Nasal Cavity, Middle Ear
C300-C301

Note: For Multiple Primary and Histology Coding Rules: see Head and Neck (pg C-3)

Nasal Cavity
C30.0

C30.0 Nasal cavity (excludes nose, NOS C76.0)

Note: Laterality must be coded for this site, except subsites Nasal cartilage and Nasal septum, for which laterality is coded 0.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	**CS Site-Specific Factor 1 -** Size of Lymph Nodes **CS Site-Specific Factor 2 -** Extracapsular Extension, Lymph Nodes for Head and Neck **CS Site-Specific Factor 3 -** Levels I-III, Lymph Nodes for Head and Neck **CS Site-Specific Factor 4 -** Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck **CS Site-Specific Factor 5 -** Levels VI-VII and Facial Lymph Nodes for Head and Neck **CS Site-Specific Factor 6 -** Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	**The following tables are available at the collaborative staging website:** Histology Exclusion Table AJCC Stage Lymph Nodes Size Table

Nasal Cavity
CS Tumor Size
SEE STANDARD TABLE

Nasal Cavity
CS Extension (Revised: 03/17/2004)

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive	Tis	IS	IS
10	Invasive tumor confined to site of origin Meatus (superior, middle, inferior) Nasal chonchae (superior, middle, inferior) Septum Tympanic membrane	T1	L	L
30	Localized, NOS	T1	L	L
40	Extending to adjacent connective tissue within the nasoethomoidal complex Nasolacrimal duct	T2	RE	RE
60	Adjacent organs/structures including: Bone of skull Choana Frontal sinus Hard palate Nasopharynx	T3	RE	RE

Code	Description	TNM	SS77	SS2000
65	Cribiform plate	T3	RE	RE
66	Maxillary sinus	T3	RE	RE
67	Medial wall or floor of the orbit	T3	RE	RE
70	Tumor invades: Anterior orbital contents Skin of nose Skin of cheek Minimal extension to: Anterior cranial fossa Pterygoid plates Sphenoid or frontal sinuses	T4a	D	D
71	Tumor invades: Orbital apex Dura Brain Middle cranial fossa Cranial nerves other than (V2), nasopharynx, or clivus	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Nasal Cavity
CS TS/Ext-Eval
SEE STANDARD TABLE

Nasal Cavity
CS Lymph Nodes (Revised: 08/22/2006)

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.
Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.
Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.
Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE

Code	Description	TNM	SS77	SS2000
10	Single positive ipsilateral regional node: Level I node Sublingual Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Retropharyngeal Regional lymph node, NOS	*	RN	RN
12	Single positive ipsilateral regional node: Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotrachea Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D

Code	Description	TNM	SS77	SS2000
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple or regional	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

* For codes 10, 12, 20, 22, 30, 32, 40, 42, 50, 52 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Nasal Cavity
CS Reg Nodes Eval
SEE STANDARD TABLE

Nasal Cavity
Reg LN Pos
SEE STANDARD TABLE

Nasal Cavity
Reg LN Exam
SEE STANDARD TABLE

Nasal Cavity
CS Mets at DX
SEE STANDARD TABLE

Nasal Cavity
CS Mets Eval
SEE STANDARD TABLE

Nasal Cavity
CS Site-Specific Factor 1 Size of Lymph Nodes (Revised: 08/18/2006)
Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1cm"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Nasal Cavity
CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck (Revised: 08/17/2007)
Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extracapsular extension in any nodes coded in CS Mets at DX in this field.
Note 2: A statement of the presence or absence of extracapsular extension in a pathology report takes priority over clinical assessment. However, if the pathology report contains no statement about extracapsular extension, either positive or negative, the clinical assessment should be coded. If nodes are involved but there is neither a clinical assessment of extranodal extension nor a statement about it in the pathology report, use code 999.
Note 3: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Nasal Cavity
CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Nasal Cavity
CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Nasal Cavity
CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved

Code	Description
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Nasal Cavity
CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Middle Ear
C30.1

C30.1 Middle ear
Note 1: Laterality must be coded for this site.
Note 2: AJCC does not define TNM staging for this site.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	**CS Site-Specific Factor 1 -** Size of Lymph Nodes **CS Site-Specific Factor 2 -** Extracapsular Extension, Lymph Nodes for Head and Neck **CS Site-Specific Factor 3 -** Levels I-III, Lymph Nodes for Head and Neck **CS Site-Specific Factor 4 -** Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck **CS Site-Specific Factor 5 -** Levels VI-VII and Facial Lymph Nodes for Head and Neck **CS Site-Specific Factor 6 -** Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	**The following tables are available at the collaborative staging website:** Histology Exclusion Table AJCC Stage

Middle Ear
CS Tumor Size
SEE STANDARD TABLE

Middle Ear
CS Extension (Revised: 08/14/2006)

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive	NA	IS	IS
10	Invasive tumor confined to: Cochlea Incus Malleus Semicircular ducts, NOS: Ampullae Saccule Utricle Septum Stapes Tympanic membrane	NA	L	L
30	Localized, NOS	NA	L	L
40	Adjacent connective tissue: Auditory tube Nerve(s) Pharyngotympanic tube	NA	RE	RE

Code	Description	TNM	SS77	SS2000
60	Adjacent organs/structures: External auditory meatus Internal carotid artery Mastoid antrum Nasopharynx Temporal bone	NA	RE	RE
80	Further contiguous extension Meninges	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Middle Ear
CS TS/Ext-Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

Middle Ear
CS Lymph Nodes (Revised: 08/21/2006)

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.
Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.
Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.
Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE

Code	Description	TNM	SS77	SS2000
10	Single positive ipsilateral regional node: Level I node Sublingual Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Retropharyngeal Regional lymph node, NOS	NA	RN	RN
12	Single positive ipsilateral regional node: Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotrachea Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	NA	D	D
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NA	U	U

Middle Ear
CS Reg Nodes Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

Middle Ear
Reg LN Pos
SEE STANDARD TABLE

Middle Ear
Reg LN Exam
SEE STANDARD TABLE

Middle Ear
CS Mets at DX (Revised: 12/09/2003)

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

Middle Ear
CS Mets Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

Middle Ear
CS Site-Specific Factor 1 Size of Lymph Nodes (Revised: 08/18/2006)

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes

Code	Description
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1cm"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Middle Ear
CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck (Revised: 08/17/2007)

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extracapsular extension in any nodes coded in CS Mets at DX in this field.
Note 2: A statement of the presence or absence of extracapsular extension in a pathology report takes priority over clinical assessment. However, if the pathology report contains no statement about extracapsular extension, either positive or negative, the clinical assessment should be coded. If nodes are involved but there is neither a clinical assessment of extranodal extension nor a statement about it in the pathology report, use code 999.
Note 3: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Middle Ear

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Middle Ear

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved

Code	Description
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Middle Ear
CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Middle Ear
CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement

Code	Description
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Surgery Codes

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

Codes

00 None; no surgery of primary site; autopsy ONLY

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

No specimen sent to pathology from surgical events 10–14

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

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

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

Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

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

50 Surgery stated to be "debulking"

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

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Sinuses
C310-C319

Note: For Multiple Primary and Histology Coding Rules: see Head and Neck (pg C-3)

Maxillary Sinus
C31.0

C31.0 Maxillary sinus
Note: Laterality must be coded for this site.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	**CS Site-Specific Factor 1 -** Size of Lymph Nodes **CS Site-Specific Factor 2 -** Extracapsular Extension, Lymph Nodes for Head and Neck **CS Site-Specific Factor 3 -** Levels I-III, Lymph Nodes for Head and Neck **CS Site-Specific Factor 4 -** Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck **CS Site-Specific Factor 5 -** Levels VI-VII and Facial Lymph Nodes for Head and Neck **CS Site-Specific Factor 6 -** Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	**The following tables are available at the collaborative staging website:** Histology Exclusion Table AJCC Stage Lymph Nodes Size Table

Maxillary Sinus
CS Tumor Size
SEE STANDARD TABLE

Maxillary Sinus
CS Extension (Revised: 08/15/2006)

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to mucosa of maxillary antrum (sinus) without erosion or destruction of bone	T1	L	L
30	Localized, NOS	T1	L	L
40	Invasion of infrastructure: Hard palate except extension to posterior wall of sinus and pterygoid plates (code 68) Middle nasal meatus, except extension to posterior wall of sinus and pterygoid plates (code 68) Nasal cavity (floor, lateral wall, septum, turbinates) Palatine bone Tumor causing bone erosion or destruction, except for the posterior antral wall	T2	RE	RE

Code	Description	TNM	SS77	SS2000
60	Invasion of suprastructure: Ethmoid sinus, anterior Floor or medial wall of orbit Floor or posterior wall of maxillary sinus Subcutaneous tissues	T3	RE	RE
65	Bone of the posterior wall of maxillary sinus Invasion of maxilla, NOS	T3	RE	RE
66	Ethmoid sinus Posterior ethmoid, NOS Pterygoid sinus	T3	RE	RE
68	Anterior orbital contents Cribriform plate Frontal sinus Infratemporal fossa Pterygoid plates Skin of cheek Sphenoid sinus	T4a	RE	RE
70	Base of skull Orbital contents, including eye Pterygomaxillary or temporal fossa Soft palate	T4b	RE	RE
75	Brain Clivus Cranial nerves other than (V2) Dura Middle cranial fossa Nasopharynx Orbital apex	T4b	RE	RE
80	Further contiguous extension	T4NOS	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Maxillary Sinus
CS TS/Ext-Eval
SEE STANDARD TABLE

Maxillary Sinus
CS Lymph Nodes (Revised: 08/22/2006)

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Regional lymph node, NOS	*	RN	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN

Code	Description	TNM	SS77	SS2000
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple or regional	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

* For codes 10, 12, 20, 22, 30, 32, 40, 42, 50, 52 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Maxillary Sinus
CS Reg Nodes Eval
SEE STANDARD TABLE

Maxillary Sinus
Reg LN Pos
SEE STANDARD TABLE

Maxillary Sinus
Reg LN Exam
SEE STANDARD TABLE

Maxillary Sinus
CS Mets at DX
SEE STANDARD TABLE

Maxillary Sinus
CS Mets Eval
SEE STANDARD TABLE

Maxillary Sinus
CS Site-Specific Factor 1 Size of Lymph Nodes (Revised: 08/18/2006)
Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1cm"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Maxillary Sinus
CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck (Revised: 08/17/2007)
Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extracapsular extension in any nodes coded in CS Mets at DX in this field.

Note 2: A statement of the presence or absence of extracapsular extension in a pathology report takes priority over clinical assessment. However, if the pathology report contains no statement about extracapsular extension, either positive or negative, the clinical assessment should be coded. If nodes are involved but there is neither a clinical assessment of extranodal extension nor a statement about it in the pathology report, use code 999.
Note 3: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Maxillary Sinus
CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Maxillary Sinus
CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Maxillary Sinus
CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved

Code	Description
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Maxillary Sinus
CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Ethmoid Sinus
C31.1
C31.1 Ethmoid sinus

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	**CS Site-Specific Factor 1 -** Size of Lymph Nodes **CS Site-Specific Factor 2 -** Extracapsular Extension, Lymph Nodes for Head and Neck **CS Site-Specific Factor 3 -** Levels I-III, Lymph Nodes for Head and Neck **CS Site-Specific Factor 4 -** Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck **CS Site-Specific Factor 5 -** Levels VI-VII and Facial Lymph Nodes for Head and Neck **CS Site-Specific Factor 6 -** Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	**The following tables are available at the collaborative staging website:** Histology Exclusion Table AJCC Stage Lymph Nodes Size Table

Ethmoid Sinus
CS Tumor Size
SEE STANDARD TABLE

Ethmoid Sinus
CS Extension (Revised: 08/14/2006)
Note 1: Involvement of or extension to bone includes any type of tumor extension to the bone, such as erosion, invasion, extension, penetration, or destruction.
Note 2: Extension to structures in codes 40 and higher may be from one or both ethmoid sinuses.
Note 3: In code 70, "minimal extension to anterior cranial fossa" implies tumor pushing through cribriform plate, but without invasion of the dura or brain.
Note 4: For involvement of base of skull, NOS, try to determine if the involvement is anterior skull base (cribriform plate, code 63, or roof of orbit, code 76) or central (clivus, code 76). If more specific information is not available, use code 62.

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
12	Invasive tumor confined to left or right ethmoid sinus without bone involvement	T1	L	L
14	Confined to both ethmoid sinuses without bone involvement	T2	RE	RE
16	Confined to ethmoid, NOS, without bone involvement	T1	L	L
22	Invasive tumor confined to either left or right ethmoid WITH bony invasion (involvement of perpendicular plate of ethmoid bone or ethmoid air cells)	T1	L	L

Code	Description	TNM	SS77	SS2000
24	Confined to both ethmoid sinuses WITH bony invasion (involvement of perpendicular plate of ethmoid bone or ethmoid air cells)	T2	RE	RE
26	Confined to ethmoid, NOS with bony invasion (involvement of perpendicular plate of ethmoid bone or ethmoid air cells)	T1	L	L
30	Localized, NOS	T1	L	L
40	Extension to nasal cavity with or without bony invasion (involvement of perpendicular plate of ethmoid bone or ethmoid air cells) Floor Lateral wall Nasal vestibule Nasal cavity, NOS Septum Turbinates	T2	RE	RE
62	Base of skull, NOS	T3	RE	RE
63	Cribriform plate	T3	RE	RE
64	Medial wall or floor of orbit; orbital plate	T3	RE	RE
65	Maxillary sinus	T3	RE	RE
66	Palate	T3	D	D
70	Anterior orbital contents Frontal sinus Maxillary nerve (the second division of the 5th cranial nerve) Minimal extension to anterior cranial fossa (see Note 3) Pterygoid plates Skin of external nose or cheek Sphenoid sinus	T4a	RE	RE
72	(66) + (70)	T4a	D	D
76	Brain Clivus Cranial nerves other than the maxillary nerve (the second division of the 5th cranial nerve) Dura Middle cranial fossa Nasopharynx Orbital apex or roof	T4b	RE	RE
78	(66) + (76)	T4b	D	D
80	Further contiguous extension	T4NOS	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Ethmoid Sinus
CS TS/Ext-Eval
SEE STANDARD TABLE

Ethmoid Sinus
CS Lymph Nodes (Revised: 08/22/2006)

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.
Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.
Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.
Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Regional lymph node, NOS	*	RN	RN

Code	Description	TNM	SS77	SS2000
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple or regional	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	RN	RN

Code	Description	TNM	SS77	SS2000
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

* For codes 10, 12, 20, 22, 30, 32, 40, 42, 50, 52 and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Ethmoid Sinus
CS Reg Nodes Eval
SEE STANDARD TABLE

Ethmoid Sinus
Reg LN Pos
SEE STANDARD TABLE

Ethmoid Sinus
Reg LN Exam
SEE STANDARD TABLE

Ethmoid Sinus
CS Mets at DX
SEE STANDARD TABLE

Ethmoid Sinus
CS Mets Eval
SEE STANDARD TABLE

Ethmoid Sinus
CS Site-Specific Factor 1 Size of Lymph Nodes (Revised: 08/18/2006)

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)

Code	Description
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1cm"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Ethmoid Sinus

CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck (Revised: 08/17/2007)

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. **Note 1:** Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extracapsular extension in any nodes coded in CS Mets at DX in this field.
Note 2: A statement of the presence or absence of extracapsular extension in a pathology report takes priority over clinical assessment. However, if the pathology report contains no statement about extracapsular extension, either positive or negative, the clinical assessment should be coded. If nodes are involved but there is neither a clinical assessment of extranodal extension nor a statement about it in the pathology report, use code 999.
Note 3: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Ethmoid Sinus

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Ethmoid Sinus

CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved

Code	Description
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Ethmoid Sinus
CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Ethmoid Sinus
CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement

Code	Description
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Accessory (Paranasal) Sinuses
C31.2-C31.3, C31.8-C31.9

C31.2 Frontal sinus
C31.3 Sphenoid sinus
C31.8 Overlapping lesion of accessory sinuses
C31.9 Accessory sinus, NOS
Note 1: Laterality must be coded for Frontal sinus, C31.2
Note 2: AJCC does not define TNM staging for this site.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	**CS Site-Specific Factor 1 -** Size of Lymph Nodes **CS Site-Specific Factor 2 -** Extracapsular Extension, Lymph Nodes for Head and Neck **CS Site-Specific Factor 3 -** Levels I-III, Lymph Nodes for Head and Neck **CS Site-Specific Factor 4 -** Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck **CS Site-Specific Factor 5 -** Levels VI-VII and Facial Lymph Nodes for Head and Neck **CS Site-Specific Factor 6 -** Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	**The following tables are available at the collaborative staging website:** Histologies for Which AJCC Staging Is Not Generated AJCC Stage

Accessory (Paranasal) Sinuses
CS Tumor Size
SEE STANDARD TABLE

Accessory (Paranasal) Sinuses
CS Extension (Revised: 03/17/2004)

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	NA	IS	IS
10	Invasive tumor confined to mucosa of one of the following: Frontal sinus Sphenoid sinus	NA	L	L
30	Localized, NOS	NA	L	L
40	More than one accessory sinus invaded Destruction of bony wall of sinus	NA	RE	RE
50	Palate Nasal cavity, NOS: Floor Lateral wall Septum Turbinates	NA	RE	RE

Code	Description	TNM	SS77	SS2000
60	Bone: Facial bones Maxilla Orbital structures Pterygoid fossa Zygoma	NA	RE	RE
70	Brain Cranial nerves Muscles: Masseter Pterygoid Nasopharynx Orbital contents, including eye Soft tissue Skin	NA	RE	RE
80	Further contiguous extension	NA	D	D
95	No evidence of primary tumor	NA	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	NA	U	U

Accessory (Paranasal) Sinuses
CS TS/Ext-Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

Accessory (Paranasal) Sinuses
CS Lymph Nodes (Revised: 08/21/2006)

Note 1: For head and neck schemes, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.
Note 2: For head and neck schemes, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.
Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.
Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE

Code	Description	TNM	SS77	SS2000
10	Single positive ipsilateral regional node: Level I node Sublingual Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Retropharyngeal Regional lymph node, NOS	NA	RN	RN
12	Single positive ipsilateral regional node: Level III node Middle deep cervical Mid jugular Level IV node Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotrachea Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	NA	D	D
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NA	U	U

Accessory (Paranasal) Sinuses
CS Reg Nodes Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

Accessory (Paranasal) Sinuses
Reg LN Pos
SEE STANDARD TABLE

Accessory (Paranasal) Sinuses
Reg LN Exam
SEE STANDARD TABLE

Accessory (Paranasal) Sinuses
CS Mets at DX (Revised: 12/09/2003)

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

Accessory (Paranasal) Sinuses
CS Mets Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

Accessory (Paranasal) Sinuses
CS Site-Specific Factor 1 Size of Lymph Nodes (Revised: 08/18/2006)

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes

Code	Description
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1cm"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Accessory (Paranasal) Sinuses
CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck (Revised: 08/17/2007)

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extracapsular extension in any nodes coded in CS Mets at DX in this field.
Note 2: A statement of the presence or absence of extracapsular extension in a pathology report takes priority over clinical assessment. However, if the pathology report contains no statement about extracapsular extension, either positive or negative, the clinical assessment should be coded. If nodes are involved but there is neither a clinical assessment of extranodal extension nor a statement about it in the pathology report, use code 999.
Note 3: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Accessory (Paranasal) Sinuses
CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Accessory (Paranasal) Sinuses
CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved

Code	Description
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Accessory (Paranasal) Sinuses
CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Accessory (Paranasal) Sinuses
CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement

Code	Description
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Surgery Codes

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

Codes
00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
 11 Photodynamic therapy (PDT)
 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
 13 Cryosurgery
 14 Laser
No specimen sent to pathology from surgical events 10–14

20 Local tumor excision, NOS
 26 Polypectomy
 27 Excisional biopsy

 Any combination of 20 or 26–27 WITH
  21 Photodynamic therapy (PDT)
  22 Electrocautery
  23 Cryosurgery
  24 Laser ablation
  [*SEER Note:* Codes 21 to 24 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]
 25 Laser excision
Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

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

50 Surgery stated to be “debulking”

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

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Larynx
C320-C329

Note: For Multiple Primary and Histology Coding Rules: see Head and Neck (pg C-3)

Glottic Larynx
C32.0
C32.0 Glottis

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	**CS Site-Specific Factor 1 -** Size of Lymph Nodes **CS Site-Specific Factor 2 -** Extracapsular Extension, Lymph Nodes for Head and Neck **CS Site-Specific Factor 3 -** Levels I-III, Lymph Nodes for Head and Neck **CS Site-Specific Factor 4 -** Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck **CS Site-Specific Factor 5 -** Levels VI-VII and Facial Lymph Nodes for Head and Neck **CS Site-Specific Factor 6 -** Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	**The following tables are available at the collaborative staging website:** Histology Exclusion Table AJCC Stage Lymph Nodes Size Table

Glottic Larynx
CS Tumor Size
SEE STANDARD TABLE

Glottic Larynx
CS Extension (Revised: 08/14/2006)

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor with normal vocal cord mobility Confined to glottis, NOS; intrinsic larynx; laryngeal commissure(s) anterior, posterior; vocal cord(s), NOS, true vocal cord(s), true cord(s)	T1NOS	L	L
11	One vocal cord	T1a	L	L
12	Both vocal cords	T1b	L	L
30	Tumor involves adjacent regions(s) of larynx Subglottis Supraglottis False vocal cord(s)	T2	L	L
35	Impaired vocal cord mobility	T2	L	L

Code	Description	TNM	SS77	SS2000
40	Tumor limited to larynx WITH vocal cord fixation Involvement of intrinsic muscle(s): Aryepiglottic Corniculate tubercle Cuneform tubercule Arytenoid Cricoarytenoid Cricothyroid Thyroepiglottic Thyroarytenoid Vocalis	T3	L	L
45	Localized, NOS	T1NOS	L	L
51	Paraglottic space	T3	RE	RE
52	Minor thyroid cartilage erosion (e.g., inner cortex)	T3	RE	D
60	Base of tongue Hypopharynx, NOS Pre-epiglottic tissues Postcricoid area Pyriform sinus Vallecula	T4a	RE	RE
68	Extension to/through Cricoid cartilage Thyroid cartilage except minor erosion, see code 52	T4a	RE	D
70	Extension to/through tissues beyond larynx: Extrinsic (strap) muscles Omohyoid Sternohyoid Sternothyroid Thyrohyoid Oropharynx Skin Soft tissue of neck Thyroid gland Trachea	T4a	D	D
71	Cervical esophagus	T4a	D	D
73	Deep extrinsic muscle(s) of tongue	T4a	D	D
80	Further contiguous extension, including: Mediastinal structures Prevertebral space Tumor encases carotid artery	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Glottic Larynx
CS TS/Ext-Eval
SEE STANDARD TABLE

Glottic Larynx
CS Lymph Nodes (Revised: 08/21/2006)

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.
Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.
Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.
Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level II Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III Middle deep cervical Mid-jugular Level IV Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Level VI Anterior deep cervical Delphian node Laterotracheal Paralaryngeal Paratracheal Prelaryngeal (Delphian) Pretracheal Recurrent laryngeal Cervical, NOS Deep cervical, NOS Internal jugular NOS: Regional lymph node, NOS Stated as N1, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I Submandibular (submaxillary) Submental Other groups Retropharyngeal Mandibular, NOS	*	D	RN

Code	Description	TNM	SS77	SS2000
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	RN	RN

Code	Description	TNM	SS77	SS2000
51	Regional lymph nodes as listed in code 11: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	D	D
60	Stated as N2NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

* For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Glottic Larynx
CS Reg Nodes Eval
SEE STANDARD TABLE

Glottic Larynx
Reg LN Pos
SEE STANDARD TABLE

Glottic Larynx
Reg LN Exam
SEE STANDARD TABLE

Glottic Larynx
CS Mets at DX (Revised: 08/14/2006)

Note: Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D

Code	Description	TNM	SS77	SS2000
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Glottic Larynx
CS Mets Eval
SEE STANDARD TABLE

Glottic Larynx
CS Site-Specific Factor 1 Size of Lymph Nodes (Revised: 08/18/2006)

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1cm"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Glottic Larynx
CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck (Revised: 08/17/2007)

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extracapsular extension in any nodes coded in CS Mets at DX in this field.

Note 2: A statement of the presence or absence of extracapsular extension in a pathology report takes priority over clinical assessment. However, if the pathology report contains no statement about extracapsular extension, either positive or negative, the clinical assessment should be coded. If nodes are involved but there is neither a clinical assessment of extranodal extension nor a statement about it in the pathology report, use code 999.

Note 3: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Glottic Larynx

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Glottic Larynx
CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Glottic Larynx
CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved

Code	Description
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Glottic Larynx
CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Supraglottic Larynx
C32.1

C32.1 Supraglottis

Note: Excludes Anterior Surface of Epiglottis - see separate schema (C10.1).

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	**CS Site-Specific Factor 1 -** Size of Lymph Nodes **CS Site-Specific Factor 2 -** Extracapsular Extension, Lymph Nodes for Head and Neck **CS Site-Specific Factor 3 -** Levels I-III, Lymph Nodes for Head and Neck **CS Site-Specific Factor 4 -** Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck **CS Site-Specific Factor 5 -** Levels VI-VII and Facial Lymph Nodes for Head and Neck **CS Site-Specific Factor 6 -** Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	**The following tables are available at the collaborative staging website:** Histology Exclusion Table AJCC Stage Lymph Nodes Size Table

Supraglottic Larynx
CS Tumor Size
SEE STANDARD TABLE

Supraglottic Larynx
CS Extension (Revised: 03/17/2004)

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor with normal vocal cord mobility confined to: Supraglottis (one subsite): Aryepiglottic fold Arytenoid cartilage Corniculate cartilage Cuneiform cartilage Epilarynx, NOS False cords Ventricular bands Ventricular cavity Ventricular fold Infrahyoid epiglottis Laryngeal cartilage, NOS Laryngeal (posterior) surface of epiglottis Suprahyoid epiglottis (including tip, lingual {anterior} and laryngeal surfaces)	T1	L	L
20	Tumor involves more than one subsite of supraglottis WITHOUT fixation or NOS	T2	L	L

Code	Description	TNM	SS77	SS2000
30	Tumor involves adjacent regions(s) of larynx	T2	L	L
35	Impaired vocal cord mobility	T2	L	L
40	Tumor limited to larynx WITH vocal cord fixation	T3	L	L
45	Localized, NOS	T1	L	L
52	Paraglottic space	T3	RE	RE
60	Tumor involves region outside the supraglottis WITHOUT fixation, including: Medial wall of pyriform sinus Mucosa of base of tongue Vallecula	T2	RE	RE
62	Code 60 WITH fixation	T3	RE	RE
65	Hypopharynx, NOS Postcricoid area Pre-epiglottic tissues	T3	RE	RE
66	Deep base of tongue	T3	RE	RE
67	Cricoid cartilage	T3	RE	RE
68	Minor thyroid cartilage erosion (e.g., inner cortex)	T3	RE	D
70	Extension to/through: Esophagus Oropharynx Soft tissues of neck Thyroid cartilage (except minor erosion, see code 68) Thyroid gland	T4a	D	D
72	Extension to/through: Extrinsic (strap) muscle(s) Omohyoid Sternohyoid Sternothyroid Thyrohyoid Skin	T4a	D	D
73	Extension to/through: Deep extrinsic muscle of tongue Trachea	T4a	D	D
80	Further contiguous extension, including: Mediastinal structures Prevertebral space Tumor encases carotid artery	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Supraglottic Larynx
CS TS/Ext-Eval
SEE STANDARD TABLE

Supraglottic Larynx
CS Lymph Nodes (Revised: 08/21/2006)

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.
Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.
Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.
Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level II Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III Middle deep cervical Mid-jugular Level VI Anterior deep cervical Delphian node Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node, NOS Stated as N1, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I Submandibular (submaxillary) Submental Other groups Retropharyngeal Mandibular, NOS	*	D	RN

Code	Description	TNM	SS77	SS2000
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	RN	RN

Code	Description	TNM	SS77	SS2000
51	Regional lymph nodes as listed in code 11: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

* For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Supraglottic Larynx
CS Reg Nodes Eval
SEE STANDARD TABLE

Supraglottic Larynx
Reg LN Pos
SEE STANDARD TABLE

Supraglottic Larynx
Reg LN Exam
SEE STANDARD TABLE

Supraglottic Larynx
CS Mets at DX (Revised: 08/14/2006)
Note: Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D

Code	Description	TNM	SS77	SS2000
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Supraglottic Larynx
CS Mets Eval
SEE STANDARD TABLE

Supraglottic Larynx
CS Site-Specific Factor 1 Size of Lymph Nodes (Revised: 08/18/2006)

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1cm"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Supraglottic Larynx
CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck (Revised: 08/17/2007)

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extracapsular extension in any nodes coded in CS Mets at DX in this field.

Note 2: A statement of the presence or absence of extracapsular extension in a pathology report takes priority over clinical assessment. However, if the pathology report contains no statement about extracapsular extension, either positive or negative, the clinical assessment should be coded. If nodes are involved but there is neither a clinical assessment of extranodal extension nor a statement about it in the pathology report, use code 999.

Note 3: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Supraglottic Larynx

CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Supraglottic Larynx
CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Supraglottic Larynx
CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved

Code	Description
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Supraglottic Larynx
CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Subglottic Larynx
C32.2
C32.2 Subglottis

CS Tumor Size
CS Extension
CS TS/Ext-Eval
CS Lymph Nodes
CS Reg Nodes Eval
Reg LN Pos
Reg LN Exam
CS Mets at DX
CS Mets Eval

CS Site-Specific Factor 1 - Size of Lymph Nodes
CS Site-Specific Factor 2 - Extracapsular Extension, Lymph Nodes for Head and Neck
CS Site-Specific Factor 3 - Levels I-III, Lymph Nodes for Head and Neck
CS Site-Specific Factor 4 - Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck
CS Site-Specific Factor 5 - Levels VI-VII and Facial Lymph Nodes for Head and Neck
CS Site-Specific Factor 6 - Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck

The following tables are available at the collaborative staging website:
Histology Exclusion Table
AJCC Stage
Lymph Nodes Size Table

Subglottic Larynx
CS Tumor Size
SEE STANDARD TABLE

Subglottic Larynx
CS Extension (Revised: 03/17/2004)

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Invasive tumor with normal vocal cord mobility confined to subglottis	T1	L	L
30	Tumor involves adjacent regions(s) of larynx Vocal cords with normal or impaired mobility	T2	L	L
40	Tumor limited to larynx WITH vocal cord fixation	T3	L	L
45	Localized, NOS	T1	L	L
60	Base of tongue Hypopharynx, NOS Postcricoid area Pre-epiglottic tissues Pyriform sinus (pyriform fossa) Vallecula	T4a	RE	RE
68	Extension to/through cricoid cartilage or thyroid cartilage	T4a	RE	D

Code	Description	TNM	SS77	SS2000
70	Extension to/through: Cervical esophagus Deep extrinsic muscles of tongue Extrinsic (strap) muscles Omohyoid Sternohyoid Sternothyroid Thyrohyoid Oropharynx Skin Soft tissues of neck Thyroid gland Trachea	T4a	D	D
73	Contiguous extension to other tissues beyond larynx not specified in codes 70 or 80	T4a	D	D
80	Further contiguous extension: Mediastinal structures Prevertebral space Tumor encases carotid artery	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Subglottic Larynx
CS TS/Ext-Eval
SEE STANDARD TABLE

Subglottic Larynx
CS Lymph Nodes (Revised: 08/21/2006)

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.
Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.
Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.
Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE

CS Staging Schemas

Code	Description	TNM	SS77	SS2000
10	Single positive ipsilateral regional node: Level II Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III Middle deep cervical Mid-jugular Level VI Anterior deep cervical Delphian node Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node, NOS Stated as N1, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I Submandibular (submaxillary) Submental Other groups Retropharyngeal Mandibular, NOS	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN

Code	Description	TNM	SS77	SS2000
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	D	D
60	Stated as N2NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

* For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Subglottic Larynx
CS Reg Nodes Eval
SEE STANDARD TABLE

Subglottic Larynx
Reg LN Pos
SEE STANDARD TABLE

Subglottic Larynx
Reg LN Exam
SEE STANDARD TABLE

Subglottic Larynx
CS Mets at DX (Revised: 08/14/2006)

Note: Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Subglottic Larynx
CS Mets Eval
SEE STANDARD TABLE

Subglottic Larynx
CS Site-Specific Factor 1 Size of Lymph Nodes (Revised: 08/18/2006)

Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1cm"

Code	Description
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Subglottic Larynx
CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck (Revised: 08/17/2007)

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extracapsular extension in any nodes coded in CS Mets at DX in this field.
Note 2: A statement of the presence or absence of extracapsular extension in a pathology report takes priority over clinical assessment. However, if the pathology report contains no statement about extracapsular extension, either positive or negative, the clinical assessment should be coded. If nodes are involved but there is neither a clinical assessment of extranodal extension nor a statement about it in the pathology report, use code 999.
Note 3: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Subglottic Larynx
CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Subglottic Larynx
CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved

Code	Description
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Subglottic Larynx
CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Subglottic Larynx
CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement

Code	Description
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Larynx, Overlapping Lesion or Not Otherwise Specified
C32.3, C32.8-C32.9

C32.3 Laryngeal cartilage
C32.8 Overlapping lesion of larynx
C32.9 Larynx, NOS

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	**CS Site-Specific Factor 1 -** Size of Lymph Nodes **CS Site-Specific Factor 2 -** Extracapsular Extension, Lymph Nodes for Head and Neck **CS Site-Specific Factor 3 -** Levels I-III, Lymph Nodes for Head and Neck **CS Site-Specific Factor 4 -** Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck **CS Site-Specific Factor 5 -** Levels VI-VII and Facial Lymph Nodes for Head and Neck **CS Site-Specific Factor 6 -** Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck	**The following tables are available at the collaborative staging website:** Histology Exclusion Table AJCC Stage Lymph Nodes Size Table

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Tumor Size
SEE STANDARD TABLE

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Extension (Revised: 03/17/2004)

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive	Tis	IS	IS
10	Invasive tumor confined to site of origin	T1	L	L
20	Tumor involves more than one subsite, WITHOUT fixation or NOS	T2	L	L
30	Tumor involves adjacent regions(s) of larynx	T2	L	L
35	Impaired vocal cord mobility	T2	L	L
40	Tumor limited to larynx WITH vocal cord fixation	T3	L	L
45	Localized, NOS	T1	L	L
60	Hypopharynx, NOS Postcricoid area Pre-epiglottic tissues Pyriform sinus (pyriform fossa) Vallecula	T3	RE	RE

Code	Description	TNM	SS77	SS2000
68	Extension to/through cricoid cartilage and thyroid cartilage	T4a	RE	D
70	Extension to/through: Cervical esophagus Deep muscle of tongue Extrinsic (strap) muscles Omohyoid Sternohyoid Sternothyroid Thyrohyoid Oropharynx Skin Soft tissues of neck Thyroid gland Trachea	T4a	D	D
80	Further contiguous extension, including: Mediastinal structures Prevertebral space Tumor encases carotid artery	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Larynx, Overlapping Lesion or Not Otherwise Specified
CS TS/Ext-Eval
SEE STANDARD TABLE

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Lymph Nodes (Revised: 08/21/2006)

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC. The complete definitions are provided in the General Instructions.
Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.
Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.
Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE

Code	Description	TNM	SS77	SS2000
10	Single positive ipsilateral regional node: Level II Jugulodigastric (subdigastric) Upper deep cervical Upper jugular Level III Middle deep cervical Mid-jugular Level IV Jugulo-omohyoid (supraomohyoid) Lower deep cervical Lower jugular Level VI Anterior deep cervical Delphian node Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Cervical, NOS Deep cervical, NOS Internal jugular, NOS Regional lymph node, NOS Stated as N1, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level I Submandibular (submaxillary) Submental Other groups Retropharyngeal Mandibular, NOS	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN

Code	Description	TNM	SS77	SS2000
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral, AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

* For codes 10-12, 20-22, 30-32, 40-42, 50-52, and 80 ONLY, the N category is assigned based on the value of Site-Specific Factor 1, Size of Lymph Nodes, using the extra table, Lymph Nodes Size Table for this site.

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Reg Nodes Eval
SEE STANDARD TABLE

Larynx, Overlapping Lesion or Not Otherwise Specified
Reg LN Pos
SEE STANDARD TABLE

Larynx, Overlapping Lesion or Not Otherwise Specified
Reg LN Exam
SEE STANDARD TABLE

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Mets at DX (Revised: 08/14/2006)
Note: Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s) Mediastinal Distant lymph node(s), NOS	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Mets Eval
SEE STANDARD TABLE

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Site-Specific Factor 1 Size of Lymph Nodes (Revised: 08/18/2006)
Note: Code the largest diameter, whether measured clinically or pathologically, of any involved regional lymph node(s). Do not code the size of any nodes coded in CS Mets at DX.

Code	Description
000	No involved regional nodes
001-988	001-988 millimeters (code exact size in millimeters)

Code	Description
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1cm"
992	Described as "less than 2cm" or "greater than 1cm" or "between 1cm and 2cm"
993	Described as "less than 3cm" or "greater than 2cm" or "between 2cm and 3cm"
994	Described as "less than 4cm" or "greater than 3cm" or "between 3cm and 4cm"
995	Described as "less than 5cm" or "greater than 4cm" or "between 4cm and 5cm"
996	Described as "less than 6cm" or "greater than 5cm" or "between 5cm and 6cm"
997	Described as "more than 6cm"
999	Regional lymph node(s) involved, size not stated Unknown if regional lymph node(s) involved Not documented in patient record

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Site-Specific Factor 2 Extracapsular Extension, Lymph Nodes for Head and Neck (Revised: 08/17/2007)

Note 1: Code the status of extracapsular extension whether assessed clinically or pathologically of any involved regional lymph node(s) coded in the CS Lymph Nodes field. Do not code extracapsular extension in any nodes coded in CS Mets at DX in this field.
Note 2: A statement of the presence or absence of extracapsular extension in a pathology report takes priority over clinical assessment. However, if the pathology report contains no statement about extracapsular extension, either positive or negative, the clinical assessment should be coded. If nodes are involved but there is neither a clinical assessment of extranodal extension nor a statement about it in the pathology report, use code 999.
Note 3: According to AJCC (page 24), "Imaging studies showing amorphous spiculated margins of involved nodes or involvement of internodal fat resulting in loss of normal oval-to-round nodal shape strongly suggest extracapsular (extranodal) tumor spread; however, pathologic examination is necessary for documentation of the extent of such disease."

Code	Description
000	No extracapsular extension
001	Extracapsular extension clinically, not assessed pathologically Nodes described as "fixed", not assessed pathologically
005	Extracapsular extension present pathologically
888	Not applicable; no lymph node involvement
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Site-Specific Factor 3 Levels I-III, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels I, II, or III
100	Level I lymph node(s) involved
010	Level II lymph node(s) involved
001	Level III lymph node(s) involved
110	Level I and II lymph nodes involved
101	Level I and III lymph nodes involved
011	Level II and III lymph nodes involved
111	Level I, II and III lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Site-Specific Factor 4 Levels IV-V and Retropharyngeal Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels IV or V or retropharyngeal
100	Level IV lymph node(s) involved
010	Level V lymph node(s) involved
001	Retropharyngeal nodes involved
110	Level IV and V lymph nodes involved
101	Level IV and retropharyngeal nodes involved
011	Level V and retropharyngeal nodes involved

Code	Description
111	Level IV and V and retropharyngeal lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Site-Specific Factor 5 Levels VI-VII and Facial Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No lymph node involvement in Levels VI or VII or facial nodes
100	Level VI lymph node(s) involved
010	Level VII lymph node(s) involved
001	Facial (buccinator, nasolabial) lymph node(s) involved
110	Level VI and VII lymph nodes involved
101	Level VI and facial (buccinator, nasolabial) nodes involved
011	Level VII and facial (buccinator, nasolabial) nodes involved
111	Level VI and VII and facial (buccinator, nasolabial) lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Larynx, Overlapping Lesion or Not Otherwise Specified
CS Site-Specific Factor 6 Parapharyngeal, Parotid, Preauricular, and Sub-Occipital Lymph Nodes, Lymph Nodes for Head and Neck (Revised: 08/21/2006)

Note: Site-Specific Factors 3-6 are used to code the presence or absence of lymph node involvement in each of 7 different levels and other groups defined by AJCC. The definitions of the levels are the same for all applicable head and neck sites. One digit is used to represent lymph nodes of a single level, with the three digits of Site-Specific Factor 3 representing lymph nodes of, respectively, Levels I-III; the digits of Site-Specific Factor 4 representing lymph nodes of Levels IV and V and the retropharyngeal nodes; the digits of Site-Specific Factor 5 representing lymph nodes of Levels VI and VII and the facial nodes; and the digits of Site-Specific Factor 6 representing the remaining Other groups as defined by AJCC. In each digit, a code 1 means Yes, the nodes are involved.

Code	Description
000	No parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), or sub-occipital lymph node involvement

Code	Description
100	Parapharyngeal lymph node(s) involved
010	Parotid (preauricular, periparotid, and/or intraparotid) lymph node(s) involved
001	Sub-occipital lymph node(s) involved
110	Parapharyngeal and parotid (preauricular, periparotid, and/or intraparotid) lymph nodes involved
101	Parapharyngeal and sub-occipital lymph nodes involved
011	Parotid (preauricular, periparotid, and/or intraparotid) and sub-occipital lymph nodes involved
111	Parapharyngeal, parotid (preauricular, periparotid, and/or intraparotid), and sub-occipital lymph nodes involved
999	Unknown if regional lymph node(s) involved, not stated Regional lymph nodes cannot be assessed Not documented in patient record

Surgery Codes

Larynx
C320–C329
(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes
00 None; no surgery of primary site; autopsy ONLY

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

No specimen sent to pathology from surgical events 10–15

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

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

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

Specimen sent to pathology from surgical events 20–28

30 Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS
- 31 Vertical laryngectomy
- 32 Anterior commissure laryngectomy
- 33 Supraglottic laryngectomy

[*SEER Notes:* **Vertical laryngectomy:** Removal of involved true vocal cord, ipsilateral false vocal cord, intervening ventricle, ipsilateral thyroid and may include removal of the arytenoids.
Supraglottic laryngectomy: Conservative surgery intended to preserve the laryngeal function. Standard procedure involves removal of epiglottis, false vocal cords, aryepiglottic folds, arytenoid cartilages, ventricle, upper one third of thyroid cartilage, thyroid membrane. The true vocal cords and arytenoids remain in place to allow vocalization and deglutition.]

Surgery Codes

40 Total or radical laryngectomy, NOS
- 41 Total laryngectomy ONLY
- 42 Radical laryngectomy ONLY

[***SEER Note:*** Radical laryngectomy: Includes removal of adjacent sites. Do not code the removal of adjacent sites in Surgical Procedure of Other Site.]

50 Pharyngolaryngectomy

80 Laryngectomy, NOS

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Trachea
C339

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

Trachea
C33.9

C33.9 Trachea

Note: AJCC does not define TNM staging for this site.

CS Tumor Size CS Extension CS TS/Ext-Eval CS Lymph Nodes CS Reg Nodes Eval Reg LN Pos Reg LN Exam CS Mets at DX CS Mets Eval	CS Site-Specific Factor 1 CS Site-Specific Factor 2 CS Site-Specific Factor 3 CS Site-Specific Factor 4 CS Site-Specific Factor 5 CS Site-Specific Factor 6	**The following tables are available at the collaborative staging website:** Histologies for Which AJCC Staging Is Not Generated AJCC Stage

Trachea
CS Tumor Size
SEE STANDARD TABLE

Trachea
CS Extension (Revised: 05/01/2002)

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	NA	IS	IS
10	Invasive tumor confined to trachea	NA	L	L
30	Localized, NOS	NA	L	L
40	Adjacent connective tissue Arch of aorta Azygos vein, right Brachiocephalic vein Carotid sheath Common carotid artery(ies) Jugular arch Phrenic nerves Pretracheal fascia Recurrent laryngeal nerve Subclavian artery(ies) Vagus nerve	NA	RE	RE
60	Adjacent organs/structures Cricoid cartilage Esophagus Pleura Right and left main bronchi Sternum Thymus Thyroid gland Vertebral column	NA	RE	RE
80	Further contiguous extension	NA	D	D

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

Trachea
CS TS/Ext-Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

Trachea
CS Lymph Nodes (Revised: 08/15/2006)

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE
10	Regional lymph nodes: Mediastinal, NOS: Posterior (tracheoesophageal) Paratracheal Pretracheal Tracheal, NOS Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NA	U	U

Trachea
CS Reg Nodes Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

Trachea
Reg LN Pos
SEE STANDARD TABLE

Trachea
Reg LN Exam
SEE STANDARD TABLE

Trachea
CS Mets at DX (Revised: 12/09/2003)

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

Trachea
CS Mets Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

Surgery Codes

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

Codes
00 None; no surgery of primary site; autopsy ONLY

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

No specimen sent to pathology from surgical events 10–14

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

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

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

Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

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

50 Surgery stated to be “debulking”

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

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Coding Guidelines
LUNG
C340–C349

Primary Site

C340 Main bronchus
Carina
Hilum

C341 Upper lobe, lung
Lingula
Apex

C342 Middle lobe, lung (Right lung only)

C343 Lower lobe, lung
Base

C348 Overlapping lesion of lung

C349 Lung, NOS
Bronchus, NOS

Laterality

Laterality must be coded for all subsites except carina.

Tumor Size

Priorities for coding size

1. Pathology report
2. Operative report
3. Endoscopic examination, where applicable
4. Imaging reports
   Imaging reports do not have a priority
   Code the largest size of tumor recorded on any of the imaging reports

General Instructions for Coding Tumor Size

DO NOT CODE size of hilar mass unless primary is stated to be in the hilum.

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Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Introduction
Use these rules only for cases with primary lung cancer.

Lung carcinomas may be broadly grouped into two categories, small cell and non-small cell carcinoma.
Frequently a patient may have two or more tumors in one lung and may have one or more tumors in the contralateral lung. The physician may biopsy only one of the tumors. Code the case as a single primary (See Rule M1, Note 2) unless one of the tumors is proven to be a different histology. It is irrelevant whether the other tumors are identified as cancer, primary tumors, or metastases.

Equivalent or Equal Terms
- Low grade neuroendocrine carcinoma, carcinoid
- Tumor, mass, lesion, neoplasm (for multiple primary and histology coding rules only)
- Type, subtype, predominantly, with features of, major, or with ___differentiation

Obsolete Terms for Small Cell Carcinoma (Terms that are no longer recognized)
- Intermediate cell carcinoma (8044)
- Mixed small cell/large cell carcinoma (8045) (Code is still used; however current accepted terminology is combined small cell carcinoma)
- Oat cell carcinoma (8042)
- Small cell anaplastic carcinoma (No ICD-O-3 code)
- Undifferentiated small cell carcinoma (No ICD-O-3 code)

Definitions

Adenocarcinoma with mixed subtypes (8255): A mixture of two or more of the subtypes of adenocarcinoma such as acinar, papillary, bronchoalveolar, or solid with mucin formation.

Adenosquamous carcinoma (8560): A single histology in a single tumor composed of both squamous cell carcinoma and adenocarcinoma.

Bilateral lung cancer: This phrase simply means that there is at least one malignancy in the right lung and at least one malignancy in the left lung. Do not base multiple primary decision on this phrase; bilateral does not mean this is a single primary. Use the multiple primary rules to decide whether to code bilateral lung cancers as a single or multiple primary.

Combined small cell carcinoma (8045): A small cell carcinoma that is combined with a non-small cell carcinoma. The combinations are small cell and adenocarcinoma, or squamous cell carcinoma, or large cell carcinoma.

Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Large cell carcinoma (8012): Large cell is a diagnosis that is used when the tumor is a non-small cell carcinoma that is undifferentiated. Because the tumor is undifferentiated, the pathologist cannot find glandular (adeno), or squamous differentiation.

Large cell neuroendocrine carcinoma (8013): A non-small cell carcinoma with neuroendocrine differentiation proven by immunohistochemical stain, currently classified as large cell carcinoma. These tumors require further study before being included as a separate category in a histologic classification.

Most invasive: The tumor with the greatest continuous extension.

Neuroendocrine carcinoma (8246): Neuroendocrine carcinoma is a group of carcinomas that include typical carcinoid tumor and small cell carcinoma. Code the specific histology when given. Code neuroendocrine carcinoma, NOS (8246) when no specific histology is documented.

Non-small cell carcinoma (8046): The term non-small cell is used two ways, as a group term describing all carcinomas that are not small cell; and as a default diagnosis when there isn't enough tissue to classify the tumor beyond the exclusion of small cell.

Pancoast tumor: An anatomic designation (not a specific histology) for a lung cancer that starts in the upper lobe of the lung and extends outward to destroy the ribs and vertebrae. The tumor may compress or directly invade the brachial plexus (nerve bundles) of the neck, causing pain. Pancoast tumor may also be called **superior sulcus tumor**.

Pleomorphic carcinoma (8022): A poorly differentiated non-small cell carcinoma (squamous cell carcinoma, adenocarcinoma, or large cell carcinoma) containing spindle cells and/or giant cells or, a carcinoma containing only spindle cells and giant cells. These fall under the general category of **sarcomatoid carcinoma**.

Sarcomatoid carcinoma: A group of tumors that are non-small cell in type and contain spindle cells and/or giant cells. Depending on the histologic features the tumor may be designated: pleomorphic carcinoma (8022); spindle cell carcinoma (8032); giant cell carcinoma (8031), carcinosarcoma (8980); or pulmonary blastoma (8972)

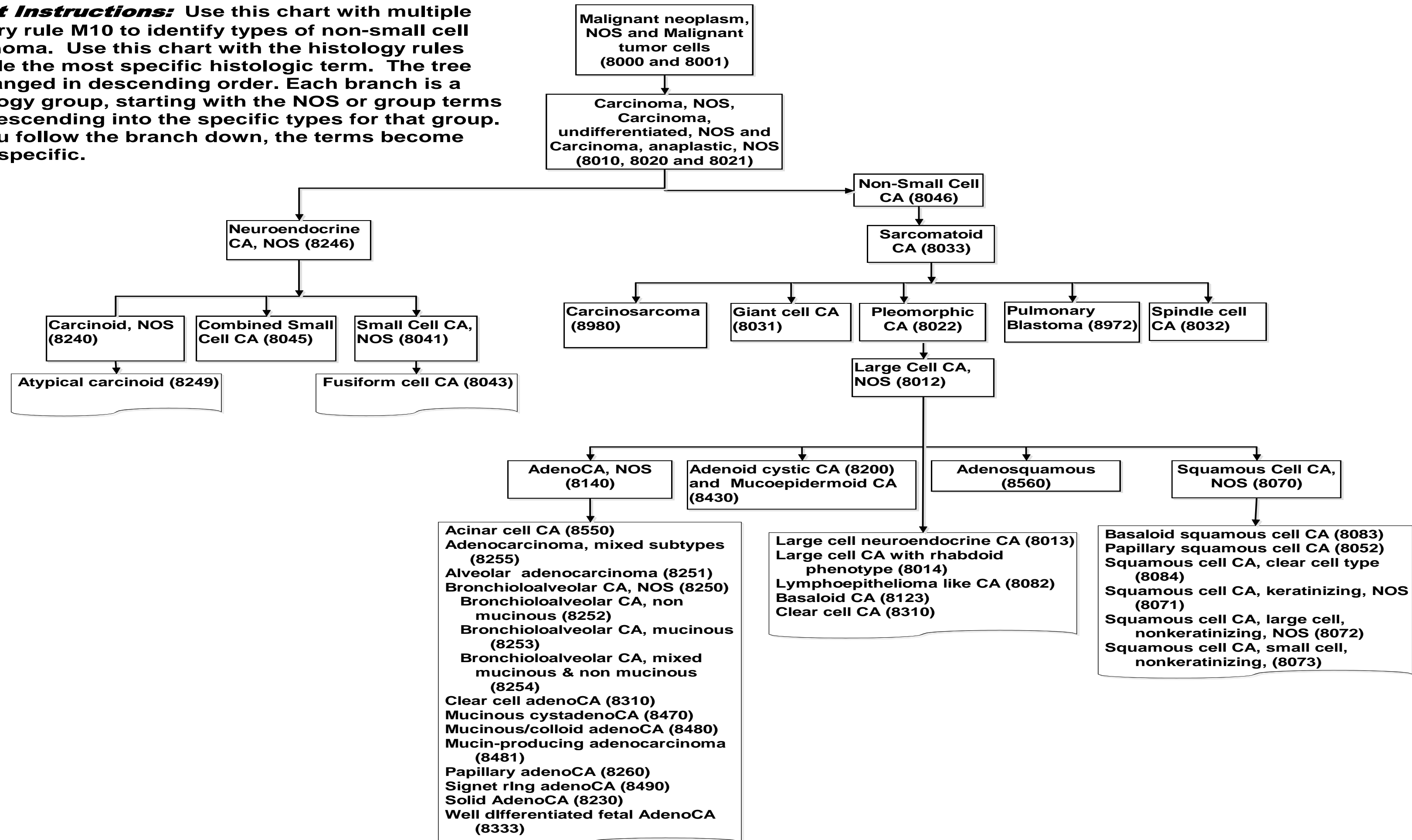
Small cell carcinoma: Malignant epithelial tumor consisting of small cells. There are many types of lung cancer, but most can be categorized into one of two basic types, "small cell carcinoma" or “non-small cell carcinoma”

Undifferentiated carcinoma (8020): A high grade malignancy lacking glandular structures or other specific features that can be used to better classify the tumor. Undifferentiated carcinoma is used by pathologists when they believe the tumor is a carcinoma (not lymphoma, melanoma, or sarcoma) but they are not sure if the tumor is small cell or non-small cell.

Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Chart 1 – Lung Histology Groups and Specific Types

Note: This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is not a complete listing of histologies that may occur in the lung.

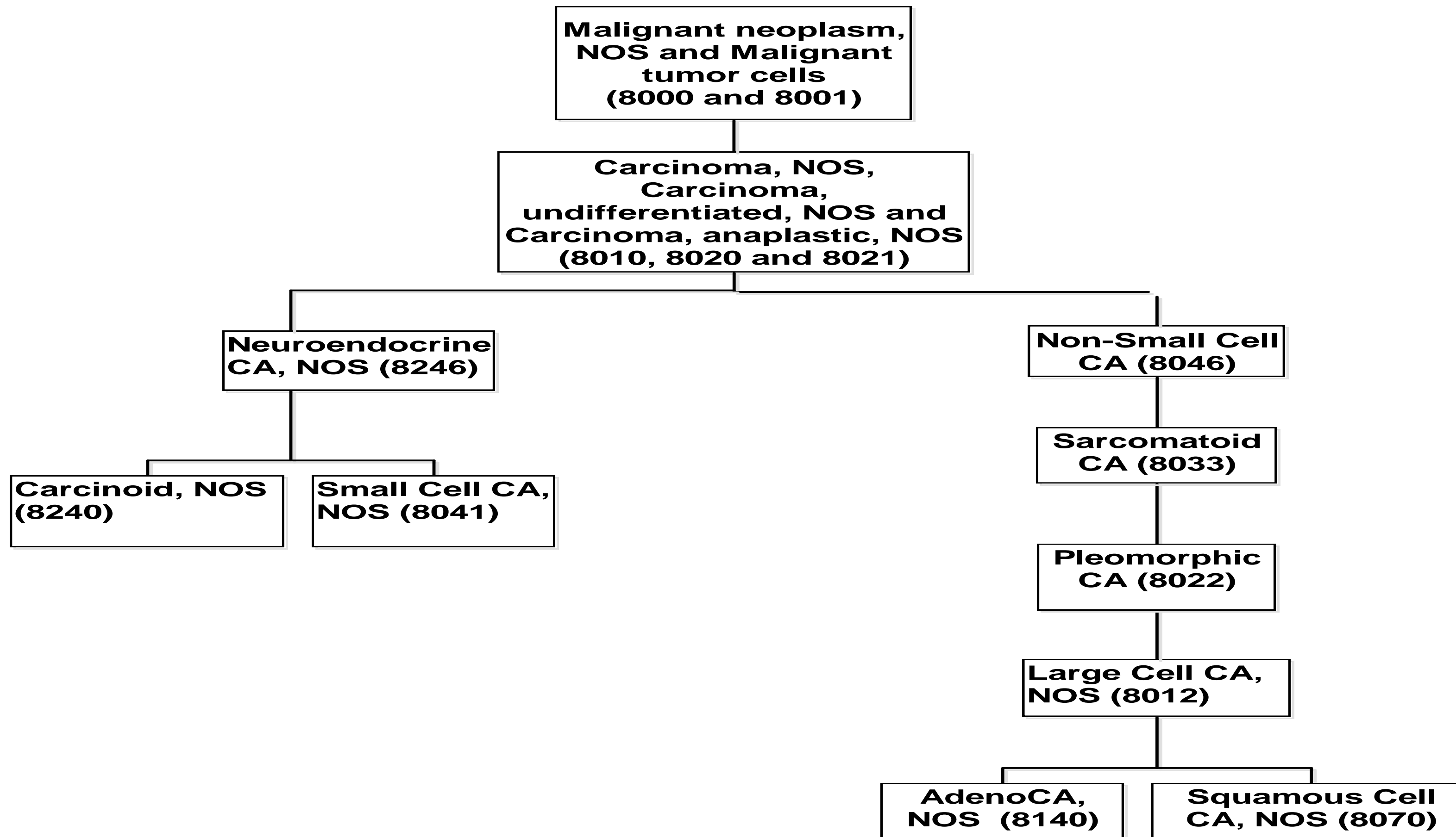


Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Chart 2 – Most Common Lung Histology Groups

Chart Instructions: Use this chart to identify the most common group terms and histology types.

***Note**:* This chart is based on the *WHO Classification of Tumors* for tumors of the lung. The chart is **not** a complete listing of histologies that may occur in the lung.



Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Table 1 –Combination/Mixed Codes for Lung Histologies

Table Instructions: Use this table to select combination/mixed histology codes. Compare the terms in the diagnosis to the terms in columns 1 and 2. If the terms match, abstract the case using the ICD-O-3 histology code in column 4. Use the combination/mixed codes listed in this table only when the histologies in the tumor match the histologies listed below. Use the combination/mixed codes for a **single tumor** when all histologies are present in a single tumor.

Note*:* This table is not a complete listing of histologies that may occur in the lung.

Column 1: Required Terms	**Column 2: Additional Required Terms**	**Column 3: ICD-O-3 Term**	**Column 4: ICD-O-3 Code**
Giant cell carcinoma AND spindle cell carcinoma		Giant cell and spindle cell carcinoma	8030
Small cell carcinoma AND one of the histologies in Column 2 *Note*: **Diagnosis must be small cell carcinoma (NOS), not a subtype of small cell**	Adenocarcinoma	Combined small cell carcinoma Mixed small cell carcinoma	8045
	Large cell carcinoma		
	Squamous cell carcinoma		
Squamous cell carcinoma* AND large cell nonkeratinizing		Squamous cell carcinoma, large cell, nonkeratinizing	8072
Squamous cell carcinoma AND small cell nonkeratinizing		Squamous cell caricinoma, small cell, nonkeratinizing	8073
Squamous cell carcinoma* AND one of the histologies in Column 2	Spindle cell carcinoma	Squamous cell carcinoma, spindle cell	8074
	Sarcomatoid	Squamous cell carcinoma, sarcomatoid	
A combination of at least two of the histologies in Column 2**	Acinar	Adenocarcinoma with mixed subtypes**	8255**
	Bronchioloalveolar carcinoma		
	Bronchioloalveolar carcinoma non mucinous (Clara cell/type II pneumocyte)		
	Bronchioloalveolar carcinoma mucinous (goblet cell)		
	Bronchioloalveolar carcinoma mixed mucinous and non-mucinous		
	Clear cell adenocarcinoma		
	Papillary adenocarcinoma		
	Solid adenocarcinoma		
	Well-differentiated fetal adenocarcinoma		

Lung Terms and Definitions

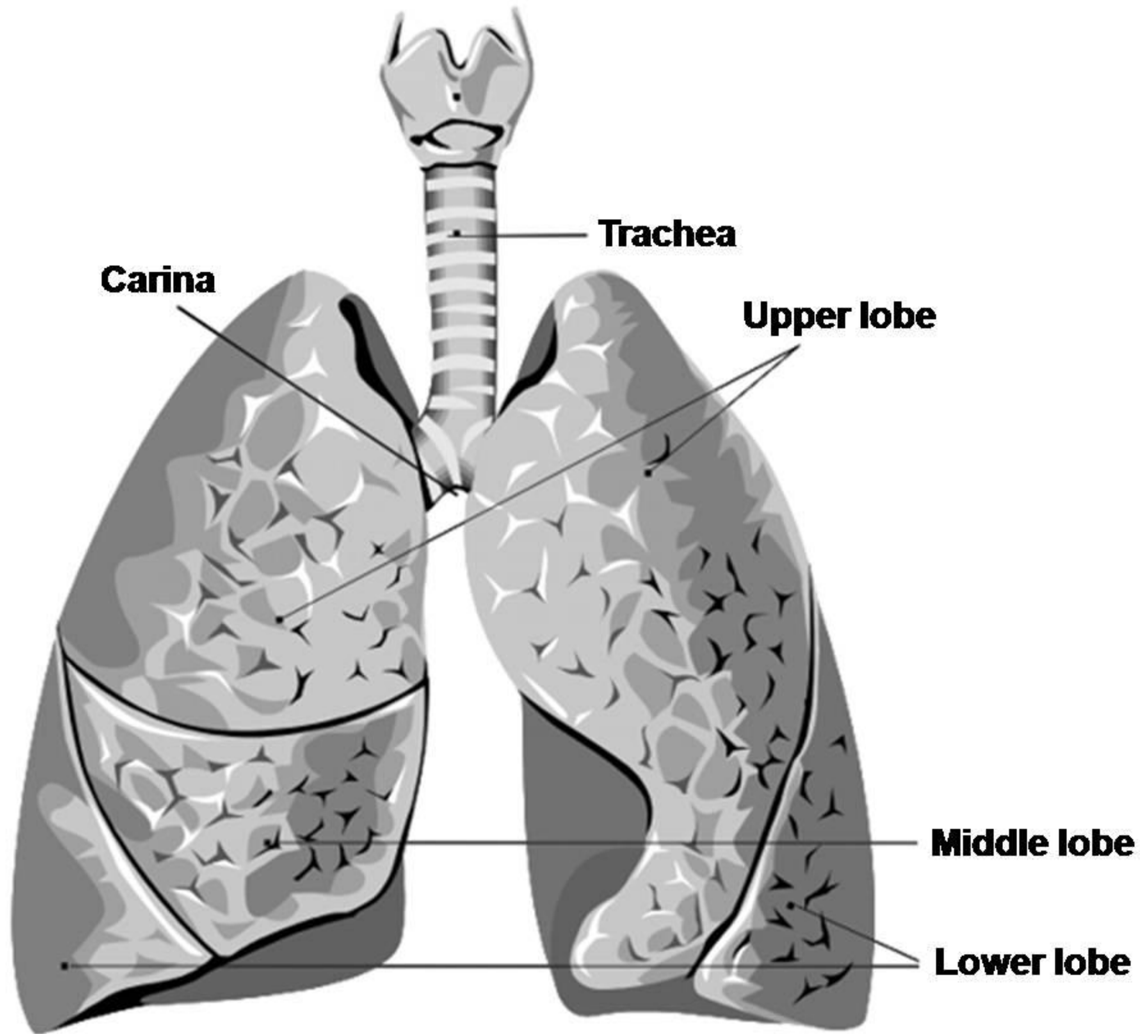
Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Column 1: Required Terms	Column 2: Additional Required Terms	Column 3: ICD-O-3 Term	Column 4: ICD-O-3 Code
Adenocarcinoma AND squamous cell carcinoma *Note*: **Diagnosis must be adenocarcinoma (NOS), not a subtype of adenocarcinoma**		Adenosquamous carcinoma	8560
Epithelial carcinoma AND myoepithelial carcinoma		Epithelial-myoepithelial carcinoma	8562

* Squamous cell carcinoma and epidermoid carcinoma are synonyms.

** **DO NOT USE** code **8255** for adenocarcinoma combined with mucinous subtypes such as mucinous "colloid" adenocarcinoma (8480) mucinous cystadenocarcinoma (8470) or signet ring adenocarcinoma (8490).

Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



Lung Terms and Definitions

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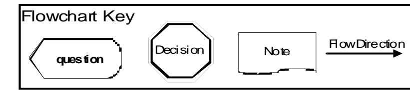
Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



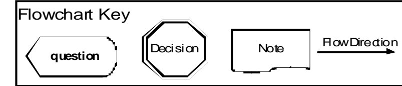
* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

UNKNOWN IF SINGLE OR MULTIPLE TUMORS	DECISION	NOTES
		Tumor(s) not described as metastasis.
M1 Is it impossible to determine if there is a single tumor or multiple tumors? YES → SINGLE Primary*; NO → Go to Single Tumor or Multiple Tumors	SINGLE Primary* End of instructions for Unknown if Single or Multiple Tumors	1. Use this rule only after all information sources have been exhausted. 2. Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions)

SINGLE TUMOR	DECISION	NOTES
		Tumor not described as metastasis.
M2 Is there a single tumor? YES → SINGLE Primary*; NO → Go to Multiple Tumors.	SINGLE Primary* End of instructions for Single Tumor.	The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



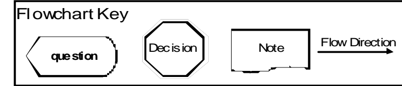
*   Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

	MULTIPLE TUMORS	DECISION	NOTES
	Multiple tumors may be a single primary or multiple primaries.		**Tumors not described as metastases.**
M3	**Are there tumors in sites with ICD-O-3 topography codes that are different at the second (Cxxx) and/or third character (Cxxx)?** YES → ; NO → M4	**MULTIPLE Primaries****	**This is a change in rules; tumors in the trachea (C33) and in the lung (C34)** were a single lung primary in the previous rules.
M4	**Is at least one tumor non-small cell carcinoma (8046) and another tumor small cell carcinoma (8041-8045)?** YES → ; NO → M5	**MULTIPLE Primaries****	
M5	**Is there a tumor that is adenocarcinoma with mixed subtypes (8255) and another that is bronchioalveolar (8250-8254)?** YES → MULTIPLE Primaries**; NO → Next Page		

Next Page

Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

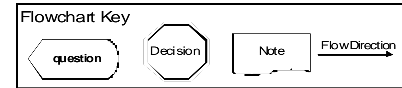


* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

	MULTIPLE TUMORS, continued	DECISION	NOTES
			Tumors not described as metastases.
M6	Is there a **single** tumor in **each lung**? YES → / NO ↓	MULTIPLE Primaries**	When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.
M7	Are there **multiple** tumors in **both lungs** with ICD-O-3 histology codes that are different at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number? YES → / NO ↓	MULTIPLE Primaries**	
M8	Are there tumors diagnosed more than three (3) years apart? YES → / NO ↓	MULTIPLE Primaries**	
	Next Page		

Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

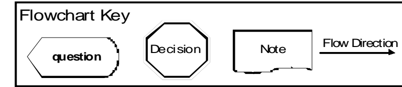


* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.
M9 Is there an invasive tumor following an in situ tumor more than 60 days after diagnosis? YES → ; NO → M10	MULTIPLE Primaries**	1. The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. 2. Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
M10 Are there tumors with non-small cell carcinoma (8046) and a more specific non-small cell carcinoma type (Chart 1)? YES → ; NO → Next Page	SINGLE Primary*	
Next Page		

Lung Multiple Primary Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



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

MULTIPLE TUMORS, continued	DECISION	NOTES
		Tumors not described as metastases.
M11 Do the tumors have ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx), or third (xxxx) number? YES → / NO ↓	MULTIPLE Primaries**	Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.
M12 Does not meet any of the above criteria (M1 through M11). YES → / NO ↓	SINGLE Primary* End of instructions for Multiple Tumors.	1. When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. 2. All cases covered by this rule are the same histology.
ERROR: Recheck rules. Stop when a match is found.		

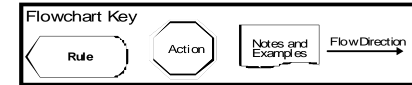
Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary.
Warning: **Using only these case examples to determine the number of primaries can result in major errors.**

Example 1. Solitary tumor in one lung, multiple tumors in contralateral lung	Example 2. Diffuse bilateral nodules (This is the only condition when laterality = 4)	Example 3. An in situ and invasive tumor diagnosed within 60 days
Example 4. Multiple tumors in left lung metastatic from right lung	Example 5. Multiple tumors in one lung	Example 6: Multiple tumors in both lungs

LUNG Histology Coding Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR



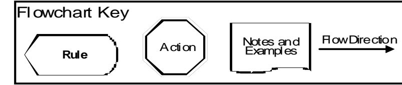
	Rule	Action	Notes and Examples
H1	Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? YES → Action; NO → H2	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET, or MRI scans o Chest x-rays 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
H2	Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) YES → Action; NO → H3	Code the histology from a metastatic site.	Code the behavior /3.
H3	Is only **one histologic type** identified? YES → Action; NO → Next Page	Code the histology.	Do not code terms that do not appear in the histology description. ***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. ***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.

Next Page

LUNG Histology Coding Rules - - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

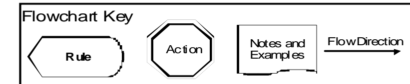
SINGLE TUMOR



Rule	Action	Notes and Examples
H4 Does the tumor have **invasive and in situ** components? YES →	Code the invasive histologic type.	
NO ↓		
H5 Are there multiple histologies within the same branch such as: • cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR • carcinoma, NOS (8010) and a more specific carcinoma? OR • adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR • squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR • sarcoma, NOS (8800) and a more specific sarcoma? YES →	Code the **most specific** histologic term using Chart 1	The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. ***Example 1:*** Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480. ***Example 2:*** Non-small cell carcinoma, papillary squaumous cell. Code papillary squamous cell carcinoma 8052.
NO ↓ Next Page		

LUNG Histology Coding Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



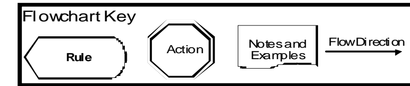
SINGLE TUMOR

Rule	Action	Notes and Examples
H6 Are there **multiple specific histologies** or is there a non-specific **with multiple specific histologies**? YES →	Code the appropriate combination/ mixed code (Table 1).	The specific histologies may be identified as type, subtype, predominantly, with features of, major or with ______ differentiation. ***Example 1*** *(multiple specific histologies):* Solid and papillary adenocarcinoma. Code adenocarcinoma with mixed subtypes 8255. ***Example 2*** *(multiple specific histologies):* Combined small cell and squamous cell carcinoma. Code combined small cell carcinoma 8045. ***Example 3*** *(non-specific with multiple specific histologies):* Adenocarcinoma with papillary and clear cell features. Code adenocarcinoma with mixed subtypes 8255.
NO ↓		
H7	Code the **numerically higher** ICD-O-3 code.	

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

LUNG Histology Coding Rules - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

	Rule	Action	Notes and Examples
H8	Is there **no pathology/cytology** specimen or is the **pathology/cytology** report unavailable? YES →	Code the histology documented by the physician.	1. Priority for using documents to code the histology o Documentation in the medical record that refers to pathologic or cytologic findings o Physician's reference to type of cancer (histology) in the medical record o CT, PET, or MRI scans o Chest x-rays 2. Code the specific histology when documented. 3. Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
	NO ↓		
H9	Is the specimen from a metastatic site? (there is no pathology/cytology specimen from the primary site) YES →	Code the histology from a metastatic site.	Code the behavior /3.
	NO ↓ Next Page		

LUNG Histology Coding Rules - - Flowchart

(C340 - C349)
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Flowchart Key

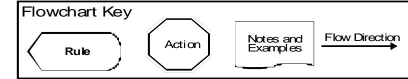
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule	Action	Notes and Examples
H10 Is only **one histologic type** identified? YES → / NO ↓	Code the histology.	Do not code terms that do not appear in the histology description. ***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. ***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.
H11 Is one tumor in situ and the other invasive or are both tumors invasive? YES → / NO ↓ Next Page	Code the histology of the **most invasive** tumor.	1. This rule should only be used when the first three numbers of the histology codes are identical. (This is a single primary.) 2. See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive. o If one tumor is in situ and one is invasive, code the histology from the invasive tumor. o If both/all histologies are invasive, code the histology of the most invasive tumor.

LUNG Histology Coding Rules - Flowchart

(C340 - C349)

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)



SINGLE TUMOR

Rule	Action	Notes and Examples
H12 Are there multiple histologies within the same branch such as: • cancer/malignant neoplasm, NOS (8000) and a more specific histology? OR • carcinoma, NOS (8010) and a more specific carcinoma? OR • adenocarcinoma, NOS (8140) and a more specific adenocarcinoma? OR • squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma? OR • sarcoma, NOS (8800) and a more specific sarcoma? YES → Action; NO → H13	Code the **most specific** histologic term using Chart 1	The specific histology may be identified as type, subtype, predominantly, with features of, major, or with _____ differentiation. ***Example 1:*** Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480. ***Example 2:*** Non-small cell carcinoma, papillary squaumous cell. Code papillary squamous cell carcinoma 8052.
H13	Code the **numerically higher** ICD-O-3 code.	

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

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Lung Multiple Primary Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

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

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					*1:* Use this rule only after all information sources have been exhausted. *2:* Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions	Single*
SINGLE TUMOR					Tumor not described as metastasis	
M2	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite.	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					Tumors not described as metastases	
M3	Sites with topography codes that are different at the second (C<u>x</u>xx) and/or third (Cx<u>x</u>x) character				This is a change in rules; tumors in the trachea (C33) and in the lung (C34) were a single primary in the previous rules.	Multiple**
M4		Non-small cell carcinoma (8046) and another tumor that is small cell carcinoma (8041-8045)				Multiple**
M5		Adenocarcinoma with mixed subtypes (8255) and another that is bronchioloalveolar (8250-8254)				Multiple**
M6	Single tumor in each lung				When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.	Multiple**

Lung MP

Lung Multiple Primary Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M7	Multiple tumors in both lungs	Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M8			Diagnosed more than three (3) years apart			Multiple**
M9			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**
M10		Non-small cell carcinoma, NOS (8046) and a more specific non-small cell carcinoma type (Chart 1)				Single *
M11		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number			Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.	Multiple**

Lung Multiple Primary Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M12	Does not meet any of the above criteria				***1:*** When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. ***2:*** All cases covered by this rule are the same histology **Rule M12 Examples** The following are examples of the types of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.*** **Example 1:** Solitary tumor in one lung, multiple tumors in contralateral lung **Example 2:** Diffuse bilateral nodules (This is the only condition when laterality = 4) **Example 3:** An in situ and invasive tumor diagnosed within 60 days **Example 4:** Multiple tumors in the left lung metastatic from right lung **Example 5:** Multiple tumors in one lung **Example 6:** Multiple tumors in both lungs.	Single*

Lung MP

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET, or MRI scans • Chest x-rays ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		One type		Do not code terms that do not appear in the histology description ***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis ***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis	The histology
H4			Invasive and in situ		The invasive histologic type

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H5		Multiple histologies all within the same branch on Chart 1. Examples of histologies within same branch: • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or • Sarcoma, NOS (8800) **and** a more specific sarcoma.		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The specific histology may also be identified as follows: adenocarcinoma, clear cell or clear cell adenocarcinoma. ***Example 1:*** Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma). ***Example 2:*** Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).	The most specific term using Chart 1
H6		Multiple specific or a non-specific with multiple specific (Table 1)		The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with differentiation ***Example 1 (multiple specific histologies):*** Solid and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes). ***Example 2 (multiple specific histologies):*** Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma). ***Example 3 (non-specific with multiple specific histologies):*** Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).	The appropriate combination/mixed code (Table 1)

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H7	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H8	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET, or MRI scans • Chest x-rays ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H9	None from primary site			Code the behavior /3	The histology from a metastatic site
H10		One type		Do not code terms that do not appear in the histology description ***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. ***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.	The histology

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H11				*1:* This rule should only be used when the first three digits of the histology codes are identical (This is a single primary). *2:* See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive. • One tumor is in situ and one is invasive, code the histology from the invasive tumor • Both/all histologies are invasive, code the histology of the most invasive tumor.	The histology of the most invasive tumor
H12		Multiple histologies all within the same branch on Chart 1. Examples of histologies within same branch: • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or • Sarcoma, NOS (8800) **and** a more specific sarcoma.		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The specific histology may also be identified as follows: adenocarcinoma, clear cell or clear cell adenocarcinoma. ***Example 1:*** Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma). ***Example 2:*** Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).	The most specific term using Chart 1
H13	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Lung Histo

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Lung Multiple Primary Rules – Text
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

UNKNOWN IF SINGLE OR MULTIPLE TUMORS

***Note*:** Tumor(s) not described as metastasis

Rule M1 When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.*

Note 1: Use this rule only after all information sources have been exhausted.

Note 2: Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions)

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

SINGLE TUMOR

Note: Tumor not described as metastasis

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

Note: The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

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

MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.

Note: Tumors not described as metastases

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

Note: This is a change in rules; tumors in the trachea (C33) and in the lung (C34) were a single lung primary in the previous rules.

Rule M4 At least one tumor that is **non-small cell** carcinoma (8046) **and** another tumor that is **small cell** carcinoma (8041-8045) are multiple primaries. **

Rule M5 A tumor that is **adenocarcinoma** with **mixed subtypes** (8255) **and** another that is **bronchioloalveolar** (8250-8254) are multiple primaries. **

Lung MP

Lung Multiple Primary Rules – Text
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule M6 A **single** tumor in **each lung** is multiple primaries. **
Note: When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.

Rule M7 **Multiple** tumors in **both lungs** with ICD-O-3 histology codes that are different at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **

Rule M8 Tumors diagnosed **more than three (3) years** apart are multiple primaries. **

Rule M9 An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. **
Note 1: The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
Note 2: Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

Rule M10 Tumors with **non-small cell** carcinoma**, NOS** (8046) **and** a more **specific** non-small cell carcinoma **type** (Chart 1) are a single primary.*

Rule M11 Tumors with ICD-O-3 **histology** codes that are **different** at the first (**x**xxx), second (x**x**xx) or third (xx**x**x) number are multiple primaries. **
Note: Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.

Rule M12 Tumors that **do not meet any** of the above **criteria** are a single primary.*
Note 1: When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.
Note 2: All cases covered by this rule are the same histology.

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

Rule M12 Examples: The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.***

Example 1: Solitary tumor in one lung, multiple tumors in contralateral lung	**Example 2:** Diffuse bilateral nodules (This is the only condition when laterality = 4)	**Example 3:** An in situ and invasive tumor diagnosed within 60 days
Example 4: Multiple tumors in left lung metastatic from right lung	**Example 5:** Multiple tumors in one lung	**Example 6:** Multiple tumors in both lungs

Lung Histology Coding Rules – Text
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

SINGLE TUMOR

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

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans
- Chest x-rays

Note 2: Code the specific histology when documented.
Note 3: Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

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

Rule H3 Code the histology when only **one histologic type** is identified.
Note: Do not code terms that do not appear in the histology description.
Example 1: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.
Example 2: Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.

Rule H4 Code the invasive histologic type when a single tumor has **invasive and in situ** components

Rule H5 Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch. Examples of histologies within the same branch are:
- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
- Squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation
Example 1: Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).
Example 2: Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).

Lung Histology Coding Rules – Text
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule H6 Code the appropriate combination/mixed code (Table 1) when there are **multiple specific histologies** or when there is a non-specific **with multiple specific histologies**

Note: The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.

Example 1 (multiple specific histologies): Solid and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes).

Example 2 (multiple specific histologies): Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).

Example 3 (non-specific with multiple specific histologies): Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).

Rule H7 Code the histology with the **numerically higher** ICD-O-3 code.

This is the end of instructions for Single Tumor.
Code the histology according to the rule that fits the case.

MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY

Rule H8 Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

Note 1: Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans
- Chest x-rays

Note 2: Code the specific histology when documented.

Note 3: Code the histology to 8000 (cancer/malignant neoplasm), or 8010 (carcinoma) as stated by the physician when nothing more specific is documented.

Rule H9 Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

Note: Code the behavior /3.

Rule H10 Code the histology when only **one histologic type** is identified.

Note: Do not code terms that do not appear in the histology description.

Example 1: Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

Example 2: Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.

Lung Histology Coding Rules – Text
C340-C349
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule H11 Code the histology of the **most invasive** tumor.
Note 1: This rule should only be used when the first three numbers of the histology codes are identical (This is a single primary.)
Note 2: See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.

- One tumor is in situ and one is invasive, code the histology from the invasive tumor.
- Both/all histologies are invasive, code the histology of the most invasive tumor.

Rule H12 Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch. Examples of histologies within the same branch are:

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
- Squamous cell carcinoma, NOS (8070) and a more specific squamous cell carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma

Note: The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation
Example 1: Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).
Example 2: Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).

Rule H13 Code the histology with the **numerically higher** ICD-O-3 code.

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

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Lung
C34.0-C34.3, C34.8-C34.9

C34.0 Main bronchus
C34.1 Upper lobe, lung
C34.2 Middle lobe, lung
C34.3 Lower lobe, lung
C34.8 Overlapping lesion of lung
C34.9 Lung, NOS
Note: Laterality must be coded for this site (except carina).

CS Tumor Size	CS Site-Specific Factor 1	**The following tables are available at the collaborative staging website:**
CS Extension	CS Site-Specific Factor 2	Histology Exclusion Table
CS TS/Ext-Eval	CS Site-Specific Factor 3	AJCC Stage
CS Lymph Nodes	CS Site-Specific Factor 4	Extension Size Table
CS Reg Nodes Eval	CS Site-Specific Factor 5	Mets Size Table for Mets at DX 00
Reg LN Pos	CS Site-Specific Factor 6	Mets Size Table for Mets at DX 99
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Lung
CS Tumor Size (Revised: 07/28/2006)

Note: Do not code size of hilar mass unless primary is stated to be in the hilum.

Code	Description
000	No mass/tumor found
001-988	001 - 988 millimeters (code exact size in millimeters)
989	989 millimeters or larger
990	Microscopic focus or foci only, no size of focus given
991	Described as "less than 1 cm"
992	Described as "less than 2 cm," or "greater than 1 cm," or "between 1 cm and 2 cm"
993	Described as "less than 3 cm," or "greater than 2 cm," or "between 2 cm and 3 cm"
994	Described as "less than 4 cm," or "greater than 3 cm," or "between 3 cm and 4 cm"
995	Described as "less than 5 cm," or "greater than 4 cm," or "between 4 cm and 5 cm"
996	Malignant cells present in bronchopulmonary secretions, but no tumor seen radiographically or during bronchoscopy; "occult" carcinoma
997	Diffuse (entire lobe)
998	Diffuse (entire lung or NOS)
999	Unknown; size not stated Not documented in patient record

Lung

CS Extension (Revised: 09/25/2007)

Note 1: Direct extension to or other involvement of structures considered M1 in AJCC staging is coded in the data item CS Mets at DX. This includes: sternum; skeletal muscle; skin of chest; contralateral lung or mainstem bronchus; separate tumor nodule(s) in different lobe, same lung, or in contralateral lung.
Note 2: Distance from Carina. Assume tumor is greater than or equal to 2 cm from carina if lobectomy, segmental resection, or wedge resection is done.
Note 3: Opposite Lung. If no mention is made of the opposite lung on a chest x-ray, assume it is not involved.
Note 4: Bronchopneumonia. "Bronchopneumonia" is not the same thing as "obstructive pneumonitis" and should not be coded as such.
Note 5: Pulmonary Artery/Vein. An involved pulmonary artery/vein in the mediastinum is coded to 70 (involvement of major blood vessel). However, if the involvement of the artery/vein appears to be only within lung tissue and not in the mediastinum, it would not be coded to 70.
Note 6:
Pleural Effusion.
A. According to the AJCC Manual 6th Edition (page 171): "Most pleural effusions associated with lung cancers are due to tumor. However, there are a few patients in whom multiple cytopathologic examinations of pleural fluid are negative for tumor. In these cases, fluid is non-bloody and is not an exudate. ... When these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element and the patient should be staged T1, T2, or T3." For lung cases only, a single negative cytology is not sufficient to disregard the pleural effusion.
B. Assume that a pleural effusion is not due to tumor if a resection is done.

Note 7: Vocal cord paralysis (resulting from involvement of recurrent branch of the vagus nerve), superior vena cava obstruction, or compression of the trachea or the esophagus may be related to direct extension of the primary tumor or to lymph node involvement. The treatment options and prognosis associated with these manifestations of disease extent fall within the T4-Stage IIIB category; therefore, generally use code 70 for these manifestations. HOWEVER, if the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, vena cava obstruction, or compression of the trachea or the esophagus, code these manifestations as mediastinal lymph node involvement (code 20) in CS Lymph Nodes unless there is a statement of involvement by direct extension from the primary tumor.

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	Tis	IS	IS
10	Tumor confined to one lung, WITHOUT extension or conditions described in codes 20-80 (excluding primary in main stem bronchus) (EXCLUDES superficial tumor as described in code 11)	*	L	L
11	Superficial tumor of any size with invasive component limited to bronchial wall, with or without proximal extension to the main stem bronchus	T1	L	L
20	Extension from other parts of lung to main stem bronchus, NOS (EXCLUDES superficial tumor as described in code 11) Tumor involving main stem bronchus greater than or equal to 2.0 cm from carina (primary in lung or main stem bronchus)	T2	L	L
21	Tumor involving main stem bronchus, NOS (distance from carina not stated and no surgery as described in Note 2)	T2	L	L
23	Tumor confined to hilus	*	L	L
25	Tumor confined to the carina	*	L	L

Code	Description	TNM	SS77	SS2000
30	Localized, NOS	*	L	L
40	Atelectasis/obstructive pneumonitis that extends to the hilar region but does not involve the entire lung (or atelectasis/obstructive pneumonitis, NOS) WITHOUT pleural effusion	T2	RE	RE
45	Extension to: Pleura, visceral or NOS (WITHOUT pleural effusion) Pulmonary ligament (WITHOUT pleural effusion)	T2	RE	RE
50	Tumor of/involving main stem bronchus less than 2.0 cm from carina	T3	L	RE
52	(40) + (50)	T3	RE	RE
53	(45) + (50)	T3	RE	RE
55	Atelectasis/obstructive pneumonitis involving entire lung	T3	RE	RE
56	Parietal pericardium or pericardium, NOS	T3	RE	RE
57	Stated as T3, NOS	T3	RE	RE
59	Invasion of phrenic nerve	T3	RE	RE
60	Direct extension to: Brachial plexus, inferior branches or NOS, from superior sulcus Chest (thoracic) wall Diaphragm Pancoast tumor (superior sulcus syndrome), NOS Parietal pleura Note: For separate lesion in chest wall or diaphragm, see CS Mets at DX.	T3	D	RE
61	Superior sulcus tumor WITH encasement of subclavian vessels OR WITH unequivocal involvement of superior branches of brachial plexus (C8 or above)	T4	D	RE
65	Multiple masses/separate tumor nodule(s) in the SAME lobe "Satellite nodules" in SAME lobe	T4	L	RE

CS Staging Schemas

Code	Description	TNM	SS77	SS2000
70	Blood vessel(s), major (EXCEPT aorta and inferior vena cava, see codes 74 and 77) Azygos vein Pulmonary artery or vein Superior vena cava (SVC syndrome) Carina from lung/mainstem bronchus Compression of esophagus or trachea not specified as direct extension Esophagus Mediastinum, extrapulmonary or NOS Nerve(s): Cervical sympathetic (Horner's syndrome) Recurrent laryngeal (vocal cord paralysis) Vagus Trachea	T4	RE	RE
71	Heart Visceral pericardium	T4	D	D
72	Malignant pleural effusion Pleural effusion, NOS	T4	D	D
73	Adjacent rib	T3	D	D
74	Aorta	T4	D	RE
75	Vertebra(s) Neural foramina	T4	D	D
76	Pleural tumor foci separate from direct pleural invasion	T4	D	D
77	Inferior vena cava	T4	D	D
78	73 plus any of (61-72) or (74-77)	T4	D	D
79	Pericardial effusion, NOS; malignant pericardial effusion	T4	D	D
80	Further contiguous extension (except to structures specified in CS Mets at DX)	T4	D	D
95	No evidence of primary tumor	T0	U	U
98	Tumor proven by presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy; "occult" carcinoma	TX	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

* For Extension codes 10, 23, 25 and 30 ONLY, the T category is assigned based on the value of tumor size, as shown in the Extension Size table for this site.

Lung
CS TS/Ext-Eval (Revised: 08/21/2006)

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques including surgical observation without biopsy. No autopsy evidence used.	p
2	No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation OR surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed. Evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen.	p
5	Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on clinical evidence.	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size/extension based on pathologic evidence.	y
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy).	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Lung
CS Lymph Nodes (Revised: 08/15/2006)

Note 1: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.
Note 2: If at mediastinoscopy/x-ray, the description is "mass", "adenopathy", or "enlargement" of any of the lymph nodes named as regional in codes 10 and 20, assume that at least regional lymph nodes are involved.
Note 3: The words "no evidence of spread" or "remaining examination negative" are sufficient information to consider regional lymph nodes negative in the absence of any statement about nodes.
Note 4: Vocal cord paralysis (resulting from involvement of recurrent branch of the vagus nerve), superior vena cava obstruction, or compression of the trachea or the esophagus may be related to direct extension of the primary tumor or to lymph node involvement. The treatment options and prognosis associated with these manifestations of disease extent fall within the T4-Stage IIIB category; therefore, generally use CS Extension code 70 for these manifestations and not CS lymph nodes . HOWEVER, if the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, vena cava obstruction, or compression of the trachea or the esophagus, code these manifestations as mediastinal lymph node involvement (code 20) in CS Lymph Nodes unless there is a statement of involvement by direct extension from the primary tumor.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE

Code	Description	TNM	SS77	SS2000
10	Regional lymph nodes, ipsilateral: Bronchial Hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Intrapulmonary nodes, including involvement by direct extension: Interlobar Lobar Segmental Subsegmental Peri/parabronchial	N1	RN	RN
20	Regional lymph nodes, ipsilateral: Aortic [above diaphragm], NOS: Peri/para-aortic, NOS: Ascending aorta (phrenic) Subaortic (aortico-pulmonary window) Carinal (tracheobronchial) (tracheal bifurcation) Mediastinal, NOS: Anterior Posterior (tracheoesophageal) Pericardial Peri/paraesophageal Peri/paratracheal, NOS: Azygos (lower peritracheal) Pre- and retrotracheal, NOS: Precarinal Pulmonary ligament Subcarinal	N2	RN	RN
50	Regional lymph node(s), NOS	N1	RN	RN
60	Contralateral/bilateral hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Contralateral/bilateral mediastinal Scalene (inferior deep cervical), ipsilateral or contralateral Supraclavicular (transverse cervical), ipsilateral or contralateral	N3	D	D
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Lung
CS Reg Nodes Eval (Revised: 08/21/2006)

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

Code	Description	Staging Basis
0	No regional lymph nodes removed for examination. Evidence based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No regional lymph nodes removed for examination. Evidence based on endoscopic examination, diagnostic biopsy including fine needle aspiration of lymph node(s) or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used.	p
2	No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).	p
3	Regional lymph nodes removed for examination (removal of at least 1 lymph node) WITHOUT pre-surgical systemic treatment or radiation OR lymph nodes removed for examination, unknown if pre-surgical systemic treatment or radiation performed.	p
5	Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, BUT lymph node evaluation based on clinical evidence.	c
6	Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, and lymph node evaluation based on pathologic evidence.	y
8	Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy.	a
9	Unknown if lymph nodes removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record	c

Lung
Reg LN Pos
SEE STANDARD TABLE

Lung
Reg LN Exam
SEE STANDARD TABLE

Lung
CS Mets at DX (Revised: 08/22/2006)

Code	Description	TNM	SS77	SS2000
00	No; none	*	NONE	NONE
10	Distant lymph node(s), including cervical nodes	M1	D	D
35	Separate tumor nodule(s) in different lobe, same lung	M1	L	D

Code	Description	TNM	SS77	SS2000
37	Extension to: Skeletal muscle Sternum Skin of chest	M1	D	D
39	Extension to: Contralateral lung Contralateral main stem bronchus Separate tumor nodule(s) in contralateral lung	M1	D	D
40	Abdominal organs Distant metastases except distant lymph node(s) (code 10) except those specified in codes 35 to 39, including separate lesion in chest wall or diaphragm Distant metastasis, NOS Carcinomatosis	M1	D	D
50	Distant metastases + Distant node(s) (10) + any of [(35) to (40)]	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	**	U	U

* For CS Mets at DX code 00 only, the M category is assigned based on the value of CS Tumor Size, using the Mets Size Table for Mets at DX code 00 for this site.
** For CS Mets at DX code 99 only, the M category is assigned on the value of CS Tumor Size, using the Mets Size Table for Mets at DX code 99 for this site.

Lung
CS Mets Eval
SEE STANDARD TABLE

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

Surgery Codes

Lung
C340–C349
(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes
00 None; no surgery of primary site; autopsy ONLY

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

15 Local tumor destruction, NOS
  12 Laser ablation or cryosurgery
  13 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
No specimen sent to pathology from surgical events 12-13 and 15

20 Excision or resection of less than one lobe, NOS
  23 Excision, NOS
  24 Laser excision
  25 Bronchial sleeve resection ONLY
  21 Wedge resection
  22 Segmental resection, including lingulectomy
Specimen sent to pathology from surgical events 20–25

30 Resection of [at least one] lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)
  33 Lobectomy WITH mediastinal lymph node dissection
  The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item # 1292).

45 Lobe or bilobectomy extended, NOS
  46 WITH chest wall
  47 WITH pericardium
  48 WITH diaphragm

55 Pneumonectomy, NOS
  [*SEER Note:* Code 55 includes complete pneumonectomy, Sleeve pneumonectomy, Standard pneumonectomy, Total pneumonectomy, Resection of whole lung]

  56 WITH mediastinal lymph node dissection (radical pneumonectomy)
  The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item # 1292).

65 Extended pneumonectomy
  66 Extended pneumonectomy plus pleura or diaphragm

Surgery Codes

70 Extended radical pneumonectomy
The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item # 1292).
[***SEER Note:*** An extended radical pneumonectomy is a radical pneumonectomy (including removal of mediastinal nodes) and the removal of other tissues or nodes]

80 Resection of lung, NOS

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Heart
C380-C388

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

Heart, Mediastinum
C38.0-C38.3, C38.8

C38.0 Heart
C38.1 Anterior mediastinum
C38.2 Posterior mediastinum
C38.3 Mediastinum, NOS
C38.8 Overlapping lesion of heart, mediastinum and pleura

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

Heart, Mediastinum
CS Tumor Size
SEE STANDARD TABLE

Heart, Mediastinum
CS Extension (Revised: 09/17/2007)

Note: Sarcomas of the heart and mediastinum are classified as deep tumors. A deep tumor is located either exclusively beneath the superficial fascia, superficial to the fascia with invasion of or through the fascia, or both superficial yet beneath the fascia.

Code	Description	TNM	SS77	SS2000
10	Invasive tumor confined to site of origin	*	L	L
30	Localized, NOS	*	L	L
40	Adjacent connective tissue: Heart: Visceral pericardium (epicardium) (See note in General Instructions on adjacent connective tissue)	*	RE	RE

Code	Description	TNM	SS77	SS2000

60	Adjacent organs/structures:
	Heart:
	  Ascending aorta
	  Parietal pericardium
	  Vena cava
	Mediastinum:
	  Descending aorta
	  Esophagus
	  Large (named) artery(ies)
	  Large (named) vein(s)
	  Pericardium, NOS
	    Parietal
	    Visceral (epicardium)
	  Phrenic nerve(s)
	  Pleura, NOS
	    Parietal pleura
	    Visceral pleura of lung
	  Sternum
	  Sympathetic nerve trunk(s)
	  Thoracic duct
	  Thymus
	  Trachea, parietal pleura
	  Vertebra(e)
		*	RE	RE

80	Further contiguous extension	*	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

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

Heart, Mediastinum
CS TS/Ext-Eval
SEE STANDARD TABLE

Heart, Mediastinum
CS Lymph Nodes (Revised: 08/11/2004)

Note 1: Regional lymph nodes are defined as those in the vicinity of the primary tumor.

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

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE

Code	Description	TNM	SS77	SS2000
10	Regional lymph nodes: Aortic (above diaphragm), NOS: Peri/para-aortic, NOS Ascending aorta (phrenic) Subaortic (aortico-pulmonary window) Carinal (tracheobronchial) (tracheal bifurcation) Mediastinal, NOS: Anterior Posterior (tracheoesophageal) Pericardial Peri/paraesophageal Peri/paratracheal, NOS: Azygos (lower peritracheal) Pre- and retrotracheal, NOS: Precarinal Pulmonary ligament Subcarinal Regional lymph node(s), NOS	N1	RN	RN
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown (see Note 2)	NX	U	U

Heart, Mediastinum
CS Reg Nodes Eval
SEE STANDARD TABLE

Heart, Mediastinum
Reg LN Pos
SEE STANDARD TABLE

Heart, Mediastinum
Reg LN Exam
SEE STANDARD TABLE

Heart, Mediastinum
CS Mets at DX
SEE STANDARD TABLE

Heart, Mediastinum
CS Mets Eval
SEE STANDARD TABLE

Heart, Mediastinum
CS Site-Specific Factor 1 (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

Heart, Mediastinum
CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Heart, Mediastinum
CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Heart, Mediastinum
CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Heart, Mediastinum
CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

Pleura
C38.4

C38.4 Pleura, NOS

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

Pleura
CS Tumor Size
SEE STANDARD TABLE

Pleura
CS Extension (Revised: 08/02/2004)

Note: Pleural effusion does not affect the coding of the CS Extension field, but is coded as Site-Specific Factor 1.

Code	Description	TNM	SS77	SS2000
10	Invasive tumor (mesothelioma) confined to pleura, NOS	T1NOS	*	*
12	Ipsilateral parietal pleura, including mediastinal or diaphragmatic pleura, WITHOUT involvement of visceral pleura	T1a	*	*
14	Ipsilateral parietal pleura, including mediastinal or diaphragmatic pleura, WITH focal involvement of visceral pleura	T1b	*	*
16	Ipsilateral parietal pleura, including mediastinal or diaphragmatic pleura, involvement of visceral pleura not stated	T1NOS	*	*
20	Ipsilateral pleura WITH nodule(s) beneath visceral pleural surface Ipsilateral pleural surface with confluent visceral pleural tumor (including fissure)	T2	*	*
30	Localized, NOS	T1NOS	*	*
42	Diaphragm (diaphragmatic muscle)	T2	*	*
50	Mesothelioma nodule(s) which have broken through the visceral pleural surface to the lung surface Lung parenchyma, or lung involvement, NOS	T2	*	*
52	Adjacent connective tissue: Pericardium, non-transmural or NOS Endothoracic fascia	T3	*	*
61	Chest wall, solitary focus of tumor ONLY Mediastinal tissues, mediastinal fat	T3	*	*

Code	Description	TNM	SS77	SS2000
63	Diffuse or multifocal invasion of soft tissues of chest wall Heart muscle, myocardium Mediastinal organs Rib	T4	*	*
65	Extension to internal surface of pericardium	T4	*	*
69	Pericardial effusion with positive cytology	T4	*	*
78	Contralateral pleura (For contralateral lung, see CS Mets at DX)	T4	*	*
80	Further contiguous extension: Brachial plexus Cervical tissues Intra-abdominal organs Peritoneum Spine	T4	*	*
95	No evidence of primary tumor	T0	*	*
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	*	*

* The mapping to Summary Stage 1977 and Summary Stage 2000 depends on the value of Site-Specific Factor 1, Pleural Effusion. See the extra table, Extension Pleural Effusion Table, for details.

Pleura
CS TS/Ext-Eval
SEE STANDARD TABLE

Pleura
CS Lymph Nodes (Revised: 03/17/2004)

Code	Description	TNM	SS77	SS2000
00	No regional lymph node involvement	N0	NONE	NONE
10	Regional lymph nodes, ipsilateral, intrapulmonary: Hilar: Bronchopulmonary Proximal lobar Pulmonary root Intrapulmonary: Interlobar Lobar Segmental Subsegmental Peri/parabronchial	N1	RN	RN

Code	Description	TNM	SS77	SS2000
20	Regional lymph nodes, ipsilateral, mediastinal: Aortic [above diaphragm], NOS: Aorto-pulmonary window Ascending aorta Peri/para-aortic Phrenic Subaortic Carinal: Tracheobronchial Tracheal bifurcation Internal mammary (parasternal) Mediastinal, NOS: Anterior Posterior (tracheoesophageal) Pericardial Peri/paraesophageal [below carina] Peri/paratracheal, NOS: Lower peritracheal (azygos) Upper paratracheal Pretracheal and retrotracheal, NOS: Precarinal Prevascular Pulmonary ligament Subcardial Subcarinal	N2	RN	RN
50	Regional lymph nodes, NOS	N1	RN	RN
70	Contralateral or bilateral nodes specified in codes 10 or 20 Ipsilateral, contralateral or bilateral nodes: Scalene (inferior deep cervical) Supraclavicular (transverse cervical)	N3	D	D
80	Lymph nodes, NOS	N1	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NX	U	U

Pleura
CS Reg Nodes Eval
SEE STANDARD TABLE

Pleura
Reg LN Pos
SEE STANDARD TABLE

Pleura
Reg LN Exam
SEE STANDARD TABLE

Pleura
CS Mets at DX (Revised: 12/10/2003)

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s), including cervical nodes	M1	D	D
35	Direct extension to contralateral lung	M1	D	D
40	Distant metastases, except code (10) or (35) Distant metastasis, NOS (includes discontinuous involvement of contralateral pleura/chest wall) Carcinomatosis	M1	D	D
50	Distant metastases + Distant node(s)	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Pleura
CS Mets Eval
SEE STANDARD TABLE

Pleura
CS Site-Specific Factor 1 Pleural Effusion (Revised: 05/15/2002)

Code	Description
000	No pleural effusion
010	Pleural effusion, non-malignant
020	Pleural effusion, malignant
030	Pleural effusion, NOS
999	Unknown if pleural effusion

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

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

Code	Description
888	Not applicable for this site

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
C39.0, C39.8-C39.9

C39.0 Upper respiratory tract, NOS
C39.8 Overlapping lesion of respiratory system and intrathoracic organs
C39.9 Ill-defined sites within respiratory system
Note: AJCC does not define TNM staging for this site.

CS Tumor Size	CS Site-Specific Factor 1	**The following tables are available at the collaborative staging website:**
CS Extension	CS Site-Specific Factor 2	Histologies for Which AJCC Staging Is Not Generated
CS TS/Ext-Eval	CS Site-Specific Factor 3	AJCC Stage
CS Lymph Nodes	CS Site-Specific Factor 4	
CS Reg Nodes Eval	CS Site-Specific Factor 5	
Reg LN Pos	CS Site-Specific Factor 6	
Reg LN Exam		
CS Mets at DX		
CS Mets Eval		

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Tumor Size
SEE STANDARD TABLE

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Extension (Revised: 02/05/2007)

Code	Description	TNM	SS77	SS2000
00	In situ; noninvasive; intraepithelial	NA	IS	IS
10	Invasive tumor confined to site of origin	NA	L	L
30	Localized, NOS	NA	L	L
40	Adjacent connective tissue	NA	RE	RE
60	Adjacent organs/structures Descending aorta Esophagus Large (named) artery(ies) Large (named) vein(s) Pericardium, NOS Parietal Visceral (epicardium) Phrenic nerve(s) Pleura, NOS Parietal Visceral Sternum Sympathetic nerve trunk(s) Thoracic duct Thymus Trachea Vertebra(e) Visceral pleura of lung	NA	RE	RE
80	Further contiguous extension	NA	D	D

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

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS TS/Ext-Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Lymph Nodes (Revised: 02/05/2007)

Note: Code only regional nodes and nodes, NOS, in this field. Distant nodes are coded in the field Mets at DX.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	NA	NONE	NONE
10	Regional lymph nodes: Aortic [above diaphragm], NOS: Peri/para-aortic, NOS: Ascending aorta (phrenic) Subaortic (aortico-pulmonary window) Carinal (tracheobronchial) (tracheal bifurcation) Hilar (bronchopulmonary) (proximal lobar) (pulmonary root) Intrapulmonary, NOS: Interlobar Lobar Segmental Subsegmental Mediastinal, NOS: Anterior Posterior (tracheoesophageal) Peri/parabronchial Pericardial Peri/paraesophageal Peri/paratracheal, NOS: Azygos (lower peritracheal) Pre- and retrotracheal, NOS: Precarinal Pulmonary ligament Subcarinal Regional lymph node(s), NOS	NA	RN	RN
80	Lymph nodes, NOS	NA	RN	RN
99	Unknown; not stated Regional lymph nodes cannot be assessed Not documented in patient record	NA	U	U

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Reg Nodes Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
Reg LN Pos
SEE STANDARD TABLE

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
Reg LN Exam
SEE STANDARD TABLE

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Mets at DX (Revised: 12/09/2003)

Code	Description	TNM	SS77	SS2000
00	No; none	NA	NONE	NONE
10	Distant lymph node(s), NOS	NA	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	NA	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	NA	D	D
99	Unknown if distant metastasis Cannot be assessed Not documented in patient record	NA	U	U

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Mets Eval (Revised: 03/17/2004)

Code	Description	Staging Basis
9	Not applicable for this site	NA

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Site-Specific Factor 1 (Revised: 03/27/2003)

Code	Description
888	Not applicable for this site

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Site-Specific Factor 2 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Site-Specific Factor 3 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Site-Specific Factor 4 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Site-Specific Factor 5 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs
CS Site-Specific Factor 6 (Revised: 03/31/2002)

Code	Description
888	Not applicable for this site

Surgery Codes

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

Codes
00 None; no surgery of primary site; autopsy ONLY

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

No specimen sent to pathology from surgical events 10–14

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

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

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

Specimen sent to pathology from surgical events 20–27

30 Simple/partial surgical removal of primary site

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

50 Surgery stated to be "debulking"

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

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY