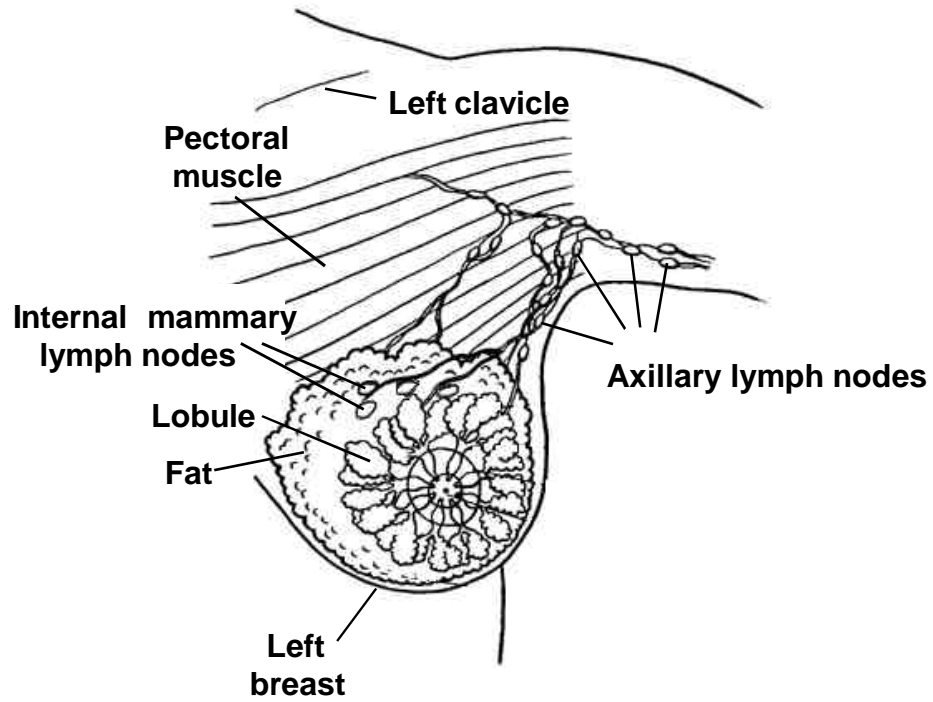
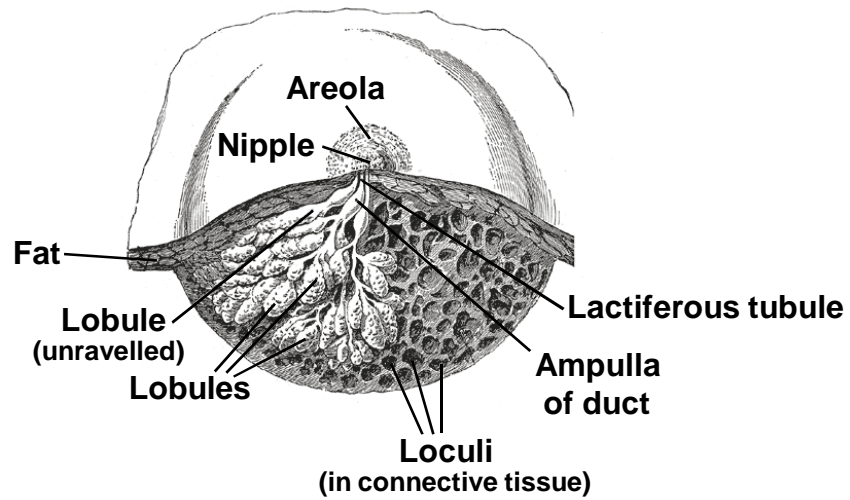


## ANATOMIC DRAWINGS OF THE BREAST



## THE BREAST AND AXILLA



## BREAST CONTENTS

## **BREAST**

C50.0-C50.6, C50.8-C50.9

C50.0 Nipple <>

C50.1 Central portion of breast (subareolar) <>

C50.2 Upper-inner quadrant of breast <>

C50.3 Lower-inner quadrant of breast <>

C50.4 Upper-outer quadrant of breast <>

C50.5 Lower-outer quadrant of breast <>

C50.6 Axillary tail of breast <>

C50.8 Overlapping lesion of breast <>

C50.9 Breast, NOS <>

<> Laterality must be coded for this site.

## **SUMMARY STAGE**

**0 In situ:** Noninvasive; intraepithelial

Intraductal **WITHOUT** infiltration

Lobular neoplasia

Noninfiltrating

In situ Paget disease

**1 Localized only**

Confined to breast tissue and fat including nipple and/or areola

Paget disease **WITH** or **WITHOUT** underlying tumor

Localized, NOS

**Continued on next page**

**2 Regional by direct extension only**

Attachment or fixation to pectoral muscle or underlying tissue  
Deep fixation  
Extensive skin involvement:  
    En cuirasse  
    Erythema  
    Inflammation of skin  
    Lenticular nodule(s)  
    Peau d'orange (skin of orange)  
    "Pigskin"  
    Satellite nodule(s) in skin of primary breast  
    Skin edema  
    Ulceration of skin of breast  
Inflammatory carcinoma, including diffuse (beyond that directly overlying the tumor) dermal lymphatic permeation or infiltration<sup>###</sup>  
Invasion of (or fixation to):  
    Chest wall  
    Intercostal muscle(s)  
    Pectoral fascia or muscle(s)  
    Rib(s)  
    Serratus anterior muscle(s)  
    Subcutaneous tissue  
  
Local infiltration of dermal lymphatics adjacent to primary tumor involving skin by direct extension  
  
Skin infiltration of primary breast including skin of nipple and/or areola

**3 Ipsilateral regional lymph node(s) involved only**

REGIONAL Lymph Nodes

Axillary, NOS:  
    Level I (low) (superficial), NOS [adjacent to tail of breast]:  
        Anterior (pectoral)  
        Lateral (brachial)  
        Posterior (subscapular)  
    Level II (mid-level) (central), NOS:  
        Interpectoral (Rotter's)  
    Level III (high) (deep), NOS:  
        Apical (subclavian)  
        Axillary vein  
    Infraclavicular <sup>#####</sup> (subclavicular)  
    Internal mammary (parasternal)  
    Intramammary  
    Nodule(s) in axillary fat

Regional lymph node(s), NOS

## **BREAST**

C50.0-C50.6, C50.8-C50.9

### **4 Regional by BOTH direct extension AND ipsilateral regional lymph node(s) involved**

Codes (2) + (3)

### **5 Regional, NOS**

### **7 Distant site(s)/lymph node(s) involved**

Distant lymph node(s):

- Cervical, NOS
- Contralateral/bilateral axillary
- Contralateral/bilateral internal mammary (parasternal)
- Supraclavicular (transverse cervical)
- Other distant lymph node(s)

Further contiguous extension:

- Skin over:
  - Axilla
  - Contralateral (opposite) breast
  - Sternum
  - Upper abdomen

Metastasis:

- Adrenal (suprarenal) gland
- Bone other than adjacent rib
- Contralateral (opposite) breast - if stated as metastatic
- Lung
- Ovary
- Satellite nodule(s) in skin other than primary breast

### **9 Unknown if extension or metastasis**

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

**Note 2:** Consider adherence, attachment, fixation, induration, and thickening as clinical evidence of extension to skin or subcutaneous tissue; code regional by direct extension. These terms would have been ignored in the 1977 Summary Staging Guide and cases would have been considered localized in the absence of further disease.

**Note 3:** Consider "fixation, NOS" as involvement of pectoralis muscle; code regional by direct extension.

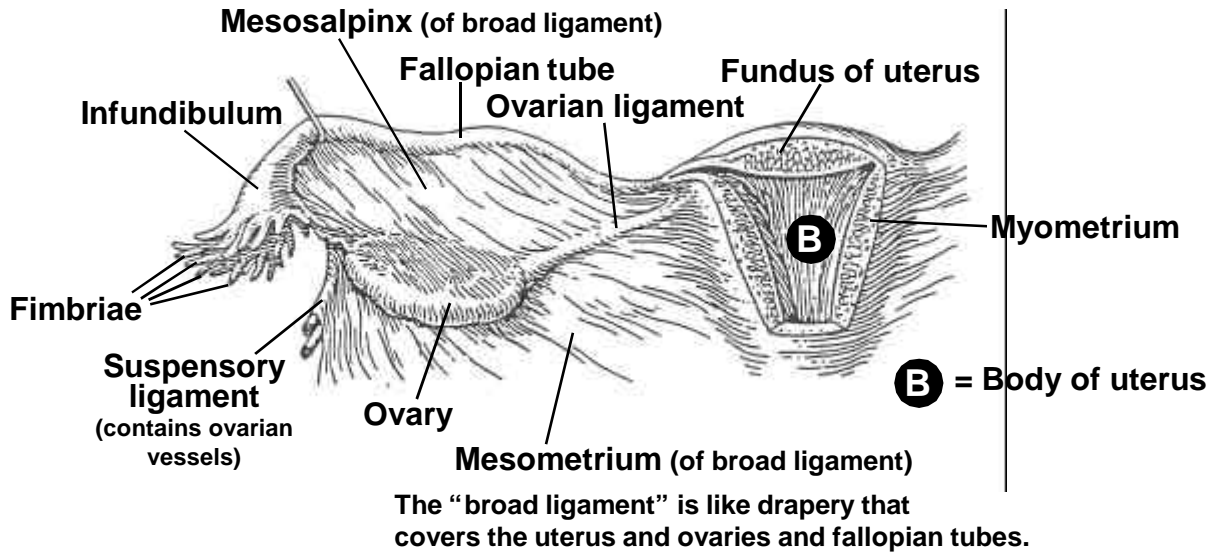
**Note 4:** Since "inflammatory carcinoma" was not specifically categorized in either the Historic Stage or the 1977 Staging Guide, previous cases of inflammatory carcinoma may have been coded to either regional or distant.

### Considered distant in Historic Stage

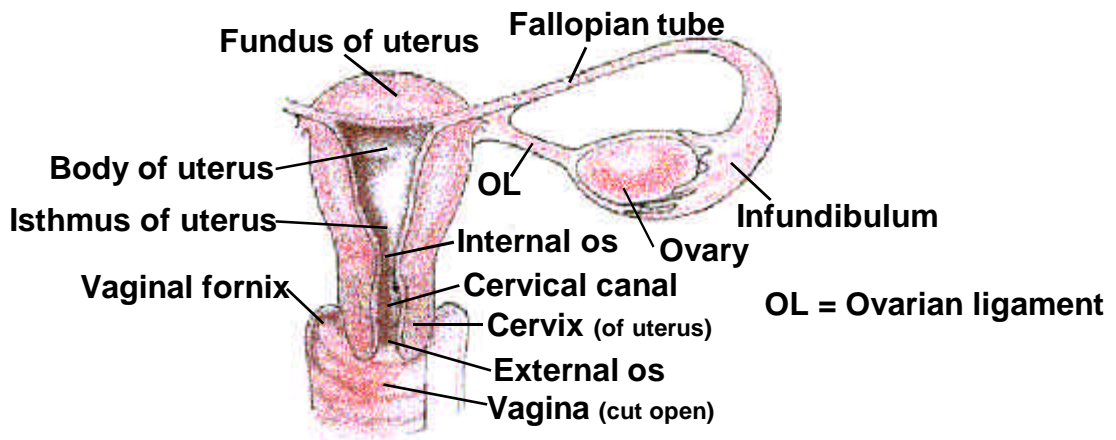
\*\*\* Considered distant in 1977 Summary Staging Guide



## ANATOMIC DRAWINGS OF THE FEMALE GENITAL SYSTEM

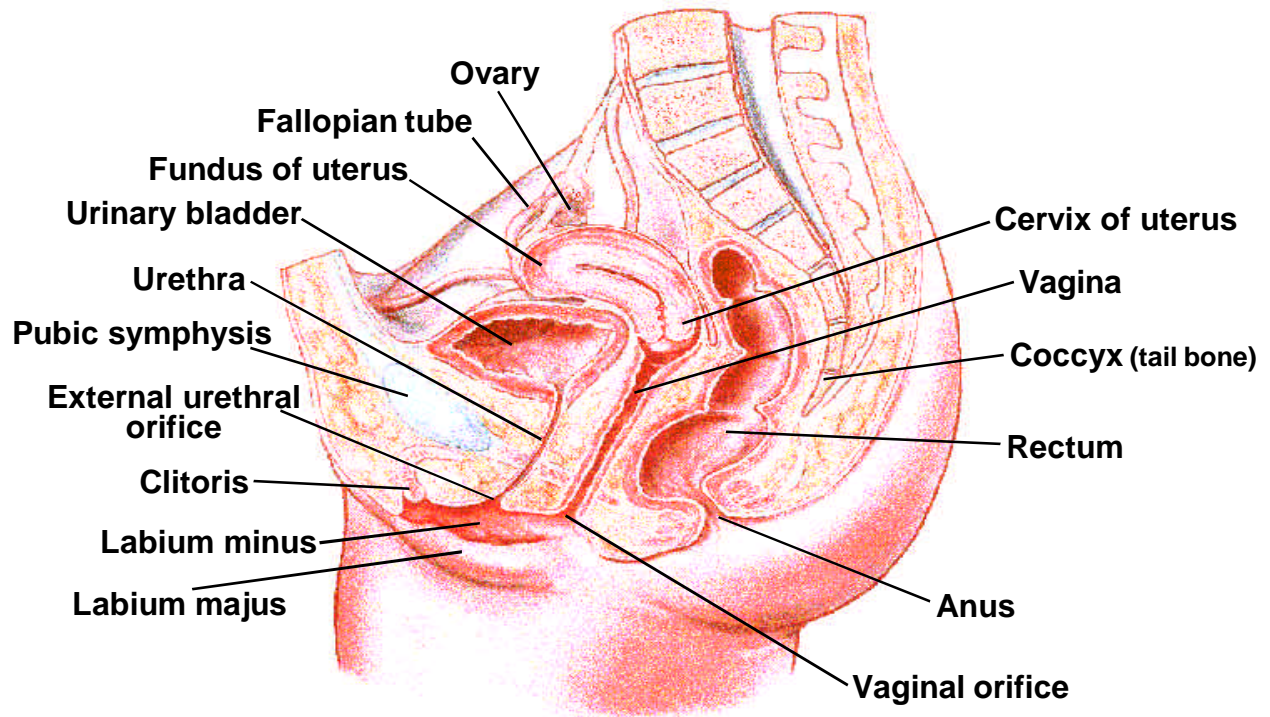


### THE UTERUS, RIGHT FALLOPIAN TUBE, AND RIGHT OVARY

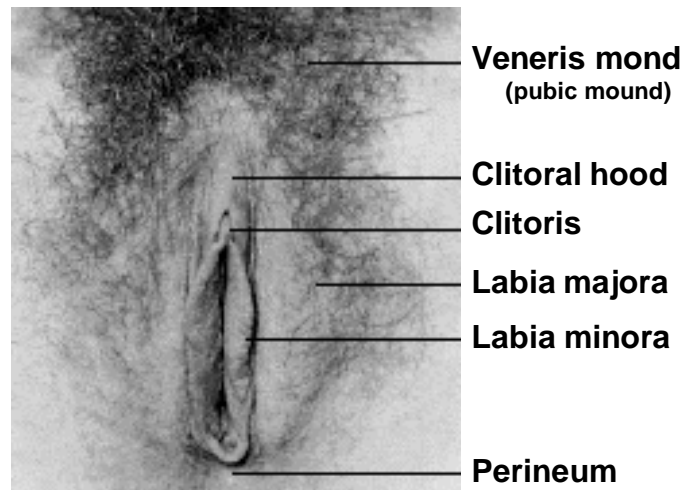


### THE UTERUS, VAGINA, LEFT FALLOPIAN TUBE, AND LEFT OVARY

## ANATOMIC DRAWINGS OF THE FEMALE GENITAL SYSTEM



## SAGITTAL CUT THROUGH THE FEMALE PELVIS



## VULVA

**VULVA (including Skin of Vulva) [excluding Melanoma (page 172),  
Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176),  
and Other Lymphomas (page 278)]**

C51.0-C51.2, C51.8-C51.9

C51.0 Labium majus

C51.1 Labium minus

C51.2 Clitoris

C51.8 Overlapping lesion of vulva

C51.9 Vulva, NOS

## **SUMMARY STAGE**

**0 In situ:** Noninvasive; intraepithelial  
Bowen disease; intraepidermal  
FIGO Stage 0

### **1 Localized only**

Invasive cancer WITH or WITHOUT stromal invasion confined to:

Musculature

Submucosa

Vulva including skin

Localized, NOS

### **2 Regional by direct extension only**

Extension to perineum

Extension to:

Anus

Bladder, NOS excluding mucosa #####

Bladder wall #####

Perianal skin

Rectal wall, NOS #####

Rectum, NOS excluding mucosa #####

Urethra

Vagina

FIGO Stage III



**VULVA (including Skin of Vulva) [excluding Melanoma (page 172),  
Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176),  
and Other Lymphomas (page 278)]**  
C51.0-C51.2, C51.8-C51.9

### **3 Regional lymph node(s) involved only**

REGIONAL Lymph Nodes (including bilateral or contralateral nodes)

Inguinal, NOS:

Deep, NOS:

Node of Cloquet or Rosenmuller (highest deep inguinal)

Superficial (femoral)

FIGO Stage III

Regional lymph node(s), NOS

Bilateral/contralateral regional lymph node(s)

FIGO Stage IVA

### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

Codes (2) + (3)

### **5 Regional, NOS**

### **7 Distant site(s)/node(s) involved**

Distant lymph node(s):

Iliac, NOS:

Common

External\*\*

Internal (hypogastric), NOS:

Obturator

Pelvic, NOS

Other distant lymph node(s)

Extension to:

Bladder mucosa

Pelvic bone (pubic bone)

Perineal body##

Rectal mucosa##

Upper urethral mucosa

Further contiguous extension

Metastasis

FIGO Stage IVB; IV, NOS

**VULVA (including Skin of Vulva) [excluding Melanoma (page 172),  
Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176),  
and Other Lymphomas (page 278)]**  
C51.0-C51.2, C51.8-C51.9

## **9 Unknown if extension or metastasis**

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

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

**Note 3:** FIGO Stage I, IA, IB and II are defined by size of tumor, involvement of vulva or vulva and perineum, and depth of stromal invasion and are included as localized disease if only the vulva is involved and as regional if both the vulva and perineum are involved.

## Considered regional in Historic Stage

### Considered distant in Historic Stage

\*\* Considered regional in 1977 Summary Staging Guide

\*\*\* Considered distant in 1977 Summary Staging Guide



## VAGINA

C52.9

C52.9 Vagina, NOS

### SUMMARY STAGE

**0 In situ:** Noninvasive; intraepithelial

#### 1 Localized only

Invasive cancer confined to submucosa (stroma<sup>##</sup>)  
FIGO Stage I

Musculature involved<sup>##</sup>

Localized, NOS

#### 2 Regional by direct extension only

Extension to:

Bladder, NOS excluding mucosa<sup>####\*</sup>

Bladder wall<sup>####\*</sup>

Cervix

Cul de sac (rectouterine pouch)<sup>###</sup>

Paravaginal soft tissue

Rectal wall, NOS<sup>####\*</sup>

Rectum, NOS excluding mucosa<sup>####\*</sup>

Rectovaginal septum

Vesicovaginal septum

Vulva

FIGO Stage II

Extension to pelvic wall<sup>####\*</sup>

FIGO Stage III

#### 3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

##### All parts of vagina:

Pelvic lymph nodes:

Iliac, NOS:

Common

External

Internal (hypogastric), NOS:

Obturator

Middle sacral (promontorial) (Gerota's node)

**Code 3 continued on next page**

**3 Regional lymph node(s) involved only (continued)**

**Lower third of vagina:**

Ipsilateral or bilateral:

Inguinal, NOS:####\*

Superficial (femoral)####\*

**Upper two-thirds of vagina:**

Pelvic, NOS####\*

Regional lymph node(s), NOS

FIGO Stage III

**4 Regional by BOTH direct extension AND regional lymph node(s) involved**

Codes (2) + (3)

**5 Regional, NOS**

FIGO Stage III, NOS

**7 Distant site(s)/node(s) involved**

Distant lymph node(s):

Aortic, NOS:

Lateral (lumbar)

Para-aortic

Periaortic

Inguinal **for upper two-thirds of the vagina only**

Retroperitoneal, NOS

Other distant lymph node(s)

Extension to:

Bladder mucosa (excluding bullous edema)##

Rectal mucosa##

FIGO Stage IVA

Extension beyond true pelvis:

Extension to urethra

FIGO Stage IVA, not further specified

Further contiguous extension

Metastasis:

FIGO Stage IVB

FIGO Stage IV, NOS

**9 Unknown if extension or metastasis**

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

## Considered regional in Historic Stage  
### Considered distant in Historic Stage  
\*\*\* Considered distant in 1977 Summary

## **CERVIX UTERI**

C53.0-C53.1, C53.8-C53.9

C53.0 Endocervix

C53.1 Exocervix

C53.8 Overlapping lesion of cervix uteri

C53.9 Cervix uteri

## **SUMMARY STAGE**

**0 In situ:** Noninvasive; intraepithelial  
Preinvasive  
Cancer in situ WITH endocervical gland involvement  
FIGO Stage 0

CIN (Cervical intraepithelial neoplasia) Grade III

## **1 Localized only**

Invasive cancer confined to cervix uteri:

Minimal microscopic stromal invasion  $\leq 3$  mm in depth and  $\leq 7$  mm in horizontal spread  
FIGO Stage IA1

“Microinvasion”

Tumor WITH invasive component  $> 3$  mm and  $\leq 5$  mm in depth, taken from the base  
of the epithelium, and  $\leq 7$  mm in horizontal spread  
FIGO Stage IA2

Invasive cancer confined to cervix and tumor  $> 5$  mm in depth and/or  $> 7$  mm in horizontal  
spread  
FIGO Stage IB

FIGO Stage I, not further specified

Localized, NOS:

Confined to cervix uteri

Confined to uterus, NOS (except corpus uteri, NOS )

## **2 Regional by direct extension only**

Extension to/involvement of:

Corpus uteri

Cul de sac (rectouterine pouch)

Upper 2/3 of vagina including fornices

Vagina, NOS

Vaginal wall, NOS

FIGO Stage IIA

**Code 2 continued on next page**

**2 Regional by direct extension only (continued)**

Extension to:  
Ligament(s):  
    Broad  
    Cardinal  
    Uterosacral  
Parametrium (paracervical soft tissue)  
FIGO Stage IIB

Extension to:  
Bladder, NOS excluding mucosa  
Bladder wall  
Lower 1/3 of vagina  
Rectal wall, NOS  
Rectum, NOS excluding mucosa  
Ureter, intra- and extramural\*\*\*  
Vulva\*\*\*  
Bullous edema of bladder mucosa  
FIGO Stage IIIA

Extension to:  
Fallopian tube(s)#####  
Ovary(ies)#####  
Pelvic wall(s)  
Urethra#####  
FIGO Stage IIIB

Tumor causes hydronephrosis or nonfunctioning kidney  
FIGO Stage IIIB

FIGO Stage III, NOS

**3 Regional lymph node(s) involved only**

REGIONAL Lymph Nodes  
Iliac, NOS:  
    Common  
    External  
    Internal (hypogastric), NOS:  
        Obturator  
Paracervical  
Parametrial  
Pelvic, NOS  
Sacral, NOS:  
    Lateral (laterosacral)  
    Middle (promontorial) (Gerota's node)  
    Presacral  
    Uterosacral

Regional lymph node(s), NOS

## **CERVIX UTERI**

C53.0-C53.1, C53.8-C53.9

### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

Codes (2) + (3)

### **5 Regional, NOS**

FIGO Stage III, NOS

### **7 Distant site(s)/node(s) involved**

Distant lymph node(s):

Aortic, NOS:

Lateral (lumbar)

Para-aortic

Periaortic

Inguinal

Mediastinal

Other distant lymph node(s)

Extension to:

Bladder mucosa (excluding bullous edema)<sup>##</sup>

Rectal mucosa<sup>##</sup>

Further contiguous extension beyond true pelvis:

Sigmoid colon

Small intestine

Metastasis

FIGO Stage IV, IVA, IVB

### **9 Unknown if extension or metastasis**

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

**Note 2:** “Frozen pelvis” is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as regional by direct extension. In both the Historic Stage and the 1977 Summary Staging Guide “frozen pelvis” was considered distant.

**Note 3:** If the clinician says “adnexa palpated” but doesn’t mention lymph nodes, assume lymph nodes are not involved.

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

<sup>##</sup> Considered regional in Historic Stage

<sup>###</sup> Considered distant in Historic Stage

<sup>\*\*\*</sup> Considered distant in 1977 Summary Staging Guide



## CORPUS UTERI

The endometrium (mucosa) consists of:

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

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

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

There is NO MUSCULARIS MUCOSAE or SUBMUCOSA in the endometrium.

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

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

**CORPUS UTERI  
TABLE OF ANATOMIC STRUCTURES**

PRIMARY SITE	ENDOMETRIUM (mucosa)		MYOMETRIUM (3 layers)	Serosa (tunica serosa)
Corpus Uteri (C54.~)	Columnar Epithelium	B A S E M E N T  M E M B R A N E	Stroma (lamina propria)	Yes
	Yes		Yes	Yes

### DISTINGUISHING “IN SITU” AND “LOCALIZED” TUMORS FOR THE CORPUS UTERI

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

- 1) Determine if the tumor is confined to the columnar epithelium, in which case it is in situ,

**OR**

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

## **CORPUS UTERI; UTERUS, NOS**

C54.0-C54.3, C54.8-C54.9, C55.9

C54.0 Isthmus uteri

C54.1 Endometrium

C54.2 Myometrium

C54.3 Fundus uteri

C54.8 Overlapping lesion of corpus uteri

C54.9 Corpus uteri

C55.9 Uterus, NOS

**Note:** In most cases, gestational trophoblastic tumors (ICD-O-3 morphology codes M9100-9105) are coded to placenta, C58.9.

## **SUMMARY STAGE**

**0 In situ:** Noninvasive; intraepithelial  
Preinvasive  
FIGO Stage 0

### **1 Localized only**

Confined to endometrium (stroma)  
FIGO Stage IA

Invasion of myometrium/serosa of corpus (tunica serosa)  
FIGO Stage IB  
FIGO Stage IC

Localized, NOS  
FIGO Stage I not further specified

### **2 Regional by direct extension only**

Extension to/involvement of:  
Cervix uteri, NOS  
FIGO Stage II, NOS

Endocervical glandular involvement only  
FIGO Stage IIA

Cervical stromal invasion  
FIGO Stage IIB

Extension or metastasis within true pelvis:  
Fallopian tube(s)  
Ligament(s):  
Broad  
Round  
Uterosacral

**Code 2 continued on next page**

**2 Regional by direct extension only (continued)**

Ovary(ies)  
Parametrium  
Pelvic serosa###  
Pelvic tunica serosa###  
Ureter\*\*\*  
Vulva\*\*\*  
Cancer cells in ascites<sup>a</sup>  
Cancer cells in peritoneal washings<sup>a</sup>  
FIGO Stage IIIA  
  
Extension or metastasis\*\*\*###:  
Bladder, NOS excluding mucosa  
Bladder wall  
Bowel wall, NOS  
Rectum, NOS excluding mucosa  
Vagina\*\*\*  
Pelvic wall(s)###  
FIGO Stage IIIB

**3 Regional lymph node(s) involved only**

REGIONAL Lymph Nodes

Aortic, NOS###:  
Lateral (lumbar)  
Para-aortic  
Periaortic  
Iliac:  
Common  
External  
Internal (hypogastric), NOS:  
Obturator  
Paracervical###  
Parametrial  
Pelvic, NOS  
Sacral, NOS###:  
Lateral (laterosaral)  
Middle (promontorial) (Gerota's node)  
Presacral  
Uterosacral

FIGO Stage IIIC

Regional lymph node(s), NOS

**CORPUS UTERI; UTERUS, NOS**

C54.0-C54.3, C54.8-C54.9, C55.9

**4 Regional by BOTH direct extension AND regional lymph node(s) involved**

Codes (2) + (3)

**5 Regional, NOS**

FIGO Stage III, NOS

**7 Distant site(s)/node(s) involved**

Distant lymph node(s):

Inguinal, NOS:

Deep, NOS;

Node of Cloquet or Rosenmuller (highest deep inguinal)

Superficial inguinal (femoral)\*\*

Other distant lymph node(s)

Extension to:

Bladder mucosa (excluding bullous edema)##

Bowel mucosa##

FIGO Stage IVA

Further contiguous extension:##

Abdominal serosa (peritoneum)

Cul de sac (rectouterine pouch)

Sigmoid colon

Small intestine

Metastasis

FIGO Stage IVB

**Continued on next page**

**CORPUS UTERI; UTERUS, NOS**  
C54.0-C54.3, C54.8-C54.9, C55.9

**9 Unknown if extension or metastasis**

**Note 1:** This scheme should also be used for sarcomas of the myometrium even though such cases are excluded from UICC/AJCC staging of corpus uteri.

**Note 2:** Adnexa is defined as the tubes, ovaries and ligament(s).

**Note 3:** “Frozen pelvis” is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as regional by direct extension. In both the Historic Stage and the 1977 Summary Staging Guide “frozen pelvis” was considered distant.

**Note 4:** If the clinician says “adnexa palpated” but doesn’t mention lymph nodes, assume lymph nodes are not involved.

**Note 5:** If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.

**Note 6:** Sounding of the corpus is no longer a prognostic factor.

**Note 7:** Extension to the bowel mucosa or bladder mucosa must be proven by biopsy in order to rule out bullous edema.

<sup>a</sup> Since “cancer cells in ascites or in peritoneal washings” was not specifically categorized in either the Historic Stage or in the 1977 Summary Staging Guide, previous cases may have been coded to either regional or distant.

## Considered regional in Historic Stage

### Considered distant in Historic Stage

\* Considered localized in 1977 Summary Staging Guide

\*\* Considered regional in 1977 Summary Staging Guide

\*\*\* Considered distant in 1977 Summary Staging Guide

## OVARY

C56.9

C56.9 Ovary <>

<>Laterality must be coded for this site.

### SUMMARY STAGE

**0 In situ:** Noninvasive; intraepithelial  
Preinvasive

#### 1 Localized only

Tumor limited to one ovary, capsule intact, no tumor on ovarian surface  
FIGO Stage IA

Tumor limited to both ovaries, capsule(s) intact, no tumor on ovarian surface  
FIGO Stage IB

Tumor limited to ovary(ies):  
Unknown if capsule(s) ruptured or if one or both ovaries involved

Localized, NOS  
FIGO Stage I, not further specified

#### 2 Regional by direct extension only

Implants on ovary(ies)<sup>#####</sup>  
Tumor limited to ovary(ies), capsule(s) ruptured<sup>#\*</sup>  
Tumor limited to ovary(ies) WITH malignant cells in ascites or peritoneal washings<sup>a</sup>  
Tumor on ovarian surface<sup>#####</sup>  
FIGO Stage IC

Extension to or implants<sup>#####</sup> on:  
Adnexa<sup>b</sup>  
Fallopian tube(s)<sup>b</sup>  
Uterus<sup>\*\*\*</sup>  
FIGO Stage IIA

**Code 2 continued on next page**

**2 Regional by direct extension only (continued)**

Extension to or implants on:

Pelvic tissue:

Adjacent peritoneum

Ligament(s):

Broad<sup>b</sup>

Ovarian

Round

Suspensory

Mesovarium<sup>b</sup>

Pelvic wall

FIGO Stage IIB

Extension to pelvic tissues or pelvic wall WITH malignant cells in ascites or peritoneal washings<sup>a</sup>

FIGO Stage IIC

Extension<sup>\*\*\*</sup> or discontinuous metastasis<sup>\*\*\*</sup> to:

Bladder

Bladder serosa

Cul de sac (rectouterine pouch)

Parametrium

Rectosigmoid

Rectum

Sigmoid colon

Sigmoid mesentery

Ureter (pelvic portion)

Uterine serosa

FIGO Stage II, not further specified

**3 Regional lymph node(s) involved only**

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Aortic, NOS:###

Lateral (lumbar)

Para-aortic

Periaortic

Iliac, NOS:

Common

External

Internal (hypogastric), NOS:

Obturator

Inguinal<sup>\*\*\*</sup>

Lateral sacral (laterosacral)<sup>\*\*\*</sup>

Pelvic, NOS

Retroperitoneal, NOS###

Regional lymph node(s), NOS

## **OVARY**

C56.9

### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

Codes (2) + (3)

### **5 Regional, NOS**

### **7 Distant site(s)/lymph node(s) involved**

Microscopic peritoneal implants beyond pelvis, including peritoneal surface of liver  
FIGO Stage IIIA

Macroscopic peritoneal implants beyond pelvis,  $\leq 2$  cm in diameter, including peritoneal  
surface of liver  
FIGO Stage IIIB

Peritoneal implants beyond pelvis,  $>2$  cm in diameter, including peritoneal surface of liver  
FIGO Stage IIIC

Peritoneal implants, NOS  
FIGO Stage III, not further specified

Distant lymph node(s)

Further contiguous extension or metastasis:

- Abdominal mesentery
- Colon except sigmoid
- Diaphragm
- Gallbladder
- Kidney
- Liver (peritoneal surface)
- Omentum
- Pancreas
- Pericolic gutter
- Peritoneum, NOS (excluding adjacent pelvic peritoneum)
- Small intestine
- Spleen
- Stomach
- Ureter (retroperitoneal portion)

Metastasis, including:

- Liver parenchymal metastasis
- Pleural fluid (positive cytology)

FIGO Stage IV



## **9 Unknown if extension or metastasis**

**Note 1:** Ascites, NOS is considered negative.

**Note 2:** Peritoneal implants outside the pelvis must be microscopically confirmed. Peritoneal implants may also be called seeding, salting, talcum powder appearance, or studding.

**Note 3:** If implants are mentioned, determine whether they are in the pelvis or in the abdomen and code appropriately to regional by direct extension or to distant. If not stated, code to distant.

<sup>a</sup> Since “cancer cells in ascites or in peritoneal washings” was not specifically categorized in either the Historic Stage or in the 1977 Summary Staging Guide, previous cases may have been coded to either regional or distant.

<sup>b</sup> Involvement of **contralateral** fallopian tube, broad ligament, mesovarium, or adnexa was considered distant in 1977 Summary Staging Guide.

# Considered localized in Historic Stage

### Considered distant in Historic Stage

\* Considered localized in 1977 Summary Staging Guide

\*\*\* Considered distant in 1977 Summary Staging Guide

## **FALLOPIAN TUBE**

C57.0

C57.0 Fallopian tube<>

<>Laterality must be coded for this site.

## **SUMMARY STAGE**

**0 In situ:** Noninvasive; intraepithelial  
FIGO Stage 0

### **1 Localized only**

Confined to fallopian tube(s)  
Extension onto or through tubal serosa  
Malignant ascites<sup>a</sup>  
Malignant peritoneal washings<sup>a</sup>  
FIGO Stage I

Localized, NOS

### **2 Regional by direct extension only**

Extension to:  
Broad ligament, ipsilateral  
Corpus uteri  
Cul de sac (rectouterine pouch)<sup>\*\*\*</sup>  
Mesosalpinx, ipsilateral  
Omentum<sup>\*\*\*</sup>  
Ovary, contralateral<sup>\*\*\*</sup>  
Ovary, ipsilateral  
Peritoneum  
Rectosigmoid<sup>\*\*\*</sup>  
Sigmoid<sup>\*\*\*</sup>  
Small intestine<sup>\*\*\*</sup>  
Uterus, NOS  
FIGO Stage II

### **3 Regional lymph node(s) involved only**

REGIONAL Lymph Nodes

Aortic, NOS<sup>###</sup>:  
Lateral (lumbar)  
Para-aortic  
Periaortic

**Code 3 continued on next page**

**3 Regional lymph node(s) involved only (continued)**

Iliac, NOS:  
    Common  
    External  
    Internal (hypogastric), NOS:  
        Obturator  
Inguinal\*\*\*  
Lateral sacral (laterosacral)####\*\*  
Pelvic, NOS  
Retroperitoneal, NOS###

Regional lymph node(s), NOS  
FIGO Stage IIIC

**4 Regional by BOTH direct extension AND regional lymph node(s) involved**

Codes (2) + (3)

**5 Regional, NOS**

**7 Distant site(s)/node(s) involved**

Distant lymph node(s)

Further contiguous extension

Metastasis:

    Pelvic extension with malignant cells in ascites or peritoneal washings  
    Peritoneal implants outside the pelvis

FIGO Stage IIIA, IIIB, III NOS; IV

**9 Unknown if extension or metastasis**

<sup>a</sup> Since “cancer cells in ascites or in peritoneal washings” was not specifically categorized in either the Historic Stage or in the 1977 Summary Staging Guide, previous cases may have been coded to either regional or distant.

### Considered distant in Historic Stage

\*\*\* Considered distant in 1977 Summary Staging Guide

## **BROAD AND ROUND LIGAMENTS, PARAMETRIUM, UTERINE ADNEXA**

C57.1-C57.4

C57.1 Broad ligament

C57.2 Round ligament

C57.3 Parametrium

C57.4 Uterine adnexa

### **SUMMARY STAGE**

**0 In situ:** Noninvasive; intraepithelial

#### **1 Localized only**

Confined to tissue or organ of origin

Localized, NOS

#### **2 Regional by direct extension only**

Extension to:

Corpus uteri

Fallopian tube **for ligaments**

Mesosalpinx, ipsilateral

Ovary, ipsilateral

Peritoneum

Uterus, NOS

#### **3 Regional lymph node(s) involved only**

REGIONAL Lymph Nodes

Aortic, NOS:

Lateral (lumbar)

Para-aortic

Periaortic

Iliac, NOS:

Common

External

Internal (hypogastric), NOS:

Obturator

Inguinal

Lateral sacral (laterosacral)

Pelvic, NOS

Retroperitoneal, NOS

Regional lymph node(s), NOS

**BROAD AND ROUND LIGAMENTS, PARAMETRIUM, UTERINE ADNEXA**  
C57.1-C57.4

**4 Regional by BOTH direct extension AND regional lymph node(s) involved**

Codes (2) + (3)

**5 Regional, NOS**

**7 Distant site(s)/lymph node(s) involved**

Distant lymph node(s)

Extension to:##

Cervix uteri

Cul de sac (rectouterine pouch)

Omentum

Ovary, contralateral

Rectosigmoid

Sigmoid

Small intestine

Further contiguous extension

Metastasis

**9 Unknown if extension or metastasis**

## Considered regional in Historic Stage

## **OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS**

C57.7-C57.9

C57.7 Other specified parts of female genital organs

C57.8 Overlapping lesion of female genital organs

C57.9 Female genital tract, NOS

### **SUMMARY STAGE**

**0 In situ:** Noninvasive; intraepithelial

#### **1 Localized only**

Confined to site of origin

Localized, NOS

#### **2 Regional by direct extension only**

Extension to:

Adjacent tissue(s), NOS

Connective tissue

*See definition of connective tissue on page 14.*

Adjacent organs/structures

Female genital organs:

Adnexa

Broad ligament(s)

Cervix uteri

Corpus uteri

Fallopian tube(s)

Ovary(ies)

Parametrium

Round ligament(s)

Uterus, NOS

Vagina

#### **3 Regional lymph node(s) involved only**

Regional lymph node(s), NOS

#### **4 Regional by BOTH direct extension AND regional lymph node(s) involved**

Codes (2) + (3)

#### **5 Regional, NOS**

**OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS**  
C57.7-C57.9

**7 Distant site(s)/lymph node(s) involved**

Distant lymph node(s)

Further contiguous extension:  
Other organs of pelvis

Metastasis

**9 Unknown if extension or metastasis**

## **PLACENTA**

C58.9

C58.9 Placenta

### **SUMMARY STAGE**

**0 In situ:** Noninvasive; intraepithelial

#### **1 Localized only**

Confined to placenta

Localized, NOS

#### **2 Regional by direct extension only**

Extension to:

Adjacent connective tissue

Other genital structures:

Broad ligament(s)

Cervix uteri

Corpus uteri

Fallopian tube(s)

Ovary(ies)

Uterus, NOS

Vagina

#### **3 Regional lymph node(s) involved only**

REGIONAL Lymph Nodes

Aortic, NOS:

Lateral (lumbar)

Para-aortic

Peri-aortic

Iliac, NOS:

Common

External

Internal (hypogastric), NOS:

Obturator

Parametrial

Pelvic, NOS

Sacral:

Lateral (laterosacral)

Middle (promontorial) (Gerota's node)

Presacral

Uterosacral

Regional lymph node(s), NOS



**4 Regional by BOTH direct extension AND regional lymph node(s) involved**

Codes 2 + 3

**5 Regional, NOS**

**7 Distant site(s)/lymph node(s) involved**

Distant lymph node(s):  
    Superficial inguinal (femoral)  
    Other distant node(s)

Further contiguous extension

Metastasis:  
    Lung

**9 Unknown if extension or metastasis**