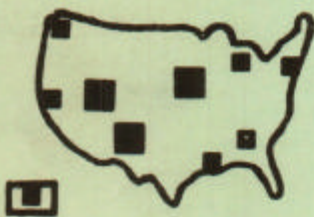


APRIL 1977

EXTENT OF DISEASE »« CODES AND CODING INSTRUCTIONS

Cancer Surveillance
Epidemiology and
End Results Reporting

SEER Program



EXTENT OF DISEASE
CODES AND CODING INSTRUCTIONS

For
The Cancer Surveillance, Epidemiology And
End Results Reporting (SEER) Program

April, 1977

EXTENT OF DISEASE
CODES AND CODING INSTRUCTIONS

Part I Expanded 13-Digit Extent of Disease Coding Schemes

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FOREWORD

There are three Extent of Disease (EOD) schemes which are coded according to the following general format:

	<u>Cols.</u>	<u>Description</u>
<u>Expanded Site-Specific</u> EOD scheme:	53-54	Tumor Size
	55	Primary Site Vessel Invasion
	56-59	Direct Extension of Primary Tumor
(Green)	60	Site-Specific Information
	61-62	Regional Lymph Node Involvement
	63-64	Distant Lymph Node Involvement
	65	Distant Site Involvement
	66	(No usage at this time, leave blank)
<u>Two-digit Site-Specific</u> EOD scheme:	67-68	Two-digit code
(Buff)		
<u>Non-Specific</u> scheme:	67-68	Non-specific code
(See Item c, page ii)		

As indicated in the outline above, the coding of Cols. 53-68 depends upon the coding scheme used.

a. Expanded Site-Specific EOD schemes (Cols. 53-65):

A 13-digit site-specific coding scheme has been approved for a number of major sites and is being developed for additional sites. Leave Cols. 67-68 blank when using the 13-digit schemes.

b. Two-digit Site-Specific EOD schemes (Cols. 67-68):

Two-digit site-specific coding schemes are also included in this booklet. There are schemes for most of the well-defined sites. Leave Cols. 53-65 blank when using the 2-digit schemes.

For sites with implemented Expanded Extent of Disease (13-digit) schemes do not use this two-digit scheme.

Note: Reportable by agreement cases should be coded according to the non-specific code.

c. Non-Specific scheme (Cols. 67-68)

Use the non-specific code below when there is neither an expanded nor a two-digit scheme for the primary site. Leave Cols. 53-65 blank.

Non-Specific Code:

- 0- In situ
- 4- Localized to site of origin

- 5- Regional, Direct Extension to adjacent organs or tissues only
- 6- Regional, Lymph Nodes Only
- 7- Regional, Direct Extension and Lymph Nodes (5 and 6)
- 8- Regional, NOS

- 9- Non-Localized, NOS

- 8- Distant (direct extension beyond adjacent organs or tissues or metastases to distant site or distant lymph node)

- Unstaged, No Information, Death Certificate only

Following is a list of primary site codes for which no site-specific codes have been issued to date, and for which the non-specific code is mandatory:

(Note: When a tumor overlaps two or more subcategories it should be coded to the subcategory that includes the point of origin of the tumor. Only when the point of origin cannot be determined should the site be classified to the subcategory "8".)

PRIMARY SITE CODE

- 405 Mucosa of lip, NOS
- 408 Two or more categories of lip
- 409 Lips, NOS

- 415 Junctional zone of tongue
- 418 Two or more categories of tongue
- 419 Tongue, NOS

- 422 Sublingual gland
- 428 Two or more categories of major salivary glands
- 429 Major salivary gland, NOS

- 438 Two or more categories of gum
- 439 Gum, NOS

- 455 Palate, NOS
- 458 Two or more categories of other parts of mouth
- 459 Oral cavity

490 Pharynx, NOS
 491 Waldeyer's ring, NOS
 498 Neoplasms of lip, oral cavity and pharynx whose
 point of origin cannot be assigned to any one of
 the categories 40 through 48
 499 Ill-defined sites in lip, oral cavity, and pharynx

 508 Junctions of esophagus
 509 Esophagus, NOS

 510 Cardioesophageal junction (excluding cardia of stomach)

 523 Meckel's diverticulum
 528 Two or more categories of the small intestine
 529 Small intestine, NOS

 535 Appendix
 538 Two or more categories of colon
 539 Colon, NOS

 548 Other parts of rectum

 568 Two or more categories of gallbladder and
 extrahepatic bile ducts
 569 Biliary tract, NOS

 573 Pancreatic duct
 574 Islets of Langerhans
 578 Two or more categories of pancreas
 579 Pancreas, NOS

 580 Retroperitoneum
 588 Specified parts of peritoneum
 589 Peritoneum, NOS

 590 Intestinal tract
 598 Neoplasms of digestive organs and peritoneum whose
 points of origin cannot be assigned to any one of
 the categories 50- through 58-
 599 Gastrointestinal tract, NOS

 600-605, 608, 609
 Nasal cavities, accessory sinuses, middle ear,
 inner ear

 613 Laryngeal cartilage
 618 Two or more categories of larynx
 619 Larynx, NOS

 620 Trachea
 622 Carina (excluding main bronchus)

630 Parietal pleura
 631 Visceral pleura
 638 Two or more categories of pleura
 639 Pleura

 640-643, 648, 649
 Thymus and mediastinum (excluding histology 959
 thru 969, 975)

 650, 658, 659
 Other and ill-defined sites within respiratory
 system and intrathoracic organs

 690-691, 699
 Blood, bone marrow (Hematopoietic system)

 692 Spleen (excluding histology 959 thru 969, 975)

 693 Reticuloendothelial system, NOS

 710, 712-719
 Connective tissue and other soft tissue

 738 Two or more categories of skin (melanotic
 and nonmelanotic)
 739 Skin, NOS; (melanotic and nonmelanotic)

 799 Uterus, NOS

 819 Placenta

 833 Broad ligament
 834 Parametrium
 835 Round ligament
 838 Other uterine adnexa
 839 Uterine adnexa

 848 Two or more categories of other and unspecified
 female genital organs
 849 Female genital tract, NOS

 873 Body of penis
 875 Epididymis
 876 Spermatic cord
 877 Scrotum, NOS
 878 Other parts of male genital organs
 879 Male genital tract, NOS

 887 Urachus

 893 Urethra
 894 Paraurethral gland
 898 Two or more categories of other urinary organs
 899 Urinary system, NOS

900-909
 Eye and lacrimal gland

910-919
 Brain

920-923, 928, 929
 Other and unspecified parts of nervous system

940, 941, 943-946, 948, 949
 Other endocrine glands

950-955, 958
 Other ill-defined sites

999 Unknown primary site

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GENERAL INSTRUCTIONS FOR CODING EXPANDED 13-DIGIT
EXTENT OF DISEASE SCHEMES

I. General Comments

- A. Extent of Disease should be limited to 1) all information available by the end of the first hospitalization for definitive surgical resection if done within two months of diagnosis, or 2) two months after diagnosis for all other cases--both treated and untreated.

If a patient has radiation therapy followed by definitive surgery within two months of diagnosis, include all information available through definitive surgery in determining the Oper/Path assessment of extent of disease. The separate clinical evaluation will be limited to procedures up to the initiation of definitive therapy

If an excisional biopsy, D & C, cone biopsy, lymphadenectomy, TUR (prostate or bladder), or a polypectomy is followed by further definitive therapy within two months of diagnosis, include all information available through the definitive surgery in determining extent of disease.

B. Clinical Assessment and Oper/Path Assessment

1. Some schemes (for example, breast, cervix, corpus, and prostate) provide for separate clinical and oper/path assessments of extent of disease.

- a. Clinical assessment is based on history, findings at physical examination, X-ray, scanning and other imaging techniques, specific laboratory tests, and visual observations with instrumental aids such as bronchoscope, sigmoidoscope, and cystoscope.

For cervix uteri and corpus uteri, code bi-manual examination (whether under anesthesia or not and including examination at D and C) as clinical assessment. For prostate and bladder, code visual observations at cystoscopy (with or without TUR) as clinical assessment.

- b. Operative/Pathological assessment is based on (1) findings at exploratory surgery and observations at surgical resection and (2) results of cytologies, biopsies and surgical resections (gross and microscopic pathological examinations).

If the primary tumor is excised, code the information in the pathology report. If information for a particular item is not in the pathology report (size, extension to other organs, etc.), refer to the operative report.

2. Other schemes (for example, colon, rectum, stomach, bronchus and lung) require combined clinical and oper/path assessment.

- C. When the primary site is changed because of findings at autopsy, the extent of disease should be recoded using the primary site scheme determined at autopsy with its appropriate extent of disease as determined at first diagnosis of this malignancy.

II. Interpretations

A. "To", "Into", "Onto"

Tumor invasion "to", "into", or "onto" an organ or structure is to be interpreted as involvement whether the description is clinical or operative/pathological.

B. Ambiguous Terminology

1. "Probable", "suspected", "compatible with...", or "consistent with..." are to be interpreted as involvement by tumor.
2. "Questionable", "possible", "suggests", or "equivocal" are not to be considered as evidence of involvement by tumor.

III. Insufficient Information

If there is no evidence at all or an inadequate work-up on the patient, then code as "insufficient information".

For sites with separate clinical and oper/path assessment, code as insufficient information (-) for oper/path assessment when no procedure was done.

When there is no mention of extranodal involvement for a lymphoma patient, but several diagnostic procedures were done, including laparotomy, interpret as no involvement.

IV. Tumor Size (Col. 53-54)

A site-specific priority scheme determines the procedure for coding size.

CENTIMETER EQUIVALENCES
FOR DESCRIPTIVE TERMS

<u>Fruits</u>	<u>Cm.</u>	<u>Miscellaneous Food</u>	<u>Cm.</u>
Apple	7	Doughnut	9
Apricot	4	Egg	5
Cherry	2	" , bantam	4
Date	4	" , goose	7
Fig, dried	4	" , hen	5
Grape	2	" , pigeon	3
Grapefruit	10	" , robin	2
Kumquat	5	Lentil	<1
Lemon	8	Millet	<1
Orange	9	<u>Money</u>	
Peach	6	Dime	1
Pear	9	Dollar, silver	4
Plum	3	Dollar, half	3
Tangerine	6	Nickel	2
<u>Nuts</u>		Quarter	2
Almond	3	Penny	1
Chestnut	4	<u>Other</u>	
Chestnut, horse	4	Ball, golf	4
Hazel	2	Ball, ping pong	3
Hickory	3	Baseball	7
Peanut	1	Eraser on pencil	<1
Pecan	3	Fist	9
Walnut	3	Marble	1
<u>Vegetables</u>		Match, head	<1
Bean	1	Microscopic	<1
Bean, lima	2		
Pea	<1		
Pea, split	<1		

SIZES IN CENTIMETERS
MILLIMETERS, INCHES

10 mm = 1 cm
2.5 cm = 1 inch

1 mm = 1/10 cm
1 cm = .394 inch

V. Direct Extension of Tumor (Cols. 56-59)

A. Clinical and Oper/Path assessment

1. For some sites (for example, breast, cervix, corpus, prostate) the clinical and oper/path assessments are coded separately. (See IB)
2. For other sites (for example, colon, rectum, stomach, bronchus and lung) a summary of the clinical and oper/path assessment is coded.

B. No evidence of involvement versus no information regarding involvement:

1. Within the Primary Site Area (Cols. 56-57):
Code as "not stated", if there is no information on extension of the tumor within the primary site area.
2. Beyond the Primary Site Area (Cols. 58-59):
Code as "no evidence of extension", if there is specific information on extension within the primary site area and none beyond the primary site area. For such cases it may be assumed that there was no direct extension to other tissues, structures, or organs.

VI. Site-Specific Information (Col. 60)

Column 60 is reserved for evaluation of site-specific factors. For those sites where this column is used, the codes are self-explanatory.

VII. Regional Lymph Node Involvement (Cols. 61-62)

A. Lymph Nodes, NOS

Any unidentified nodes included with the resected primary site specimen are to be considered as "Regional, NOS".

B. Clinical and Oper/Path Assessment (Cols. 61-62)

1. For some sites (for example, breast, cervix, corpus, bronchus lung, and prostate) the clinical and oper/path assessments are coded separately.

a. Clinical (Col. 61)

1. The clinician's evaluation of lymph node involvement will be based on palpability, consistency, mobility (fixed or not fixed), size (over 1 cm.) and shape (irregularity); look for a statement of involvement. Small bilateral nodes are not a sign of involvement.

When there is a mass demonstrated in the mediastinum, retroperitoneum and/or mesentery and there is no specific information as to the tissue involved, assume the involvement to be nodal in determining extent of disease.

Code as "no information", if regional lymph nodes are not mentioned.

2. For cervix and corpus, clinical assessment is a combination of bimanual exam and the interpretation of lymphangiograms.

Code "no information", if neither bimanual exam nor lymphangiogram are done or reported.

3. For bronchus and lung, this field is used to record x-ray and mediastinoscopic evaluation of hilum and mediastinum.

Code as "no information", if x-ray is not mentioned and mediastinoscopy is not done.

4. For lymphomas, lymph node involvement is coded in cols. 54-57; other lymphoid tissue is included with extranodal involvement in cols. 58-64.

If lymph nodes are described as, for example, "mass", "enlarged", "matted", "visible swelling", they are to be considered involved. Often it is necessary to read the entire description, such as, a comparison with the other side, to determine this. If you are still in doubt, ask a clinician whether the lymph nodes are involved or not.

5. If a lymphoma is microscopically confirmed, in the absence of information leading to a contrary diagnosis, (i.e., alcoholism), most clinicians would assume the liver and spleen are involved when they are markedly enlarged.

b. Oper/Path Assessment (col. 62)

This information is based on both the gross and microscopic findings of pathology reports (microscopic takes priority) and additional findings in the operative reports.

If there is no detailed microscopic pathological description (only site and type), use the gross description in describing extent of disease.

If there is a detailed microscopic description but it neither confirms nor denies some of the statements in the gross description, use the gross description to supplement the microscopic.

For bronchus and lung, code lymph nodes observed at thoracotomy. For cervix, corpus, prostate and lymphoma code lymph nodes observed at laparotomy.

Code "no information", if there was no biopsy, no surgical exploration or no surgical resection of regional lymph node(s), or if the operative/pathological reports are not available.

2. For some sites (for example, colon, rectum, and stomach) a combined clinical and oper/path assessment is coded in Col. 62 with a "-" in Col. 61.

VIII. Distant Lymph Node Involvement (Cols. 63-64)

A. Clinical Assessment (Col. 63)

Palpable nodes are to be coded only if they are stated to be involved.

B. Operative/Pathological Assessment (Col. 64)

Excised nodes, whether from biopsy or surgical resection, are to be considered involved if so stated in the pathology report. If there is a discrepancy between the gross and microscopic sections of the pathology report, the microscopic takes precedence. If the nodes are not mentioned in the pathology report, or if they are not excised, use the operative evaluation but code only those nodes considered to be involved.

C. Combined Clinical and Oper/Path Assessment (Col. 64)
(See IB2, VIIB2).

IX. Distant Site Involvement (Col. 65)

Code using all information available--clinical and radiological evaluations, specific laboratory tests, manipulative procedures, surgical observation, cytologies, gross and microscopic pathological reports of biopsies and resected specimens.

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR_SIZE* (In mm - maximum diameter)

00 No mass
08 Microscopic focus or foci only

01
.
. Specified mm
.
97

98 98 mm or larger
99 Diffuse (widespread involvement of stomach)

-- Not stated

*If primary is excised, code size as given on pathology report; if size is not given in pathology report, code size as given in operative report; otherwise code as not stated.

If primary is not excised, code size given in report of exploratory surgery, endoscopic examination, or radiographic report (in priority order).

Col. 55

- Not applicable for this site

Cols. 56-59 DIRECT EXTENSION OF TUMOR

Col. 56 - Not applicable for this site

Col. 57 Within Primary Site and Adjacent Tissue

- 0 In situ (no invasion of lamina propria)
- 1 Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)
- 2 Invasion of submucosa (through muscularis mucosae); includes invasion of stalk (if polyp); superficial invasion
- 3 Invasion of muscularis propria
- 4 Invasion through muscularis propria and/or into subserosal tissue (including extension through wall, NOS)
- 5 Localized, NOS; no detailed information of above
- 6 Extension into lesser omentum (including omentum, NOS); perigastric fat; gastrocolic, gastrohepatic and/or gastrosplenic ligament(s), or adjacent tissues, NOS
- 7 Invasion of serosa
- 8 (7) and (6)
- 9 Diffuse involvement of stomach wall without definite boundaries (i.e., linitis plastica)
- Not stated

Col. 58 Beyond Primary Site

- 0 No evidence of extension
- 1 Esophagus, intraluminal (including esophagus, NOS)
- 2 Duodenum, intraluminal
- 3 (1) and (2)
- 4 Greater omentum
- 5 Transverse colon
- 6 Spleen
- 7 More than one of (4-6)
- 8 Any of (1-3) with any of (4-7)
- Insufficient information

STOMACH
(excluding cardioesophageal junction)
510-519

April, 1977

Cols. 55-59 DIRECT EXTENSION OF TUMOR CONTINUED

Col. 59 Further Extension Beyond Primary Site

- 0 No evidence of extension
- 1 Esophagus via serosa
- 2 Duodenum via serosa (including duodenum, NOS)
- 3 Small intestine (excluding duodenum)
- 4 Liver
- 5 Diaphragm
- 6 Pancreas
- 8 Other (including abdominal wall, adrenal gland(s),
 left kidney, retroperitoneum)
- 9 More than one of (4-8)
- & Any of (1-3) with any of (4-9)
- Insufficient information

Col. 60 - Not applicable for this site

Col. 61 - Not applicable for this site

Col. 62 REGIONAL LYMPH NODE INVOLVEMENT

- 0 Nodes stated to be negative
- 1 Nodes stated to be involved
- No information

Note: Regional nodes (fixed or not fixed) for this site are:

Splenic hilar: pancreaticolienal; splenic; left
 gastroepiploic; peripancreatic

Superior gastric: lesser curvature; lesser omentum;
 gastrohepatic; left gastric; paracardial; cardiac;
 cardioesophageal

Inferior gastric: greater curvature; greater omentum;
 gastrocolic; gastroepiploic, right or NOS;
 subpyloric; pyloric; infrapyloric

Perigastric, NOS

Nodule(s) in perigastric fat

STOMACH
(excluding cardioesophageal junction)
510-519

April, 1977

Col. 63 - Not applicable for this site

Col. 64 DISTANT_LYMPH_NODE_INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Nodes stated to be involved

Note: Include the following nodes as distant for this site:

Para-aortic
Hepatic
Portal
Celiac
Mesenteric, superior or inferior
Retroperitoneal

Supraclavicular; cervical; scalene

Col. 65 DISTANT_SITE_INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Solitary metastasis in lung

2 Multiple metastases in lung; metastasis in lung, NOS;
implants on pleura; implants in thoracic cavity;
malignant cells in pleural fluid

3 Ovary

4 Liver implants or nodules

5 Bone

6 Brain

7 Surface implant(s) on the intestinal tract, peritoneum
(omentum) or mesenteries; malignant cells in ascitic fluid

8 Other specified distant site

9 More than one of (1-8); generalized metastases;
carcinomatosis

8 Distant metastasis, NOS

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR_SIZE* (In mm - maximum diameter)

- 00 No mass
- 08 Microscopic focus or foci only

- 01
- .
- . Specified mm
- .
- 97
- 98 98 mm or larger

- Not stated

*If primary is excised, code size as given on pathology report; if size is not given in pathology report, code size as given in operative report; otherwise code as not stated.

If primary is not excised, code size given in report of exploratory surgery or radiography (in priority order).

Col. 55

- Not applicable for this site

Cols. 56-59

DIRECT EXTENSION OF TUMOR

Col. 56

- Not applicable for this site

Col. 57

Within Primary Site and Mesentery

0 In situ (no invasion of the lamina propria)

1 Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)

2 Invasion of submucosa (through muscularis mucosae); includes invasion of stalk (if polyp); superficial invasion

3 Invasion of muscularis propria

4 Invasion through muscularis propria and/or into subserosa tissue (including extension through wall, NOS)

5 Localized, NOS; no detailed information of above

6 Extension into mesentery (including mesenteric fat); pericolic (pericecal) fat

7 Extension into adjacent tissue, NOS

8 Invasion of serosa

9 (8) with (6 or 7)

- Not stated

Col. 58

- Not applicable for this site

Col. 59

Beyond Primary Site

0 No evidence of extension

1 Intraluminal to other parts (appendix; cecum or ileocecal valve; ileum; ascending colon)

2 Small intestine

3 Greater omentum

4 More than one of (1-3)

5 Retroperitoneum

6 Abdominal wall; fistula to skin

7 Other (liver; urinary bladder; gallbladder; uterus; ovary; fallopian tube; right kidney; right ureter; other segments of colon via serosa)

8 More than one of (5-7)

9 Any of (1-4) with any of (5-8)

- Insufficient information

Col. 60 ASSOCIATED LESIONS

- 0 Cancer arising in adenomatous polyp, with no evidence of other lesion
- 1 Cancer arising in adenomatous polyp, with other separate lesion(s)
- 2 Cancer arising in villous adenoma, with no evidence of other lesion
- 3 Cancer arising in villous adenoma, with other separate lesion(s)
- 4 Cancer only (not arising in an polyp or adenoma) with no evidence of other lesion
- 5 Cancer only (not arising in an polyp or adenoma) with other separate lesion(s)
- 6 Cancer with familial polyposis
- 7 Cancer with "ulcerative colitis"
- No information

Note: "Lesion" in codes 0-5 refers to synchronous (benign or malignant) adenomatous polyp and/or villous adenoma and/or carcinoma elsewhere in colon or rectum. "Cancer" refers to the tumor being coded. A villous adenomatous polyp is coded as a villous adenoma.

Col. 61 - Not applicable for this site

Col. 62 REGIONAL LYMPH NODE INVOLVEMENT

- 0 Nodes stated to be negative
- 1 Nodes stated to be involved
- No information

Note: Regional nodes (fixed or not fixed) for this site are:

- Epicolic
- Paracolic
- Cecal
- Ileocolic
- Right colic (including colic, NOS)
- Mesenteric, superior or NOS
- Nodule(s) in pericolic fat

Col. 63 - Not applicable for this site

Col. 64 DISTANT LYMPH NODE INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Distant nodes involved

Note: Include the following nodes as distant for this site:

Inferior mesenteric
Para-aortic
Middle colic
Left colic
Retroperitoneal

Supraclavicular; cervical; scalene

Col. 65 DISTANT SITE INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Solitary metastasis in lung

2 Multiple metastases in lung; metastasis in lung, NOS;
implants on pleura; implants in thoracic cavity;
malignant cells in pleural fluid

3 Ovarian implants

4 Liver implants or nodules

5 Bone

6 Brain

7 Surface implants on the intestinal tract, peritoneum or
mesenteries; malignant cells in ascitic fluid

8 Other specified distant site

9 More than one of (1-8); generalized metastases;
carcinomatosis

& Distant metastasis, NOS

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR_SIZE* (In mm - maximum diameter)

- 00 No mass
- 0& Microscopic focus or foci only
- 01
- .
- . Specified mm
- .
- 97
- 98 98 mm or larger
- Not stated

*If primary is excised, code size as given on pathology report; if size is not given in pathology report, code size as given in operative report; otherwise code as not stated.

If primary is not excised, code size given in report of exploratory surgery, endoscopic examination, or radiographic report (in priority order).

Col. 55

- Not applicable for this site

Cols. 56-59

DIRECT EXTENSION OF TUMOR

Col. 56

- Not applicable for this site

Col. 57

Within Primary Site and Mesentery

- 0 In situ (no invasion of the lamina propria)
- 1 Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)
- 2 Invasion of submucosa (through muscularis mucosae); includes invasion of stalk (if polyp); superficial invasion
- 3 Invasion of muscularis propria
- 4 Invasion through muscularis propria and/or into subserosal tissue (including extension through wall, NOS)
- 5 Localized, NOS; no detailed information of above
- 6 Extension into pericolic fat; retroperitoneal fat
- 7 Extension into adjacent tissue, NOS
- 8 Invasion of serosa
- 9 (8) with (6 or 7)
- Not stated

Col. 58

- Not applicable for this site

Col. 59

Beyond Primary Site

- 0 No evidence of extension
- 1 Intraluminal to other parts (cecum; appendix; ileocecal valve; transverse colon)
- 2 Small intestine
- 3 Greater omentum
- 4 More than one of (1-3)
- 5 Retroperitoneum
- 6 Right ureter
- 7 Other (uterus; ovary; fallopian tube; liver; abdominal wall; urinary bladder; gallbladder; right kidney; fistula to skin; other segments of colon via serosa)
- 8 More than one of (5-7)
- 9 Any of (1-4) with any of (5-8)
- Insufficient information

Col. 60 ASSOCIATED LESIONS

- 0 Cancer arising in adenomatous polyp, with no evidence of other lesion
- 1 Cancer arising in adenomatous polyp, with other separate lesion(s)
- 2 Cancer arising in villous adenoma, with no evidence of other lesion
- 3 Cancer arising in villous adenoma, with other separate lesion(s)
- 4 Cancer only (not arising in an polyp or adenoma) with no evidence of other lesion
- 5 Cancer only (not arising in an polyp or adenoma) with other separate lesion(s)
- 6 Cancer with familial polyposis
- 7 Cancer with "ulcerative colitis"
- No information

Note: "Lesion" in codes 0-5 refers to synchronous (benign or malignant) adenomatous polyp and/or villous adenoma and/or carcinoma elsewhere in colon or rectum. "Cancer" refers to the tumor being coded. A villous adenomatous polyp is coded as a villous adenoma.

Col. 61 - Not applicable for this site

Col. 62 REGIONAL LYMPH NODE INVOLVEMENT

- 0 Nodes stated to be negative
- 1 Nodes stated to be involved
- No information

Note: Regional nodes (fixed or not fixed) for this site are:

Epicolic
Paracolic
Ileocolic
Right colic (including colic, NOS)
Middle colic
Mesenteric, superior or NOS

Nodule(s) in pericolic fat

Col. 63 - Not applicable for this site

Col. 64 DISTANT LYMPH NODE INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Nodes stated to be involved

Note: Include the following nodes as distant for this site:

Inferior mesenteric
Para-aortic
Left colic
Retroperitoneal

Supraclavicular; cervical; scalene

Col. 65 DISTANT SITE INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Solitary metastasis in lung

2 Multiple metastases in lung; metastasis in lung, NOS;
implants on pleura; implants in thoracic cavity;
malignant cells in pleural fluid

3 Ovarian implants

4 Liver implants or nodules

5 Bone

6 Brain

7 Surface implants on the intestinal tract, peritoneum or
mesenteries; malignant cells in ascitic fluid

8 Other specified distant site

9 More than one of (1-8); generalized metastases;
carcinomatosis

8 Distant metastasis, NOS

EXTENT_OF_DISEASE_AT_FIRST_TREATMENT

Cols. 53-54 TUMOR_SIZE* (In mm - maximum diameter)

00 No mass
08 Microscopic focus or foci only

01
 .
 . Specified mm
 .
97

98 98 mm or larger

-- Not stated

*If primary is excised, code size as given on pathology report; if size is not given in pathology report, code size as given in operative report; otherwise code as not stated.

If primary is not excised, code size given in report of exploratory surgery, endoscopic examination, or radiographic report (in priority order).

Col. 55

- Not applicable for this site

Cols. 56-59	<u>DIRECT EXTENSION OF TUMOR</u>
Col. 56	- Not applicable for this site
Col. 57	<u>Within Primary Site and Mesentery</u>
0	In situ (no invasion of the lamina propria)
1	Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)
2	Invasion of submucosa (through muscularis mucosae); includes invasion of stalk (if polyp); superficial invasion
3	Invasion of muscularis propria
4	Invasion through muscularis propria and/or into subserosal tissue (including extension through wall, NOS)
5	Localized, NOS; no detailed information of above
6	Extension into mesentery (including mesenteric fat); mesocolon; pericolic fat
7	Extension into adjacent tissues, NOS
8	Extension into greater omentum; gastrocolic ligament
9	Invasion of serosa
&	(9) with any of (6-8)
-	Not stated
Col. 58	- Not applicable for this site
Col. 59	<u>Beyond Primary Site</u>
0	No evidence of extension
1	Intraluminal to other parts (ascending colon, descending colon)
2	Small intestine except duodenum
3	Stomach and/or duodenum
4	More than one of (1-3)
5	Spleen
6	Liver
7	Pancreas
8	Other (abdominal wall; retroperitoneum; gallbladder; kidney; ureter; adrenal gland; diaphragm; other segment of colon via serosa)
9	More than one of (5-8)
&	Any of (1-4) with any of (5-9)
-	Insufficient information

- Col. 60 ASSOCIATED LESIONS
- 0 Cancer arising in adenomatous polyp, with no evidence of other lesion
 - 1 Cancer arising in adenomatous polyp, with other separate lesion(s)
 - 2 Cancer arising in villous adenoma, with no evidence of other lesion
 - 3 Cancer arising in villous adenoma, with other separate lesion(s)
 - 4 Cancer only (not arising in an polyp or adenoma) with no evidence of other lesion
 - 5 Cancer only (not arising in an polyp or adenoma) with other separate lesion(s)
 - 6 Cancer with familial polyposis
 - 7 Cancer with "ulcerative colitis"
- No information

Note: "Lesion" in codes 0-5 refers to synchronous (benign or malignant) adenomatous polyp and/or villous adenoma and/or carcinoma elsewhere in colon or rectum. "Cancer" refers to the tumor being coded. A villous adenomatous polyp is coded as a villous adenoma.

- Col. 61 - Not applicable for this site

- Col. 62 REGIONAL LYMPH NODE INVOLVEMENT
- 0 Nodes stated to be negative
 - 1 Nodes stated to be involved
- No information

Note: Regional nodes (fixed or not fixed) for this site are:

Epicolic
Paracolic
Right colic for hepatic flexure only
Left colic for splenic flexure only
Middle colic
Colic, NOS
Mesenteric, NOS
Inferior mesenteric for splenic flexure only
Superior mesenteric for hepatic flexure and transverse colon only

Nodule(s) in pericolic fat

Col. 63 - Not applicable for this site

Col. 64 DISTANT LYMPH NODE INVOLVEMENT

0 No evidence of involvement;
 insufficient information

1 Nodes stated to be involved

Note: Include the following nodes as distant for this site:

Para-aortic
Retroperitoneal
Inferior mesenteric for hepatic flexure and
 transverse colon only
Superior mesenteric for splenic flexure only

Supraclavicular; cervical; scalene

Col. 65 DISTANT SITE INVOLVEMENT

0 No evidence of involvement;
 insufficient information

1 Solitary metastasis in lung

2 Multiple metastases in lung; metastasis in lung, NOS;
 implants on pleura; implants in thoracic cavity;
 malignant cells in pleural fluid

3 Ovary

4 Liver implants or nodules

5 Bone

6 Brain

7 Surface implants on the intestinal tract, peritoneum or
 mesenteries; malignant cells in ascitic fluid

8 Other specified distant site

9 More than one of (1-8); generalized metastases;
 carcinomatosis

& Distant metastasis, NOS

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR_SIZE* (In mm - maximum diameter)

00 No mass
08 Microscopic focus or foci only

01
.
. Specified mm
.
97

98 98 mm or larger

-- Not stated

*If primary is excised, code size as given on pathology report; if size is not given in pathology report, code size as given in operative report; otherwise code as not stated.

If primary is not excised, code size given in report of exploratory surgery, endoscopic examination, or radiographic report (in priority order).

Col. 55

- Not applicable for this site

Cols. 56-59

DIRECT EXTENSION OF TUMOR

Col. 56

- Not applicable for this site

Col. 57

Within Primary Site and Mesentery

- 0 In situ (no invasion of the lamina propria)
- 1 Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)
- 2 Invasion of submucosa (through muscularis mucosae); includes invasion of stalk (if polyp); superficial invasion
- 3 Invasion of muscularis propria
- 4 Invasion through muscularis propria and/or into subserosal tissue (including extension through wall, NOS)
- 5 Localized, NOS; no detailed information of above
- 6 Extension into pericolic fat; retroperitoneal fat
- 7 Extension into adjacent tissues, NOS
- 8 Invasion of serosa
- 9 (8) with (6 or 7)
- Not stated

Col. 58

- Not applicable for this site

Col. 59

Beyond Primary Site

- 0 No evidence of extension
- 1 Intraluminal to other parts (splenic flexure; transverse colon; sigmoid)
- 2 Small intestine
- 3 Greater omentum
- 4 More than one of (1-3)
- 5 Spleen
- 6 Retroperitoneum
- 7 Left ureter
- 8 Other (uterus; ovary; fallopian tube; abdominal or pelvic wall; left kidney; other segment of colon via serosa; fistula to skin)
- 9 More than one of (5-8)
- & Any of (1-4) with any of (5-9)
- Insufficient information

Col. 60 ASSOCIATED LESIONS

- 0 Cancer arising in adenomatous polyp, with no evidence of other lesion
- 1 Cancer arising in adenomatous polyp, with other separate lesion(s)
- 2 Cancer arising in villous adenoma, with no evidence of other lesion
- 3 Cancer arising in villous adenoma, with other separate lesion(s)
- 4 Cancer only (not arising in an polyp or adenoma) with no evidence of other lesion
- 5 Cancer only (not arising in an polyp or adenoma) with other separate lesion(s)
- 6 Cancer with familial polyposis
- 7 Cancer with "ulcerative colitis"
- No information

Note: "Lesion" in codes 0-5 refers to synchronous (benign or malignant) adenomatous polyp and/or villous adenoma and/or carcinoma elsewhere in colon or rectum. "Cancer" refers to the tumor being coded. A villous adenomatous polyp is coded as a villous adenoma.

Col. 61 - Not applicable for this site

Col. 62 REGIONAL LYMPH NODE INVOLVEMENT

- 0 Nodes stated to be negative
- 1 Nodes stated to be involved
- No information

Note: Regional nodes (fixed or not fixed) for this site are:

Epicolic
Paracolic
Left colic (including colic, NOS)
Mesenteric, inferior or NOS

Nodule(s) in pericolic fat

Col. 63 - Not applicable for this site

Col. 64 DISTANT LYMPH NODE INVOLVEMENT

- 0 No evidence of involvement;
insufficient information
- 1 Nodes stated to be involved

Note: Include the following nodes as distant for this site:

Para-aortic
Retroperitoneal
Right colic
Middle colic
Ileocolic
Superior mesenteric

Supraclavicular; cervical; scalene

Col. 65 DISTANT SITE INVOLVEMENT

- 0 No evidence of involvement;
insufficient information
- 1 Solitary metastasis in lung
- 2 multiple metastases in lung; metastasis in lung, NOS;
implants on pleura; implants in thoracic cavity;
malignant cells in pleural fluid
- 3 Ovarian implants
- 4 Liver
- 5 Bone
- 6 Brain
- 7 Surface implants on the intestinal tract, peritoneum or
mesenteries; malignant cells in ascitic fluid
- 8 Other specified distant site
- 9 More than one of (1-8); generalized metastases;
carcinomatosis
- & Distant metastasis, NOS

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR_SIZE* (In mm - maximum diameter)

- 00 No mass
- 01 Microscopic focus or foci only
- 01
- .
- . Specified mm
- .
- 97
- 98 98 mm or larger
- Not stated

*If primary is excised, code size as given on pathology report; if size is not given in pathology report, code size as given in operative report; otherwise code as not stated.

If primary is not excised, code size given in report of exploratory surgery, endoscopic examination, or radiographic report (in priority order).

Col. 55

- Not applicable for this site

Cols. 56-59

DIRECT EXTENSION OF TUMOR

Col. 56

- Not applicable for this site

Col. 57

Within Primary Site and Mesentery

- 0 In situ (no invasion of the lamina propria)
- 1 Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)
- 2 Invasion of submucosa (through muscularis mucosae); includes invasion of stalk (if polyp); superficial invasion
- 3 Invasion of muscularis propria
- 4 Invasion through muscularis propria and/or into subserosal tissue (including extension through wall, NOS)
- 5 Localized, NOS; no detailed information of above
- 6 Extension into mesentery (including mesenteric fat); pericolic fat
- 7 Extension into adjacent tissue, NOS
- 8 Invasion of serosa
- 9 (8) with (6 or 7)
- Not stated

Col. 58

- Not applicable for this site

Col. 59

Beyond Primary Site

- 0 No evidence of extension
- 1 Intraluminal to other parts (descending colon; rectosigmoid; rectum)
- 2 Small intestine
- 3 Uterus
- 4 Ovary and/or fallopian tube
- 5 Greater omentum
- 6 More than one of (1-5)
- 7 Urinary bladder and/or ureter
- 8 Other (cul-de-sac; abdominal or pelvic wall; other colon via serosa; fistula to skin)
- 9 Both (7) and (8)
- & Any of (1-6) with any of (7-9)
- Insufficient information

Col. 60 ASSOCIATED LESIONS

- 0 Cancer arising in adenomatous polyp, with no evidence of other lesion
- 1 Cancer arising in adenomatous polyp, with other separate lesion(s)
- 2 Cancer arising in villous adenoma, with no evidence of other lesion
- 3 Cancer arising in villous adenoma, with other separate lesion(s)
- 4 Cancer only (not arising in an polyp or adenoma) with no evidence of other lesion
- 5 Cancer only (not arising in an polyp or adenoma) with other separate lesion(s)
- 6 Cancer with familial polyposis
- 7 Cancer with "ulcerative colitis"
- No information

Note: "Lesion" in codes 0-5 refers to synchronous (benign or malignant) adenomatous polyp and/or villous adenoma and/or carcinoma elsewhere in colon or rectum. "Cancer" refers to the tumor being coded. A villous adenomatous polyp is coded as a villous adenoma.

Col. 61
- Not applicable for this site

Col. 62 REGIONAL LYMPH NODE INVOLVEMENT

- 0 Nodes stated to be negative
- 1 Nodes stated to be involved
- No information

Note: Regional nodes (fixed or not fixed) for this site are:

- Epicolic
- Paracolic
- Colic, NOS
- Sigmoidal
- Superior hemorrhoidal
- Superior rectal
- Mesenteric, inferior or NOS

- Nodule(s) in pericolic fat

Col. 63 - Not applicable for this site

Col. 64 DISTANT LYMPH NODE INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Nodes stated to be involved

Note: Include the following nodes as distant for this site:

Right colic
Left colic
Middle colic
Para-aortic
Retroperitoneal
Superior mesenteric

Supraclavicular; cervical; scalene

Col. 65 DISTANT SITE INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Solitary metastasis in lung

2 Multiple metastases in lung; metastasis in lung, NOS;
implants on pleura; implants in thoracic cavity;
malignant cells in pleural fluid

3 Ovarian implants

4 Liver

5 Bone

6 Brain

7 Surface implants on the intestinal tract, peritoneum or
mesenteries; malignant cells in ascitic fluid

8 Other specified distant site

9 More than one of (1-8); generalized metastases;
carcinomatosis

& Distant metastasis, NOS

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR_SIZE* (In mm - maximum diameter)

- 00 No mass
- 0& Microscopic focus or foci only
- 01
- .
- . Specified mm
- .
- 97
- 98 98 mm or larger
- Not stated

*If primary is excised, code size as given on pathology report; if size is not given in pathology report, code size as given in operative report; otherwise code as not stated.

If primary is not excised, code size given in report of exploratory surgery, endoscopic examination, or radiographic report (in priority order).

Col. 55

- Not applicable for this site

Cols. 56-59

DIRECT EXTENSION OF TUMOR

Col. 56

- Not applicable for this site

Col. 57

Within Primary Site and Mesentery

- 0 In situ (no invasion of the lamina propria)
- 1 Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)
- 2 Invasion of submucosa (through muscularis mucosae); includes invasion of stalk (if polyp); superficial invasion
- 3 Invasion of muscularis propria
- 4 Invasion through muscularis propria and/or subserosal tissue (including extension through wall, NOS)
- 5 Localized, NOS; no detailed information of above
- 6 Extension into mesentery (including mesenteric fat); pericolic fat
- 7 Extension into adjacent tissues, NOS
- 8 Invasion of serosa
- 9 (8) with (6 or 7)
- Not stated

Col. 58

- Not applicable

Col. 59

Beyond Primary Site

- 0 No evidence of extension
- 1 Intraluminal to other parts (sigmoid; rectum)
- 2 Small intestine
- 3 Uterus
- 4 Ovary and/or fallopian tube
- 5 More than one of (1-4)
- 6 Urinary bladder and/or ureter
- 7 Other (cul-de-sac; prostate; vagina; skeletal muscles; pelvic wall)
- 9 Both (6) and (7)
- 8 Any of (1-5) with any of (6-9)
- Insufficient information

Col. 60 ASSOCIATED LESIONS

- 0 Cancer arising in adenomatous polyp, with no evidence of other lesion
- 1 Cancer arising in adenomatous polyp, with other separate lesion(s)
- 2 Cancer arising in villous adenoma, with no evidence of other lesion
- 3 Cancer arising in villous adenoma, with other separate lesion(s)
- 4 Cancer only (not arising in an polyp or adenoma) with no evidence of other lesion
- 5 Cancer only (not arising in an polyp or adenoma) with other separate lesion(s)
- 6 Cancer with familial polyposis
- 7 Cancer with "ulcerative colitis"
- No information

Note: "Lesion" in codes 0-5 refers to synchronous (benign or malignant) adenomatous polyp and/or villous adenoma and/or carcinoma elsewhere in colon or rectum. "Cancer" refers to the tumor being coded. A villous adenomatous polyp is coded as a villous adenoma.

Col. 61 - Not applicable for this site

Col. 62 REGIONAL LYMPH NODE INVOLVEMENT

- 0 Nodes stated to be negative
- 1 Nodes stated to be involved
- No information

Note: Regional nodes (fixed or not fixed) for this site are:

Paracolic (including colic, NOS)
 Pararectal
 Hemorrhoidal, superior or middle
 Sigmoidal
 Internal iliac (hypogastric)
 Mesenteric, inferior or NOS

Nodule(s) in perigastric fat

Col. 63 - Not applicable for this site

Col. 64 DISTANT LYMPH NODE INVOLVEMENT

- 0 No evidence of involvement;
insufficient information
- 1 Nodes stated to be involved

Note: Include the following nodes as distant for this site:

Para-aortic
Retroperitoneal
Left colic
Middle colic
Superior mesenteric

Supraclavicular; cervical; scalene

Col. 65 DISTANT SITE INVOLVEMENT

- 0 No evidence of involvement;
insufficient information
- 1 Solitary metastasis in lung
- 2 Multiple metastases in lung; metastasis in lung, NOS;
implants on pleura; implants in thoracic cavity;
malignant cells in pleural fluid
- 3 Ovarian implants
- 4 Liver
- 5 Bone
- 6 Brain
- 7 Surface implants on the intestinal tract, peritoneum or
mesenteries; malignant cells in ascitic fluid
- 8 Other specified distant site
- 9 More than one of (1-8); generalized metastases;
carcinomatosis
- 8 Distant metastasis, NOS

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR SIZE* (In mm - maximum diameter)

- 00 No mass
- 0& Microscopic focus or foci only

- 01
- .
- . Specified mm
- .
- 97

- 98 98 mm or larger

- Not stated

*If primary is excised, code size as given on pathology report; if size is not given in pathology report, code size as given in operative report; otherwise code as not stated.

If primary is not excised, code size given in report of exploratory surgery, endoscopic examination, or radiographic report (in priority order).

Col. 55

- Not applicable for this site

Cols. 56-59

DIRECT EXTENSION OF TUMOR

Col. 56

- Not applicable for this site

Col. 57

Within Primary Site and Adjacent Tissues

- 0 In situ (no invasion of the lamina propria)
- 1 Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)
- 2 Invasion of submucosa (through muscularis mucosae); includes invasion of stalk (if polyp); superficial invasion
- 3 Invasion of muscularis propria
- 4 Invasion through muscularis propria (including extension through wall, NOS)
- 5 Localized, NOS; no detailed information of above
- 6 Extension into perirectal fat; rectovaginal septum; adjacent tissues, NOS
- 8 Invasion of serosa
- 9 (8) and (6)
- Not stated

Col. 58

- Not applicable for this site

Col. 59

Beyond Primary Site

- 0 No evidence of extension
- 1 Intraluminal to other parts (rectosigmoid; sigmoid; anus)
- 2 Vagina
- 3 Uterus (including cervix); cul-de-sac
- 4 Perineum; peri-anal skin
- 5 More than one of (1-4)
- 6 Bladder; rectovesical fascia
- 7 Prostate; ductus deferens; seminal vesicle
- 8 Other (bones of pelvis; pelvic wall; sacrum; sacral plexus; skeletal muscle; ovary; urethra)
- 9 More than one of (6-8)
- & Any of (1-5) with any of (6-9)
- Insufficient information

Col. 60 ASSOCIATED LESIONS

- 0 Cancer arising in adenomatous polyp, with no evidence of other lesion
- 1 Cancer arising in adenomatous polyp, with other separate lesion(s)
- 2 Cancer arising in villous adenoma, with no evidence of other lesion
- 3 Cancer arising in villous adenoma, with other separate lesion(s)
- 4 Cancer only (not arising in an polyp or adenoma) with no evidence of other lesion
- 5 Cancer only (not arising in an polyp or adenoma) with other separate lesion(s)
- 6 Cancer with familial polyposis
- 7 Cancer with "ulcerative colitis"
- No information

Note: "Lesion" in codes 0-5 refers to synchronous (benign or malignant) adenomatous polyp and/or villous adenoma and/or carcinoma elsewhere in colon or rectum. "Cancer" refers to the tumor being coded. A villous adenomatous polyp is coded as a villous adenoma.

Col. 61 - Not applicable for this site

Col. 62 REGIONAL LYMPH NODE INVOLVEMENT

- 0 Nodes stated to be negative
- 1 Nodes stated to be involved
- No information

Note: Regional nodes (fixed or not fixed) for this site are:

Pararectal
Hemorrhoidal, superior or middle
Sacral
Sigmoidal
Mesenteric, inferior or NOS
Internal iliac (hypogastric)

Nodule(s) in perirectal fat

Col. 63 - Not applicable for this site

Col. 64 DISTANT LYMPH NODE INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Nodes stated to be involved

Note: Include the following nodes as distant for this site:

Para-aortic
Retroperitoneal
Left colic
Middle colic
Superior mesenteric
Inguinal

Supraclavicular; cervical; scalene

Col. 65 DISTANT SITE INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Solitary metastasis in lung

2 Multiple metastases in lung; metastasis in lung, NOS;
implants on pleura; implants in thoracic cavity;
malignant cells in pleural fluid

3 Ovarian implants

4 Liver

5 Bone

6 Brain

7 Surface implants on the intestinal tract, peritoneum or
mesenteries; malignant cells in ascitic fluid

8 Other specified distant site

9 More than one of (1-8); generalized metastases;
carcinomatosis

8 Distant metastasis, NOS

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR_SIZE* (In mm - maximum diameter)
code largest diameter)

00 No primary tumor found
0- Malignant cells present in bronchopulmonary
secretions (no evidence to identify primary
tumor)
0& Microscopic focus or foci only

01
. .
. Specified mm
. .
97

98 98 mm or larger
99 Diffuse (involvement of entire lobe or lung)

-- Not stated

*If primary is excised, code size as given on pathology report; if
size is not given in pathology report, code size as given in
operative report; otherwise code as not stated.

If primary is not excised, code size given in report of exploratory
surgery, endoscopic examination, or radiographic report (in priority
order).

Col. 55

- Not applicable for this site

Cols. 56-59 DIRECT EXTENSION OF TUMOR

Col. 56 (Right lung)

Col. 57 (Left lung)

0	. . . . In situ	0
1	. . . . No evidence of tumor	1

Single mass

2	. . . . Involving one lobe and/or main stem bronchus \geq 2 cm. from the carina	2
3	. . . . Involving one lobe and/or main stem bronchus $<$ 2 cm. from the carina*	3
4	. . . . Involving one lobe and/or MSB, NOS	4
5	. . . . More than one lobe involved \geq 2 cm. from carina	5
6	. . . . More than one lobe involved $<$ 2 cm. from carina	6
7	. . . . More than one lobe involved, NOS	7

Multiple masses (including nodules or
 areas of carcinoma in situ)

8	. . . . Involving one lobe or MSB	8
9	. . . . More than one lobe and/or MSB involved	9
&	. . . . Localized, NOS; lung, NOS	&
-	. . . . Not stated; not applicable for second independent primary	-

*In the absence of an actual measurement, a pulmonary resection will usually indicate the lesion to be at least 2 cm. from the carina.

Note: If there are independent primaries in both lungs, complete two abstracts; otherwise code both columns when there is extension or metastasis from one lung to the other.

Cols. 56-59 DIRECT EXTENSION OF TUMOR continued

Col. 58 Beyond Primary Site: CENTRAL

- 0 No evidence of extension, *insufficient info*
- 1 Parietal pericardium; pericardium, NOS
- 2 Extrapulmonary mediastinal extension
(including pulmonary artery, pulmonary vein, azygos vein, superior vena cava, recurrent laryngeal nerve, vagus nerve, phrenic nerve, cervical sympathetic nerves (Horner's syndrome))
- 3 Trachea
- 4 Carina
- 5 Esophagus
- 6 (5) and (3 and/or 4)
- 7 Heart; visceral pericardium
- 8 (7) and (3 and/or 4)
- 9 (7) and (5)
- & (7) and (6)

~~Insufficient information~~

Note: Each item (1-&) takes precedence over all preceding items.

Col. 59 Beyond Primary Site: PERIPHERAL

- 0 No evidence of extension, *insufficient info*
- 1 Visceral pleura; pleura, NOS (excluding interlobular pleura)
- 2 Parietal pleura
- 3 Adjacent rib; sternum; chest wall (including skeletal muscle, skin of chest)
- 4 Superior sulcus or Pancoast tumor (including involvement of brachial plexus)
- 5 Vertebra
- 6 Diaphragm
- 7 Abdominal organs
- 8 (3) and (6 and/or 7)
- 9 (5) and (6 and/or 7)

~~Insufficient information~~

Note: Each item (1-9) takes precedence over all preceding items.

Col. 60 LOCAL CLINICAL MANIFESTATIONS

- 0 None, no info
- 1 Atelectasis, obstructive pneumonitis
- 2 SVC syndrome (superior vena cava)
- 3 Recurrent laryngeal nerve paralysis/involvement (including paralysis of vocal cord)
- 4 Phrenic nerve involvement (including paralysis of diaphragm)
- 5 (2) and (3 and/or 4)
- 6 (1) with any of (2-5)
- 7 Pleural effusion
- 8 (7) with any of (2-5)
- 9 (7) and (1)
- & (9) with any of (2-5)

~~No Information~~

Col. 61 CLINICAL EVALUATION OF HILUM AND MEDIASTINUM

0 No hilar or mediastinal mass or nodes

X-ray:

- 1 Hilar mass, specified as nodes
- 2 Hilar mass, questionable nodes
- 3 Hilar mass, NOS

- 4 Mediastinal mass (including mediastinal nodes;
mediastinal widening)
- 5 (4) with any of (1-3)

Mediastinoscopy:

- 6 Hilar node(s) positive
- 7 Mediastinal node(s) or node(s), NOS positive
- 8 (6) and (7)

- 9 Any of (6-8) with any of (1-5)

- No information

Col. 62 OPER/PATH EVALUATION OF REGIONAL LYMPH NODE(S) (Ipsilateral):

- 0 Nodes stated to be negative
- 1 Nodes stated to be involved

- No information

Note: Regional nodes (fixed or not fixed) for this site are:

Intrapulmonary
Hilar (bronchial; parabronchial; pulmonary root)
Subcarinal; carinal

Mediastinal (paratracheobronchial; paratracheal;
pericardial; paraesophageal; para-aortic - above
diaphragm)

Cols. 63-64 DISTANT LYMPH NODE INVOLVEMENT

Col. 63 (Clinical) Col. 64 (Oper/Path)

- 0 No evidence of involvement; 0
insufficient information
- 1 Involvement of nodes other 1
than regional nodes

Note: Include the following nodes as distant for this site:

Contralateral hilar or mediastinal (including bilateral)
Supraclavicular (transverse cervical)
Scalene
Cervical, NOS

Col. 65 DISTANT SITE INVOLVEMENT

- 0 No evidence of involvement;
insufficient information
- 1 Implants in thoracic cavity; malignant cells in
pleural fluid
- 2 Bone
- 3 Liver
- 4 Adrenal gland(s)
- 5 Brain
- 8 Other specified distant site
- 9 More than one of (1-8); generalized metastases;
carcinomatosis
- & Distant metastasis, NOS

Cols. 53-54 TUMOR_SIZE (maximum diameter; if multiple tumors code the largest tumor)

Col. 53 (Surface_size*) Col. 54 (Thickness-Path)

0	. . . . . No primary tumor found				0
1	<0.5	cm	≤ .75	mm	1
2	0.5 - 0.9	cm	.76 - 1.50	mm	2
3	1.0 - 1.4	cm	1.51 - 2.50	mm	3
4	1.5 - 1.9	cm	2.51 - 5.00	mm	4
5	2.0 - 2.4	cm	75.0	mm	5
6	2.5 - 2.9	cm	10 - 14.9	mm	6
7	3.0 - 3.9	cm	15 - 19.9	mm	7
8	4.0 - 4.9	cm	20	mm	8
9	5+	cm			
-	. . . . . Not stated				-

*Code clinical size, if given; if clinical size is not given, code size as given in the pathology report.

Note: Depth of invasion is to be coding in Col. 57.

Col. 55

- Not applicable for this site

Col. 56 TYPE_OF_MELANOMA (Clinical or Path*)

- 1 Lentigo maligna (Hutchinson's melanotic freckle)
- 2 (1) with ulceration
- 3 "Superficial spreading" (radial growth)
- 4 (3) with ulceration
- 5 Acral lentiginous
- 6 (5) with ulceration
- 7 Nodular
- 8 (7) with ulceration
- 9 Malignant melanoma, type not specified as above (pigmented melanoma, NOS)
- & (9) with ulceration

*Path takes precedence over clinical if discrepancy.

Note: This is a priority code. If a tumor has more than one of the above components, code to the highest number.

57

DIRECT EXTENSION OF TUMOR (Depth)

- 1 Intra-epidermal (In situ)* (Level 1)
- 2 Papillary dermis (Level 2)
- 3 Papillary-reticular dermal interface (Level 3)
- 4 Reticular dermis (Level 4)
- 5 Subcutaneous tissue (through entire dermis) (Level 5)

- 6 Dermis, NOS
- 7 Localized, NOS

- Not stated

*Dermal-epidermal junction

Col. 58

SATELLITE TUMORS (skin and subcutaneous tissue)

- 0 No evidence of spread (single lesion only), *Not Stated*
- 1 Satellite nodule(s) within 2 cm of outer border of primary lesion
- 2 Satellite nodule(s) 2.1 to 5.0 cm of outer border of primary lesion
- 3 Satellite nodule(s) >5 cm beyond outer border of primary lesion
- 4 Satellite nodules, NOS

~~Not stated~~

Cols. 59-60

ASSOCIATED MOLE OR NEVUS

Clinical History (at same location prior to present melanoma)

- 0 No, *In sufficient info*
- 1 Yes

~~Insufficient information~~

Col. 60

Pathologic Diagnosis (association with pre-existing nevus)

- 0 No evidence of associated nevus, *Insufficient info*
- 1 Giant hairy nevus
- 2 Blue nevus
- 3 Junctional nevus
- 4 Intradermal or compound nevus
- 5 Nevus, NOS

~~Scar only evidence; insufficient information~~

Cols. 61-62 REGIONAL LYMPH NODE INVOLVEMENT*

Col. 61 (Clinical)

- 0 Stated not to be palpable
- 1 Palpable, not considered involved
- 2 Palpable, considered involved
- 3 Palpable, involvement not specified
- 4 Stated to be fixed (including partially fixed)
- No information

Col. 62 (Oper/Path)

- 0 Nodes stated to be negative
- 1 Regional nodes positive
- 2 Any node in (1) above--fixed
 (perinodal extension of tumor)
- No information

*Regional lymph nodes by primary site:

Parotid (pre- and infra-auricular)

Forehead
 Temporal region
 Malar region
 Lateral half of eyelids
 Outer canthus
 Anterior half of ear

Axillary

Arm
 Hand
 Shoulder
 Scapula (upper back),
 below transverse line
 Chest wall

Submandibular (submaxillary)

Midline of forehead
 Medial half of eyelids
 Inner canthus
 Nose
 Lips
 Cheeks

Epitrochlear

Hand
 Forearm

Superficial inguinal

Lumbar region (lower back)
 Anterior abdominal wall
 Lower extremities (excluding
 heel
 Perineum

Cervical

Head and neck tumors, any location
 Scapula, above transverse line

Popliteal

Heel
 Posterior leg

Supraclavicular (transverse cervical)

Chest wall
 Neck

Cols. 63-64

DISTANT LYMPH NODES

Col. 63 (Clinical)

Col. 64 (Oper/Path)

- | | | |
|---|---|-------------|
| 0 | No evidence of involvement;
insufficient information | 0 |
| 1 | Involvement of nodes other
than regional nodes | 1 |

Col. 65

DISTANT SITE INVOLVEMENT*

- | | |
|---|--|
| 0 | No evidence of involvement*;
insufficient information |
| 1 | Lung |
| 2 | Liver |
| 3 | Brain |
| 4 | Spleen |
| 5 | Heart |
| 6 | GI Tract |
| 7 | Bone |
| 8 | Other specified distant site |
| 9 | More than one of (1-8); generalized metastases |
| & | Distant metastasis, NOS |

*All skin involvement is coded in Col. 58.

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR SIZE (Maximum diameter; if multiple masses, code the largest diameter)

Col. 53 (<u>Clinical</u>)*		Col. 54 (<u>Oper/Path</u>)**	
0	No primary tumor found		No primary tumor found)
8	Mammography/xerography diagnosis only (tumor not clinically palpable)		Microscopic focus only 8
1	. . . . . <0.5	cm	1
2	. . . . . 0.5 - 0.9	cm	2
3	. . . . . 1.0 - 1.9	cm	3
4	. . . . . 2.0 - 2.9	cm	4
5	. . . . . 3.0 - 3.9	cm	5
6	. . . . . 4.0 - 4.9	cm	6
7	. . . . . 5.0 - 9.9	cm	7
8	. . . . . 10.0 +	cm	8
9	. . . . . Diffuse	. . . . .	9
-	Not stated	No specimen, not measured	-

*For Clinical, code size as recorded in physical examination. If tumor is palpable but size is not recorded in the physical examination, code as not stated.

**For Oper/Path, code size as recorded in the pathology report. If size is not recorded in the pathology report, code size as recorded in the operative report; otherwise code as no specimen, not measured.

Col. 55

- Not applicable for this site

Cols. 56-58 DIRECT EXTENSION OF TUMOR (IPSILATERAL)

Col. 56 (Clinical)

- 0 Breast tissue only; no evidence of direct extension
- 1 Breast tissue only with fixation of tumor within the breast, but not to the skin. This includes dimpling, tethering, or retraction of skin of breast (presumed due to shortening of Cooper's ligaments, but not skin involvement).
- 2 Extension into nipple and/or areola from underlying tumor (e.g., attachment, thickening, induration, retraction* or ulceration of nipple; invasive cancer of breast with Paget's disease)
- 3 Attachment, adherence, fixation, induration or thickening of skin of breast (implies direct extension to skin)
- 4 Extensive skin involvement (edema of skin of breast; peau d'orange; "pig skin"; satellite nodules in skin of breast "satellite nodules, NOS"; en curraise, lenticular nodules; erythema; inflammation of skin of breast)
- 5 Skin of breast with ulceration (e.g., any skin involvement as in (3) or (4) above with ulceration)
- 6 Adjacent skin** (involvement of skin adjacent to involved breast such as over sternum, upper abdomen, or axilla, including satellite nodules in adjacent skin)
- 7 Pectoral fascia/muscle (e.g., deep fixation, attachment or fixation to pectoral muscle or underlying tissue)
- 8 Chest wall (e.g., fixation to chest wall including ribs, intercostal muscles, and serratus anterior muscle)
- 9 Any of (2-6) with (7 and/or 8)
- 8 No cancer found in the breast (including Paget's disease of nipple with no clinically demonstrable tumor)
- Not stated

* Inversion of nipple is a congenital condition and should not be confused with retraction of nipple. Inversion is usually bilateral.

** Does not include skin of opposite breast (code 8 in col. 65)

Note: Each item (1-9) takes precedence over all preceding items.

Cols. 56-58 DIRECT EXTENSION OF TUMOR (IPILATERAL)--Continued

Col. 57 (Oper/Path)

- 0 In situ only (lobular carcinoma in situ; intraductal carcinoma without infiltration; non-infiltrating comedocarcinoma)
- 1 Breast tissue only (no mention of extension beyond breast)
- 2 Nipple and/or areola (e.g., tumor extends into nipple and/or areola; cancer of breast with Paget's Disease disease.
- 4 Skin of breast or subcutaneous tissue (including dermal lymphatics)
- 5 Skin of breast with ulceration (e.g., involvement or infiltration of skin of breast with ulceration present)
- 6 Adjacent skin* (involvement or infiltration of skin adjacent to the involved breast such as over sternum, upper abdomen or axilla, including satellite nodules in adjacent skin)
- 7 Pectoral fascia; pectoral muscle (e.g., involvement, infiltration or invasion of pectoral fascia and/or pectoral muscle)
- 8 Chest wall (e.g., involvement, infiltration or invasion of chest wall including ribs, intercostal muscles and serratus anterior muscle)
- 9 Any of (2-6) with (7 and/or 8)
- & No cancer found in the breast (include Paget's disease of nipple with no demonstrable tumor)
- Not stated; no information

* Does not include skin of opposite breast (code 8 in col. 65)

Note: Each item (0-9) takes precedence over all preceding items.

Col. 58

- Not applicable for this site

Cols. 59-62 REGIONAL LYMPH NODE INVOLVEMENT (IPSILATERAL)

Col. 59 CLINICAL

0 Axillary nodes (incl. Regional, NOS) stated to be not palpable

Axillary nodes (incl. Regional, NOS) palpable:

1 Not considered involved

2 Considered involved*

3 Involvement not specified

4 Axillary nodes (including Regional, NOS) palpable and stated to be fixed (including partially fixed)

- No information

* Pretreatment edema of arm is considered clinical evidence of involvement.

Cols. 60-62 OPER/PATH

Col. 60 Number of positive nodes

0 None

1 One

2 Two

3 Three

4 Four

5 Five

6 Six

7 Seven

8 Eight or more

9 Positive nodes, number not specified

- No information

Cols. 61-62 Number of nodes examined

00 None

01

02

03

. Specified number

.

.

98

99 Number not specified

-- No information

Col. 63 - Not applicable for this site

Col. 64 DISTANT LYMPH NODE INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Nodes stated to be involved

Note: Include the following nodes as distant for this site:

Infraclavicular
Supraclavicular (transverse cervical)
Cervical, NOS
Axillary and/or internal mammary, contralateral

Col. 65 DISTANT SITE INVOLVEMENT

0 No evidence of involvement;
insufficient information

1 Bone

2 Opposite breast parenchyma

3 Lung; implants on pleura; implants in thoracic cavity;
malignant cells in pleural fluid

4 Implants on peritoneum; malignant cells in ascitic fluid

5 Ovary and/or adrenal (may be bilateral)

6 Liver

7 Brain

8 Other specified distant site, including skin of opposite
breast

9 More than one of (1-8); generalized metastases;
carcinomatosis; sarcomatosis

8 Distant metastasis, NOS

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR_SIZE* (In mm - maximum diameter)

00 Microscopic foci only

01

.

. Specified mm

.

97

98 98 mm or larger

-- Not stated

*If primary is excised, code size as given on pathology report; if size is not given in pathology report, code size as given in operative report; otherwise code as not stated.


If primary is not excised code size given in report of exploratory surgery, endoscopic examination, or physical examination (in priority order).

Col. 55

- Not applicable for this site

Cols. 56-59 DIRECT EXTENSION OF TUMOR

Cols. 56-57 Within Uterus and Vagina

	Col. 56 (Clinical)	Col. 57 (Oper/Path)	
0	Cancer not detected <i>clinically, not stated insufficient info</i>	In situ; non-invasive; pre-invasive; intraepithelial	0
1	Suspicious or positive Pap Smear only	Minimal stromal invasion; "micro invasion"	1
		Invasive cancer, NOS	1
2	Cervix only including endocervix	Invasive cancer confined to cervix	2
		League of Nations Stage I	
3	. . . . . Extension into corpus (body of uterus)	. . . . .	3
4	. . . . . Vaginal wall--upper 2/3 (including fornices; anterior and/or posterior septum; lateral wall)	. . . . .	4
		League of Nations Stage II	
5	. . . . . (4) with involvement of rectal and/or bladder wall (including bullous edema)	. . . . .	5
6	. . . . . Vaginal wall-lower 1/3 (including anterior and/or posterior septum; lateral wall)	. . . . .	6
		League of Nations Stage III	
7	. . . . . (6) with involvement of rectal and/or urethral wall*	. . . . .	7
8	. . . . . Vaginal wall-third not specified (including anterior and/or posterior septum; lateral wall)	. . . . .	8
9	. . . . . (8) with involvement of rectal and/or bladder wall (including bullous edema)	. . . . .	9
	 Not stated; insufficient information		-

*Including bladder wall

Note: Involvement of mucosa of bladder or rectum is coded in columns 58-59.

Note: Bimanual examinations (whether under anesthesia or not and including D and C) are considered clinical.

Cols. 56-59 DIRECT EXTENSION OF TUMOR CONTINUED

Cols. 58-59 Beyond Uterus and Vagina

Col. 58 (Clinical) Col. 59 (Oper/Path)

0	. . . . . No evidence of extension, <i>insufficient info</i>	. . . . . 0
1	. . . . . Parametrium (including uterosacral ligament and non-ovarian adnexae)	. . . . . 1
2	. . . . . Pelvic wall(s) ("Frozen pelvis")	. . . . . 2
3	. . . . . Mucosa of bladder; intramural ureter; urethral mucosa	. . . . . 3
4	. . . . . (3) and (2)	. . . . . 4
5	. . . . . Mucosa of rectum	. . . . . 5
6	. . . . . (5) and (2)	. . . . . 6
7	. . . . . (5) and (3)	. . . . . 7
8	. . . . . (5) and (4)	. . . . . 8
9	. . . . . Other (vulva; ureter, extramural or nos; cul-de-sac; intestines)	. . . . . 9
&	. . . . . (9) with any of (2-8) &
X	. . . . . Insufficient information	X

Col. 60

- Not applicable for this site

Cols. 61-62 REGIONAL LYMPH NODE INVOLVEMENT

Col. 61 (CLINICAL)

- 0 No nodes palpable; no positive lymphangiogram
- 1 Nodes palpable or enlarged (bimanual examination, pelvic examination)
- 2 Nodes reported positive on lymphangiogram
- 3 (2) and (1)

- Not done or not reported

Col. 62 (OPER/PATH)

- 0 Nodes stated to be negative
- 1 Nodes stated to be involved

- No information

Note: Regional nodes (fixed or not fixed) for this site are:

Hypogastric
Iliac (common, internal, external)
Obturator
Paracervical
Parametrial
Pelvic, NOS
Sacral (laterosacral, presacral, sacral promontory, uterosacral)

Cols. 63-64 EXTRA-PELVIC LYMPH NODE INVOLVEMENT

	Col. 63 (<u>Clinical</u>)	Col. 64 (<u>Oper/Path</u>)
0	. . . . . No evidence of involvement; insufficient information	. . . . . 0
1	. . . . . Nodes stated to be involved	. . . . . 1

Note: Include the following nodes as distant for this site:

- Aortic (para-aortic; periaortic, lumbar)
- Retroperitoneal
- Inguinal

- Spuraclavicular; cervical; scalene

Col. 65 DISTANT SITE INVOLVEMENT

- 0 No evidence of involvement;
insufficient information
- 1 Solitary metastasis in lung; implants on pleura;
implants in thoracic cavity; malignant cells in
pleural fluid
- 2 Implants on vagina
- 3 Ovary
- 4 Liver
- 5 Bone
- 6 Brain
- 7 Any peritoneal involvement outside true pelvis;
malignant cells in ascitic fluid
- 8 Other specified distant site
- 9 More than one of (1-8); generalized metastases;
carcinomatosis
- 8 Distant Metastasis, NOS

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54	<u>TUMOR_SIZE*</u> (In mm - maximum diameter)
00	Microscopic foci only
01	.
.	Specified mm
.	.
97	.
98	98 mm or larger
--	Not stated

*If primary is excised, code size as given on pathology report; if size is not given in pathology report, code size as given in operative report; otherwise code as not stated.

If primary is not excised, code size given in report of exploratory surgery, endoscopic examination, or radiographic report (in priority order).

Col. 55

- Not applicable for this site

Cols. 56-59 DIRECT EXTENSION OF TUMOR

Cols. 56-57 Within Uterus and Parametrium

Col. 56 (Clinical)

0 Cancer not detected clinically (incidental finding following hysterectomy or autopsy)

Confined to corpus, sounding of uterine cavity:

1 ≤ 8 cm. from cervical os

2 > 8 cm. from cervical os

3 Confined to corpus, but sounding not done or not stated

4 Extension into cervix (including endocervix)

5 Extension into parametrium (including utero-sacral ligament, non-ovarian adnexae)

6 (5) and (4)

- Not stated

Col. 57 (Oper/Path)

0 In situ; pre-invasive; non-invasive

1 Confined to endometrium within corpus

2 (1) with involvement of cervix

3 Invasion of inner half of myometrium (including myometrium, NOS)

4 (3) with involvement of cervix

5 Invasion of outer half of myometrium

6 (5) with involvement of cervix

7 Invasion of serosa

8 No detailed information (of extent within corpus)

9 Extension into parametrium (including uterosacral, broad and round ligaments)

- Not stated

Note: Bimanual examinations (whether under anesthesia or not and including D and C) are considered clinical.

Cols. 56-59 DIRECT EXTENSION OF TUMOR (Continued)

Cols. 58-59 Beyond Uterus and Parametrium

	<u>Col. 58 (Clinical)</u>	<u>Col. 59 (Oper/Path)</u>
0	. . . . . No evidence of involvement, <i>in sufficient info</i>	. . . . . 0
1	. . . . . Vagina; vulva	. . . . . 1
2	. . . . . Ovary and/or fallopian tube(s)	. . . . . 2
3	. . . . . Rectum and/or bladder wall (excl. mucosa); cul-de-sac	. . . . . 3
4	. . . . . Lateral pelvic wall(s) ("Frozen pelvis")	. . . . . 4
5	. . . . . Serosa of abdominal organs prolapsed into true pelvis (sigmoid colon; small intestine)	. . . . . 5
6	. . . . . More than one of (1-5)	. . . . . 6
7	. . . . . Mucosa of bladder or rectum	. . . . . 7
8	. . . . . (7) with any of (1-6)	. . . . . 8
X	. . . . . Insufficient information	. . . . . X

Col. 60 - Not applicable for this site

Cols. 61,62 REGIONAL LYMPH NODE INVOLVEMENT

Col. 61 (CLINICAL)

- 0 No nodes palpable; no positive lymphangiogram
- 1 Nodes palpable or enlarged (bimanual examination,
 pelvic examination)
- 2 Nodes reported positive on lymphangiogram
- 3 (2) and (1)

- Not done or not reported

Col. 62 (OPER/PATH)

- 0 Nodes stated to be negative

- 1 Nodes stated to be involved

- No information

Note: Regional nodes (fixed or not fixed) for this site are:

- Hypogastric
- Iliac (common, internal, external)
- Obturator
- Paracervical
- Parametrial
- Pelvic, NOS
- Sacral (laterosacral, presacral, sacral promontory, uterosacral)
- Superficial inguinal
- Lateral aortic, preaortic

Cols. 63-64 EXTRA-PELVIC LYMPH NODE INVOLVEMENT

	Col. 63 (<u>Clinical</u>)	Col. 64 (<u>Oper/Path</u>)
0	. . . . . No evidence of involvement; insufficient information	. . . . . 0
1	. . . . . Nodes stated to be involved	. . . . . 1

Note: Include the following nodes as distant for this site:

Aortic (para-aortic, periaortic, lumbar)
Retroperitoneal
Inguinal

Supraclavicular; cervical; scalene

Col. 65 DISTANT SITE INVOLVEMENT

- 0 No evidence of involvement;
insufficient information
- 1 Solitary metastasis in lung; implants on pleura;
implants in thoracic cavity; malignant cells in
pleural fluid
- 2 Implants on vagina
- 3 Ovary
- 4 Liver
- 5 Bone
- 6 Brain
- 7 Any peritoneal involvement outside true pelvis*;
malignant cells in ascitic fluid
- 8 Other specified distant site
- 9 More than one of (1-8); generalized metastases;
carcinomatosis
- 8 Distant Metastasis, NOS

*Excluding serosa of sigmoid and small intestine (codes 5 and 6 in columns 58-59)

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR SIZE (maximum diameter; if multiple tumors code size of the largest tumor)

Col. 53 (<u>Clinical</u>)		Col. 54 (<u>Oper/Path</u>)	
0	No mass clinically, <i>not stated</i>	No primary tumor found	0
		Microscopic focus or foci only	&
1	. . . . . <1.0	cm	1
2	. . . . . 1.0 - 1.9	cm	2
3	. . . . . 2.0 - 2.9	cm	3
4	. . . . . 3.0 - 3.9	cm	4
5	. . . . . 4.0 - 4.9	cm	5
6	. . . . . 5.0 - 5.9	cm	6
7	. . . . . 6.0 +	cm	7
8	. . . . . Extensive solid tumor (no discrete nodule)		8
X	. . . . . Not stated		-

*Code size given on cystoscopy or TUR report; otherwise, code size as given in radiographic report.

Col. 55

- Not applicable for this site

Cols. 56-59 DIRECT EXTENSION OF TUMOR

	Col. 56 <u>(Clinical)</u>	Col. 57 <u>(Oper/Path)</u>	
0	Tumor not detected clinically, <i>Not stated</i>	In situ	0
1	Confined to one lobe of prostate	Invasive carcinoma, NOS	1
2	Confined to prostate but more than one lobe involved	Confined to prostate (intra-capsular)	2
3	Localized, NOS; no detailed information of above	Invasion of prostatic capsule	3
4	Through capsule (including prostatic "fixation", NOS)	Through capsule (into periprostatic tissues)	4
5	. . . . . Prostatic urethra		5
6	. . . . . Seminal vesicle(s)		6
7	. . . . . (5) and (6)		7
8	. . . . . Rectum; bladder; extraprostatic urethra		8
9	. . . . . Bone, muscle, pelvic wall (including "Frozen pelvis")		9
&	. . . . . (8) and (9)		&
X	. . . . . Not stated		-

Note: Observations at cystoscopy (with or without TUR) are considered clinical.

Col. 58 - Not applicable for this site

Col. 59 - Not applicable for this site

Col. 60 LABORATORY CHEMISTRY(determines treatment)

	<u>Serum Acid Phosphatase*</u>	<u>Marrow Acid Phosphatase**</u>
0	Normal	Normal
1	Normal	Elevated
2	Normal	Not done
3	Elevated	Normal
4	Elevated	Elevated
5	Elevated	Not done
6	Not done, No info	Normal
7	Not done, No info	Elevated
8	Not done, No info	Not done, no info

X No information

*Record prostatic serum acid phosphatase when available. If not, record total acid phosphatase. Elevation indicative of extension beyond prostatic capsule.

**This is a new technique involving acid phosphatase determination on bone marrow aspirates for detection of early bone metastasis.

Note: Record subnormal values as normal

Cols. 61-62 REGIONAL LYMPH NODE INVOLVEMENT

Col. 61 (CLINICAL)

Lymphangiogram

- 0 Not done; insufficient information
- 1 Reported normal
- 2 Reported equivocal
- 3 Reported positive

Col. 62 (OPER/PATH)

- 0 Nodes stated to be negative
- 1 Nodes stated to be involved
- No information

Note: Regional nodes (fixed or not fixed) for this site are:

- Hypogastric
- Iliac (common, internal, external)
- Obturator
- Pelvic, NOS
- Periprostatic
- Sacral (laterosacral, presacral, sacral promontory)

Cols. 63-64 EXTRA-PELVIC LYMPH NODE INVOLVEMENT

Col. 63 (Clinical)

Col. 64 (Oper/Path)

- | | | | |
|---|---|-----------|---|
| 0 | No evidence of involvement;
insufficient information | |) |
| 1 | Nodes stated to be involved | | 1 |

Note: Include the following nodes as distant for this site:

Aortic (para-aortic, periaortic, lumbar)
Retroperitoneal
Inguinal

Supraclavicular; cervical; scalene

Col. 65 DISTANT SITE INVOLVEMENT

- 0 No evidence of involvement;
insufficient information
- 1 Pelvic bones (other than by direct extension)
- 2 Other bones (e.g., spine, ribs, femur, humerus)
- 3 Lung
- 4 Liver
- 5 Brain
- 6 Other specified distant site
- 7 More than one of (3-6)
- 8 (1 and/or 2) with any of (3-7)
- 9 Generalized metastases; carcinomatosis
- 8 Distant metastasis, NOS

EXTENT OF DISEASE AT FIRST TREATMENT

Cols. 53-54 TUMOR SIZE (maximum diameter)

If multiple tumors, code size of the largest.

Col. 53 (<u>Clinical</u>)*		Col. 54 (<u>Oper/Path</u>)	
0	No mass clinically	No primary tumor found 0	
		Microscopic focus or foci only 8	
1	. . . . . <1.0	cm	1
2	. . . . . 1.0 - 1.9	cm	2
3	. . . . . 2.0 - 2.9	cm	3
4	. . . . . 3.0 - 3.9	cm	4
5	. . . . . 4.0 - 4.9	cm	5
6	. . . . . 5.0 - 5.9	cm	6
7	. . . . . 6.0 +	cm	7
8	. . . . . Extensive solid tumor (no discrete nodule)		8
-	. . . . . Not stated		-

*Code size given on cystoscopy or TUR report; otherwise, code size as given in radiographic report.

Col. 55

- Not applicable for this site

Cols. 56-59

DIRECT EXTENSION OF TUMOR

Col. 56

- Not applicable for this site

Col. 57

Within Primary Site and Surrounding Tissues

- 0 In situ; non-invasive; intraepithelial
- 1 Confined to mucosa
- 2 Invasion of submucosa (subepithelial connective tissue; tunica propria; lamina propria)
- 3 Invasion of superficial muscle (less than one half way through the muscle coat)
- 4 Invasion of deep muscle (half-way or more through the muscle coat)
- 5 Invasion of muscle, NOS
- 6 Localized, NOS; no detailed information of above
- 7 Invasion of subserosal tissue and perivesical fat
- 8 Invasion of serosa; peritoneum
- 9 Extension into surrounding connective tissue (incl. periprostatic tissue); adjacent tissue, NOS
- & (7 and/or 8) with (9)
- Not stated

Col. 58-59

Beyond Primary Site

	Col. 58 (<u>Clinical</u>)	Col. 59 (<u>Oper/Path</u>)
0	. . . . . No evidence of extension)	0
	<i>Not Stated</i>	
1	. . . . . Urethra	1
2	. . . . . Ureter	2
3	. . . . . (2) and (1)	3
4	. . . . . Prostate; uterus; vagina	4
5	. . . . . (4) and (1)	5
6	. . . . . (4) and (2 or 3)	6
7	. . . . . Tumor <u>fixed</u> to (invading) pelvic wall	7
8	. . . . . Other viscera	8
9	. . . . . Abdominal wall	9
&	. . . . . (8 or 9) with (7)	&
X	. . . . . Not stated	X

Note: Observations at cystoscopy (with or without TUR) are considered clinical.

Col. 60

- Not applicable for this site

Cols. 61-62 REGIONAL LYMPH NODE INVOLVEMENT

Col. 61 (CLINICAL)

Lymphangiogram

0 Not done; insufficient information

1 Reported normal

2 Reported equivocal

3 Reported positive

Col. 62 (OPER/PATH)

0 Nodes stated to be negative

1 Nodes stated to be involved

- No information

Note: Regional nodes (fixed or not fixed) for this site are:

Perivesical

Hypogastric

Iliac (common internal, external)

Obturator

Sacral (laterosacral, presacral, sacral promontory)

Pelvic, NOS

Cols. 63-64 EXTRA-PELVIC LYMPH NODE INVOLVEMENT

Col. 63 (Clinical) Col. 64 (Oper/Path)

0 No evidence of involvement; 0
insufficient information

1 Nodes stated to be involved 1

Note: Include the following nodes as distant for this site:

Aortic (para-aortic, periaortic, lumbar)
Retroperitoneal
Inguinal

Supraclavicular; cervical; scalene

Col. 65 DISTANT SITE INVOLVEMENT

0 No evidence of involvement;
 insufficient information

1 Pelvic bones

2 Other bones (e.g., spine, ribs, femur, humerus)

3 Lung

4 Liver

5 Brain

6 Other specified distant site

7 More than one of (3-6)

8 (1 and/or 2) with any of (3-7)

9 Generalized metastases; carcinoma tosis

8 Distant metastasis, NOS

LYMPH NODES AND LYMPHOID TISSUE April, 1977
(Including Waldeyer's ring, thymus, and
and spleen) 960-969, 416, 460, 471,
491, 640, 692
Histology*: 959 thru 969, 975

Col. 53

PRESENTING SYMPTOMS

- 0 None of the following
- 1 Pruritis
- 2 Night sweats
- 3 Unexplained fever
- 4 (3) and (2)

- 5 Unexplained weight loss
- 7 (5) and (2)
- 8 (5) and (3)
- 9 (5) and (4)

- & B symptoms, NOS
- Unknown if symptoms; insufficient information

Note: Any statement of unexplained fever or weight loss should be coded.

Cols. 54-55

LYMPH NODE INVOLVEMENT ABOVE DIAPHRAGM

	Col. 54 (<u>Clinical</u>)	Col. 55 (<u>Oper/Path</u>)
0	. . . . . None	0
1	. . . . . One region	1
2	. . . . . Two or more regions	2
3	. . . . . Number of regions unknown	3
-	. . . . . Insufficient information	-

Note: Lymph nodes above the diaphragm are:

- Axillary
- Brachial
- Bronchial
- Cervical
- Epitrochlear
- Hilar
- Infraclavicular
- Mediastinal
- Occipital
- Pectoral
- Peritracheal
- Preauricular
- Scalene
- Submandibular (submaxillary)
- Submental
- Supraclavicular

*Includes lymphoma (nodular, diffuse, and follicular), reticulosarcomas and Hodgkin's disease

LYMPH NODES AND LYMPHOID TISSUE April, 1977
 (Including Waldeyer's ring, thymus, and
 and spleen) 960-969, 416, 460, 471,
 491, 640, 692
 Histology*: 959 thru 969, 975

Cols. 56-57

LYMPH NODE INVOLVEMENT BELOW DIAPHRAGM

	Col. 56 (<u>Clinical</u>)	Col. 57 (<u>Oper/Path</u>)
0	. . . . . None	0
1	. . . . . One region	1
2	. . . . . Two or more regions.	2
3	. . . . . Number of regions unknown	3
-	. . . . . Insufficient information	-

Note: Lymph nodes below the diaphragm are:

- Abdominal
- Celiac
- Gastric
- Hepatic
- Iliac
- Inguinal-femoral
- Mesenteric
- Para-aortic
- Popliteal
- Retroperitoneal
- Splenic

Note: Lymph node involvement unspecified as to whether above or below the diaphragm is coded "insufficient information" in cols. 54-57.

*Includes lymphoma (nodular, diffuse, and follicular), reticulosarcomas, and Hodgkin's disease

LYMPH NODES AND LYMPHOID TISSUE April, 1977
 (Including Waldeyer's ring, thymus, and
 and spleen) 960-969, 416, 460, 471,
 491, 640, 692
 Histology*: 959 thru 969, 975

Cols. 58-59

LYMPHOID TISSUE

	Col. 58 (<u>Clinical</u>)	Col. 59 (<u>Oper/Path</u>)
0	None	0
	<i>Insufficient Info</i>	
1	Spleen	1
2	Thymus	2
3	(2) and (1)	3
4	Waldeyer's ring, NOS, lingual and palatine tonsils, adenoids (pharyngeal tonsils)	4
5	(4) and (1)	5
6	(4) and (2)	6
7	(4) and (3)	7
X	Insufficient information	X

Cols. 60-64

EXTRANODAL INVOLVEMENT

	Col. 60 (<u>Clinical</u>)	Col. 61 (<u>Oper/Path</u>)
0	None; insufficient information.	0
1	Lung/pleura	1
2	Liver	2
3	(2) and (1)	3
4	Bone (other than bone marrow)	4
5	(4) and (1)	5
6	(4) and (2)	6
7	(4) and (3)	7

	Col. 62 (<u>Oper/Path</u>)
	None; insufficient information. . . 0
	Bone marrow (neoplastic cells . . . 1 present)
	Peripheral blood (neoplastic . . . 2 cells present)
	(2) and (1) 3

*Includes lymphoma (nodular, diffuse, and follicular), reticulosarcomas,
 and Hodgkin's disease

LYMPH NODES AND LYMPHOID TISSUE April, 1977
(Including Waldeyer's ring, thymus, and
and spleen) 960-969, 416, 460, 471,
491, 640, 692
Histology*: 959 thru 969, 975

Cols. 60-64 EXTRA-NODAL INVOLVEMENT continued

Col. 63

- 0 None; insufficient information
- 1 Stomach
- 2 Small bowel (Peyer's patches)
- 3 (2) and (1)
- 4 Large bowel (including appendix)
- 5 (4) and (1)
- 6 (4) and (2)
- 7 (4) and (3)

Col. 64

- 0 None; insufficient information
- 1 Central nervous system (CNS)
- 2 Skin
- 3 (2) and (1)
- 4 Other organs or tissues (including soft tissue)
- 5 (4) and (1)
- 6 (4) and (2)
- 7 (4) and (3)

*Excluding perinodal extension

Note: In columns 63-64 if conflict between pathological, operative, and/or clinical evaluations, priority is in that order.

Col. 65

Not applicable for this site

*Includes lymphoma (nodular, diffuse, and follicular), reticulosarcomas, and Hodgkin's disease

GENERAL INSTRUCTIONS FOR CODING THE TWO-DIGIT
EXTENT OF DISEASE SCHEME

I. General Comments

- A. In the SEER program the same basic philosophy applies to both the two-digit and 13-digit extent of disease coding schemes. However, for some sites with a 13-digit scheme, the clinical and operative/pathological evaluations are coded separately; while for all sites with the two-digit scheme, the extent of disease is based on a combined clinical and operative/pathological assessment. (See the General Instructions for Coding the Expanded 13-Digit Extent of Disease Scheme.) Gross observation at surgery is particularly important when all malignant tissue is not removed. In the event of a discrepancy between the pathology and operative reports concerning excised tissue, priority is given to the pathology report.
- B. The unstaged code (--) must be used when there is no descriptive information or when there is insufficient descriptive information because of an inadequate workup. For example, if only an esophagostomy is done, the description will not include information on spread beyond the site of origin.
- C. Site-specific instructions for coding each two-digit EOD scheme appears on the reverse side of each site-specific scheme.

II. Distant Involvement

- A. When the reporting registry does not consider paired organ tumors as independent primaries, code the other paired organ as distant (except for ovary). Bilateral ovary is coded as localized unless stated to be metastatic in which case it is coded as distant. For all other paired organs, any metastatic involvement of the opposite organ is coded as distant involvement. Separate abstracts are maintained for tumors of different histologic types or tumors stated to be separate primaries.
- B. Bone marrow is considered distant involvement for all sites unless it involves marrow when that bone is the primary site.
- C. For all head and neck tumors, including larynx, "neck mass" is considered distant unless specified otherwise.

III. In situ cancers

For the two-digit EOD schemes, only those tumors stated to be in situ in the pathology report (including non-invasive and intraepithelial carcinomas) are coded as in situ. Carcinoma in situ with microinvasion is considered a localized form of cancer. Carcinoma confined to the mucosa, lamina propria, or muscularis mucosae is considered localized.

IV. Fistulas

A fistula is an abnormal passage leading from a hollow organ to the body surface or from one hollow organ to another. The tumor growth is part of the abnormal passage and tumor "spillage" can occur. It is for this reason that the formation of a fistula due to tumor extension is usually coded as distant.

V. Head and Neck Tumors

- A. Mid-cervical nodes will be considered regional, NOS.
- B. "Nodes of the posterior triangle" are the inferior deep cervical chain of nodes, also called lower cervical. Therefore, involvement of nodes of the posterior triangle would be distant lymph node involvement for all sites of the head and neck, except larynx, subglottic.

VI. Digestive System

- A. "Perforation" is to be coded as extension through muscularis and or serosa, but not beyond unless more definitive information is given.
- B. For all sites of the large intestine (with the exception of rectosigmoid codes 90 and -0) any involvement extraluminally of one subsite from another subsite primary will be considered distant.
- C. For all sites of the large intestine where not specified, pericolic fat is to be considered "immediately adjacent tissue, NOS".

VII. Lymph Nodes

"Palpable nodes" with no clinical statement of involvement will be ignored when coding extent of disease. Palpability may be due to inflammation, infection, etc.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

UPPER LIP*
400, 403

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

Size of primary tumor
(Clinical—in mm.)

Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Clinical—in mm.)			
			5.0 or less	5.1 to 10.0	More than 10.0	Size not known
vermilion only -----	no	no	10	15	20	25
superficial extension onto:						
skin -----	no	no	11	16	21	26
labial mucosa -----	no	no	12	17	22	27
skin and labial mucosa -----	no	no	13	18	23	28
“localized”, no detailed information -----	no	no	14	19	24	4-
vermilion only -----	yes	no	30	35	40	45
superficial extension onto:						
skin -----	yes	no	31	36	41	46
labial mucosa -----	yes	no	32	37	42	47
skin and labial mucosa -----	yes	no	33	38	43	48
“localized”, no detailed information -----	yes	no	34	39	44	49
vermilion only -----		yes	50	55	60	65
superficial extension onto:						
skin -----		yes	51	56	61	66
labial mucosa -----		yes	52	57	62	67
skin and labial mucosa -----		yes	53	58	63	68
no detailed information of above -----		yes	54	59	64	69

LIMITED DIRECT EXTENSION

both lips involved by contiguous growth -----	no	70	71	72	74
extension into musculature (including both lips) -----	no	75	76	77	79
both lips involved by contiguous growth -----	yes	80	81	82	84
extension into musculature (including both lips) -----	yes	85	86	87	89

FURTHER DIRECT EXTENSION

	Involvement of regional lymph nodes	
	no	yes
gingiva -----	90	-0
maxilla -----	91	-1
gingiva and maxilla -----	99	-9

DISTANT INVOLVEMENT

distant site involvement -----	&1	&6
distant lymph node involvement -----	&2	&7
distant site and distant lymph node involvement -----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement; buccinator; parotid group, including preauricular; submaxillary

* See "NOTE" on reverse side for anatomic limits of upper lip.

UPPER LIP
400, 403

FIELD 20 - EXTENT OF DISEASE
Columns 67-68

Note: According to the American Joint Committee for Cancer Staging, the following definition for anatomic site will apply:

Lips (upper and lower) form the upper and lower anterior wall of the oral cavity. They consist of an exposed surface of modified epidermis commonly referred to as the vermilion surface, which extends from commissure to commissure and from buccal mucosa to skin. The lip includes only the vermilion surface or that portion of the lips that come in contact with the opposing lip.

Loss of mobility or function in the affected part is clinical evidence that musculature is involved and is coded 75-79 or 85-89 in the absence of additional information.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

LOWER LIP*
401, 404

CARCINOMA IN SITU		Carcinoma in situ					0-
PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT		Size of primary tumor (Clinical—in mm.)					
Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	5.0 or less	5.1 to 10.0	More than 10.0	Size not known	
vermilion only -----	no	no	10	15	20	25	
superficial extension onto:							
skin -----	no	no	11	16	21	26	
labial mucosa -----	no	no	12	17	22	27	
skin and labial mucosa -----	no	no	13	18	23	28	
“localized”, no detailed information -----	no	no	14	19	24	4-	
vermilion only -----	yes	no	30	35	40	45	
superficial extension onto:							
skin -----	yes	no	31	36	41	46	
labial mucosa -----	yes	no	32	37	42	47	
skin and labial mucosa -----	yes	no	33	38	43	48	
“localized”, no detailed information -----	yes	no	34	39	44	49	
vermilion only -----		yes	50	55	60	65	
superficial extension onto:							
skin -----		yes	51	56	61	66	
labial mucosa -----		yes	52	57	62	67	
skin and labial mucosa -----		yes	53	58	63	68	
no detailed information of above -----		yes	54	59	64	69	
LIMITED DIRECT EXTENSION							
both lips involved by contiguous growth -----		no	70	71	72	74	
extension into musculature (including both lips) -----		no	75	76	77	79	
both lips involved by contiguous growth -----		yes	80	81	82	84	
extension into musculature (including both lips) -----		yes	85	86	87	89	
FURTHER DIRECT EXTENSION					Involvement of regional lymph nodes		
					<i>no</i>	<i>yes</i>	
gingiva -----						90	-0
mandible -----						91	-1
gingiva and mandible -----						99	-9
DISTANT INVOLVEMENT							
distant site involvement -----						&1	&6
distant lymph node involvement -----						&2	&7
distant site and distant lymph node involvement -----						&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: submental; submaxillary, including single mandibular facial node; upper deep jugular chain; “upper cervical” nodes

* See “NOTE” on reverse side for anatomic limits of lower lip.

LOWER LIP
401, 404

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Note: According to the American Joint Committee for Cancer Staging, the following definition for anatomic site will apply:

Lips (upper and lower) form the upper and lower anterior wall of the oral cavity. They consist of an exposed surface of modified epidermis commonly referred to as the vermilion surface, which extends from commissure to commissure and from buccal mucosa to skin. The lip includes only the vermilion surface or that portion of the lips that come in contact with the opposing lip.

Loss of mobility or function in the affected part is clinical evidence that musculature is involved and is coded 75-79 or 85-89 in the absence of additional information.

CARCINOMA IN SITU		Carcinoma in situ					0-
PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT		Size of primary tumor (Clinical—in mm.)					
Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	5.0 or less	5.1 to 10.0	More than 10.0	Size not known	
vermilion only -----	no	no	10	15	20	25	
superficial extension onto:							
skin -----	no	no	11	16	21	26	
labial mucosa -----	no	no	12	17	22	27	
skin and labial mucosa -----	no	no	13	18	23	28	
“localized”, no detailed information -----	no	no	14	19	24	4-	
vermilion only -----	yes	no	30	35	40	45	
superficial extension onto:							
skin -----	yes	no	31	36	41	46	
labial mucosa -----	yes	no	32	37	42	47	
skin and labial mucosa -----	yes	no	33	38	43	48	
“localized”, no detailed information -----	yes	no	34	39	44	49	
vermilion only -----		yes	50	55	60	65	
superficial extension onto:							
skin -----		yes	51	56	61	66	
labial mucosa -----		yes	52	57	62	67	
skin and labial mucosa -----		yes	53	58	63	68	
no detailed information of above -----		yes	54	59	64	69	
LIMITED DIRECT EXTENSION							
both lips involved by contiguous growth -----		no	70	71	72	74	
extension into musculature (including both lips) -----		no	75	76	77	79	
both lips involved by contiguous growth -----		yes	80	81	82	84	
extension into musculature (including both lips) -----		yes	85	86	87	89	
FURTHER DIRECT EXTENSION						<i>Involvement of regional lymph nodes</i>	
						no	yes
gingiva -----						90	-0
maxilla -----						91	-1
mandible -----						92	-2
more than one (90-92) or (-0 thru -2) -----						99	-9
DISTANT INVOLVEMENT							
distant site involvement -----						&1	&6
distant lymph node involvement -----						&2	&7
distant site and distant node involvement -----						&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: submental; submaxillary, including single mandibular facial node; upper deep jugular chain; parotid group, including preauricular; “upper cervical” nos

* See “NOTE” on reverse side for anatomic limits of lip (commissure).

LIP (Commissure)
406

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Note: According to the American Joint Committee for Cancer Staging,
the following definition for anatomic site will apply:

Commissure of the lip is the point of union of upper and lower
lips (corner of mouth).

Loss of mobility or function in the affected part is clinical
evidence that musculature is involved and is coded 75-79 or 85-89 in
the absence of additional information.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

BASE OF TONGUE*
410

CARCINOMA IN SITU			Carcinoma in situ 0-		
Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Clinical—in cm.)		
			Less than 1.0	1.0 or more	Size not known
confined to one side.....	no	no	10	15	25
“localized”, no detailed information.....	no	no	14	19	4-
confined to one side.....	yes	no	30	35	45
“localized”, no detailed information.....	yes	no	34	39	49
confined to one side.....		yes	50	55	65
no detailed information of above.....		yes	54	59	69
LIMITED DIRECT EXTENSION			Involvement of regional lymph nodes		
			no	yes	
vallecula only			70	80	
tumor <i>extends</i> to, but does not involve:					
epiglottis			71	81	
floor of mouth.....			72	82	
lateral pharyngeal wall.....			73	83	
more than one (71-73) or (81-83)			74	84	
tumor <i>involves</i> :					
anterior two-thirds of tongue.....			75	85	
gingiva			76	86	
anterior two-thirds of tongue and gingiva.....			79	89	
FURTHER DIRECT EXTENSION					
tumor has crossed the midline (does not apply to midline tumor)			90	-0	
tumor involves:					
epiglottis			91	-1	
floor of mouth.....			92	-2	
lateral pharyngeal wall (including tonsil)			93	-3	
mandible			95	-5	
more than one (90-95) or (-0 thru -5)			99	-9	
DISTANT INVOLVEMENT					
distant site involvement.....			&1	&6	
distant lymph node involvement.....			&2	&7	
distant site and distant lymph node involvement.....			&3	&8	

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: upper deep jugular chain; submaxillary; “upper cervical” NOS

* See “NOTE” on reverse side for anatomic limits of base of tongue.

BASE OF TONGUE
410

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Note: According to the American Joint Committee for Cancer Staging,
the following definitions for anatomic site will apply:

Posterior One-third of Tongue (Base of Tongue) consists of the less mobile portion of the tongue which extends inferiorly from the line of circumvallate papillae to the base of the epiglottis, the pharyngo-epiglottic and glosso-epiglottic folds (which bound the vallecula).

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

ANTERIOR TWO-THIRDS OF TONGUE*
411-414, 416

CARCINOMA IN SITU		Carcinoma in situ					0-
PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT		Size of primary tumor (Clinical—in cm.)					
Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	Less than 1.0	1.0 to 2.9	3.0 or more	Size not known	
confined to one side with:							
no invasion of muscle-----	no	no	10	15	20	25	
invasion of muscle-----	no	no	11	16	21	26	
“localized”, no detailed information-----	no	no	14	19	24	4-	
confined to one side with:							
no invasion of muscle-----	yes	no	30	35	40	45	
invasion of muscle-----	yes	no	31	36	41	46	
“localized”, no detailed information-----	yes	no	34	39	44	49	
confined to one side with:							
no invasion of muscle-----		yes	50	55	60	65	
invasion of muscle-----		yes	51	56	61	66	
no detailed information of above-----		yes	54	59	64	69	
LIMITED DIRECT EXTENSION		Involvement of regional lymph nodes					
		no					yes
tumor <i>extends</i> to, but does not involve:							
floor of mouth-----					70	80	
base of tongue-----					71	81	
floor of mouth and base of tongue-----					74	84	
tumor <i>involves</i> :							
floor of mouth-----					75	85	
base of tongue-----					76	86	
floor of mouth and base of tongue-----					79	89	
FURTHER DIRECT EXTENSION							
tumor has crossed midline (does not apply to midline tumors)-----					90	-0	
tumor extends to or involves:							
tonsillar pillars-----					91	-1	
soft palate-----					92	-2	
gingiva-----					93	-3	
maxilla-----					95	-5	
mandible-----					96	-6	
more than one (91-96) or (-1 thru -6)-----					98	-8	
90 and (91-98), or -0 and (-1 to -8)-----					99	-9	
DISTANT INVOLVEMENT							
distant site involvement-----					&1	&6	
distant lymph node involvement-----					&2	&7	
distant site and distant lymph node involvement-----					&3	&8	

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: submaxillary; upper deep jugular chain; submental; “upper cervical” nos

* See “NOTE” on reverse side for anatomic limits of anterior two-thirds of tongue.

ANTERIOR TWO-THIRDS OF TONGUE
411-414, 416

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Note: According to the American Joint Committee for Cancer Staging,
the following definition for anatomic site will apply:

Anterior Two-thirds of the Tongue consists of the freely movable
portion of the tongue which extends anteriorly from the line of
circumvallate papillae to the root of the tongue at the junction
of the floor of the mouth. It is composed of four areas:

- A - Tip
- B - Lateral borders
- C - Dorsum
- D - Undersurface (non-villous surface)

CARCINOMA IN SITU			Carcinoma in situ				0-
PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT			Size of primary tumor (Path. Dept. Statement *)				
Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	2 cm. or less	2.1 to 3.9	4 cm. or more	Size not known	
single focus and:							
entirely within benign tumor capsule.....	no	no	10	15	20	25	
substance of parotid gland invaded.....	no	no	11	16	21	26	
confined to substance of parotid gland, but multicentric foci.....	no	no	12	17	22	27	
"localized", no detailed information.....	no	no	14	19	24	4-	
single focus and:							
entirely within benign tumor capsule.....	yes	no	30	35	40	45	
substance of parotid gland invaded.....	yes	no	31	36	41	46	
confined to substance of parotid gland, but multicentric foci.....	yes	no	32	37	42	47	
"localized", no detailed information.....	yes	no	34	39	44	49	
single focus and:							
entirely within benign tumor capsule.....		yes	50	55	60	65	
substance of parotid gland invaded.....		yes	51	56	61	66	
confined to substance of parotid gland, but multicentric foci.....		yes	52	57	62	67	
no detailed information of above.....		yes	54	59	64	69	
LIMITED DIRECT EXTENSION			<i>Involvement of regional lymph nodes</i>				
			<i>no</i>			<i>yes</i>	
penetration of capsule of gland into connective tissue.....			70			80	
involvement of neural sheath.....			71			81	
muscle.....			72			82	
skin.....			73			83	
periosteum of mandible.....			75			85	
pharyngeal mucosa.....			76			86	
more than one (70-76) or (80-86).....			79			89	
FURTHER DIRECT EXTENSION							
ulceration of skin.....			90			-0	
mandible.....			91			-1	
skull.....			92			-2	
external auditory meatus.....			93			-3	
major blood vessels.....			95			-5	
more than one (90-95) or (-0 thru -5).....			99			-9	
DISTANT INVOLVEMENT							
distant site involvement.....			&1			&6	
distant lymph node involvement.....			&2			&7	
distant site and distant lymph node involvement.....			&3			&8	

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): parotid gland group

*If primary is not excised, report of roentgenography will be acceptable.

PAROTID GLAND
420

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

When the primary is definitely established as the parotid gland and there is involvement of the submaxillary gland, the code will be 70 or 80, whichever is applicable.

CARCINOMA IN SITU			Carcinoma in situ 0-			
PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Path. Dept. Statement *)			
			2 cm. or less	2.1 to 3.9	4 cm. or more	Size not known
Primary Tumor Description						
single focus and:						
entirely within benign tumor capsule.....	no	no	10	15	20	25
substance of submaxillary gland invaded.....	no	no	11	16	21	26
confined to substance of submaxillary gland, but multicentric foci.....	no	no	12	17	22	27
"localized", no detailed information.....	no	no	14	19	24	4-
single focus and:						
entirely within benign tumor capsule.....	yes	no	30	35	40	45
substance of submaxillary gland invaded.....	yes	no	31	36	41	46
confined to substance of submaxillary gland, but multicentric foci.....	yes	no	32	37	42	47
"localized", no detailed information.....	yes	no	34	39	44	49
single focus and:						
entirely within benign tumor capsule.....		yes	50	55	60	65
substance of submaxillary gland invaded.....		yes	51	56	61	66
confined to substance of submaxillary gland, but multicentric foci.....		yes	52	57	62	67
no detailed information of above.....		yes	54	59	64	69
LIMITED DIRECT EXTENSION			<i>Involvement of regional lymph nodes</i>			
			no		yes	
penetration of capsule of gland into connective tissue.....			70		80	
muscle			71		81	
sublingual gland			72		82	
periosteum of mandible.....			75		85	
more than one (70-75) or (80-85).....			79		89	
FURTHER DIRECT EXTENSION						
mandible			90		-0	
nerves			91		-1	
major blood vessels.....			92		-2	
more than one (90-92) or (-0 thru -2).....			99		-9	
DISTANT INVOLVEMENT						
distant site involvement.....			&1		&6	
distant lymph node involvement.....			&2		&7	
distant site and distant lymph node involvement.....			&3		&8	

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): submaxillary

*If primary is not excised, report of roentgenography will be acceptable.

SUBMANDIBULAR GLAND
421

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

When the primary site is definitely established as the submaxillary gland and there is involvement of the parotid gland, the code will be 70 or 80, whichever is applicable.

CARCINOMA IN SITU

Carcinoma in situ 0-

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Size of primary tumor (Clinical—in cm.)</i>		
			<i>Less than 1.0</i>	<i>1.0 or more</i>	<i>Size not known</i>
confined to mucosa-----	no	no	10	15	25
submucosa is involved-----	no	no	11	16	26
musculature is involved-----	no	no	12	17	27
“localized”, no detailed information-----	no	no	14	19	4-
confined to mucosa-----	yes	no	30	35	45
submucosa is involved-----	yes	no	31	36	46
musculature is involved-----	yes	no	32	37	47
“localized”, no detailed information-----	yes	no	34	39	49
confined to mucosa-----		yes	50	55	65
submucosa is involved-----		yes	51	56	66
musculature is involved-----		yes	52	57	67
no detailed information of above-----		yes	54	59	69

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
extension beyond primary site area, but not involving 71-79 or 81-89-----	70	80
maxilla-----	71	81
palate (soft palate or hard palate)-----	72	82
buccal mucosa-----	73	83
more than one (71-73) or (81-83)-----	79	89

FURTHER DIRECT EXTENSION

skin ulceration due to tumor breakthrough-----	90	-0
skull-----	91	-1
maxillary antrum (sinus)-----	92	-2
nasal cavity-----	93	-3
more than one (90-93) or (-0 thru -3)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: submaxillary, including single mandibular facial node; upper deep jugular chain; “upper cervical” NOS

* See “NOTE” on reverse side for anatomic limits of upper gingiva.

UPPER GINGIVA
430

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Note: According to the American Joint Committee on Cancer Staging,
the following definition for anatomic site will apply:

Upper Gingiva is the covering mucosa of the upper alveolar ridge,
extending from the line of attachment of mucosa in the upper
gingival buccal gutter to the junction with the hard palate. Its
posterior margin is the upper end of the pterygopalatine arch.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

LOWER GINGIVA (GUM)* 431
RETROMOLAR TRIGONE 456

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

Size of primary tumor
(Clinical—in cm.)

Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Clinical—in cm.)		
			Less than 1.0	1.0 or more	Size not known
confined to mucosa.....	no	no	10	15	25
submucosa is involved.....	no	no	11	16	26
musculature is involved.....	no	no	12	17	27
"localized", no detailed information.....	no	no	14	19	4-
confined to mucosa.....	yes	no	30	35	45
submucosa is involved.....	yes	no	31	36	46
musculature is involved.....	yes	no	32	37	47
"localized", no detailed information.....	yes	no	34	39	49
confined to mucosa.....		yes	50	55	65
submucosa is involved.....		yes	51	56	66
musculature is involved.....		yes	52	57	67
no detailed information of above.....		yes	54	59	69

LIMITED DIRECT EXTENSION

Involvement of
regional lymph nodes
no yes

extension beyond primary site area, but not involving 71-79 or 81-89.....	70	80
mandible.....	71	81
floor of mouth.....	72	82
buccal mucosa (including retromolar area and labial mucosa).....	73	83
tongue.....	75	85
more than one (71-75) or (81-85).....	79	89

FURTHER DIRECT EXTENSION

skin ulceration due to tumor breakthrough.....	90	-0
skull.....	91	-1
skin ulceration and invasion of skull.....	99	-9

DISTANT INVOLVEMENT

distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement of submaxillary, including single mandibular facial node; submental; upper deep jugular chain; "upper cervical" nodes

* See "NOTE" on reverse side for anatomic limits of lower gingiva.

LOWER GINGIVA
431

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

RETROMOLAR TRIGONE
456

Note: According to the American Joint Committee for Cancer Staging, the following definition for anatomic site will apply:

Lower Gingiva includes the alveolar process of the mandible and its covering mucosa, which extends from the line of attachment of mucosa in the buccal gutter to the line of free mucosa of the floor of the mouth. Posteriorly it extends to the ascending ramus of the mandible.

Mucous membrane covering the retromolar trigone is coded 456 in Field 15 and extent of disease as classified in this scheme, but do not use codes 73 or 83.

The periosteum of the mandible is a separate structure and can be stripped from the bone, which is frequently done. If the periosteum is involved, but not the mandible, the code is 70 or 80, whichever is applicable.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FLOOR OF MOUTH*
440-449

CARCINOMA IN SITU

Carcinoma in situ .0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

Size of primary tumor
(Clinical—in cm.)

Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Clinical—in cm.)		
			Less than 1.0	1.0 or more	Size not known
confined to mucosa-----	no	no	10	15	25
submucosa is involved-----	no	no	11	16	26
musculature is involved-----	no	no	12	17	27
"localized", no detailed information-----	no	no	14	19	4-
confined to mucosa-----	yes	no	30	35	45
submucosa is involved-----	yes	no	31	36	46
musculature is involved-----	yes	no	32	37	47
"localized", no detailed information-----	yes	no	34	39	49
confined to mucosa-----		yes	50	55	65
submucosa is involved-----		yes	51	56	66
musculature is involved-----		yes	52	57	67
no detailed information of above-----		yes	54	59	69

LIMITED DIRECT EXTENSION

Involvement of
regional lymph nodes
no yes

tumor extends to or involves:				
gingiva (alveolar ridge)-----			70	80
anterior two-thirds of tongue-----			71	81
midline of floor of mouth (anterior to tongue)-----			72	82
submaxillary gland-----			73	83
sublingual gland-----			75	85
more than one (70-75) or (80-85)-----			79	89

FURTHER DIRECT EXTENSION

base of tongue-----	90	-0
epiglottis-----	91	-1
more than one (90-91) or (-0 thru -1)-----	92	-2
lateral pharyngeal wall-----	94	-4
mandible-----	95	-5
soft tissue or skin-----	96	-6
more than one (90-96) or (-0 thru -6)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: submental; submaxillary; sublingual; upper deep jugular chain; "upper cervical" nos

* See "NOTE" on reverse side for anatomic limits of floor of mouth.

FLOOR OF MOUTH
440-449

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Note: According to the American Joint Committee on Cancer Staging,
the following definition for anatomic site will apply:

Floor of Mouth consists of a semilunar shaped space over the mylohyoid and hypoglossus muscles, extending from the inner surface of the lower alveolar ridge to the root of the tongue. Its posterior boundary is the base of the anterior pillar of the tonsil. It is divided into two sides of the frenulum of the tongue and contains the ostia of the submaxillary and lingual salivary glands.

Tumors originating in the midline will be identified by use of & as the second digit throughout the entire scheme.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-58

BUCCAL MUCOSA*
450, 451

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

Size of primary tumor
(Clinical—in cm.)

Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	Less than 1.0	1.0 or more	Size not known
confined strictly to mucosa-----	no	no	10	15	25
"localized", no detailed information-----	no	no	14	19	4-
confined strictly to mucosa-----	yes	no	30	35	45
"localized", no detailed information-----	yes	no	34	39	49
confined strictly to mucosa-----		yes	50	55	65
no detailed information of above-----		yes	54	59	69

LIMITED DIRECT EXTENSION

Involvement of regional lymph nodes
no yes

tumor extends to or involves:					
musculature-----			70		80
gingiva-----			71		81
lip, including commissure-----			72		82
tonsillar pillars-----			73		83
more than one (70-73) or (80-83)-----			79		89

FURTHER DIRECT EXTENSION

skin ulceration due to tumor breakthrough-----	90	-0
base of skull-----	91	-1
maxilla-----	92	-2
mandible-----	93	-3
tongue-----	95	-5
more than one (90-95) or (-0 thru -5)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: submaxillary, including single mandibular facial node; parotid group, including preauricular; "upper cervical" NOS

* See "NOTE" on reverse side of anatomic limits of buccal mucosa.

BUCCAL MUCOSA
450-451

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Note: According to the American Joint Committee for Cancer Staging,
the following definition for anatomic site will apply:

Buccal Mucosa includes all the mucous membrane lining and inner surface of the cheeks and lips, from the line of contact of the opposing lips to the line of attachment of mucosa of the alveolar ridges (upper and lower) and the pterygomandibular raphe.

Interpret codes 72 and 82 to include both lips.

FIELD 20 - EXTENT OF DISEASE
 COLUMNS 67-68
 CARCINOMA IN SITU

HARD PALATE*
 452

Carcinoma in situ 0-

**PRIMARY TUMOR
 NO DIRECT EXTENSION
 NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	Size of primary tumor (Clinical—in cm.)		
			<i>Less than 1.0</i>	<i>1.0 or more</i>	<i>Size not known</i>
confined strictly to mucosa-----	no	no	10	15	25
“localized”, no detailed information-----	no	no	14	19	4-
confined strictly to mucosa-----	yes	no	30	35	45
“localized”, no detailed information-----	yes	no	34	39	49
confined strictly to mucosa-----		yes	50	55	65
no detailed information of above-----		yes	54	59	69

LIMITED DIRECT EXTENSION

	Involvement of regional lymph nodes	
	<i>no</i>	<i>yes</i>
tumor extends to or involves:		
soft palate -----	70	80
gingiva -----	71	81
buccal mucosa -----	72	82
palatine bone -----	73	83
more than one (70-73) or (80-83) -----	74	84
tumor has crossed midline -----	75	85
more than one (70-74) or (80-84) and 75 or 85 -----	79	89

FURTHER DIRECT EXTENSION

tumor erosion through maxillary bone-----	90	-0
nasal cavity -----	91	-1
maxillary antrum (sinus) -----	92	-2
more than one (90-92) or (-0 thru -2) -----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: retropharyngeal; upper deep jugular chain; submaxillary; “upper cervical” nos

* See “NOTE” on reverse side for anatomic limits of hard palate.

HARD PALATE
452

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Note: According to the American Joint Committee on Cancer Staging,
the following definition for anatomic site will apply:

Hard Palate consists of semilunar area between the upper
alveolar ridges and the mucous membrane covering the palatine
process of maxillary palatine bones. It extends from the inner
surface of the superior alveolar ridge to the posterior edge of
the palatine bone.

Tumors originating in the midline will be identified by the use of
& as the second digit throughout the entire scheme.

FIELD 20 - EXTENT OF DISEASE
 COLUMNS 67-68
 CARCINOMA IN SITU

SOFT PALATE 453 *
 UVULA 457
 Carcinoma in situ 0-

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Clinical—in cm.)		
			Less than 1.0	1.0 or more	Size not known
<i>Primary Tumor Description</i>					
confined strictly to mucosa.....	no	no	10	15	25
musculature is involved.....	no	no	11	16	26
“localized”, no detailed information.....	no	no	14	19	4-
confined strictly to mucosa.....	yes	no	30	35	45
musculature is involved.....	yes	no	31	36	46
“localized”, no detailed information.....	yes	no	34	39	49
confined strictly to mucosa.....		yes	50	55	65
musculature is involved.....		yes	51	56	66
no detailed information of above.....		yes	54	59	69
LIMITED DIRECT EXTENSION:			<i>Involvement of regional lymph nodes</i>		
tumor extends onto or infiltrates:			<i>no</i>	<i>yes</i>	
hard palate.....			70	80	
gingiva.....			71	81	
buccal mucosa.....			72	82	
lateral pharyngeal wall (tonsillar pillar or fossa).....			73	83	
more than one (70-73) or (80-83).....			74	84	
tumor crosses midline.....			75	85	
more than one (70-74) or (80-84) and 75 or 85.....			79	89	
FURTHER DIRECT EXTENSION					
tongue.....			90	-0	
base of tongue.....			91	-1	
nasopharynx or nasal cavity.....			92	-2	
bone of the hard palate (palatine bone).....			93	-3	
maxilla.....			95	-5	
mandible.....			96	-6	
more than one (90-96) or (-0 thru -6).....			99	-9	
DISTANT INVOLVEMENT					
distant site involvement.....			&1	&6	
distant lymph node involvement.....			&2	&7	
distant site and distant lymph node involvement.....			&3	&8	

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: submaxillary; upper deep jugular chain; “upper cervical” nos

* See “NOTE” on reverse side for anatomic limits of soft palate.

SOFT PALATE
453

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

UVULA
454

Note: According to the American Joint Committee for Cancer Staging, the following definition for anatomic site will apply:

Soft Palate consists of mucosa covering the oral cavity side of the palatine muscles and extends from the posterior edge of the hard palate to the free border of the soft palate and includes the uvula. Its superior lateral margin is the pterygomandibular raphe. The inferior lateral margin completes the faucial arch (glosso-palatine arch) and includes the anterior surface of the anterior tonsillar pillar.

Tumors originating in the midline of the soft palate will be identified by the use of & as the second digit throughout the entire scheme.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

OROPHARYNX*
460-469

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
tumor is not fixed and is limited to:			
posterior wall -----	no	no	10
lateral wall -----	no	no	12
anterior wall -----	no	no	15
“localized”, no detailed information -----	no	no	4-
tumor is not fixed and is limited to:			
posterior wall -----	yes	no	30
lateral wall -----	yes	no	32
anterior wall -----	yes	no	35
“localized”, no detailed information -----	yes	no	39
tumor is not fixed and is limited to:			
posterior wall -----		yes	50
lateral wall -----		yes	52
anterior wall -----		yes	55
no detailed information of above -----		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
tumor is not fixed, but extends from:		
posterior wall into lateral wall -----	70	80
lateral wall into posterior wall -----	72	82
anterior wall into lateral wall -----	75	85
any combination of above, regardless of origin -----	79	89

FURTHER DIRECT EXTENSION

tumor is not fixed, but extends from:		
posterior wall into prevertebral fascia -----	90	-0
posterior wall into neck -----	91	-1
lateral wall into neck -----	92	-2
lateral wall into prevertebral fascia -----	93	-3
lateral wall into base of tongue, pyriform sinus, or soft palate -----	94	-4
anterior wall into base of tongue -----	95	-5
anterior wall into larynx -----	96	-6
anterior wall into pyriform sinus or neck -----	97	-7
any combination of above, regardless of origin -----	98	-8
tumor is fixed -----	99	-9

DISTANT INVOLVEMENT

distant site involvement -----	&1	&6
distant lymph node involvement -----	&2	&7
distant site and distant lymph node involvement -----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: upper deep jugular chain; posterior cervical; “upper cervical” nos

* See “NOTE” on reverse side for anatomic limits of oral mesopharynx.

Note: According to the American Joint Committee for Cancer Staging, the following definitions for anatomic site will apply:

Posterior Wall: Extends from free borders of the soft palate to the tip of the esophagus

Lateral Wall: Includes the tonsillar pillars, tonsillar fossae and contents

Anterior Wall: Consists of the lingual surface of the epiglottis and the folds of the mucosa which bound the vallecula

When the only description is "involvement of posterior wall", assume the reference is posterior wall of the primary site.

When a tumor originates in a lateral wall, crosses the posterior wall to involve the opposite lateral wall, code 79 or 89, whichever is applicable.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

NASOPHARYNX*
470-479

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
tumor is not fixed and is limited to:			
posterior superior wall (vault) -----	no	no	10
lateral wall -----	no	no	14
“localized”, no detailed information -----	no	no	4-
tumor is not fixed and is limited to:			
posterior superior wall (vault) -----	yes	no	30
lateral wall -----	yes	no	34
“localized”, no detailed information -----	yes	no	39
tumor is not fixed and is limited to:			
posterior superior wall (vault) -----		yes	50
lateral wall -----		yes	54
no detailed information of above -----		yes	59

LIMITED DIRECT EXTENSION

Involvement of regional lymph nodes

	<i>no</i>	<i>yes</i>
tumor is not fixed, but extends from:		
posterior superior wall (vault) into lateral wall -----	70	80
lateral wall into posterior superior wall (vault) -----	74	84
lateral wall into middle ear -----	75	85

FURTHER DIRECT EXTENSION

tumor is not fixed, but extends from posterior superior wall (vault) into:	{ nasal cavity or oropharynx -----	90	-0
	{ bone (including skull) -----	91	-1
	{ brain -----	92	-2
	{ pterygopalatine fossa -----	93	-3
tumor is not fixed, but extends from lateral wall into:	{ nasal cavity -----	94	-4
	{ oropharynx -----	95	-5
	{ bone or pterygopalatine fossa -----	96	-6
	{ brain -----	97	-7
any combination of above, regardless of origin -----		98	-8
tumor is fixed -----		99	-9

DISTANT INVOLVEMENT

distant site involvement -----	&1	&6
distant lymph node involvement -----	&2	&7
distant site and distant lymph node involvement -----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: upper deep jugular chain; retropharyngeal; “upper cervical” nos

* See “NOTE” on reverse side for anatomic limits of nasopharynx.

Note: According to the American Joint Committee for Cancer Staging, the following definitions of anatomic limits will apply:

Posterior Superior Wall: Extends from superior border of choana, (vault) inferiorly, to level of free border of soft palate; lateral limit is the groove between lateral wall and base of skull.

Lateral Wall: Extends from base of skull on each side, inferiorly, to level of free border of soft palate.

When the only description is "involvement of posterior wall," assume the reference is posterior wall of the primary site.

In general, since the majority of cases of epidermoid carcinoma of the lateral wall of the nasopharynx have their origin at or near the opening of the eustachian tube, involvement of the eustachian tube is assumed and will be coded 14, 34, or 54.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

HYPOPHARYNX*
480-489

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
tumor is not fixed and is limited to:			
pyriform sinus -----	no	no	10
post-cricoid area -----	no	no	13
posterior pharyngeal wall -----	no	no	16
“localized”, no detailed information -----	no	no	4-
tumor is not fixed and is limited to:			
pyriform sinus -----	yes	no	30
post-cricoid area -----	yes	no	33
posterior pharyngeal wall -----	yes	no	36
“localized”, no detailed information -----	yes	no	39
tumor is not fixed and is limited to:			
pyriform sinus -----		yes	50
post-cricoid area -----		yes	53
posterior pharyngeal wall -----		yes	56
no detailed information of above -----		yes	59

LIMITED DIRECT EXTENSION

Involvement of regional lymph nodes

	<i>no</i>	<i>yes</i>
tumor is not fixed, but extends from:		
pyriform sinus into posterior pharyngeal wall -----	70	80
pyriform sinus into post-cricoid area -----	71	81
post-cricoid area into pyriform sinus -----	73	83
post-cricoid area into posterior pharyngeal wall -----	75	85
posterior pharyngeal wall into pyriform sinus -----	76	86
posterior pharyngeal wall into post-cricoid area -----	77	87
any combination of above, regardless of origin -----	79	89

FURTHER DIRECT EXTENSION

tumor is not fixed, but extends from:		
pyriform sinus into larynx -----	90	-0
pyriform sinus into soft tissue of the neck -----	91	-1
pyriform sinus into prevertebral muscle -----	92	-2
post-cricoid area into larynx -----	93	-3
post-cricoid area into prevertebral muscle -----	95	-5
posterior pharyngeal wall into prevertebral muscle -----	96	-6
posterior pharyngeal wall into soft tissue of the neck -----	97	-7
any combination of above, regardless of origin -----	98	-8
tumor is fixed -----	99	-9

DISTANT INVOLVEMENT

distant site involvement -----	&1	&6
distant lymph node involvement -----	&2	&7
distant site and distant lymph node involvement -----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: upper deep jugular chain; retropharyngeal; “upper cervical” nos

* See “NOTE” on reverse side for anatomic limits of hypopharynx.

Note: According to the American Joint Committee for Cancer Staging, the following definitions of anatomic limits will apply:

- Pyriiform Sinus: Bounded superiorly by the pharyngoepiglottic fold, anteriolaterally between the inner surface of the thyroid cartilage and the posterior lateral surface of the arytenoid and cricoid cartilages. Inferiorly, it extends to the upper edge of the esophagus.
- Post-Cricoid Area: Posterior surface of the larynx. It extends from the posterior surface of the arytenoid cartilages and their connecting folds to the inferior surface of the cricoid. The lateral margin is the anterior part of the pyriiform sinus.
- Posterior Pharyngeal Wall: Extends from the level of the tip of the epiglottis superiorly, down to the inferior margin of the cricoid cartilage; and laterally to the posterior margins of the pyriiform sinus.

When the only description is "involvement of the posterior wall", assume the reference is posterior wall of the primary site.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

CERVICAL ESOPHAGUS
500, 503

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR

NO DIRECT EXTENSION

NO DISTANT INVOLVEMENT

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined strictly to mucosa of upper third-----	no	no	10
confined strictly to mucosa, but extends to middle third-----	no	no	11
muscularis is involved, but not beyond-----	no	no	12
"localized", no detailed information-----	no	no	4-
confined strictly to mucosa of upper third-----	yes	no	30
confined strictly to mucosa, but extends to middle third-----	yes	no	31
muscularis is involved, but not beyond-----	yes	no	32
"localized", no detailed information-----	yes	no	39
confined strictly to mucosa of upper third-----		yes	50
confined strictly to mucosa, but extends to middle third-----		yes	51
muscularis is involved, but not beyond-----		yes	52
no detailed information of above-----		yes	59

LIMITED DIRECT EXTENSION

Involvement of regional lymph nodes
no yes

adventitia and/or adjacent soft tissue-----	70	80
major blood vessels-----	71	81
thyroid-----	72	82
more than one (70-72) or (80-82)-----	79	89

FURTHER DIRECT EXTENSION

trachea-----	90	-0
carina-----	91	-1
larynx-----	92	-2
hypopharynx-----	93	-3
vertebrae, by direct extension-----	95	-5
more than one (90-95) or (-0 thru -5)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): nodes immediately adjacent to esophagus ("local nodes"); upper deep jugular chain; superior mediastinal; "upper cervical" Nos

CERVICAL ESOPHAGUS
500, 503

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

The esophagus has no serosa and when adherent to other tissues, the full thickness of the wall has been penetrated and is fixed. This condition will probably be coded in the appropriate 10, 30, or 50 series.

In histologically proved carcinoma, laryngeal nerve paralysis will be coded in the & series.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

ABDOMINAL ESOPHAGUS
502, 505

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined strictly to mucosa of lower third-----	no	no	10
confined strictly to mucosa, but extends to middle third-----	no	no	11
muscularis is involved, but not beyond-----	no	no	12
"localized", no detailed information-----	no	no	4-
confined strictly to mucosa of lower third-----	yes	no	30
confined strictly to mucosa, but extends to middle third-----	yes	no	31
muscularis is involved, but not beyond-----	yes	no	32
"localized", no detailed information-----	yes	no	39
confined strictly to mucosa of lower third-----		yes	50
confined strictly to mucosa, but extends to middle third-----		yes	51
muscularis is involved, but not beyond-----		yes	52
no detailed information of above-----		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
adventitia and/or adjacent soft tissue-----	70	80
stomach-----	71	81
diaphragm-----	72	82
major blood vessels-----	73	83
more than one (70-73) or (80-83)-----	79	89

FURTHER DIRECT EXTENSION

any direct extension other than (70-79) or (80-89)-----	90	-0
---	-----------	-----------

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): paraesophageal; periesophageal; mediastinal, including diaphragmatic nodes at hiatus; nodes immediately adjacent to the lesser curvature of the stomach.

ABDOMINAL ESOPHAGUS
502, 505

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

The esophagus has no serosa and when adherent to other tissues, the full thickness of the wall has been penetrated and is fixed. This condition will probably be coded in the appropriate 10, 30, or 50 series.

In histologically proved carcinoma, "diaphragm is fixed" means the phrenic nerve has been destroyed and will be coded in the & series.

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined strictly to mucosa of middle third.....	no	no	10
confined strictly to mucosa, but extends to other section(s).....	no	no	11
muscularis is involved, but not beyond.....	no	no	12
"localized", no detailed information.....	no	no	4-
confined strictly to mucosa of middle third.....	yes	no	30
confined strictly to mucosa, but extends to other section(s).....	yes	no	31
muscularis is involved, but not beyond.....	yes	no	32
"localized", no detailed information.....	yes	no	39
confined strictly to mucosa of middle third.....		yes	50
confined strictly to mucosa, but extends to other section(s).....		yes	51
muscularis is involved, but not beyond.....		yes	52
no detailed information of above.....		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
adventitia and/or adjacent soft tissue (including diaphragm).....	70	80
major blood vessels.....	71	81
trachea.....	72	82
carina.....	73	83
bronchi.....	75	85
more than one (70-75) or (80-85).....	79	89

FURTHER DIRECT EXTENSION

lung via bronchi.....	90	-0
ribs.....	91	-1
vertebrae.....	92	-2
mediastinal structures, NOS (including pleura).....	95	-5
more than one (90-95) or (-0 thru -5).....	99	-9

DISTANT INVOLVEMENT

distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): nodes immediately adjacent to esophagus ("local nodes"); hilar; peribronchial.

"Synonyms" used for hilar nodes: tracheobronchial, carinal, bronchial, nodes of the pulmonary roots.

THORACIC ESOPHAGUS
501, 504

FIELD 2C - EXTENT OF DISEASE
COLUMNS 67-68

The esophagus has no serosa and when adherent to other tissues, the full thickness of the wall has been penetrated and is fixed. This condition will probably be coded in the appropriate 10, 30, or 50 series.

In histologically proved carcinoma, laryngeal nerve paralysis will be coded in the & series.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

STOMACH (EXCLUDING
CARDIOESOPHAGEAL JUNCTION) 510-519

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Path. Dept. Statement *)			
			2 cm. or less	2.1 to 3.9	4 cm. or more	Size not known
Primary Tumor Description						
confined to mucosa and submucosa-----	no	no	10	15	20	25
muscularis is invaded-----	no	no	11	16	21	26
serosa involved, but not beyond-----	no	no	12	17	22	27
diffuse involvement of stomach wall-----	no	no	13	18	23	28
"localized", no detailed information-----	no	no	14	19	24	4-
confined to mucosa and submucosa-----	yes	no	30	35	40	45
muscularis is invaded-----	yes	no	31	36	41	46
serosa involved, but not beyond-----	yes	no	32	37	42	47
diffuse involvement of stomach wall-----	yes	no	33	38	43	48
"localized", no detailed information-----	yes	no	34	39	44	49
confined to mucosa and submucosa-----		yes	50	55	60	65
muscularis is invaded-----		yes	51	56	61	66
serosa involved, but not beyond-----		yes	52	57	62	67
diffuse involvement of stomach wall-----		yes	53	58	63	68
no detailed information of above-----		yes	54	59	64	69
TUMOR HAS EXTENDED TO, INVADED, OR INFILTRATED THE FOLLOWING:					Involvement of regional lymph nodes	
no invasion of peritoneum, { duodenum-----					70	80
but direct extension into { distal esophagus-----					71	81
{ duodenum and distal esophagus-----					74	84
secondary area of tumor within stomach (including implant)-----					75	85
more than one (70-74) or (80-84) and 75 or 85-----					79	89
involvement of:						
immediately adjacent tissue ONLY-----					90	-0
spleen and/or diaphragm-----					91	-1
implants on outer surface of stomach-----					92	-2
duodenum via serosa (or not stated)-----					93	-3
transverse colon including both flexures-----					94	-4
other areas of small intestine-----					95	-5
omentum (lesser or greater)-----					96	-6
pancreas-----					97	-7
left lobe of liver by direct extension-----					98	-8
more than one (91-98) or (-1 thru -8)-----					99	-9
DISTANT INVOLVEMENT						
distant site involvement-----					&1	&6
distant lymph node involvement-----					&2	&7
distant site and distant lymph node involvement-----					&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): nodes of the greater omentum; nodes immediately adjacent to the lesser curvature of the stomach; nodes of the hilus of the spleen; gastrointestinal nodes, NOS

* If primary is not excised, gross description at surgery, G.I. series films, or reports of scope examinations will be acceptable.

STOMACH(excluding cardioesophageal
511-519 junction)

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Involvement of the abdominal wall is considered distant.

"Immediately adjacent tissue" will include adipose tissue,
connective tissue, etc.

Adherence to neighboring organs or tissues may be inflammatory
reaction, but in the absence of additional information, would
probably, be coded "extension through muscularis and/or serosa, but
not beyond."

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

DUODENUM
520

CARCINOMA IN SITU		Carcinoma in situ 0-			
PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT		Size of primary tumor (Path. Dept. Statement *)			
Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	2 cm. or less	2.1 cm. or more	Size not known
confined to mucosa and submucosa and:					
limited to the first portion.....	no	no	10	15	25
limited to the second portion.....	no	no	11	16	26
limited to the third portion.....	no	no	12	17	27
limited to the fourth portion.....	no	no	13	18	28
more than one portion involved or "localized", no detailed information.....	no	no	14	19	4-
confined to mucosa and submucosa and:					
limited to the first portion.....	yes	no	30	35	45
limited to the second portion.....	yes	no	31	36	46
limited to the third portion.....	yes	no	32	37	47
limited to the fourth portion.....	yes	no	33	38	48
more than one portion involved or "localized", no detailed information.....	yes	no	34	39	49
confined to mucosa and submucosa and:					
limited to the first portion.....		yes	50	55	65
limited to the second portion.....		yes	51	56	66
limited to the third portion.....		yes	52	57	67
limited to the fourth portion.....		yes	53	58	68
more than one portion involved or no detailed information of above.....		yes	54	59	69
LIMITED DIRECT EXTENSION		Involvement of regional lymph nodes			
		<i>no</i>		<i>yes</i>	
adjacent tissue, NOS.....			70		80
bile ducts, including ampulla of Vater.....			71		81
pancreatic duct.....			72		82
pancreas.....			73		83
adjacent mesentery, including mesenteric fat.....			75		85
more than one (70-75) or (80-85).....			79		89
FURTHER DIRECT EXTENSION					
transverse colon.....			90		-0
greater omentum (including omentum NOS).....			91		-1
liver.....			92		-2
kidney.....			93		-3
major blood vessels.....			95		-5
more than one (90-95) or (-0 thru -5).....			99		-9
DISTANT INVOLVEMENT					
distant site involvement.....			&1		&6
distant lymph node involvement.....			&2		&7
distant site and distant lymph node involvement.....			&3		&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): pancreaticoduodenal

* If primary is not excised, gross description at surgery or G. I. series films will be acceptable.

DUODENUM
520

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Note: First portion is the Superior Portion (duodenal bulb).
Second portion is the Descending Portion.
Third portion is the Horizontal Portion (transverse).
Fourth portion is the Ascending Portion.

Pericolonic fat is to be considered "adjacent tissue, NOS".

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

JEJUNUM 521
ILEUM 522

CARCINOMA IN SITU	on any part of an (adenomatous) polyp-----	01
	specified as sessile, "wall" only, no mention of polyp-----	02
	not specified as above, carcinoma in situ NOS-----	0-

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Path. Dept. Statement *)		
			2 cm. or less	2.1 cm. or more	Size not known
<i>Primary Tumor Description</i>					
confined to mucosa and submucosa-----	no	no	10	15	25
muscularis is invaded-----	no	no	11	16	26
extension thru muscularis and/or serosa, but not beyond-----	no	no	12	17	27
any of the above, with intraluminal involvement of jejunum and ileum**-----	no	no	13	18	28
"localized", no detailed information-----	no	no	14	19	4-
confined to mucosa and submucosa-----	yes	no	30	35	45
muscularis is invaded-----	yes	no	31	36	46
extension thru muscularis and/or serosa, but not beyond-----	no	no	32	37	47
any of the above, with intraluminal involvement of jejunum and ileum**-----	yes	no	33	38	48
"localized", no detailed information-----	yes	no	34	39	49
confined to mucosa and submucosa-----		yes	50	55	65
muscularis is invaded-----		yes	51	56	66
extension thru muscularis and/or serosa, but not beyond-----		yes	52	57	67
any of the above, with intraluminal involvement of jejunum and ileum**-----		yes	53	58	68
no detailed information of above-----		yes	54	59	69

TUMOR HAS EXTENDED TO, INVADED, OR INFILTRATED THE FOLLOWING:	Involvement of regional lymph nodes		
	no	yes	
no invasion of peritoneum, but direct extension into	adjacent tissue, NOS-----	70	80
	ileocecal valve from ileum-----	71	81
	duodenum from jejunum-----	72	82
	mesentery, including mesenteric fat-----	73	83
	more than one (70-73) or (80-83)-----	79	89
involvement of:			
other loop of small intestine-----	90	-0	
large intestine, including appendix-----	91	-1	
bladder-----	92	-2	
uterus, ovaries, fallopian tubes-----	93	-3	
abdominal wall-----	95	-5	
retroperitoneum-----	96	-6	
more than one (90-96) or (-0 thru -6)-----	99	-9	

DISTANT INVOLVEMENT		
distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage):
jejunum, ileum: mesenteric
terminal ileum (ileocecal area): ileocolic; posterior cecal

* If primary is not excised, gross description at surgery or G. I. series films will be acceptable.
** This refers to a contiguous growth ONLY.

JEJUNUM
521

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

ILEUM
522

Pericolic fat is to be considered "adjacent tissue, NOS".

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

TRANSVERSE COLON
530, 531, 537

CARCINOMA IN SITU	on any part of an (adenomatous) polyp.....	01
	specified as sessile, "wall" only, no mention of polyp.....	02
	not specified as above, carcinoma in situ NOS.....	0-

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Path. Dept. Statement *)		
			2 cm. or less	2.1 cm. or more	Size not known
Primary Tumor Description					
confined to mucosa and submucosa.....	no	no	10	15	25
muscularis is invaded.....	no	no	11	16	26
extension thru muscularis and/or serosa, but not beyond any of above, with intraluminal	no	no	12	17	27
extension to other section(s).....	no	no	13	18	28
"localized", no detailed information.....	no	no	14	19	4-
confined to mucosa and submucosa.....	yes	no	30	35	45
muscularis is invaded.....	yes	no	31	36	46
extension thru muscularis and/or serosa, but not beyond any of above, with intraluminal	yes	no	32	37	47
extension to other section(s).....	yes	no	33	38	48
"localized", no detailed information.....	yes	no	34	39	49
confined to mucosa and submucosa.....		yes	50	55	65
muscularis is invaded.....		yes	51	56	66
extension thru muscularis and/or serosa, but not beyond any of above, with intraluminal		yes	52	57	67
extension to other section(s).....		yes	53	58	68
no detailed information of above.....		yes	54	59	69

TUMOR HAS EXTENDED TO, INVADDED, OR INFILTRATED THE FOLLOWING:	Involvement of regional lymph nodes
	no yes
no invasion of peritoneum, { adjacent tissues, NOS.....	70 80
but direct extension into { mesentery, including mesenteric fat.....	71 81
{ greater omentum.....	72 82
{ more than one of above.....	74 84
implants inside the large intestine.....	75 85
more than one (70-74) or (80-84) and 75 or 85.....	79 89
involvement of:	
spleen.....	90 -0
stomach.....	91 -1
pancreas.....	92 -2
kidney(s).....	93 -3
liver (by direct extension).....	95 -5
small intestine.....	96 -6
more than one (90-96) or (-0 thru -6).....	99 -9

DISTANT INVOLVEMENT	&1	&6
distant site involvement.....	&2	&7
distant lymph node involvement.....	&3	&8
distant site and distant lymph node involvement.....		

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): right and middle colic for hepatic flexure; middle colic for transverse colon; left colic for splenic flexure.

Right colic lymph node is to be considered a distant node for splenic flexure and transverse colon; middle colic lymph node is to be considered a distant node for splenic flexure; left colic lymph node is to be considered a distant node for hepatic flexure and transverse colon.

* If primary is not excised, gross description at surgery, G. I. series films, or reports of scope examinations will be acceptable.

TRANSVERSE COLON
530, 531, 537

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

DESCENDING COLON 532
SIGMOID COLON 533

CARCINOMA IN SITU	on any part of an (adenomatous) polyp.....	01
	specified as sessile, "wall" only, no mention of polyp.....	02
	not specified as above, carcinoma in situ NOS.....	0-

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Path. Dept. Statement *)		
			2 cm. or less	2.1 cm. or more	Size not known
<i>Primary Tumor Description</i>					
confined to mucosa and submucosa.....	no	no	10	15	25
muscularis is invaded.....	no	no	11	16	26
extension thru muscularis and/or serosa, but not beyond any of above, with intraluminal	no	no	12	17	27
extension to other section(s).....	no	no	13	18	28
"localized", no detailed information.....	no	no	14	19	4-
confined to mucosa and submucosa.....	yes	no	30	35	45
muscularis is invaded.....	yes	no	31	36	46
extension thru muscularis and/or serosa, but not beyond any of above, with intraluminal	yes	no	32	37	47
extension to other section(s).....	yes	no	33	38	48
"localized", no detailed information.....	yes	no	34	39	49
confined to mucosa and submucosa.....		yes	50	55	65
muscularis is invaded.....		yes	51	56	66
extension thru muscularis and/or serosa, but not beyond any of above, with intraluminal		yes	52	57	67
extension to other section(s).....		yes	53	58	68
no detailed information of above.....		yes	54	59	69

TUMOR HAS EXTENDED TO, INVADED, OR INFILTRATED THE FOLLOWING:	Involvement of regional lymph nodes	
	no	yes
no invasion of peritoneum, { adjacent tissues, NOS.....	70	80
but direct extension into { mesentery, including mesenteric fat.....	71	81
more than one of the above.....	74	84
implants inside the large intestine.....	75	85
more than one (70-74) or (80-84) and 75 or 85.....	79	89
involvement of:		
spleen.....	90	-0
small intestine.....	91	-1
uterus.....	92	-2
ovary and/or fallopian tube.....	93	-3
more than one (90-93) or (-0 thru -3).....	99	-9

DISTANT INVOLVEMENT		
distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): left colic; inferior mesenteric

* If primary is not excised, gross description at surgery, G. I. series films, or reports of scope examinations will be acceptable.

DESCENDING COLON
532

SIGMOID COLON
533

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

ASCENDING COLON 536
CECUM 534

CARCINOMA IN SITU	on any part of an (adenomatous) polyp.....	01
	specified as sessile, "wall" only, no mention of polyp.....	02
	not specified as above, carcinoma in situ nos.....	0-

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Path. Dept. Statement *)		
			2 cm. or less	2.1 cm. or more	Size not known
<i>Primary Tumor Description</i>					
confined to mucosa and submucosa.....	no	no	10	15	25
muscularis is invaded.....	no	no	11	16	26
extension thru muscularis and/or serosa, but not beyond... any of the above, with intraluminal	no	no	12	17	27
extension to other section(s).....	no	no	13	18	28
"localized", no detailed information.....	no	no	14	19	4-
confined to mucosa and submucosa.....	yes	no	30	35	45
muscularis is invaded.....	yes	no	31	36	46
extension thru muscularis and/or serosa, but not beyond... any of the above, with intraluminal	yes	no	32	37	47
extension to other section(s).....	yes	no	33	38	48
"localized", no detailed information.....	yes	no	34	39	49
confined to mucosa and submucosa.....		yes	50	55	65
muscularis is invaded.....		yes	51	56	66
extension thru muscularis and/or serosa, but not beyond... any of the above, with intraluminal		yes	52	57	67
extension to other section(s).....		yes	53	58	68
no detailed information of above.....		yes	54	59	69

TUMOR HAS EXTENDED TO, INVADED, OR INFILTRATED THE FOLLOWING:	Involvement of regional lymph nodes		
	no	yes	
no invasion of peritoneum, but direct extension into {	appendix from cecum primary.....	70	80
	adjacent tissues, NOS.....	71	81
	mesentery, including mesenteric fat.....	72	82
	more than one of above.....	74	84
implants inside the large intestine.....	75	85	
more than one (70-74) or (80-84) and 75 or 85.....	79	89	
involvement of:			
small intestine.....	90	-0	
greater omentum.....	91	-1	
liver (by direct extension).....	92	-2	
uterus.....	93	-3	
ovary and/or fallopian tube.....	95	-5	
more than one (90-95) or (-1 thru -5).....	99	-9	

DISTANT INVOLVEMENT		
distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage). 530: right colic; middle colic; superior mesenteric.
534: ileocolic (cecal)

* If primary is not excised, gross description at surgery, G. I. series films, or report of scope examinations will be acceptable.

ASCENDING COLON
536

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

CECUM
534

Intraluminal extension into ileum from the cecum is to be coded 90 or -0 in the absence of additional information. This does not include ileocecal tumors.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

RECTOSIGMOID
540

CARCINOMA IN SITU

on any part of an (adenomatous) polyp----- 01
specified as sessile, "wall" only, no mention of polyp----- 02
not specified as above, carcinoma in situ NOS----- 0-

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Path. Dept. Statement *)		
			2 cm. or less	2.1 cm. or more	Size not known
<i>Primary Tumor Description</i>					
confined to mucosa and submucosa-----	no	no	10	15	25
muscularis is invaded-----	no	no	11	16	26
extension thru muscularis and/or serosa, but not beyond any of above, with intraluminal	no	no	12	17	27
extension to other section(s)-----	no	no	13	18	28
"localized", no detailed information-----	no	no	14	19	4-
confined to mucosa and submucosa-----	yes	no	30	35	45
muscularis is invaded-----	yes	no	31	36	46
extension thru muscularis and/or serosa, but not beyond any of above, with intraluminal	yes	no	32	37	47
extension to other section(s)-----	yes	no	33	38	48
"localized", no detailed information-----	yes	no	34	39	49
confined to mucosa and submucosa-----		yes	50	55	65
muscularis is invaded-----		yes	51	56	66
extension thru muscularis and/or serosa, but not beyond any of above, with intraluminal		yes	52	57	67
extension to other section(s)-----		yes	53	58	68
no detailed information of above-----		yes	54	59	69
TUMOR HAS EXTENDED TO, INVADED OR INFILTRATED THE FOLLOWING:			<i>Involvement of regional lymph nodes</i>		
			<i>no</i>	<i>yes</i>	
no invasion of peritoneum, but direct extension into	{ perirectal fat ----- mesentery, including its nerves, lymphatics ----- more than one (70-71) or (80-81) -----		70	80	
			71	81	
			79	89	
involvement of:					
intestines (other than intraluminal)-----			90	-0	
bladder-----			91	-1	
uterus-----			92	-2	
ovary and/or fallopian tubes-----			93	-3	
prostate-----			95	-5	
more than one (90-95) or (-0 thru -5)-----			99	-9	
DISTANT INVOLVEMENT					
distant site involvement-----			&1	&6	
distant lymph node involvement-----			&2	&7	
distant site and distant lymph node involvement-----			&3	&8	

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): perirectal ("local nodes" immediately adjacent to the rectum); sigmoid mesenteric nodes

* If primary is not excised, gross description at surgery, G. I. series films, or reports of scope examinations will be acceptable.

RECTOSIGMOID
540

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

RECTUM
541

CARCINOMA IN SITU	on any part of an (adenomatous) polyp.....	01
	specified as sessile, "wall" only, no mention of polyp.....	02
	not specified as above, carcinoma in situ NOS.....	0-

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Path. Dept. Statement *)		
			2 cm. or less	2.1 cm. or more	Size not known
Primary Tumor Description					
confined to mucosa and submucosa.....	no	no	10	15	25
muscularis is invaded.....	no	no	11	16	26
extends thru muscularis and/or serosa, but not beyond.....	no	no	12	17	27
any of above, with intraluminal extension to other section(s).....	no	no	13	18	28
"localized", no detailed information.....	no	no	14	19	4-
confined to mucosa and submucosa.....	yes	no	30	35	45
muscularis is invaded.....	yes	no	31	36	46
extends thru muscularis and/or serosa, but not beyond.....	yes	no	32	37	47
any of above, with intraluminal extension to other section(s).....	yes	no	33	38	48
"localized", no detailed information.....	yes	no	34	39	49
confined to mucosa and submucosa.....		yes	50	55	65
muscularis is invaded.....		yes	51	56	66
extends thru muscularis and/or serosa, but not beyond.....		yes	52	57	67
any of above, with intraluminal extension to other section(s).....		yes	53	58	68
no detailed information of above.....		yes	54	59	69

LIMITED DIRECT EXTENSION	Involvement of regional lymph nodes	
	no	yes
immediately adjacent tissue, including perirectal fat.....	70	80
deep infiltration of surrounding tissues.....	71	81
infiltration of surrounding tissues, NOS.....	79	89

FURTHER DIRECT EXTENSION		
cervix.....	90	-0
uterus.....	91	-1
bladder.....	92	-2
prostate and/or ductus deferens or seminal vesicle.....	93	-3
vagina.....	95	-5
urethra.....	96	-6
skeletal muscles.....	97	-7
bones of pelvis.....	98	-8
more than one (90-98) or (-0 thru -8).....	99	-9

DISTANT INVOLVEMENT		
distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): perirectal (local nodes immediately adjacent to rectum); sigmoid mesenteric nodes; left colic nodes

* If primary is not excised, gross description at surgery, G. I. series films, or reports of scope examinations will be acceptable.

RECTUM
541

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

The term "induration" used to describe surrounding fibrous or connective tissue adjacent to the tumor is to be interpreted as extension of the malignant growth.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

ANAL CANAL AND ANUS, NOS
542-543

CARCINOMA IN SITU

Carcinoma in situ 0-

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

Size of primary tumor
(Path. Dept. Statement *)

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Less than 1 cm.</i>	<i>1 cm. or more</i>	<i>Size not known</i>
incidental finding of malignancy in hemorrhoid and no other involvement-----	-	-	10	10	10
confined to anal mucosa and submucosa-----	no	no	11	15	25
"localized", no detailed information-----	no	no	14	19	4-
confined to anal mucosa and submucosa-----	yes	no	31	35	45
"localized", no detailed information-----	yes	no	34	39	49
confined to anal mucosa and submucosa-----		yes	51	55	65
no detailed information of above-----		yes	54	59	69

LIMITED DIRECT EXTENSION

Involvement of
regional lymph nodes

	<i>no</i>	<i>yes</i>
rectal mucosa or submucosa-----	70	80
perianal skin-----	71	81
muscles-----	72	82
ischiorectal fat-----	73	83
more than one (70-73) or (80-83)-----	79	89

FURTHER DIRECT EXTENSION

prostate-----	90	-0
perineum and/or vulva-----	91	-1
bladder-----	92	-2
vagina and/or cervix-----	93	-3
broad ligaments and/or uterus-----	95	-5
urethra-----	96	-6
more than one (90-96) or (-0 thru -6)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage); anorectal; local nodes adjacent to rectum (perirectal); inguinal

NOTE: Malignant melanoma of anus should be classified according to the scheme for "Malignant Melanoma of the Skin"

* If primary is not excised, gross description at surgery, G. I. series films, or reports of scope examinations will be acceptable.

ANAL CANAL and ANUS,NOS
542, 543

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

LIVER
550-551

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
single lesion, confined to one lobe-----	no	no	10
satellite nodules confined to lobe of primary lesion-----	no	no	15
"localized to one lobe", no detailed information-----	no	no	4-
single lesion, confined to one lobe-----	yes	no	30
satellite nodules confined to lobe of primary lesion-----	yes	no	35
"localized to one lobe", no detailed information-----	yes	no	39
single lesion, confined to one lobe-----		yes	50
satellite nodules confined to lobe of primary lesion-----		yes	55
one lobe involved, no detailed information-----		yes	59

**TUMOR HAS EXTENDED TO
OR INFILTRATED THE FOLLOWING:**

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
involvement of:		
two lobes by contiguous growth-----	70	80
gallbladder from right lobe (when right lobe is primary site)-----	71	81
satellite nodules of liver*-----	75	85
more than one (70-75) or (80-85)-----	79	89

FURTHER DIRECT EXTENSION

major blood vessels-----	90	-0
extrahepatic duct(s)-----	91	-1
diaphragm-----	92	-2
pleura-----	93	-3
more than one (90-93) or (-0 thru -3)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): nodes of the hepatic pedicle; nodes of the inferior vena cava; nodes of the hepatic artery; coronary chain nodes; nodes of the renal artery; pericardial nodes; juxtaphrenic nodes of the posterior mediastinum

* Include surface nodules as well as parenchymal nodules.

LIVER
550-551

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

GALLBLADDER
560

CARCINOMA IN SITU

Carcinoma in situ 0-

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined to mucosa and submucosa	no	no	10
muscularis is invaded	no	no	11
extension through muscularis and/or serosa, but not beyond	no	no	12
"localized", no detailed information	no	no	4-
confined to mucosa and submucosa	yes	no	30
muscularis is invaded	yes	no	31
extension through muscularis and/or serosa, but not beyond	yes	no	32
"localized", no detailed information	yes	no	39
confined to mucosa and submucosa		yes	50
muscularis is invaded		yes	51
extension through muscularis and/or serosa, but not beyond	yes	yes	52
no detailed information of above		yes	59

**TUMOR HAS EXTENDED TO, INVADED,
OR INFILTRATED THE FOLLOWING:**

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
tumor extension into:		
liver	70	80
bile ducts	71	81
liver and bile ducts	74	84
bile ducts, further to pancreas	75	85
(70 & 75) or (80 & 85)	79	89
involvement of:		
small intestine	90	-0
large intestine	91	-1
stomach	92	-2
pancreas (other than 75 or 85)	93	-3
greater omentum	95	-5
more than one (90-95) or (-0 thru -5)	99	-9

DISTANT INVOLVEMENT

distant site involvement	&1	&6
distant lymph node involvement	&2	&7
distant site and distant lymph node involvement	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): cystic nodes; nodes along the portal vein (periportal); nodes along head of pancreas

GALLBLADDER
560

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

The statement "gallbladder is replaced by tumor" indicates there is extension into the liver and is to be coded 70 or 80 in the absence of additional information regarding further involvement.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 57-68

EXTRAHEPATIC BILE DUCTS 561
AMPULLA OF VATER 562

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR

**NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
tumor confined to bile ducts.....	no	no	10
"localized", no detailed information.....	no	no	4-
tumor confined to bile ducts.....	yes	no	30
"localized", no detailed information.....	yes	no	39
tumor confined to bile ducts.....		yes	50
no detailed information of above.....		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
involvement of:		
duodenum.....	70	80
gallbladder.....	71	81
pancreas.....	72	82
liver.....	73	83
more than one (70-73) or (80-83).....	79	89

FURTHER DIRECT EXTENSION

any direct extension greater than (70-79) or 80-89)..... **90** **-0**

DISTANT INVOLVEMENT

distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): cystic node; nodes along portal vein (periportal); pancreaticoduodenal

EXTRAHEPATIC BILE DUCTS
561

AMPULLA OF VATER
562

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined to head of pancreas, WITHOUT obstruction of bile duct(s) -----	no	no	10
confined to head of pancreas, WITH obstruction of bile duct(s) -----	no	no	11
body of pancreas is involved (with or without bile duct obstruction) -----	no	no	12
"localized", no detailed information -----	no	no	4-
confined to head of pancreas, WITHOUT obstruction of bile duct(s) -----	yes	no	30
confined to head of pancreas, WITH obstruction of bile duct(s) -----	yes	no	31
body of pancreas is involved (with or without bile duct obstruction) -----	yes	no	32
"localized", no detailed information -----	yes	no	39
confined to head of pancreas, WITHOUT obstruction of bile duct(s) -----		yes	50
confined to head of pancreas, WITH obstruction of bile duct(s) -----		yes	51
body of pancreas is involved (with or without bile duct obstruction) -----		yes	52
no detailed information of above -----		yes	59

**TUMOR HAS EXTENDED TO, INVADED,
OR INFILTRATED THE FOLLOWING:**

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
tumor extension into:		
bile duct(s) -----	70	80
duodenum -----	71	81
area of stomach adjacent to pancreas -----	72	82
more than one (70-72) or (80-82) -----	79	89
involvement of:		
liver (by direct extension) -----	90	-0
transverse colon -----	91	-1
omentum -----	92	-2
gallbladder -----	93	-3
body of stomach -----	95	-5
more than one (90-95) or (-0 thru -5) -----	99	-9

DISTANT INVOLVEMENT

distant site involvement -----	&1	&6
distant lymph node involvement -----	&2	&7
distant site and distant lymph node involvement -----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): pancreaticoduodenal; celiac; upper retroperitoneal

NOTE: Bile duct obstruction in the 10 thru 50 series means the ducts are *obstructed* by tumor, but there is no invasion of tumor into the bile duct.

PANCREAS, HEAD
570

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

The statement "involvement of area adjacent to head of the pancreas" is to be coded as 72 or 82, whichever is applicable.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

PANCREAS, BODY AND TAIL
571-572

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined to body and/or tail.....	no	no	10
head of pancreas is involved.....	no	no	11
"localized", no detailed information.....	no	no	4-
confined to body and/or tail.....	yes	no	30
head of pancreas is involved.....	yes	no	31
"localized", no detailed information.....	yes	no	39
confined to body and/or tail.....		yes	50
head of pancreas is involved.....		yes	51
no detailed information of above.....		yes	59

**TUMOR HAS EXTENDED TO, INVADED
OR INFILTRATED THE FOLLOWING:**

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
direct extension into:		
kidney.....	70	80
spleen.....	71	81
left suprarenal gland.....	72	82
retroperitoneal soft tissue (space).....	73	83
more than one (70-73) or (80-83).....	79	89
involvement of		
stomach.....	90	-0
adjacent mesenteries, including mesenteric fat.....	91	-1
liver (by direct extension).....	92	-2
gallbladder.....	93	-3
small intestine.....	95	-5
more than one (90-95) or (-0 thru -5).....	99	-9

DISTANT INVOLVEMENT

distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): upper retroperitoneal

PANCREAS, BODY AND TAIL
571, 572

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

LARYNX, GLOTTIC*
610

CARCINOMA IN SITU

Carcinoma in situ 0-

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
normal motility of cords and:			
tumor involves one cord-----	no	no	10
tumor involves both cords-----	no	no	11
"localized", no detailed information-----	no	no	4-
normal motility of cords and:			
tumor involves one cord-----	yes	no	30
tumor involves both cords-----	yes	no	31
"localized", no detailed information-----	yes	no	39
normal motility of cords and:			
tumor involves one cord-----		yes	50
tumor involves both cords-----		yes	51
no detailed information of above-----		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
fixation of cord(s) and:		
tumor involves one cord-----	70	80
tumor involves both cords-----	71	81
tumor involves one or both cords with:		
extension to subglottic region-----	72	82
extension to supraglottic region-----	73	83
extension to subglottic and supraglottic regions-----	74	84
no fixation of cord(s) and:		
extension to subglottic region-----	75	85
extension to supraglottic region-----	76	86
extension to subglottic and supraglottic regions-----	79	89

FURTHER DIRECT EXTENSION

beyond glottis to involve:		
skin-----	90	-0
pyriform sinus-----	91	-1
postcricoid region-----	92	-2
more than one (90-92) or (-0 thru -2)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: upper deep jugular chain; prelaryngeal; pretracheal; "upper cervical" NOS

* See "NOTE" on reverse side for anatomic limits of glottic larynx.

Note: According to the American Joint Committee for Cancer Staging, the following definitions for anatomic site will apply:

Glottic: true vocal cords (right and left),
anterior glottic commissure.

Hoarseness per se does not indicate loss of mobility of a vocal cord. Hoarseness can be a result of many benign conditions which produce edema of the false cord with obstruction of the airway. Hoarseness can exist for years because of leukoplakia, benign polyps, etc., as well as voice strain. Loss of mobility is when there is infiltration of tumor into the intrinsic muscle which diminishes the movement of the vocal cord. Therefore, "loss of mobility" must be the statement of the clinician, not the mention of hoarseness as a symptom.

Any loss of mobility is to be considered fixation of cord--i.e., "sluggish", "partially fixed", etc.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

LARYNX, SUPRAGLOTTIC*
611

CARCINOMA IN SITU

Carcinoma in situ 0-

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
tumor confined to:			
laryngeal surface of epiglottis-----	no	no	10
an aryepiglottic fold-----	no	no	11
an arytenoid (including laryngeal cartilage)-----	no	no	12
a ventricular cavity-----	no	no	13
a ventricular band-----	no	no	15
more than one (10-15), ipsilateral-----	no	no	16
“localized”, no detailed information-----	no	no	4-
tumor confined to:			
laryngeal surface of epiglottis-----	yes	no	30
an aryepiglottic fold-----	yes	no	31
an arytenoid (including laryngeal cartilage)-----	yes	no	32
a ventricular cavity-----	yes	no	33
a ventricular band-----	yes	no	35
more than one (30-35), ipsilateral-----	yes	no	36
“localized”, no detailed information-----	yes	no	39
tumor confined to:			
laryngeal surface of epiglottis-----		yes	50
an aryepiglottic fold-----		yes	51
an arytenoid (including laryngeal cartilage)-----		yes	52
a ventricular cavity-----		yes	53
a ventricular band-----		yes	55
more than one (50-55), ipsilateral-----		yes	56
no detailed information of above-----		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
tumor involving epiglottis and extending bilaterally to:		
ventricular bands-----	70	80
ventricular cavities-----	71	81
ventricular bands and cavities-----	74	84
tumor extends onto cord(s)-----	75	85
more than one (70-74) or (80-84) and 75 or 85-----	79	89

FURTHER DIRECT EXTENSION

thyroid cartilage-----	90	-0
pyriform sinus-----	91	-1
postericoid region-----	92	-2
vallecula-----	93	-3
base of tongue-----	95	-5
more than one (90-95) or (-0 thru -5)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: upper deep jugular chain; prelaryngeal; pretracheal; “upper cervical” NOS

* See “NOTE” on reverse side for anatomic limits of supraglottic larynx.

Note: According to the American Joint Committee for Cancer Staging, the following definitions for anatomic site will apply:

Supraglottic: posterior surface of the epiglottis, including the tip of the epiglottis and aryepiglottic fold (marginal zone)

arytenoid (right and left)

ventricular bands (false cords, right and left)

ventricular cavities (right and left)

Hoarseness per se does not indicate loss of mobility of a vocal cord. Hoarseness can be a result of many benign conditions which produce edema of the false cord with obstruction of the airway. Hoarseness can exist for years because of leukoplakia, benign polyps, etc., as well as voice strain. Loss of mobility is when there is infiltration of tumor into the intrinsic muscle which diminishes the movement of the vocal cord. Therefore, "loss of mobility" must be the statement of the clinician, not the mention of hoarseness as a symptom.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

LARYNX, SUBGLOTTIC*
612

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
exclusive of undersurface of cord: tumor is limited to one side of subglottic region-----	no	no	10
"localized", no detailed information-----	no	no	4-
exclusive of undersurface of cord: tumor is limited to one side of subglottic region-----	yes	no	30
"localized", no detailed information-----	yes	no	39
exclusive of undersurface of cord: tumor is limited to one side of subglottic region-----		yes	50
no detailed information of above-----		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
exclusive of undersurface of cord: tumor extends to both sides of subglottic region-----	70	80
tumor extends onto cords-----	71	81
more than one (70-71) or (80-81)-----	79	89

FURTHER DIRECT EXTENSION

trachea-----	90	-0
skin-----	91	-1
postericoid region-----	92	-2
more than one (90-92) or (-0 thru -2)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): ipsilateral, bilateral, or contralateral involvement: pretracheal; prelaryngeal; "lower cervical" NOS

* See "NOTE" on reverse side for anatomic limits of subglottic larynx.

Note: According to the American Joint Committee for Cancer Staging, the following definition for anatomic site will apply:

Subglottic: Right and left wall of the subglottis, exclusive of undersurface of cord

Hoarseness per se does not indicate loss of mobility of a vocal cord. Hoarseness can be a result of many benign conditions which produce edema of the false cord with obstruction of the airway. Hoarseness can exist for years because of leukoplakia, benign polyps, etc., as well as voice strain. Loss of mobility is when there is infiltration of tumor into the intrinsic muscle which diminishes the movement of the vocal cord. Therefore, "loss of mobility" must be the statement of the clinician, not the mention of hoarseness as a symptom.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

LUNG AND BRONCHUS
(EXCLUDING CARINA) 622-629

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	Code
single tumor within one lobe.....	no	no	10
multicentric within one lobe.....	no	no	11
more than one lobe involved with contiguous growth.....	no	no	12
multicentric within one lung.....	no	no	13
"localized", no detailed information.....	no	no	4-
single tumor within one lobe.....	yes	no	30
multicentric within one lobe.....	yes	no	31
more than one lobe involved with contiguous growth.....	yes	no	32
multicentric within one lung.....	yes	no	33
"localized", no detailed information.....	yes	no	39
single tumor within one lobe.....		yes	50
multicentric within one lobe.....		yes	51
more than one lobe involved with contiguous growth.....		yes	52
multicentric within one lung.....		yes	53
no detailed information of above.....		yes	59

LIMITED DIRECT EXTENSION

	Involvement of regional lymph nodes	
	no	yes
mediastinal or hilar extension, NOS.....	70	80
main bronchus.....	71	81
carina.....	72	82
trachea.....	73	83
esophagus.....	75	85
parietal pericardium or pericardium unspecified.....	76	86
mediastinal blood vessels or nerves.....	77	87
more than one (70-77) or (80-87).....	79	89

FURTHER DIRECT EXTENSION

visceral pleura (including pleura NOS).....	90	-0
parietal pleura.....	91	-1
adjacent rib.....	92	-2
chest wall.....	93	-3
visceral pericardium.....	95	-5
heart.....	96	-6
mediastinum.....	97	-7
diaphragm.....	98	-8
more than one (90-98) or (-0 through -8).....	99	-9

DISTANT INVOLVEMENT

distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): hilar; mediastinal. "Synonyms" used for hilar nodes: tracheobronchial, carinal, bronchial, nodes of the pulmonary roots.

In histologically proved carcinoma, "diaphragm is fixed" means the phrenic nerve is destroyed and will be coded in the & series.

Include recurrent laryngeal nerve and phrenic nerve in codes 77 and 87.

Extension of tumor from one lobe to another across a major fissure is coded 12, 32, or 52, whichever is applicable.

When a mass in the thoracic cavity involves both the mediastinal and hilar regions, the condition will be coded 70 or 80, whichever is applicable.

When "hilar mass" or "mediastinal mass" is the only description, code 70 or 80. This is usually when it is not clear whether the mass is extension from the lung or matted nodes. Codes 97 and -7 should be used when extension is specific.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

BONE
700-709

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
tumor within bone, no break in periosteum, and:			
normal configuration of that bone.....	no	no	10
abnormal configuration of that bone.....	no	no	11
“localized”, no detailed information.....	no	no	4-
tumor within bone, no break in periosteum, and:			
normal configuration of that bone.....	yes	no	30
abnormal configuration of that bone.....	yes	no	31
“localized”, no detailed information.....	yes	no	39
tumor within bone, no break in periosteum, and:			
normal configuration of that bone.....		yes	50
abnormal configuration of that bone.....		yes	51
no detailed information of above.....		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
tumor has broken through periosteum:		
but not beyond.....	70	80
with extension to surrounding tissue (including skeletal muscle).....	79	89

FURTHER DIRECT EXTENSION

ulceration of skin.....	90	-0
adjacent bone is involved.....	91	-1
ulceration of skin and adjacent bone involvement.....	99	-9

DISTANT INVOLVEMENT

distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): first chain of nodes in area of tumor

NOTE: Because of the frequency of lymph node inflammation in bone tumors, only histology should be relied upon when indicating lymph node involvement in 50, 80, -0 series.

The radiologist will usually state whether or not configuration of the bone is normal.

BONE
700-709

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

If the periosteum is stated to be the primary site and tumor growth (probably) involves the bone proper, but without infiltration into surrounding tissues, code as 4-. Codes 70 and 80 will not be used.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

MALIGNANT MELANOMA OF SKIN
730-737, 841-844, 871-872, 874
HISTOLOGY: 872 THRU 879

IN SITU		So-called "superficial melanoma"; in situ					0-
PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT		Size of primary tumor (Clinical—in cm.)					
Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	Less than 1.0	1.0 to 1.9	2.0 or more	Size not known	
malignant melanotic freckle.....	no	no	10	15	20	25	
single lesion, with invasion of:							
upper one-fourth of dermis.....	no	no	11	16	21	26	
more than one-fourth of dermis, but confined to dermis.....	no	no	12	17	22	27	
confined to dermis, NOS.....	no	no	13	18	23	28	
"localized", no detailed information.....	no	no	14	19	24	4-	
single lesion, with invasion of:							
upper one-fourth of dermis.....	yes	no	31	36	41	46	
more than one-fourth of dermis, but confined to dermis.....	yes	no	32	37	42	47	
confined to dermis, NOS.....	yes	no	33	38	43	48	
"localized", no detailed information.....	yes	no	34	39	44	49	
malignant melanotic freckle.....		yes	50	55	60	65	
single lesion, with invasion of:							
upper one-fourth of dermis.....		yes	51	56	61	66	
more than one-fourth of dermis, but confined to dermis.....		yes	52	57	62	67	
confined to dermis, NOS.....		yes	53	58	63	68	
no detailed information of above.....		yes	54	59	64	69	
PRIMARY TUMOR HAS PROGRESSED TO INCLUDE:					Involvement of regional lymph nodes		
					<i>no</i>	<i>yes</i>	
invasion into subcutaneous tissue (thru entire dermis).....					70	80	
ulceration is present.....					71	81	
more than one (70-71) or (80-81).....					74	84	
satellite skin nodule(s) not more than 1 cm. from primary tumor.....					75	85	
satellite skin nodule(s) 1.1-4.0 cm. from primary tumor.....					76	86	
(70-74) or (80-84) and (75, 76) or (85, 86).....					79	89	
A SKIN METASTASIS MORE THAN 4 CMS. BEYOND MARGIN OF PRIMARY TUMOR BUT CONFINED TO PRIMARY SITE AREA (FIELD K)					90	-0	
DISTANT INVOLVEMENT							
distant site involvement (including skin)*.....					&1	&6	
distant lymph node involvement.....					&2	&7	
distant site and distant lymph node involvement.....					&3	&8	

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): See "Lymph Nodes of Skin" or the reverse side.

See reverse side for regional lymph nodes for this site.

MALIGNANT MELANOMA OF SKIN
730-737, 841-844, 871, 872, 874

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

HISTOLOGY: 872 thru 879

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage):

Preauricular (parotid) for:	Axillary for:
forehead	arm
temporal region	shoulder
malar region	chest wall
lateral half of eyelids	scapula (upper back),
outer canthus	below transverse line
anterior half of ear	
Submaxillary (submandibular) for:	Epitrochlear for:
midline of forehead	hand
medial half of eyelids	forearm
inner canthus	Superficial inguinal for:
nose	lumbar region (lower back)
lips	anterior abdominal wall
cheeks	lower extremities (excluding
	heel)
Cervical for:	perineum
head and neck tumors any location	Popliteal for:
scapula, above transverse line	heel
Supraclavicular for:	posterior leg
chest wall	
neck	

NOTE: Malignant melanoma of the vulva, anus, penis are also coded by the scheme on this page.

Metastatic malignant melanoma without pathologically proved primary lesion:

no regional lymph node involvement	4&
with regional lymph node involvement	6&
skin metastases in site area	9&
distant site or node involvement	&&

Examples:

- a) regressing primary lesion with malignant melanoma metastases
- b) mole in history, disappeared or scratched off - now area has pathologic evidence of loss of melanin or other indications of the lesion in history
- c) mole in history excised, no or unknown pathologic diagnosis - now metastatic melanoma

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

SKIN (EXCLUDING
MALIGNANT MELANOMA) 730-737

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	<i>Vessel Invasion Local</i>	<i>Regional Lymph Nodes</i>	Size of primary tumor (Clinical Statement)				
			<i>Less than 1 cm.</i>	<i>1.0 to 1.9</i>	<i>2 cm. or more</i>	<i>Size not known</i>	
<i>Primary Tumor Description</i>							
single, freely movable lesion.....	no	no	10	15	20	25	
"localized," no detailed information.....	no	no	14	19	24	4-	
single, freely movable lesion.....	yes	no	30	35	40	45	
"localized," no detailed information.....	yes	no	34	39	44	49	
single, freely movable lesion.....		yes	50	55	60	65	
no detailed information of above.....		yes	54	59	64	69	
LIMITED DIRECT EXTENSION						<i>Involvement of regional lymph nodes</i>	
						<i>no</i>	
						<i>yes</i>	
tumor involves subcutaneous tissue, regardless of size.....						70	80
FURTHER DIRECT EXTENSION							
tumor is fixed to:							
underlying muscle					90	-0	
cartilage					91	-1	
more than one (90-91) or (-0 thru -1)					94	-4	
bone					99	-9	
DISTANT INVOLVEMENT							
distant site involvement.....					&1	&6	
distant lymph node involvement.....					&2	&7	
distant site and distant lymph node involvement.....					&3	&8	

See reverse side for regional lymph nodes for this site.

SKIN (excluding malignant melanoma)
730-737

FIELD 20 - EXTENT OF DISEASE
Columns 67-68

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage):

Preauricular (parotid) for:	Axillary for:
forehead	arm
temporal region	shoulder
malar region	chest wall
lateral half of eyelids	scapula (upper back), below
outer canthus	transverse line
anterior half of ear	
Submaxillary (submandibular) for:	Epitrochlear for:
midline of forehead	hand
medial half of eyelids	forearm
inner canthus	
nose	Superficial inguinal for:
lips	lumbar region (lower back)
cheeks	anterior abdominal wall
Cervical for:	lower extremities (excluding
head and neck tumors any location	heel)
scapula, above transverse line	perineum
Supraclavicular for:	Popliteal for:
chest wall	heel
neck	posterior leg

Anal canal, anal mucosa, penis, vulva are not included in this site.
These are specific sites.

Perianal skin as primary site is to be coded by use of the
Non-specific Code for extent of disease.

Skin of ear with involvement of the auricular cartilage and no other
involvement should be coded 4-.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

BREAST
740-749,759

CARCINOMA IN SITU

Carcinoma in situ 0-

PAGET'S DISEASE ONLY (no mention of underlying tumor)	Paget's disease confined to nipple.....	10
	Paget's disease extended beyond nipple.....	11
	Paget's disease, extent not recorded.....	12

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Primary Tumor Size in cm. (clinical statement)	No Involvement of Regional Lymph Nodes, but Local Vessel Invasion		Involvement of Regional Lymph Nodes
		no	yes	
	Size unknown	20	30	50
	1.0 or less.....	21	31	51
	1.1-2.0	22	32	52
	2.1-3.0	23	33	53
	3.1-4.0	24	34	54
	4.1-5.0	25	35	55
	5.1-6.0	26	36	56
	6.1-7.0	27	37	57
	7.1-8.0	28	38	58
	8.1 or more.....	29	39	59

SKIN ATTACHMENT. (incomplete fixation)	Primary Tumor Size in cm. (clinical statement)	Involvement of Regional Lymph Nodes	
		no	yes
	Size unknown	60	80
	1.0 or less.....	61	81
	1.1-2.0	62	81
	2.1-3.0	63	82
	3.1-4.0	64	82
	4.1-5.0	65	83
	5.1-6.0	66	83
	6.1-7.0	67	84
	7.1-8.0	68	84
	8.1 or more.....	69	84

MUSCLE AND/OR CHEST WALL ATTACHMENT (incomplete fixation)	Primary Tumor Size in cm. (clinical statement)	No Involvement of Regional Lymph Nodes, but Attachment to		Involvement of Regional Lymph Nodes
		Pectoral Muscle	Chest Wall	
	Size unknown	70	75	85
	2.0 or less.....	71	76	86
	2.1-4.0	72	77	87
	4.1-6.0	73	78	88
	6.1 or more.....	74	79	89

FURTHER DIRECT EXTENSION	Involvement of regional lymph nodes	
	no	yes
Complete fixation of skin, skin infiltration, skin ulceration, skin edema, or peau d'orange.....	90	-0
Chest wall infiltration (including complete fixation).....	91	-1
Pectoral muscle infiltration (including fixation to muscle without infiltration).....	92	-2
More than one (90-92) or (-0 thru -2).....	94	-4
Satellite nodules of skin of breast.....	97	-7
97 and 90-94, or -7 and any (-0 thru -4).....	99	-9
DISTANT INVOLVEMENT		
distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): axillary, internal mammary (parasternal). Ipsilateral only; bilateral and contralateral involvement of these nodes is classified as distant node involvement.

BREAST
740-749,759

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Attachment to fascia is to be interpreted as incomplete fixation to pectoral muscle and coded 70-74 or 85-89, whichever is applicable.

Involvement of fascia only is to be arbitrarily coded 92 or -2, whichever is applicable.

Ipsilateral rib involved by contiguous growth is to be considered part of chest wall and coded accordingly.

Mammography report may be used to designate size of primary if this report is the ONLY reference to size of the primary.

FIELD 20 - EXTENT OF DISEASE
 COLUMNS 67-68
 CARCINOMA IN SITU

CERVIX UTERI
 800-809

Carcinoma in situ 0-

**PRIMARY TUMOR
 NO DIRECT EXTENSION
 NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
minimal stromal invasion, "micro-invasion" (preclinical)-----	no	no	10
tumor confined strictly to cervix-----	no	no	12
"localized", no detailed information-----	no	no	4-
minimal stromal invasion, "micro-invasion" (preclinical)-----	yes	no	30
tumor confined strictly to cervix-----	yes	no	32
"localized", no detailed information-----	yes	no	39
minimal stromal invasion, "micro-invasion" (preclinical)-----		yes	50
tumor confined strictly to cervix-----		yes	52
no detailed information of above-----		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
body of uterus <i>without</i> infiltration of parametrium-----	70	80
upper two-thirds of vaginal wall * <i>without</i> infiltration of parametrium-----	71	81
both of above (70-71) and (80-81)-----	74	84
parametrium only-----	75	85
body of uterus <i>with</i> infiltration of parametrium-----	77	87
upper two-thirds of vaginal wall * <i>with</i> infiltration of parametrium-----	78	88
both of above (77-78) and (87-88)-----	79	89

FURTHER DIRECT EXTENSION

extension into cul-de-sac, but <i>not</i> beyond-----	90	-0
pelvic wall-----	91	-1
uterosacral ligaments-----	92	-2
bladder and/or ureter-----	93	-3
rectum-----	95	-5
lower one-third of vagina-----	96	-6
vulva-----	97	-7
more than one (91-97) or (-1 thru -7)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): common iliac; internal iliac (hypogastric); external iliac; obturator; parametrial

* "Including "vaginal wall, NOS"

If the League of Nations Classification is stated by the physician and there is no detailed description or (if it is the policy of the Registry to accept the physician's statement rather than the description), the following code will be used:

Stage I	4&
Stage II	7&
Stage III	9&
Stage IV	&&

Carcinoma in situ with involvement of endocervical glands is still in situ.

"Cervix replaced by tumor" may still be a localized condition if the uterus and vaginal wall are not involved.

"Involvement of endometrium" or Uterus, NOS will be coded 70 or 80, whichever is applicable.

If both pelvic walls are involved, code as 91 or -1, whichever is applicable.

When the term "frozen pelvis" is used, and in the absence of additional information, code as distant.

The term "induration" used to describe surrounding fibrous or connective tissue adjacent to the tumor is to be interpreted as extension of the malignant growth.

Attachment to pelvic wall is to be coded 91 or -1.

When pathology report states "carcinoma in situ with micro-invasion", code as 10.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

CORPUS UTERI
820-828

CARCINOMA IN SITU

pre-invasive; carcinoma in situ 0-

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Local Vessel Invasion	Regional Lymph Nodes	Pathologic grade classification			
			I	II	III-IV	Not specified
Primary Tumor Description						
confined to endometrium only	no	no	10	15	20	25
halfway or less thru myometrium*	no	no	11	16	21	26
more than halfway thru myometrium	no	no	12	17	22	27
tumor penetrated to serosa	no	no	13	18	23	28
"localized", no detailed information	no	no	14	19	24	4-
confined to endometrium only	yes	no	30	35	40	45
halfway or less thru myometrium*	yes	no	31	36	41	46
more than halfway thru myometrium	yes	no	32	37	42	47
tumor penetrated to serosa	yes	no	33	38	43	48
"localized", no detailed information	yes	no	34	39	44	49
confined to endometrium only		yes	50	55	60	65
halfway or less thru myometrium*		yes	51	56	61	66
more than halfway thru myometrium		yes	52	57	62	67
tumor penetrated to serosa		yes	53	58	63	68
no detailed information of above		yes	54	59	64	69
LIMITED DIRECT EXTENSION					Involvement of regional lymph nodes	
involvement of:					no	yes
cervix					70	80
into parametria, but not beyond					71	81
more than one (70-71) or (80-81)					79	89
FURTHER DIRECT EXTENSION						
adjacent organs in pelvic cavity					90	-0
adjacent organs in abdominal cavity					91	-1
vagina					92	-2
vulva					93	-3
bladder					95	-5
rectum					96	-6
more than one (90-96) or (-0 thru -6)					99	-9
DISTANT INVOLVEMENT						
distant site involvement					&1	&6
distant lymph node involvement					&2	&7
distant site and distant lymph node involvement					&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): common iliac; internal iliac (hypogastric); external iliac; obturator

*Including "Involvement of myometrium, NOS"

CORPUS UTERI
820-828

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Direct extension of tumor growth from the corpus to one or both ovaries is considered distant.

Involvement of the lower part of the ileum and/or the sigmoid area of the large intestine by contiguous growth will be coded 91 or -1, whichever is applicable.

Involvement of the pelvic wall is considered distant.

When the term "frozen pelvis" is used and in the absence of additional information, code as distant.

The term "induration" used to describe surrounding fibrous or connective tissue adjacent to the tumor is to be interpreted as extension of the malignant growth.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

OVARY
830

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined strictly to ovarian tissue.....	no	no	10
"localized" to ovarian tissue.....	no	no	4-
confined strictly to ovarian tissue.....	yes	no	30
"localized" to ovarian tissue.....	yes	no	39
confined strictly to ovarian tissue.....		yes	50
no detailed information of above.....		yes	59

**TUMOR HAS EXTENDED TO
OR INFILTRATED THE FOLLOWING:**

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
local invasion of peritoneum and/or fallopian tube by extension.....	70	80
implants on ovary of primary site.....	71	81
implants on peritoneum in area immediately adjacent to ovary of primary site.....	72	82
more than one (70-72) or (80-82).....	79	89

FURTHER DIRECT EXTENSION

any adjacent extension other than 70 or 80.....	99	-9
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DISTANT INVOLVEMENT

distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): internal iliac (hypogastric); inguinal; external iliac; common iliac, including uterosacral lymph nodes; obturator

OVARY
830

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Ascites should not be considered when determining classification of extent of disease unless malignant cells are present.

When specific description such as left ovary, both ovaries, etc. is given, code 10, 30, or 50. If such terms as "ovarian carcinoma" are the only description, use code 4-, 39, or 59.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FALLOPIAN TUBE
832

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined to fallopian tube(s)-----	no	no	10
"localized", no detailed information-----	no	no	4-
confined to fallopian tube(s)-----	yes	no	30
"localized", no detailed information-----	yes	no	39
confined to fallopian tube(s)-----		yes	50
no detailed information of above-----		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
ovary on side of primary site-----	70	80
endometrium on side of primary site*-----	71	81
ovary and endometrium on side of primary site*-----	79	89

FURTHER DIRECT EXTENSION

any adjacent extension other than (70-79) or (80-89)-----	99	-9
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DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): internal iliac (hypogastric); inguinal; external iliac; common iliac; obturator

* including Uterus, NOS

FALLOPIAN TUBE
832

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

When involvement of the second fallopian tube is stated to be a metastasis from a fallopian tube primary, it is to be considered a distant site and coded appropriately.

Any direct extension of one lesion or mass which involves organs within the pelvic cavity and/or abdominal cavity will be coded 99 or -9.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

VAGINA
840

CARCINOMA IN SITU

Pre-invasive; carcinoma in situ 0-

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined to mucosa and submucosa and: does not involve more than one-third of the vagina-----	no	no	10
involves more than one-third of the vagina-----	no	no	11
"localized", no detailed information-----	no	no	4-
confined to mucosa and submucosa and: does not involve more than one-third of the vagina-----	yes	no	30
involves more than one-third of the vagina-----	yes	no	31
"localized", no detailed information-----	yes	no	39
confined to mucosa and submucosa and: does not involve more than one-third of the vagina-----		yes	50
involves more than one-third of the vagina-----		yes	51
no detailed information of above-----		yes	59

LIMITED DIRECT EXTENSION	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
cervix-----	70	80
vulva-----	71	81
musculature of vagina-----	72	82
more than one (70-72) or (80-82)-----	74	84
adjacent stroma, NOS-----	77	87
more than one (70-74) or (80-84) and 77 or 87-----	79	89

FURTHER DIRECT EXTENSION

paracystium or rectovaginal septum-----	90	-0
rectum-----	91	-1
bladder-----	92	-2
more than one (90-92) or (-0 thru -2)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): external iliac; internal iliac (hypogastric); common iliac

VAGINA
840

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

VULVA
841-844

CARCINOMA IN SITU

Pre-invasive; carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined strictly to mucosa and submucosa-----	no	no	10
muscularis is invaded-----	no	no	11
"localized", no detailed information-----	no	no	4-
confined strictly to mucosa and submucosa-----	yes	no	30
muscularis is invaded-----	yes	no	31
"localized", no detailed information-----	yes	no	39
confined strictly to mucosa and submucosa-----		yes	50
muscularis is invaded-----		yes	51
no detailed information of above-----		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
involvement of:		
vaginal wall-----	70	80
urethral orifice-----	71	81
perianal skin or perineum-----	72	82
more than one (70-72) or (80-82)-----	79	89

FURTHER DIRECT EXTENSION

perineal body-----	90	-0
anus-----	91	-1
rectal mucosa-----	92	-2
more than one (90-92) or (-0 thru -2)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): superficial inguinal (superficial femoral); deep inguinal

VULVA
841-844

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

PROSTATE
859

CARCINOMA IN SITU

Carcinoma in situ 0-

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined to prostate and:			
one lobe involved.....	no	no	10
more than one lobe involved.....	no	no	11
prostatic urethra involved.....	no	no	12
"localized", no detailed information.....	no	no	4-
confined to prostate and:			
one lobe involved.....	yes	no	30
more than one lobe involved.....	yes	no	31
prostatic urethra involved.....	yes	no	32
"localized", no detailed information.....	yes	no	39
confined to prostate and:			
one lobe involved.....		yes	50
more than one lobe involved.....		yes	51
prostatic urethra involved.....		yes	52
no detailed information of above.....		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
extension into capsule, but not through capsule.....	70	80
extension through capsule:		
but not beyond*.....	71	81
into seminal vesicle(s).....	72	82
into immediately adjacent tissue.....	73	83
more than one (71-73) or (81-83).....	79	89

FURTHER DIRECT EXTENSION

bladder.....	90	-0
rectum.....	91	-1
skeletal muscles.....	92	-2
adjacent bone (including pelvic wall).....	93	-3
more than one (90-93) or (-0 thru -3).....	94	-4
tumor is fixed.....	99	-9

DISTANT INVOLVEMENT

distant site involvement.....	&1	&6
distant lymph node involvement.....	&2	&7
distant site and distant lymph node involvement.....	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): external iliac; internal iliac (hypogastric); sacral

* Including adherence of organ with no mention of extension beyond capsule

PROSTATE
859

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

The term "induration" used to describe surrounding fibrous or connective tissue adjacent to the tumor is to be interpreted as extension of the malignant growth.

Perineural sheath involvement, "nerve" involvement, perineural lymphatic involvement - all will be coded in the 30 series.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

TESTIS
860, 869

PRIMARY TUMOR NO DIRECT EXTENSION NO DISTANT INVOLVEMENT	Local Vessel Invasion	Regional Lymph Nodes	Size of primary tumor (Clinical—in cm.)		
			2.0 or less	2.1 or more	Size not known
Primary Tumor Description					
no surface implants and confined					
strictly by the tunica albuginea-----	no	no	10	15	25
surface implants of tunica albuginea-----	no	no	11	16	26
invasion of tunica vaginalis propria-----	no	no	12	17	27
“localized”, no detailed information-----	no	no	14	19	4-
no surface implants and confined					
strictly by the tunica albuginea-----	yes	no	30	35	45
surface implants of tunica albuginea-----	yes	no	31	36	46
invasion of tunica vaginalis propria-----	yes	no	32	37	47
“localized”, no detailed information-----	yes	no	34	39	49
no surface implants and confined					
strictly by the tunica albuginea-----		yes	50	55	65
surface implants of tunica albuginea-----		yes	51	56	66
invasion of tunica vaginalis propria-----		yes	52	57	67
no detailed information of above-----		yes	54	59	69
LIMITED DIRECT EXTENSION			<i>Involvement of regional lymph nodes</i>		
			<i>no</i>	<i>yes</i>	
ipsilateral scrotal wall without ulceration-----			70	80	
epididymis-----			71	81	
spermatic cord-----			72	82	
more than one (70-72) or (80-82)-----			79	89	
FURTHER DIRECT EXTENSION					
ulceration of scrotum-----			90	-0	
invasion of contralateral scrotum-----			91	-1	
invasion of base of penis-----			92	-2	
more than one (90-92) or (-0 thru -2)-----			99	-9	
DISTANT INVOLVEMENT					
distant site involvement-----			&1	&6	
distant lymph node involvement-----			&2	&7	
distant site and distant lymph node involvement-----			&3	&8	

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): abdominal aortic nodes below level of renal arteries (lower retroperitoneal); external iliac; nodes in the region of the left renal vein; nodes in the region of the inferior mesenteric artery

TESTIS
860,869

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

If the tumor is stated to be "encapsulated" with no additional description, code as 10, 15, or 25, whichever is applicable.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

PENIS
871, 872, 874

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
tumor is confined strictly to skin of penis and:			
less than 1 cm.-----	no	no	10
1 cm. or more-----	no	no	11
“localized”, no detailed information-----	no	no	4-
tumor is confined strictly to skin of penis and:			
less than 1 cm.-----	yes	no	30
1 cm. or more-----	yes	no	31
“localized”, no detailed information-----	yes	no	39
tumor is confined strictly to skin of penis and:			
less than 1 cm.-----		yes	50
1 cm. or more-----		yes	51
no detailed information of above-----		yes	59

TUMOR HAS EXTENDED TO, INVADED,
OR INFILTRATED THE FOLLOWING:

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
corpora cavernosa-----	70	80
urethra-----	71	81
corpora cavernosa and urethra-----	74	84
satellite nodules on prepuce and glans-----	77	87
more than one (70-74) or (80-84) and 77 or 87-----	79	89

FURTHER DIRECT EXTENSION

skin of abdomen-----	90	-0
skin of scrotum-----	91	-1
skin of perineum-----	92	-2
more than one (90-92) or (-0 thru -2)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): inguinal

PENIS
871, 872, 874

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

URINARY BLADDER
880-886, 888, 889

CARCINOMA IN SITU Pre-invasive; carcinoma in situ, either papillary or sessile 0-

PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	Pathologic grade classification			
			I	II	III-IV	Not specified
single papilloma, no infiltration	no	no	10	15	20	25
multiple papillary or sessile tumor, no infiltration	no	no	11	16	21	26
multiple or single tumor, confined to mucosa and submucosa	no	no	12	17	22	27
"localized", no detailed information	no	no	14	19	24	4-
multiple or single tumor, confined to mucosa and submucosa	yes	no	32	37	42	47
"localized", no detailed information	yes	no	34	39	44	49
single papilloma, no infiltration		yes	50	55	60	65
multiple papillary or sessile tumor no infiltration		yes	51	56	61	66
multiple or single tumor, confined to mucosa and submucosa		yes	52	57	62	67
no detailed information of above		yes	54	59	64	69

INVASION WITHIN BLADDER

superficial invasion of muscle		no	70	71	72	73
deep infiltration of muscle		no	74	75	76	77
involvement of muscle, NOS		no	78	78	79	7&
superficial invasion of muscle		yes	80	81	82	83
deep infiltration of muscle		yes	84	85	86	87
involvement of muscle, NOS		yes	88	88	89	8&

FURTHER DIRECT EXTENSION

	Involvement of regional lymph nodes	
	no	yes
surrounding connective tissue (including perivesical fat)	90	-0
prostate gland or parametria	91	-1
ureter	92	-2
other adjacent tissue or organ (including urethra NOS)	93	-3
more than one (90-93) or (-0 thru -3)	94	-4
bladder is fixed	95	-5
tumor extension is fixed, but bladder movable	96	-6
tumor is fixed, NOS	97	-7
more than one (90-97) or (-0 thru -7)	99	-9

DISTANT INVOLVEMENT

distant site involvement	&1	&6
distant lymph node involvement	&2	&7
distant site and distant lymph node involvement	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): perivesical; external iliac; internal iliac (hypogastric)

URINARY BLADDER
880-886, 888, 889

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

KIDNEY PARENCHYMA
290

**PRIMARY TUMOR
NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT**

<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
confined to kidney cortex-----	no	no	10
confined to medulla-----	no	no	11
involves cortex and medulla-----	no	no	12
involves medulla and renal pelvis-----	no	no	13
involves cortex, medulla, and renal pelvis-----	no	no	15
"localized", no detailed information-----	no	no	4-
confined to kidney cortex-----	yes	no	30
confined to medulla-----	yes	no	31
involves cortex and medulla-----	yes	no	32
involves medulla and renal pelvis-----	yes	no	33
involves cortex, medulla, and renal pelvis-----	yes	no	35
"localized", no detailed information-----	yes	no	39
confined to kidney cortex-----		yes	50
confined to medulla-----		yes	51
involves cortex and medulla-----		yes	52
involves medulla and renal pelvis-----		yes	53
involves cortex, medulla, and renal pelvis-----		yes	55
no detailed information of above-----		yes	59

LIMITED DIRECT EXTENSION

	<i>Involvement of regional lymph nodes</i>	
	<i>no</i>	<i>yes</i>
extrarenal portion of renal vein-----	70	80
periren. tissue (fat)-----	71	81
perirenal veins-----	72	82
adrenal, ipsilateral-----	73	83
ureter (may be implant)-----	77	87
more than one (70-77) or (80-87)-----	79	89

FURTHER DIRECT EXTENSION

posterior peritoneum-----	90	-0
adjacent organ(s)-----	91	-1
diaphragm-----	92	-2
ribs-----	93	-3
aorta (renal artery)-----	95	-5
vena cava-----	96	-6
hilar blood vessels, NOS-----	97	-7
more than one (90-97) or (-0 thru -7)-----	99	-9

DISTANT INVOLVEMENT

distant site involvement-----	&1	&6
distant lymph node involvement-----	&2	&7
distant site and distant lymph node involvement-----	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): lateroaortic; hilar (small nodes at the renal pelvis). Ipsilateral only.

Subcapsular nodules are to be coded in the 10-50 series when tumor is considered a single primary.

The term "pelvis" or "pelvic" used in discussion of a kidney tumor always means renal pelvis.

Renal vein within Kidney Parenchyma is to be coded in the 30 series in the absence of additional information.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

RENAL PELVIS 891
URETER 892

CARCINOMA IN SITU

Carcinoma in situ 0-

PRIMARY TUMOR

NO DIRECT EXTENSION
NO DISTANT INVOLVEMENT

Pathologic grade classification

Primary Tumor Description	Local Vessel Invasion	Regional Lymph Nodes	Pathologic grade classification			
			I	II	III-IV	Not specified
single papilloma, no infiltration	no	no	10	15	20	25
multiple papillary or sessile tumor, no infiltration	no	no	11	16	21	26
multiple or single tumor, confined to mucosa and submucosa	no	no	12	17	22	27
"localized", no detailed information	no	no	14	19	24	4-
multiple or single tumor, confined to mucosa and submucosa	yes	no	32	37	42	47
"localized", no detailed information	yes	no	34	39	44	49
single papilloma, no infiltration		yes	50	55	60	65
multiple papillary or sessile tumor, no infiltration		yes	51	56	61	66
multiple or single tumor, confined to mucosa and submucosa		yes	52	57	62	67
no detailed information of above		yes	54	59	64	69

TUMOR HAS EXTENDED TO, INVADED, OR INFILTRATED THE FOLLOWING:

Involvement of regional lymph nodes

	no	yes
invasion of muscularis	70	80
extension to connective tissue	71	81
tumor implants distal in ureter	72	82
extension into ureter from renal pelvis primary	73	83
medulla is involved	75	85
kidney cortex and medulla are involved	76	86
only kidney cortex is involved	77	87
involvement of kidney, NOS	78	88
more than one (70-78) or (80-88)	79	89

FURTHER DIRECT EXTENSION

spleen	90	-0
pancreas	91	-1
liver	92	-2
descending colon	93	-3
bladder	95	-5
more than one (90-95) or (-0 thru -5)	99	-9

DISTANT INVOLVEMENT

distant site involvement	&1	&6
distant lymph node involvement	&2	&7
distant site and distant lymph node involvement	&3	&8

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): renal hilar for renal pelvis tumors ONLY; periureteral for ureter tumors ONLY

RENAL PELVIS
891

URETER
892

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

THYROID GLAND
939

CARCINOMA IN SITU		Carcinoma in situ		0-
PRIMARY TUMOR				
NO DIRECT EXTENSION				
NO DISTANT INVOLVEMENT				
	<i>Primary Tumor Description</i>	<i>Local Vessel Invasion</i>	<i>Regional Lymph Nodes</i>	<i>Code</i>
tumor with or without capsule:				
	single tumor within one lobe.....	no	no	10
	multicentric within one lobe.....	no	no	11
	isthmus is involved.....	no	no	12
	crosses midline, but other lobe <i>not</i> involved.....	no	no	13
	both lobes involved with contiguous growth.....	no	no	15
	multicentric within thyroid gland.....	no	no	16
	involvement of capsule of gland.....	no	no	17
	"localized", no detailed information.....	no	no	4-
tumor with or without capsule:				
	single tumor within one lobe.....	yes*	no	30
	multicentric within one lobe.....	yes*	no	31
	isthmus is involved.....	yes*	no	32
	crosses midline, but other lobe <i>not</i> involved.....	yes*	no	33
	both lobes involved with contiguous growth.....	yes*	no	35
	multicentric within thyroid gland.....	yes*	no	36
	involvement of capsule of gland.....	yes*	no	37
	"localized", no detailed information.....	yes*	no	39
tumor with or without capsule:				
	single tumor within one lobe.....		yes	50
	multicentric within one lobe.....		yes	51
	isthmus is involved.....		yes	52
	crosses midline, but other lobe <i>not</i> involved.....		yes	53
	both lobes involved with contiguous growth.....		yes	55
	multicentric within thyroid gland.....		yes	56
	involvement of capsule of gland.....		yes	57
	no detailed information of above.....		yes	59
LIMITED DIRECT EXTENSION				
		<i>Involvement of regional lymph nodes</i>		
		<i>no</i>	<i>yes</i>	
	thru capsule of gland, but not beyond.....	70	80	
tumor outside capsule of gland into:				
	connective tissue.....	71	81	
	adjacent muscles (strap muscles)**.....	72	82	
	recurrent laryngeal nerve.....	73	83	
	more than one (71-73) or (81-83).....	79	89	
FURTHER DIRECT EXTENSION				
	esophagus.....	90	-0	
	trachea.....	91	-1	
	larynx, including thyroid cartilage and cricoid cartilage.....	92	-2	
	blood vessels.....	93	-3	
	skeletal muscles.....	95	-5	
	bone.....	96	-6	
	more than one (90-96) or (-0 thru -6).....	97	-7	
	tumor is fixed.....	99	-9	
DISTANT INVOLVEMENT				
	distant site involvement.....	&1	&6	
	distant lymph node involvement.....	&2	&7	
	distant site and distant lymph node involvement.....	&3	&8	

REGIONAL LYMPH NODES FOR THIS SITE (first chain of drainage): upper deep jugular chain, including single subdigastric node; pretracheal and/or paratracheal; submental and/or submaxillary; retropharyngeal chain; "upper cervical" NOS

* Exclude encapsulated follicular carcinomas with capsular vessel invasion. These should be classified as 10.

** Strap muscles: sternothyroid, omohyoid, sternocleidomastoid

THYROID GLAND
939

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

Vagus nerve will be included in 73 and 83.

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

LYMPH NODES AND LYMPHOID TISSUE
960-969;416;460;471;491;640;692
HISTOLOGY: 959-969, 975

No lymphadenopathy, no evidence of disseminated disease,
but clinical diagnosis of lymphoma -0

INVOLVEMENT OF ONE LYMPHATIC REGION* (Stage I**)	Above Diaphragm	Below Diaphragm	
Asymptomatic -----	10	20	
Symptomatic			
a) pruritus -----	11	21	
b) night sweats -----	12	22	
c) unexplained fever -----	13	23	
d) b) + c) -----	14	24	
e) unexplained weight loss -----	15	25	
f) e) + b) -----	16	26	
g) e) + c) -----	17	27	
h) e) + d) -----	18	28	
Unknown if symptoms -----	19	29	
INVOLVEMENT OF TWO OR MORE LYMPHATIC REGIONS*	Above Diaphragm (II**)	Below Diaphragm (II**)	Above & Below Diaphragm (III**)
Asymptomatic -----	30	40	50
Symptomatic			
a) pruritus -----	31	41	51
b) night sweats -----	32	42	52
c) unexplained fever -----	33	43	53
d) b) + c) -----	34	44	54
e) unexplained weight loss -----	35	45	55
f) e) + b) -----	36	46	56
g) e) + c) -----	37	47	57
h) e) + d) -----	38	48	58
Unknown if symptoms -----	39	49	59
DIFFUSE OR DISSEMINATED INVOLVEMENT (Stage IV**)	Asymptomatic	Symptomatic	Unknown
bone marrow -----	80	90	&0
lung and/or pleura -----	81	91	&1
liver -----	82	92	&2
bone -----	83	93	&3
skin -----	84	94	&4
kidneys -----	85	95	&5
G.I. tract -----	86	96	&6
other & unspecified (inc. masses NOS)---	88	98	&8
more than one (80-88, 90-98, &0-&8) ---	89	99	&9

LYMPH NODES: above diaphragm: cervical, axillary, mediastinal,
supraclavicular
below diaphragm: inguinal, abdominal (including retroperitoneal
and mesentery)

*Spleen, Waldeyer's Ring, thymus and Peyer's patches included as lymphatic
tissue

**Ann Arbor Staging Scheme

LYMPH NODES AND LYMPHOID TISSUE
960-969;416;460;471;491;640;692

FIELD 20 - EXTENT OF DISEASE
COLUMNS 67-68

HISTOLOGY: 959-969, 975

Lymphoid tissue includes spleen, Waldeyer's ring (tonsils, nasopharynx, adenoids, base of tongue), thymus and Peyer's patches.

The supraclavicular nodes are to be considered part of the cervical region.

An extralymphatic organ or tissue specified as the primary site will be coded to the appropriate site-specific scheme.

When determining symptoms which led to the diagnosis of lymphoma, include those which are not now present but which occurred within one month of the first admission to the hospital or diagnosis (whichever date is earlier). Many of these symptoms are transitory or undergo abrupt transitions or variations.

When there is a mass demonstrated in the mediastinum, retroperitoneum and/or mesentery and there is no specific information as to the type of tissue involved, assume the involvement to be nodal in determining the extent of disease.