;
intraepithelial

10 Confined to site of origin

30 Localized, NOS

40 Adjacent connective tissue |

60 Adjacent organs/structures |

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes

- 7 DISTANT Lymph Nodes

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

PROSTATE GLAND

185.9

SIZE OF PRIMARY TUMOR

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

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

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.

Source: The American Urological Association Staging System (A-D)

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- Incidentally found microscopic carcinoma (latent)**
- 10 Number of foci not specified (A)
- 11 ≤3 microscopic foci (A1 Focal)
- 12 >3 microscopic foci (A2 Diffuse)
- 20 Palpable nodule(s) confined to prostate (intracapsular)--one lobe (B)
- 25 Multiple nodules confined to prostate (intracapsular)--more than one lobe (B)
- 30 Localized, NOS; confined to prostate, NOS (B, not further specified)
- 40 Invasion of prostatic capsule (C1)
- 50 Extension to periprostatic tissue (C1):
 - Extracapsular extension (beyond prostatic capsule)
 - Extraprostatic urethra (membranous)
 - Bladder neck and/or prostatic apex
 - Through capsule, NOS
- 55 Extension to seminal vesicle(s) (C2)
- 56 Extension to periprostatic tissue, NOS (C, not further specified)
- 60 Extension to or fixation of other adjacent structures:
 - Rectovesical (Denonvilliers') fascia
 - Bladder, NOS; ureter(s)
 - Rectum
 - Skeletal muscle (levator ani)
 - Fixation, NOS

EXTENSION (cont'd)

LYMPH NODES

70	Pelvic bone Pelvic wall(s)		0	No lymph node involvement -----	
80	FURTHER extension to bone, soft tissue or other organs (D2)		REGIONAL Lymph Nodes (incl. contra-	lateral or bilateral nodes)	
85	Metastasis (D2) D, not further specified		Periprostatic Iliac: Internal (hypogastric): Obturator External Iliac, NOS		
99	UNKNOWN if extension or metastasis		Pelvic, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS)		
			Regional lymph node(s), NOS		
			1	Single lymph node ≤2 cm	
			2	Single lymph node >2-5 cm OR multiple nodes, none greater than 5 cm	
			3	Lymph node(s), at least one >5 cm	
			5	Size not stated -----	
			DISTANT Lymph Nodes		
			6	Aortic (para-, peri-, lateral, lumbar) Retroperitoneal, NOS Common iliac Inguinal, superficial (femoral) and/or deep	
			7	Other than above -----	
			8	Lymph Nodes, NOS	
			9	UNKNOWN; not stated	

TESTIS
186.0, 186.9

SIZE OF PRIMARY TUMOR

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

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	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; intratubular
- 10 Confined to body of testis/tunica albuginea; rete testis
- 20 Tunica vaginalis involved
Surface implants
- 30 Localized, NOS
Tunica, NOS
- 40 Epididymis
- 50 Spermatic cord, ipsilateral
Vas deferens
- 60 Scrotum, ipsilateral, incl. dartos muscle
- 70 Extension to scrotum, contralateral
Ulceration of scrotum
- 75 Penis
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contra- |
lateral or bilateral nodes) |

Paracaval
Aortic (para-, peri-, lateral)
External iliac
Retroperitoneal, NOS
Pelvic, NOS
Regional lymph node(s), NOS

1 Single lymph node ≤ 2 cm

2 Single lymph node $>2-5$ cm OR
multiple nodes, none
greater than 5 cm

3 Lymph node(s), at least one >5 cm

5 Size not stated

DISTANT Lymph Nodes

6 Inguinal nodes, superficial |
(femoral) and/or deep |

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note: Regardless of previous in- |
guinal or scrotal surgery, invol- |
vement of inguinal nodes is al- |
ways considered distant by SEER. |

PREPUCE, PENIS NOS, AND GLANS PENIS (excl. Malignant Melanoma, Kaposi's Sarcoma, Mycosis Fungoides, Sezary's Disease, and Other Lymphomas)
 187.1-187.2, 187.4

SIZE OF PRIMARY TUMOR

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

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	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU: Noninvasive; Bowen's disease; intraepithelial
- 05 Noninvasive verrucous carcinoma
- 10 Invasive tumor limited to subepithelial connective tissue, but not involving corpus spongiosum or cavernosum
- 30 Localized, NOS
- 40 Corpus cavernosum
Corpus spongiosum
- 50 Satellite nodule(s) on prepuce or glans
- 60 Urethra
Prostate
- 70 Adjacent structures
Skin: Pubic, scrotal, abdominal, perineum
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

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

Note 2: Mycosis fungoides (M-9700) or Sezary's disease (M-9701) of penis is included in the mycosis fungoides scheme.

**PREPUCE, PENIS NOS, AND GLANS PENIS (excl. Malignant Melanoma,
Kaposi's Sarcoma, Mycosis Fungoides, Sezary's Disease,
and Other Lymphomas)**
187.1-187.2, 187.4

LYMPH NODES

- 0 No lymph node involvement

REGIONAL Lymph Nodes
- 1 SINGLE superficial inguinal
(femoral)
- 2 Multiple OR bilateral
superficial inguinal
(femoral)
- 3 Deep inguinal: Rosenmuller's
or Cloquet's node
- 5 Regional lymph node(s), NOS
- 6 External iliac
Internal iliac (hypogastric)
Pelvic nodes, NOS

DISTANT Lymph Nodes
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

BODY OF PENIS, SCROTUM, AND OTHER MALE GENITAL ORGANS
(excl. Malignant Melanoma, Kaposi's Sarcoma, Mycosis
Fungoides, Sezary's Disease, and Other Lymphomas of Scrotum)
187.3, 187.5-187.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive;
intraepithelial

10 Confined to site of origin

30 Localized, NOS

40 Adjacent connective tissue

60 Adjacent organs/structures

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

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

Note 2: Mycosis fungoides (M-9700)
or Sezary's disease (M-9701) of
scrotum only is included in the
mycosis fungoides scheme.

BODY OF PENIS, SCROTUM, AND OTHER MALE GENITAL ORGANS
 (excl. Malignant Melanoma, Kaposi's Sarcoma, Mycosis
 Fungoides, Sezary's Disease, and Other Lymphomas of Scrotum)
 187.3, 187.5-187.9

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes
 - External iliac
 - Internal iliac (hypogastric)
 - Superficial inguinal
 (femoral)
 - Deep inguinal: Rosenmuller's
 or Cloquet's node
 - Regional lymph node(s), NOS
 -
- DISTANT Lymph Nodes
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

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 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.

URINARY BLADDER, RENAL PELVIS and URETERS

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	Serosa
	Epithelium	B A S Lamina Propria/ Submucosa		
Urinary Bladder (188.0)	Yes	E M E Yes	Yes	Yes, on superior surface
Renal pelvis (189.1)	Yes	M B R Yes	Yes	No
Ureter(s) (189.2)	Yes	A N E : Yes	Yes	No

URINARY BLADDER

188.0-188.9

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examination; x-ray report (KUB); physical examination--in priority order)

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

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 the 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

EXTENSION

- 00 Sessile carcinoma-IN SITU; Carcinoma-IN SITU, NOS
- 05 Noninvasive papillary (transitional) carcinoma
- 10 Confined to mucosa, NOS
- 15 Invasive tumor confined to: Subepithelial connective tissue (tunica propria, lamina propria, submucosa, stroma)
- Muscle (muscularis) invaded**
- 20 NOS
- 21 Superficial muscle--inner half
- 22 Deep muscle--outer half
- 23 Extension through full thickness of bladder wall
- 30 Localized, NOS
- 40 Subserosal tissue
 Perivesical fat/tissue
 Periureteral fat/tissue
- 50 Extension to/through serosa (mesothelium); peritoneum
- 60 Prostate
 Urethra, including prostatic urethra
 Ureter
- 65 Vas deferens; seminal vesicle
 Rectovesical/Denonvilliers' fascia
 Parametrium
 Uterus
 Vagina

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.

EXTENSION (cont'd)

- 70 Bladder FIXED
- 75 Pelvic wall
Abdominal wall
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or
metastasis

LYMPH NODES

- 0 No lymph node involvement
-
- | REGIONAL Lymph Nodes (incl. contra-
lateral 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
- 2 Single lymph node >2-5 cm OR
multiple nodes, none
greater than 5 cm
- 3 Lymph node(s), at least one >5 cm
- 5 Size not stated
-
- DISTANT Lymph Nodes
- 6 Common iliac
- 7 Other than above
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

KIDNEY (Renal) PARENCHYMA
189.0

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU
- 10 Invasive cancer confined to kidney cortex and/or medulla
- 20 Renal pelvis or calyces involved
Invasion of renal capsule
- 30 Localized, NOS
- 40 Perirenal (perinephric) tissue/ fat
Renal (Gerota's) fascia
Adrenal gland, ipsilateral
Retroperitoneal soft tissue |
- 60 Extension to:
Blood vessels:
Extrarenal portion of renal vein; renal vein, NOS
Inferior vena cava
Tumor thrombus in a renal vein, |
NOS |
- 65 Extension beyond Gerota's fascia to:
Ureter, incl. implant(s), ipsilateral
Tail of pancreas
Ascending colon from right kidney
Descending colon from left kidney
Duodenum from right kidney
Peritoneum
Diaphragm
- 70 Ribs |
- 75 Spleen |
Liver
Stomach
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contra-
lateral and bilateral)
- Renal hilar
 - Paracaval
 - Aortic (para-, peri-, lateral)
 - Retroperitoneal, NOS
 - Regional lymph node(s), NOS
- 1 Single lymph node \leq 2 cm
- 2 Single lymph node >2-5 cm OR
multiple nodes, none
greater than 5 cm
- 3 Lymph node(s), at least one >5 cm
- 5 Size not stated

DISTANT Lymph Nodes
- 7 Other than above

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

**RENAL (Kidney) PELVIS, URETER,
AND URINARY SYSTEM, NOS**
189.1-189.2, 189.8-189.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 Carcinoma-IN SITU, NOS
- 05 Papillary noninvasive carcinoma
- 10 Subepithelial connective tissue (lamina propria, submucosa) invaded
- 20 Muscularis invaded
- 30 Localized, NOS
- 40 Extension to adjacent (connective) tissue:
Peripelvic/periureteric tissue
Retroperitoneal soft/connective tissue
- 60 Kidney parenchyma and kidney, NOS, from renal pelvis
Ureter from renal pelvis
- 65 Extension to bladder from distal ureter
Implants in distal ureter
- 66 Extension to major blood vessel(s):
Aorta, renal artery/vein, vena cava (inferior)
Tumor thrombus in a renal vein, NOS
- 70 Perinephric fat via kidney
Spleen
Pancreas
Liver
Ascending colon from right renal pelvis/ureter
Descending colon from left renal pelvis/ureter
Colon, NOS
Kidney parenchyma from other than renal pelvis
Bladder, other than from distal ureter, i.e., renal pelvis

Note:

If extension code is:	Behavior code must be:
00 or 05	2
10+	3

RENAL (Kidney) PELVIS, URETER,
AND URINARY SYSTEM, NOS
189.1-189.2, 189.8-189.9

EXTENSION (cont'd)

- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
-
- REGIONAL Lymph Nodes (incl. contra-lateral and bilateral)

Renal Pelvis:

- Renal hilar
- Paracaval
- Aortic (para-, peri-, lateral)
- Retroperitoneal, NOS
- Regional lymph node(s), NOS

Ureter:

- Renal hilar
- Iliac: Common
 - Internal (hypogastric)
 - External
- Paracaval
- Periureteral
- Pelvic, NOS
- Regional lymph node(s), NOS

- 1 Single lymph node \leq 2 cm
- 2 Single lymph node >2-5 cm OR multiple nodes, none greater than 5 cm
- 3 Lymph node(s), at least one >5 cm
- 5 Size not stated

DISTANT Lymph Nodes

- 7 Other than above

-
- 8 Lymph Nodes, NOS
 - 9 UNKNOWN; not stated

URETHRA AND PARAURETHRAL GLAND
189.3-189.4

SIZE OF PRIMARY TUMOR

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

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	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 Carcinoma-IN SITU, NOS
- 05 Noninvasive papillary, polypoid, or verrucous carcinoma
- 10 Subepithelial connective tissue (lamina propria, submucosa) invaded
- 20 Muscularis invaded |
- 30 Localized, NOS
- 40 Periurethral muscle (sphincter) |
Corpus spongiosum
Prostate
- 60 Corpus cavernosum |
Vagina
Bladder neck
Seminal vesicle(s)
- 70 Other adjacent organs |
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

Note:

If extension code is:	Behavior code must be:
00 or 05	2
10+	3

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes (incl. contra-
lateral and bilateral)

- Iliac: Common
- Internal (hypogastric):
- Obturator
- External
- Inguinal (superficial or deep)
- Presacral, sacral NOS
- Pelvic, NOS
- Regional lymph node(s), NOS

1 Single lymph node \leq 2 cm

2 Single lymph node >2-5 cm OR
multiple nodes, none
greater than 5 cm

3 Lymph node(s), at least one >5 cm

5 Size not stated

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

CONJUNCTIVA (excl. Retinoblastoma, Malignant Melanoma,
Kaposi's Sarcoma, and Lymphomas)
190.3

SIZE OF PRIMARY TUMOR

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

000	No mass; no tumor found	
001	Microscopic focus or foci only	
	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00	IN SITU
10	Tumor confined to conjunctiva
40	Intraocular extension
50	Adjacent extraocular extension, excluding orbit
70	Orbit
80	FURTHER extension
85	Metastasis
99	UNKNOWN if extension or metastasis

**CONJUNCTIVA (excl. Retinoblastoma, Malignant Melanoma,
Kaposi's Sarcoma, and Lymphomas)**
190.3

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

Submandibular nodes
Parotid (preauricular) nodes
Cervical
Regional lymph node(s), NOS

7 DISTANT Lymph Nodes

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

MELANOMA OF CONJUNCTIVA

190.3

(M-8720-8790)

MEASURED THICKNESS (Depth)* of TUMOR (Breslow's measurement)

Record actual measurement (in mm)
from Pathology Department

000 No mass; no tumor found

mm

001 0.01

002 0.02

...

...

074 0.74

075 0.75

076 0.76

...

...

103 1.03

104 1.04

105 1.05

...

...

990 9.90+

999 Not stated

EXTENSION

00 IN SITU

10 Tumor(s) of bulbar conjunctiva
occupying one quadrant or less

12 Tumor(s) of bulbar conjunctiva
occupying more than one
quadrant

15 Tumor(s) of bulbar
conjunctiva, NOS

20 Tumor involves:
Conjunctival fornix
Palpebral conjunctiva
Caruncle

30 Localized, NOS

70 Eyelid
Cornea
Orbit

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or
metastasis

*Thickness, NOT size, is coded.

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

 Submandibular nodes

 Parotid (preauricular) nodes

 Cervical

 Regional lymph node(s), NOS

7 DISTANT Lymph Nodes

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

ORBIT
190.1

SIZE OF PRIMARY TUMOR

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

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 10.0

...

...

990 990+ 99.0+

999 Not stated

EXTENSION

00 IN SITU

10 Tumor confined to orbit

40 Diffuse invasion of orbital tissues and/or bony walls

60 Adjacent paranasal sinuses
Cranium

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes
 - Submandibular nodes
 - Parotid (preauricular) nodes
 - Cervical
 - Regional lymph node(s), NOS-----
- 7 DISTANT Lymph Nodes

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

LACRIMAL GLAND AND DUCT

190.2, 190.7

SIZE OF PRIMARY TUMOR

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

000 No mass; no tumor found

001 Microscopic focus or foci only

mm cm002 ≤ 2 ≤ 0.2

003 3 0.3

...

...

009 9 0.9

010 10 1.0

...

...

099 99 9.9

100 100 10.0

...

...

990 990+ 99.0+

999 Not stated

EXTENSION

00 IN SITU

10 Tumor confined to lacrimal gland/duct

40 Invading periosteum of fossa of lacrimal gland/duct

60 Orbital soft tissues
Optic nerve
Globe (eyeball)

70 Adjacent bone

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement

- 1 REGIONAL Lymph Nodes
 - Submandibular nodes
 - Parotid (preauricular) nodes
 - Cervical
 - Regional lymph node(s), NOS-----
- 7 DISTANT Lymph Nodes

- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

MELANOMA OF UVEA AND OTHER EYE
 190.0, 190.4-190.6, 190.8, 190.9
 (M-8720-8790)

SIZE OF PRIMARY TUMOR

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

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 10.0

...

...

990 990+ 99.0+

999 Not stated

EXTENSION

00 IN SITU

Iris

10 Tumor confined to iris

40 Tumor involves 1 quadrant or less, with invasion into anterior chamber angle

43 Tumor involves more than one quadrant, with invasion into anterior chamber angle

45 Invasion into anterior chamber angle, NOS

Ciliary Body

12 Tumor limited to the ciliary body

50 Tumor invades into anterior chamber and/or iris

55 Tumor invades choroid

Other Eye

15 Tumor elevation ≤2mm

17 Tumor elevation >2mm - ≤3mm

20 Tumor elevation >3mm - ≤5mm

25 Tumor elevation >5mm

30 Localized, NOS

MELANOMA OF UVEA AND OTHER EYE
 190.0, 190.4-190.6, 190.8, 190.9
 (M-8720-8790)

EXTENSION (cont'd)

LYMPH NODES

All Above Sites

- 70 Adjacent extraocular extension
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

- 0 No lymph node involvement
-
- 1 REGIONAL Lymph Nodes
 - Submandibular nodes
 - Parotid (preauricular) nodes
 - Cervical
 - Regional lymph node(s), NOS
-
- 7 DISTANT Lymph Nodes
-
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

UVEA AND OTHER EYE (excl. Retinoblastoma, Malignant Melanoma, Kaposi's Sarcoma, and Lymphomas)
 190.0, 190.4-190.6, 190.8, 190.9

SIZE OF PRIMARY TUMOR

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

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 10.0

...

...

990 990+ 99.0+

999 Not stated

EXTENSION

00 IN SITU

10 Tumor confined to site of origin

40 Intraocular extension

70 Adjacent extraocular extension

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

UVEA AND OTHER EYE (excl. Retinoblastoma, Malignant
Melanoma, Kaposi's Sarcoma, and Lymphomas)
190.0, 190.4-190.6, 190.8, 190.9

LYMPH NODES

0 No lymph node involvement

1 REGIONAL Lymph Nodes

 Submandibular nodes

 Parotid (preauricular) nodes

 Cervical

 Regional lymph node(s), NOS

7 DISTANT Lymph Nodes

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

BRAIN AND CEREBRAL MENINGES
191.0-191.9, 192.1

SIZE OF PRIMARY TUMOR

(from pathology report;
operative report; radiographic
report--in priority order.)

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 00 IN SITU
- 10 Supratentorial tumor confined to
CEREBRAL HEMISPHERE (cerebrum)
or **MENINGES of CEREBRAL HEMI-
SPHERE** on one side:
Frontal lobe
Temporal lobe
Parietal lobe
Occipital lobe
- 11 Infratentorial tumor confined to
CEREBELLUM or **MENINGES of
CEREBELLUM** on one side:
Vermis: Median lobe of
cerebellum
Lateral lobes
- 12 Infratentorial tumor confined to
BRAIN STEM or **MENINGES of
BRAIN STEM** on one side:
Thalamus, hypothalamus
Midbrain (mesencephalon)
Pons
Medulla oblongata
- 15 Confined to brain, NOS
Confined to meninges, NOS
- 20 Infratentorial tumor:
Both cerebellum and brain stem
involved WITH tumor on one side
- 30 Confined to ventricles or
tumor invades or encroaches
upon ventricular system
- 40 Tumor crosses the midline,
involves corpus callosum (incl.
splenium), or contralateral
hemisphere
- 50 Supratentorial tumor extends
infratentorially to involve
cerebellum or brain stem
- 51 Infratentorial tumor extends
supratentorially to involve
cerebrum (cerebral hemisphere)
- 60 Tumor invades:
Bone (skull)
Meninges (dura)
Major blood vessel(s)
Nerves--cranial nerves;
spinal cord/canal

BRAIN AND CEREBRAL MENINGES
191.0-191.9, 192.1

EXTENSION (cont'd)

LYMPH NODES

- 70 Extension to:
 Nasopharynx
 Posterior pharynx
 Nasal cavity
 Outside central nervous
 system (CNS)
Circulating cells in cerebral
 spinal fluid (CSF)
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension
 or metastasis

- 9 Not Applicable

OTHER PARTS OF NERVOUS SYSTEM
 192.0, 192.2-192.3, 192.8-192.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

- 10 Tumor confined to tissue or site of origin
- 30 Localized, NOS
- 40 Meningeal tumor infiltrates nerve
Nerve tumor infiltrates meninges (dura)
- 50 Adjacent connective/soft tissue |
Adjacent muscle
- 60 Major blood vessel(s) |
Sphenoid and frontal sinuses (skull)
Brain, for cranial nerve tumors |
- 70 Brain, except for cranial |
nerve tumors
Eye
Bone, other than skull
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

OTHER PARTS OF NERVOUS SYSTEM
192.0, 192.2-192.3, 192.8-192.9

LYMPH NODES

9 Not Applicable

THYROID GLAND
193.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive

10 Single invasive tumor confined to thyroid

20 Multiple foci confined to thyroid

30 Localized, NOS

40 Into thyroid capsule, but not beyond

50 Pericapsular soft/connective tissue |
Parathyroid
Strap muscle(s): Sternothyroid, omohyoid, sternohyoid
Nerves: Recurrent laryngeal, vagus

60 Extension to:
Major blood vessel(s): Carotid artery, thyroid artery or vein, jugular vein
Sternocleidomastoid muscle
Esophagus
Larynx, incl. thyroid and cricoid cartilages
Tumor is described as "FIXED to adjacent tissues"

70 Trachea |
Skeletal muscle, other than strap or sternocleidomastoid muscle |
Bone |

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

LYMPH NODES

0 No lymph node involvement

REGIONAL Lymph Nodes

Delphian node
Anterior cervical:
 prelaryngeal, laterotracheal,
 pretracheal (recurrent laryngeal
 nerve chain)
Internal jugular (upper and
 lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Retropharyngeal
Cervical, NOS

1 Ipsilateral cervical nodes

2 Bilateral, contralateral, or
 midline cervical nodes

3 Mediastinal nodes

5 Regional lymph node(s), NOS

DISTANT Lymph Nodes

6 Submandibular (submaxillary)
 Submental

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

THYMUS AND OTHER ENDOCRINE GLANDS
 164.0, 194.0-194.1, 194.3-194.6, 194.8-194.9

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

00 IN SITU: Noninvasive
 10 Invasive carcinoma confined to gland of origin
 30 Localized, NOS
 40 Adjacent connective tissue |
 60 Adjacent organs/structures |
 80 FURTHER extension
 85 Metastasis
 99 UNKNOWN if extension or metastasis

THYMUS AND OTHER ENDOCRINE GLANDS
164.0, 194.0-194.1, 194.3-194.6, 194.8-194.9

LYMPH NODES

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

**KAPOSI'S SARCOMA OF ALL SITES
(M-9140)**

ASSOCIATED WITH HIV*/AIDS

001 Yes/Present
002 No

999 Unknown

EXTENSION

| SINGLE LESION
|
11 Skin
12 Mucosa (e.g., oral cavity,
anus, rectum, vagina, vulva)
13 Visceral (e.g., pulmonary,
gastrointestinal tract,
spleen, other)

MULTIPLE LESIONS
21 Skin
22 Mucosa (e.g., oral cavity,
anus, rectum, vagina, vulva)
23 Visceral (e.g., pulmonary,
gastrointestinal tract,
spleen, other)
24 (21) plus (22)
25 (21) plus (23)
26 (22) plus (23)
27 (21) plus (22) plus (23)
29 Multiple lesions, NOS
99 UNKNOWN; not stated

* Synonyms are HTLV-3 and LAV. |

LYMPH NODES

0 No lymph node involvement (No
clinical adenopathy and either
pathologically negative or
no pathological statement)

Lymph Nodes

1 Clinically enlarged palpable
lymph node(s) (adenopathy),
and either pathologically
negative nodes or no
pathological statement

2 No clinically enlarged palpable
lymph nodes(s) (adenopathy);
pathologically positive
lymph node(s)

3 Both clinically enlarged palpable
lymph node(s) (adenopathy) and
pathologically positive
lymph nodes

9 UNKNOWN; not stated

RETINOBLASTOMA
(M-9510-9512)

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
099	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

EXTENSION

10	Tumor(s) ≤25% of retina
12	Tumor(s) >25% - ≤50% of retina
15	Tumors >50% of retina
30	Tumor(s) confined to retina, NOS
40	Tumor cells in the vitreous body
45	Optic disc
48	Optic nerve as far as lamina cribrosa
50	Anterior chamber Uvea
55	Intrascleral invasion
60	Intraocular extension, NOS
70	Optic nerve beyond lamina cribrosa
72	Optic nerve, NOS
75	Other adjacent extraocular extension
80	FURTHER extension
85	Metastasis
99	UNKNOWN if extension or metastasis

LYMPH NODES

- 0 No lymph node involvement
- - - - -
- 1 REGIONAL Lymph Nodes
 - Submandibular nodes
 - Parotid (preauricular) nodes
 - Cervical
 - Regional lymph node(s), NOS
- - - - -
- 7 DISTANT Lymph Nodes
- - - - -
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

HODGKIN'S DISEASE AND NON-HODGKIN'S LYMPHOMA OF ALL SITES

(excl. Mycosis Fungoides and Sezary's Disease)

(M-9590-9594, 9650-9698, 9702-9704)

ASSOCIATED WITH HTLV-4 (AIDS)*

- 001 Yes
- 002 No
- 999 Unknown

EXTENSION

- 10 Involvement of a single lymph node region
Stage I
- 11 Localized involvement of a single extralymphatic organ or site
Stage IE
- 20 Involvement of two or more lymph node regions on the same side of the diaphragm
Stage II
- 21 Localized involvement of a single extralymphatic organ or site and its associated regional lymph node(s) on the same side of the diaphragm
Stage IIE
- 30 Involvement of lymph node regions on both sides of the diaphragm
Stage III
- 31 (30) plus localized involvement of an associated extralymphatic organ or site
Stage IIIE
- 32 (30) plus involvement of the spleen
Stage IIIS
- 33 (31) + (32)
Stage IIIES
- 80 Disseminated (multifocal) involvement of one or more extralymphatic organ(s)
Stage IV
- 99 UNSTAGED; not stated

Note 1: E = Extralymphatic means other than lymph nodes and other lymphatic structures.

These lymphatic structures include spleen, thymus gland, Waldeyer's ring (tonsils), Peyer's patches (ileum) and lymphoid nodules in the appendix.

Any lymphatic structure is to be coded the same as a lymph node region.

Note 2: S = Spleen involvement

Note 3: If there is no mention of extranodal involvement but several diagnostic procedures were done, including laparotomy, interpret as no involvement.

Note 4: Involvement of adjacent soft tissue does not alter the classification.

* See Appendix A for cases diagnosed prior to 1990.

**HODGKIN'S DISEASE AND NON-HODGKIN'S LYMPHOMA OF ALL SITES
(excl. Mycosis Fungoides and Sezary's Disease)
(M-9590-9594, 9650-9698, 9702-9704)**

SYSTEMIC SYMPTOMS AT DIAGNOSIS

0 No B symptoms (Asymptomatic)
- - - - -

1 Any B symptom:
 Night sweats
 Unexplained fever (above 38° C)
 Unexplained weight loss (generally >10% loss of body weight in the six months before admission)
 B symptoms, NOS

2 Pruritus (if recurrent and unexplained)

3 1 plus 2
- - - - -

9 UNKNOWN if symptoms; insufficient information

**HEMATOPOIETIC, RETICULOENDOTHELIAL, IMMUNOPROLIFERATIVE,
and MYELOPROLIFERATIVE NEOPLASMS
(M-9720, 9722-9723, 9730-9731, 9760-9764, 9800-9940, 9950-9980)**

SIZE OF PRIMARY TUMOR

EXTENSION

999 Not applicable

10 Localized disease: **Solitary
plasmacytoma only**

80 Systemic Disease: All others

This scheme includes the following:

- 9720 = Malignant histiocytosis
 Histiocytic medullary reticulosis
- 9722 = Letterer-Siwe's disease
- 9723 = True histiocytic lymphoma
- 9730 = Multiple myeloma
 Myeloma, NOS
 Myelomatosis
- 9731 = Plasmacytoma, NOS
 Extramedullary plasmacytoma
 Solitary myeloma/plasmacytoma
- 9760 = Immunoproliferative disease, NOS
- 9761 = Waldenstrom's macroglobulinemia
- 9762 = Gamma heavy chain disease
 Franklin's disease
- 9763 = Immunoproliferative small intestinal disease
- 9764 = Malignant monoclonal gammopathy
- 9800 = Leukemia, NOS
- 9801 = Acute leukemia, NOS
 Blast cell leukemia
 Undifferentiated leukemia
- 9802 = Subacute leukemia, NOS
- 9803 = Chronic leukemia, NOS
- 9804 = Aleukemic leukemia, NOS
- 9820 = Lymphoid Leukemia, NOS
 Lymphocytic leukemia, NOS
- 9821 = Acute lymphoblastic leukemia
 Acute lymphocytic leukemia
 Acute lymphoid leukemia
 Acute lymphatic leukemia
- 9822 = Subacute lymphoid leukemia
- 9823 = Chronic lymphocytic leukemia
- 9824 = Aleukemic lymphoid leukemia
- 9825 = Prolymphocytic leukemia
- 9830 = Plasma cell leukemia
 Plasmacytic leukemia

**HEMATOPOIETIC, RETICULOENDOTHELIAL, IMMUNOPROLIFERATIVE,
AND MYELOPROLIFERATIVE NEOPLASMS
(M-9720, 9722-9723, 9730-9731, 9760-9764, 9800-9940, 9950-9980)**

LYMPH NODES

9 Not applicable

- 9840 = Erythroleukemia
Erythremic myelosis, NOS
- 9841 = Acute erythremia
Di Guglielmo's disease
Acute erythremic myelosis
- 9842 = Chronic erythremia
- 9850 = Lymphosarcoma cell leukemia
- 9860 = Myeloid leukemia, NOS
Granulocytic leukemia
Myelomonocytic leukemia, NOS
- 9861 = Acute myeloid leukemia
Acute myeloblastic leukemia
Acute granulocytic leukemia
Acute myelocytic leukemia
- 9862 = Subacute myeloid leukemia
- 9863 = Chronic myeloid leukemia
- 9864 = Aleukemic myeloid leukemia
- 9866 = Acute promyelocytic leukemia
- 9867 = Acute myelomonocytic leukemia
- 9868 = Chronic myelomonocytic leukemia
- 9870 = Basophilic Leukemia
- 9880 = Eosinophilic Leukemia
- 9890 = Monocytic Leukemia, NOS
- 9891 = Acute monocytic leukemia
Acute monoblastic leukemia
Monoblastic leukemia, NOS
- 9892 = Subacute monocytic leukemia
- 9893 = Chronic monocytic leukemia
- 9894 = Aleukemic monocytic leukemia
- 9900 = Mast cell leukemia
- 9910 = Acute megakaryoblastic leukemia
Megakaryocytic leukemia
- 9930 = Myeloid sarcoma
Granulocytic sarcoma
Chloroma
- 9931 = Acute panmyelosis
- 9932 = Acute myelofibrosis
- 9940 = Hairy cell leukemia
Leukemic reticuloendotheliosis
- 9950 = Malignant polycythemia (rubra) vera
- 9960 = Malignant myeloproliferative disease, NOS
- 9961 = Malignant myeloid metaplasia
- 9962 = Malignant idiopathic/essential (hemorrhagic) thrombocytopenia
- 9970 = Malignant lymphoproliferative disease, NOS
- 9980 = Malignant myelodysplastic syndrome

UNKNOWN AND ILL-DEFINED PRIMARY SITES

199.9, 195.0-195.5, 195.8

169._ and 196._, Other than hematopoietic, reticuloendothelial,
immunoproliferative and myeloproliferative neoplasms,
Hodgkin's disease and non-Hodgkin's lymphoma, and
Kaposi's sarcoma

SIZE OF PRIMARY TUMOR

EXTENSION

999 Not applicable

99 Not Applicable

UNKNOWN AND ILL-DEFINED PRIMARY SITES

199.9, 195.0-195.5, 195.8

169._ and 196._, Other than hematopoietic, reticuloendothelial,
immunoproliferative and myeloproliferative neoplasms,
Hodgkin's disease and non-Hodgkin's lymphoma, and
Kaposi's sarcoma

LYMPH NODES

9 Not Applicable

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APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

As questions arise, answers sometimes necessitate modification of the codes and/or definitions which are then expanded, pared down or otherwise clarified. When a change is made, its impact is evaluated; if it appears that many cases will be affected and/or problems will arise in the analysis of the data, all cases previously entered in the data base (diagnosed 1988 or later) are reviewed and recoded. The following are examples of changes and the rationale which determines the need for review.

1. The addition of "Facial muscle, NOS" to code 55 for Gum and Retromolar Area clarifies the original definition of "Subcutaneous soft tissue of the face" but does not alter the definition. Thus this change should have no effect on previously coded cases.
2. Although the addition of "Submental" to the list of regional lymph nodes for Base of Tongue and Lingual Tonsil alters the definition, no review was required because few, if any, cases were felt to be affected. (Review in such an instance is not cost effective.)
3. For Lung and Bronchus code 50 "Tumor of/involving main stem bronchus <2.0 cm from carina; or primary in the carina" was split into:
 - 50 Tumor of/involving main stem bronchus <2.0 cm from carina
 - 55 Primary confined to the carina.

At that time review of all cases coded to primary site 162.2 (includes both main stem bronchus and carina) was required. Although few primaries arise in the carina, the distinction between these and those arising in the main stem bronchus was felt to be important enough to require review.

Changes, such as examples 1 and 2, are included in this appendix to provide a complete history of changes to the codes and definitions. However if substantial differences are seen in cases coded immediately before and after the change, they may be explained by these definition changes (a coding artifact). Care should be exercised when arriving at any conclusions concerning the observed differences. However for changes where review was required (example 3), one can assume that the same definitions were used to code all cases.

This appendix records all changes that have been made to the definitions and/or codes. For each change the following are specified:

- o the original definition
- o the new (modified) definition
- o when the original definition was in effect
- o when the new change became effective
- o what review, if any, was required

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

LIP (Vermilion or Labial Mucosa)
140.0-140.1, 140.3-140.6, 140.8-140.9

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

CURRENT DEFINITION

Effective: 5/15/90 (No review of previously coded cases was done.)

REGIONAL Lymph Nodes

Upper Lip:
Facial: Buccinator
Submandibular (submaxillary)
Parotid: Infra-auricular/pre-auricular

Lower Lip:
Facial: Mandibular
Submandibular (submaxillary)
Submental
Internal jugular (upper deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS

Commissure: All nodes listed above

Regional lymph node(s), NOS

REGIONAL Lymph Nodes

Facial: Buccinator for upper lip
 Mandibular for lower lip
Parotid: Infra-auricular/pre-auricular for upper lip

Submandibular (submaxillary)
Submental
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS

Regional lymph node(s), NOS

BASE OF TONGUE, LINGUAL TONSIL
141.0, 141.6

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

CURRENT DEFINITION

Effective: 5/15/90 (No review of previously coded cases was done.)

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Submental
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

GUM (Gingiva), RETROMOLAR AREA
143.0-143.1, 143.8-143.9, 145.6

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

55 Subcutaneous soft tissue of face

CURRENT DEFINITION

Effective: 5/15/90 (No review of previously coded cases was done.)

55 Subcutaneous soft tissue of face
Facial muscle, NOS

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

REGIONAL Lymph Nodes

Facial: Mandibular
Submandibular (submaxillary)
Submental for lower gum
Retropharyngeal for upper gum
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

CURRENT DEFINITION

Effective: 5/15/90 (No review of previously coded cases was done.)

REGIONAL Lymph Nodes

Facial: Mandibular
Submandibular (submaxillary)
Submental
Retropharyngeal for upper gum
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

CHEEK (Buccal) MUCOSA, VESTIBULE
145.0-145.1

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

CURRENT DEFINITION

Effective: 5/15/90 (No review of previously coded cases was done.)

REGIONAL Lymph Nodes

Facial: Buccinator, mandibular
Submandibular (submaxillary)
Parotid: Preauricular, infra-auricular
Internal jugular (upper deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

REGIONAL Lymph Nodes

Facial: Buccinator, mandibular
Submandibular (submaxillary)
Parotid: Preauricular, infra-auricular
Submental
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

HARD PALATE
145.2

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

74 Nasal cavity
Maxillary antrum (sinus)

CURRENT DEFINITION

Effective: 5/15/90 (No review of previously coded cases was done.)

74 Nasal cavity
Maxillary antrum (sinus)
Sphenoid bone
Pterygoid plate

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Retropharyngeal
Cervical, NOS
Regional lymph node(s), NOS

CURRENT DEFINITION

Effective: 5/15/90 (No review of previously coded cases was done.)

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Submental
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Retropharyngeal
Cervical, NOS
Regional lymph node(s), NOS

SOFT PALATE, UVULA
145.3-145.4

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Retropharyngeal
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

CURRENT DEFINITION

Effective: 5/15/90 (No review of previously coded cases was done.)

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Submental
Retropharyngeal
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

OTHER MOUTH
145.5, 145.8-145.9

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Internal jugular (upper and
lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

CURRENT DEFINITION

Effective: 5/15/90 (No review of
previously coded cases was done.)

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Submental
Internal jugular (upper and
lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

OROPHARYNX
146.0-146.9

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

REGIONAL Lymph Nodes

Retropharyngeal
Internal jugular (upper and
lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

CURRENT DEFINITION

Effective: 5/15/90 (No review of
previously coded cases was done.)

REGIONAL Lymph Nodes

Retropharyngeal
Submandibular (submaxillary)
Submental
Internal jugular (upper and
lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

NASOPHARYNX

147.0-147.3, 147.8-147.9

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

CURRENT DEFINITION

Effective: 5/15/90 (No review of previously coded cases was done.)

REGIONAL Lymph Nodes

Retropharyngeal
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

REGIONAL Lymph Nodes

Retropharyngeal
Submandibular (submaxillary)
Submental
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

HYPOPHARYNX (Laryngopharynx)
148.0-148.3, 148.8-148.9

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

REGIONAL Lymph Nodes

Retropharyngeal
Internal jugular (upper and
lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

CURRENT DEFINITION

Effective: 5/15/90 (No review of
previously coded cases was done.)

REGIONAL Lymph Nodes

Retropharyngeal
Submandibular (submaxillary)
Submental
Internal jugular (upper and
lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS
Regional lymph node(s), NOS

PHARYNX NOS AND OTHER ILL-DEFINED ORAL CAVITY SITES
149.0-149.1, 149.8-149.9

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Internal jugular (upper and
lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Retropharyngeal
Cervical, NOS
Regional lymph node(s), NOS

CURRENT DEFINITION

Effective: 5/15/90 (No review of
previously coded cases was done.)

REGIONAL Lymph Nodes

Submandibular (submaxillary)
Submental
Internal jugular (upper and
lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Retropharyngeal
Cervical, NOS
Regional lymph node(s), NOS

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

STOMACH

151.0-151.6, 151.8-151.9

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

00* IN SITU: Noninvasive;
intraepithelial

05 (Adeno)carcinoma in head of
polyp, stalk not invaded

CURRENT DEFINITION

Effective: 1/1/88 diagnoses

00 IN SITU: Noninvasive;
intraepithelial

05 (Adeno)carcinoma in a polyp,
noninvasive

* All cases coded using old definition (diagnosed from 1/1/88 to approximately 5/15/90) were reviewed and recoded.

SMALL INTESTINE

152.0-152.3, 152.8-152.9

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

* IN SITU: Noninvasive;
intraepithelial

05 (Adeno)carcinoma in head of
polyp, stalk not invaded

CURRENT DEFINITION

Effective: 1/1/88 diagnoses

00 IN SITU: Noninvasive;
intraepithelial

05 (Adeno)carcinoma in a polyp,
noninvasive

* All cases coded using old definition (diagnosed from 1/1/88 to approximately 5/15/90) were reviewed and recoded.

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

COLON (incl. Flexures and Appendix)
153.0-153.9

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

- 00* IN SITU: Noninvasive;
intraepithelial
- 05 (Adeno)carcinoma in head of
polyp, stalk not invaded
- 45 Extension to adjacent (connec-
tive) tissue:
Mesentery (incl. mesenteric
fat, mesocolon)--all
colon sites
Retroperitoneal fat--ascend-
ing and descending colon
Greater omentum; gastrocolic
ligament--transverse colon
Pericolic fat--all colon sites

CURRENT DEFINITION

Effective: 1/1/88 diagnoses
(see notes below)

- 00 IN SITU: Noninvasive;
intraepithelial
- 05 (Adeno)carcinoma in a polyp,
noninvasive
- 45**Extension to adjacent (connective)
tissue:
Mesentery (incl. mesenteric
fat, mesocolon)--all
colon sites
Retroperitoneal fat--ascend-
ing and descending colon
Greater omentum; gastrocolic
ligament--transverse
colon/flexures
Pericolic fat--all colon sites

* All cases coded using old definition (diagnosed from 1/1/88 to
approximately 5/15/90) were reviewed and recoded.

** Effective: 5/15/90 (No review of previously coded cases was done.)

RECTOSIGMOID, RECTUM
154.0-154.1

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

- 00* IN SITU: Noninvasive;
intraepithelial
- 05 (Adeno)carcinoma in head of
polyp, stalk not invaded

CURRENT DEFINITION

Effective: 1/1/88 diagnoses

- 00 IN SITU: Noninvasive;
intraepithelial
- 05 (Adeno)carcinoma in a polyp,
noninvasive

* All cases coded using old definition (diagnosed from 1/1/88 to
approximately 5/15/90) were reviewed and recoded.

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

NASAL CAVITY, MIDDLE EAR
160.0-160.1

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

1 REGIONAL Lymph Nodes

CURRENT DEFINITION

Effective: 5/15/90 (No review of previously coded cases was done.)

1 REGIONAL Lymph Nodes

Submental
Submandibular (submaxillary)
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Retropharyngeal
Cervical, NOS

MAXILLARY SINUS
160.2

EXTENSION

OLD DEFINITION

80* FURTHER extension

* All cases coded using old definition (diagnosed from 1/1/88 to approximately 5/15/90) were reviewed and recoded.

CURRENT DEFINITION

65 Invasion of maxilla, NOS

80 FURTHER extension

LUNG, MAIN STEM BRONCHUS
162.2-162.5, 162.8-162.9

EXTENSION

OLD DEFINITION

50* Tumor of/involving main stem bronchus <2.0 cm from carina; or primary in the carina

* All cases of site 162.2 (includes main stem bronchus and carina) coded using old definition (diagnosed from 1/1/88 to approximately 5/15/90) were reviewed and recoded.

CURRENT DEFINITION

50 Tumor of/involving main stem bronchus <2.0 cm from carina

55 Primary confined to the carina

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

**SKIN (excl. Malignant Melanoma, Kaposi's Sarcoma,
Mycosis Fungoides, Sezary's Disease, and Other Lymphomas)**
173.0-173.9

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

10* Lesion(s) confined to dermis
For eyelid: Minimal infiltration
of dermis (not invading
tarsal plate)

20* For eyelid: Infiltrates deeply
into dermis (invading tarsal
plate)

60 Adjacent structures for eyelid

70* Underlying cartilage, bone,
skeletal muscle
Orbit for eyelid

CURRENT DEFINITION

Effective: 1/1/88 diagnoses
(see notes below)

10 Lesion(s) confined to dermis
For eyelid: Minimal infiltration
of dermis (not invading
tarsal plate)

20 For eyelid: Infiltrates deeply
into dermis (invading tarsal
plate)

25 For eyelid: At eyelid margin

60 Adjacent structures for eyelid,
incl. orbit

70 Underlying cartilage, bone,
skeletal muscle

* All cases of eyelid (173.1) coded using old definitions (diagnosed from 1/1/88 to approximately 5/15/90) were reviewed and recoded.

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

MYCOSIS FUNGOIDES AND SEZARY'S DISEASE OF SKIN, VULVA, PENIS, SCROTUM
(83.0-173.9, 184.1-184.4, 187.1-187.2, 187.4, 187.7
(97-9700-9701)

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

REGIONAL Lymph Nodes

- 1 Clinically enlarged palpable regional lymph node(s) (adenopathy), and either pathologically negative regional nodes or no pathological statement
- 2 No clinically enlarged palpable regional lymph nodes(s) (adenopathy); pathologically positive regional lymph node(s)
- 3 Both clinically enlarged palpable lymph node(s) (adenopathy) and pathologically positive regional lymph nodes

DISTANT Lymph Nodes

7* Other than above

8* Lymph Nodes, NOS

9 UNKNOWN; not stated

* All cases coded using old definition (diagnosed from 1/1/88 to approximately 5/15/90) were reviewed and recoded.

CURRENT DEFINITION

Effective: 1/1/88 diagnoses

Lymph Nodes

- 1 Clinically enlarged palpable lymph node(s) (adenopathy), and either pathologically negative nodes or no pathological statement
- 2 No clinically enlarged palpable lymph nodes(s) (adenopathy); pathologically positive lymph node(s)
- 3 Both clinically enlarged palpable lymph node(s) (adenopathy) and pathologically positive lymph nodes

9 UNKNOWN; not stated

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

BREAST

174.0-174.6, 174.8-174.9, 175.9

LYMPH NODES

OLD DEFINITION

Effective: 1/1/88 diagnoses

REGIONAL Lymph Nodes (ipsilateral)

Axillary

Level I/low: Adjacent to
tail of breast

Level II/mid: Central, inter-
pectoral, (Rotter's node)

Level III/high: Subclavicular,
apical

Intramammary

Nodule(s) in axillary fat

CURRENT DEFINITION

Effective: 1/1/88 diagnoses

REGIONAL Lymph Nodes (ipsilateral)

Axillary

Level I/low: Adjacent to
tail of breast

Level II/mid: Central, inter-
pectoral, (Rotter's node)

Level III/high: Subclavicular,
apical

Infraclavicular

Intramammary

Nodule(s) in axillary fat

DISTANT Lymph Nodes

8* Cervical, NOS

Contralateral/bilateral axil-
lary and/or internal mammary

Infraclavicular

Supraclavicular (transverse
cervical)

Other than above

DISTANT Lymph Nodes

8 Cervical, NOS

Contralateral/bilateral axillary
and/or internal mammary

Supraclavicular (transverse
cervical)

Other than above

* All cases coded using old definition (diagnosed from 1/1/88 to
approximately 5/15/90) were reviewed and recoded.

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

CERVIX UTERI

180.0-180.1, 180.8-180.9

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

- 60 Extension to:
Lower 1/3 of vagina
Rectal and/or bladder wall
or NOS
Bullous edema of bladder
mucosa
Ureter, intra- and extramural
FIGO Stage IIIA

CURRENT DEFINITION

Effective: 5/15/90 (No review of
previously coded cases was done.)

- 60 Extension to:
Lower 1/3 of vagina; vulva
Rectal and/or bladder wall
or NOS
Bullous edema of bladder
mucosa
Ureter, intra- and extramural
FIGO Stage IIIA

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

PROSTATE GLAND
185.9

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

25 Multiple nodules confined to
prostate--more than one
lobe (B)

CURRENT DEFINITION

Effective: 5/15/90 (No review of
previously coded cases was done.)

25 Multiple nodules confined to
prostate (intracapsular)--
more than one lobe (B)

URINARY BLADDER
188.0-188.9

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

40 Subserosal tissue
Perivesical fat

CURRENT DEFINITION

Effective: 5/15/90 (No review of
previously coded cases was done.)

40 Subserosal tissue
Perivesical fat/tissue
Periureteral fat/tissue

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.

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

EYE AND LACRIMAL GLAND*
190.0-190.9

SIZE OF PRIMARY TUMOR

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

OLD DEFINITION

Effective: 1/1/88 diagnoses

- 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 10.0
- ...
- ...
- 990+ 990+ 99.0+

999 Not stated

CURRENT DEFINITION

Effective: 1/1/88 diagnoses

Changed only for melanoma of the
conjunctiva (190.3, M-8720-8790)
(see page 182)

EXTENSION

OLD DEFINITION

Effective: 1/1/88 diagnoses

- 00 IN SITU
- 10 Tumor confined to conjunctiva
- 40 Intraocular extension
- 50 Adjacent extraocular extension,
excluding orbit
- 70 Orbit
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

CURRENT DEFINITION

Effective: 1/1/88 diagnoses

- Replaced with individual schemes for
each of the following (see code
manual for codes):
- 190.3 Conjunctiva: Nonmelanotic
 - 190.3 Conjunctiva: Melanotic
(M-8720-8790)
 - 190.2, 190.7 Lacrimal Gland and
Duct
 - 190.0, 190.4-190.6, 190.8-190.9
Melanoma of Uvea and Other Eye
(M-8720-8790)
 - 190.0, 190.4-190.6, 190.8-190.9
Uvea and Other Eye: Nonmelanotic
 - 190.1 Orbit
 - Retinoblastoma (M-9510-9512)

All cases (diagnosed 1/1/88 to approximately 5/15/90) were reviewed and recoded.

APPENDIX A
 CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

EYE AND LACRIMAL GLAND
 190.0-190.9

LYMPH NODES

<u>OLD DEFINITION</u>	<u>CURRENT DEFINITION</u>
Effective: 1/1/88 diagnoses	Effective: 5/15/90 (No review of previously coded cases was done.)
0 No lymph node involvement	0 No lymph node involvement
-----	-----
1 REGIONAL Lymph Nodes	1 REGIONAL Lymph Nodes
Submandibular nodes	Submandibular
Parotid (preauricular) nodes	Parotid (preauricular)
Upper cervical	Cervical
Regional lymph node(s), NOS	Regional lymph node(s), NOS
-----	-----
7 DISTANT Lymph Nodes	DISTANT Lymph Nodes
	7 Other than above
-----	-----
8 Lymph Nodes, NOS	8 Lymph Nodes, NOS
9 UNKNOWN; not stated	9 UNKNOWN; not stated

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

MELANOMA OF CONJUNCTIVA**

0
(M-8720-8790)

OLD DEFINITION

Effective: 1/1/88 diagnoses

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>
002	≤2	≤0.2
003	3	0.3
...		
...		
009	9	0.9
010	10	1.0
...		
...		
99	99	9.9
100	100	10.0
...		
...		
990	990+	99.0+
999	Not stated	

CURRENT DEFINITION

Effective: 1/1/88 diagnoses

MEASURED THICKNESS (Depth)* of TUMOR (Breslow's measurement)

Record actual measurement (in mm) from Pathology Department

000 No mass; no tumor found

	<u>mm</u>	
001	0.01	
002	0.02	
...		
...		
074	0.74	
075	0.75	
076	0.76	
...		
...		
103	1.03	
104	1.04	
105	1.05	
...		
...		
990	9.90+	
999	Not stated	

*Thickness, NOT size, is coded.

** All cases (diagnosed 1/1/88 to approximately 5/15/90) were reviewed & recoded.

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

BRAIN AND CEREBRAL MENINGES
191.0-191.9, 192.1*

OLD DEFINITION

Effective: 1/1/88 diagnoses

10 Supratentorial tumor confined to
CEREBRAL HEMISPHERE (cerebrum)
 on one side:
 Frontal lobe
 Temporal lobe
 Parietal lobe
 Occipital lobe

11 Infratentorial tumor confined to
CEREBELLUM on one side:
 Vermis: Median lobe of
 cerebellum
 Lateral lobes

12 Infratentorial tumor confined to
BRAIN STEM on one side:
 Thalamus, hypothalamus
 Midbrain (mesencephalon)
 Pons
 Medulla oblongata

30 Confined to ventricles or
 tumor invades or encroaches
 upon ventricular system

60 Tumor invades:
 Bone (skull)
 Meninges (dura)
 Major blood vessel(s)
 Nerves--cranial nerves;
 spinal cord/canal

* All cases of cerebral meninges (site 192.1) (diagnosed 1/1/88 to
 approximately 5/15/90) were reviewed and recoded.

CURRENT DEFINITION

Effective: 1/1/88 diagnoses

10 Supratentorial tumor confined to
CEREBRAL HEMISPHERE (cerebrum)
 or **MENINGES of CEREBRAL HEMI-**
SPHERE on one side:
 Frontal lobe
 Temporal lobe
 Parietal lobe
 Occipital lobe

11 Infratentorial tumor confined to
CEREBELLUM or **MENINGES of**
CEREBELLUM on one side:
 Vermis: Median lobe of
 cerebellum
 Lateral lobes

12 Infratentorial tumor confined to
BRAIN STEM or **MENINGES of**
BRAIN STEM on one side:
 Thalamus, hypothalamus
 Midbrain (mesencephalon)
 Pons
 Medulla oblongata

15 Confined to meninges, NOS

30 Confined to ventricles or
 tumor invades or encroaches
 upon ventricular system

60 Tumor invades:
 Bone (skull)
 Meninges (dura)
 Major blood vessel(s)
 Nerves--cranial nerves;
 spinal cord/canal

OLD DEFINITION

Effective: 1/1/88 diagnoses

15 Confined to meninges, NOS

CURRENT DEFINITION

Effective: 7/1/91 (No review of
 previously coded cases was done.)

15 Confined to brain, NOS
 Confined to meninges, NOS

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

KAPOSI'S SARCOMA OF ALL SITES
-9140)

OLD DEFINITION

Effective: 1/1/88 diagnoses

CURRENT DEFINITION

Effective: 5/15/90 (No review of previously coded cases was done.)

ASSOCIATED WITH HTLV-4 (AIDS)

001 Yes
002 No

999 Unknown

ASSOCIATED WITH HIV*/AIDS

001 Yes/Present
002 No

999 Unknown

* Synonyms are HTLV-3 and LAV.

LYMPH NODES

OLD DEFINITION

REGIONAL Lymph Nodes

- 1 Clinically enlarged palpable regional lymph node(s) (adenopathy), and either pathologically negative regional nodes or no pathological statement
- 2 No clinically enlarged palpable regional lymph nodes(s) (adenopathy); pathologically positive regional lymph node(s)
- 3 Both clinically enlarged palpable lymph node(s) (adenopathy) and pathologically positive regional lymph nodes

7* DISTANT Lymph Nodes

8* Lymph Nodes, NOS

9 UNKNOWN; not stated

CURRENT DEFINITION

Lymph Nodes

- 1 Clinically enlarged palpable lymph node(s) (adenopathy), and either pathologically negative nodes or no pathological statement
- 2 No clinically enlarged palpable lymph nodes(s) (adenopathy); pathologically positive lymph node(s)
- 3 Both clinically enlarged palpable lymph node(s) (adenopathy) and pathologically positive lymph nodes

9 UNKNOWN; not stated

* All cases coded using old definition (diagnosed from 1/1/88 to approximately 5/15/90) were reviewed and recoded.

APPENDIX A
CHANGES TO DEFINITIONS OF EXTENT OF DISEASE -- 1988

HODGKIN'S DISEASE AND NON-HODGKIN'S LYMPHOMA OF ALL SITES
(excl. Mycosis Fungoides and Sezary's Disease)
(M-9590-9594, 9650-9698, 9702-9704)-

OLD DEFINITION

All cases diagnosed prior
to 1/1/90 coded to:

999 Not stated

CURRENT DEFINITION

Effective: all cases diagnosed
1/1/90 forward

ASSOCIATED WITH HIV*/AIDS

001 Yes/Present

002 No

999 Unknown

* Synonyms are HTLV-3 and LAV.

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