

SEER SUMMARY STAGING MANUAL - 2000 CODES AND CODING INSTRUCTIONS

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Publication History

The original 2-digit Historic Coding Scheme was prepared for the National Cancer Institute's End Results Group by an Extent of Disease Advisory Group. While this code was in use since the early 1950s, it was not printed as a formal document until 1967.

The 1977 Summary Staging Guide was prepared by the Demographic Analysis Section of the National Cancer Institute and was edited by Evelyn M. Shambaugh and Mildred A. Weiss. This manual has been reprinted numerous times in the ensuing years.

Illustrations

The illustrations, renderings, drawings, and images contained in this manual are “freeware” or “shareware” images or are otherwise adaptations of illustrations that are used with permission. Some of the illustrations are compilations of public domain drawings so as to illustrate a certain component or structure as it relates to a particular anatomical site scheme.

It would be impossible to include a visual depiction of each and every anatomical structure in the human body. It is also impossible to adequately describe human anatomy in words. There are many hundreds of anatomy books that make such an attempt. To better understand the complex nature and structure of the various parts of the human body, this manual should be supplemented with several illustrated anatomy books.



Vitruvian Man by Leonardo da Vinci

Even Leonardo da Vinci, who is known as the first person to attempt to illustrate and describe every structure in the human body, is known for making the following statement one year prior to his death:

Dispel from your mind the thought that an understanding of the human body in every aspect of its structure can be given in words; the more thoroughly you describe the more you will confuse...

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Foreword

Unlike the previous Summary Staging Guide (1977), this document is intended for use as a coding manual beginning with cases diagnosed January 1, 2001 and forward rather than a staging guide. Each anatomic site in the Topography Section of the *International Classification of Disease for Oncology - Third Edition* (ICD-O-3) has a corresponding summary staging scheme included in this manual. Further, certain specific histologic types (such as mycosis fungoides, Kaposi sarcoma, malignant melanoma, Sezary disease, retinoblastoma, leukemia and lymphoma) also have specific staging schemes. In some cases, sites which previously had separate guides (such as the segments of the colon) have a single staging scheme (colon) whereas some sites which previously had a single guide (for example, larynx) have separate schemes for each subsite of the larynx (glottis, supraglottis, subglottis, and overlapping lesion or not otherwise specified).

This manual uses the European convention of not using a possessive 's' on eponymic sites (for example Kaposi sarcoma rather than Kaposi's sarcoma and non-Hodgkin lymphoma rather than non-Hodgkin's lymphoma) when referencing only ICD-O-3 sites and morphologies. Also, Hodgkin lymphoma is now the preferred term for Hodgkin's disease.

Certain undocumented rules commonly applied to summary staging have now been documented and/or clarified. For example, leukemia, by definition, represents a disseminated disease process. Thus, leukemia should always be staged as distant disease. Further, this manual presents the ICD-O-3 primary site codes included in each scheme as well as an indication of the sites where a laterality coding is required for coding in the United States. These (sub)sites are marked with the symbol <>.

The editors have made every effort to ensure that all anatomic structures and lymph nodes mentioned as regional in the previous *Summary Staging Guide - 1977, AJCC Cancer Staging Manual, Fifth Edition*, and the *SEER Extent of Disease 1998 Codes and Coding Instructions* have been fully accounted for in this staging manual. It is the desire of the editors that this manual will remove much of the ambiguity that existed previously.

The historic stage is based on the 2-digit extent of disease scheme, used by the End Results Group, since the 1950s. The concepts of localized, regional, and distant were used with the definitions "frozen in time" so that SEER long term trends can be assessed.

This document is also available in electronic format from the SEER Web page:

<http://seer.cancer.gov/Publications> (under SEER Coding Manuals)

Training modules are available on line at:

<http://training.seer.cancer.gov>

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SUMMARY STAGING

Summary staging is the most basic way of categorizing how far a cancer has spread from its point of origin. Summary staging has also been called General Staging, California Staging, and SEER Staging. The 2000 version of Summary Stage applies to every anatomic site, including the lymphomas and leukemias. Summary staging uses all information available in the medical record; in other words, it is a combination of the most precise clinical and pathological documentation of the extent of disease.

Summary staging is a required data field for facilities and central registries participating in the National Program of Cancer Registries (NPCR) of the Centers for Disease Control and Prevention. Many central registries report their data by summary stage as the staging categories are broad enough to measure the success of cancer control efforts and other epidemiologic efforts. However, even though summary staging is used frequently in cancer registries, it is not always understood by physicians.

There are five main categories in summary stage, each of which is discussed in detail. In addition, the regional stage is subcategorized by the method of spread. The code structure is:

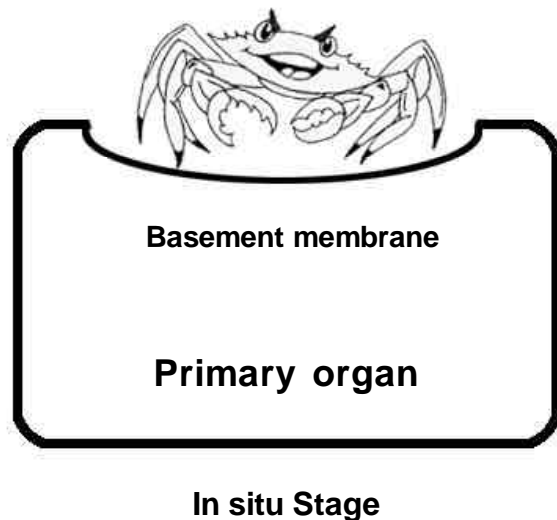
Code	Definition
0	In situ
1	Localized only
2	Regional by direct extension only
3	Regional lymph nodes involved only
4	Regional by BOTH direct extension AND lymph node involvement
5	Regional, NOS (Not Otherwise Specified)
7	Distant site(s)/node(s) involved
9	Unknown if extension or metastasis (unstaged, unknown, or unspecified) Death certificate only case

Guidelines by Stage

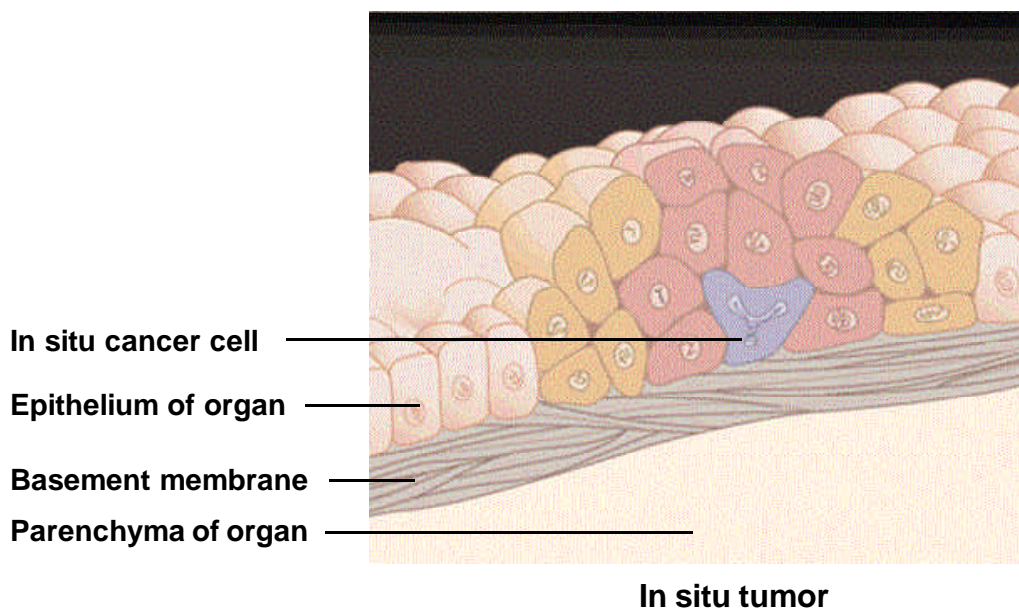
In situ (code = 0)

In situ means “in place.” The technical definition of in situ is the presence of malignant cells within the cell group from which they arose. There is no penetration of the basement membrane of the tissue and no stromal invasion. Generally, a cancer begins in the rapidly dividing cells of the epithelium or lining of an organ and grows from the inside to the outside of the organ. An in situ cancer fulfills all pathologic criteria for malignancy except that it has not invaded the supporting structure of organ on which it arose.

An in situ diagnosis can only be made microscopically, because a pathologist must identify the basement membrane and determine that it has not been penetrated. If the basement membrane has been disrupted (in other words, the pathologist describes the tumor as microinvasive), the case is no longer in situ and is at least localized. Pathologists have many ways of describing in situ cancer, such as non-invasive, pre-invasive, non-infiltrating, intra-epithelial, Stage 0, intraductal, intracystic, no stromal invasion, and no penetration below the basement membrane. Organs and tissues that have no epithelial layer cannot be staged as in situ, since they do not have a basement membrane. Therefore, there cannot be a diagnosis of “sarcoma in situ.”



A more scientific illustration of an in situ tumor is shown here.



Source: Adapted from an illustration by Brian Shellito of *Scientific American*, as printed in *Cancer in Michigan*, *The Detroit News*, Nov. 1-2, 1998.

Localized (code = 1)

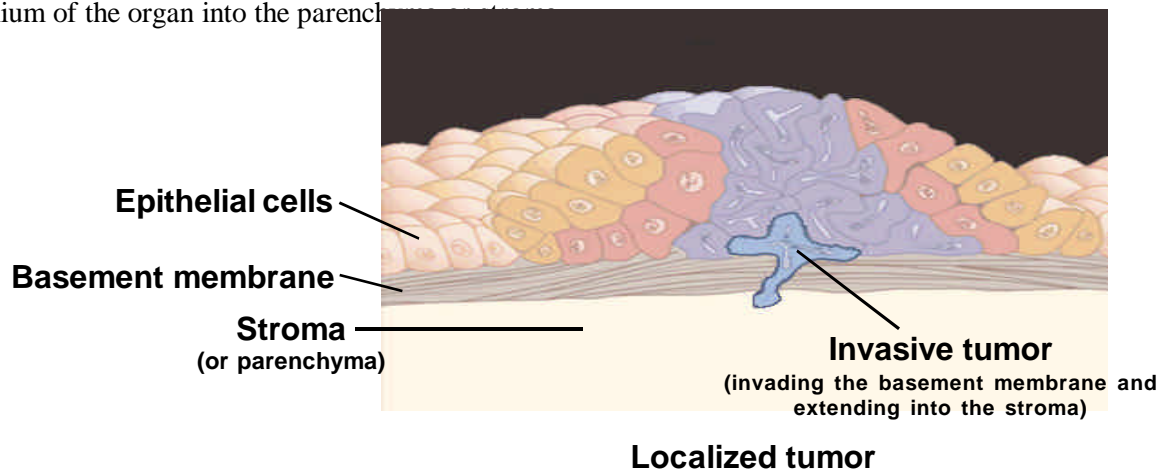
A localized cancer is a malignancy limited to the organ of origin; it has spread no farther than the organ in which it started. There is infiltration past the basement membrane of the epithelium into the functional part of the organ, but there is no spread beyond the boundaries of the organ. A tumor can be widely invasive or even show metastases within the organ itself and still be considered “confined to organ of origin” or localized in summary stage.

For organs that have definite boundaries (such as prostate, testis, or stomach) or sites where there is a clear line between the organ of origin and the surrounding region (such as breast or bladder), it is usually straightforward to determine whether the cancer is localized. An exception is skin, because it is sometimes difficult to determine where the dermis ends and subcutaneous tissue begins. For most internal organs, it is not possible to determine whether tumor is localized without exploratory surgery. However, the increasing sophistication of many imaging techniques is predicted to eventually make exploratory surgery obsolete.

It is important to know and recognize the names of different structures within the organ (such as lamina propria, myometrium, muscularis) so that a description of invasion or involvement of these structures will not be interpreted as regional spread.

Because summary stage uses both clinical and pathologic information, it is important to read the pathology and operative report(s) for comments on gross evidence of spread, microscopic extension and metastases, as well as diagnostic imaging reports for mention of distant disease. If any of these reports provides evidence that the cancer has spread beyond the boundaries of the organ of origin, the case is not localized. On the other hand, if the pathology report, operative report and other investigations show no evidence of spread, the tumor may be assumed to be localized.

The following illustration shows a tumor that has invaded past the basement membrane below the surface epithelium of the organ into the parench



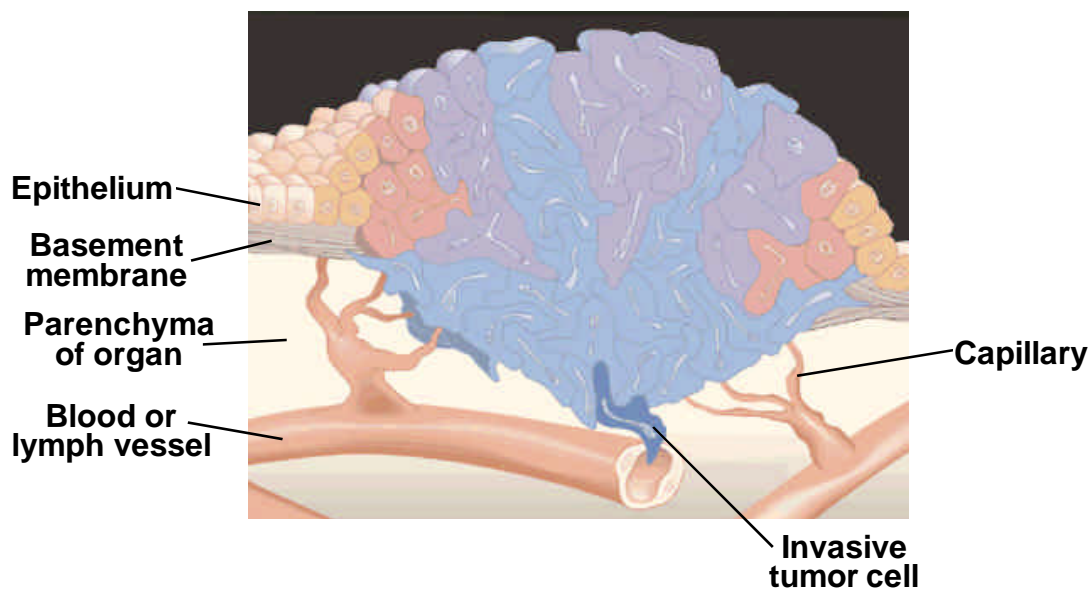
Source: Adapted from an illustration by Brian Shellito of *Scientific American*, as printed in *Cancer in Michigan*, *The Detroit News*, Nov. 1-2, 1998.

Regional (code = 2-5)

Regional stage is perhaps the broadest category as well as the most difficult to properly identify. The brief definition of regional stage is tumor extension beyond the limits of the organ of origin. Although the boundary between localized and regional tumor extension is usually well-identified, the boundary between regional and distant spread is not always clear and can be defined differently by physicians in various specialties.

Cancer becomes regional when there is the potential for spread by more than one lymphatic or vascular supply route. For example, the tumor in the hepatic flexure of the colon with extension along the lumen to the ascending colon is staged as localized because both areas drain to same lymph nodes. On the other hand, a sigmoid tumor extending into the rectum is staged as regional because the tumor now has potential for the tumor cell drainage to both iliac and mesenteric nodes.

The formal (scientific) definition used by surgeons is that area extending from the periphery of an involved organ that lends itself to removal en bloc with a portion of—or an entire—organ with outer limits to include at least the first level nodal basin. However, en bloc resection (removal of multiple organs or tissues in one piece at the same time) is not always feasible or may have been shown not to be necessary. For example, a number of clinical trials have shown that lumpectomy or modified radical mastectomy has equivalent survival to the very disfiguring radical mastectomy for treatment of breast cancer. In contrast, radiation oncologists define the term regional as including any organs or tissues encompassed in the radiation field used to treat the primary site and regional lymph nodes.



Invasive tumor

Source: Adapted from an illustration by Brian Shellito of *Scientific American*, as printed in *Cancer in Michigan*, *The Detroit News*, Nov. 1-2, 1998.

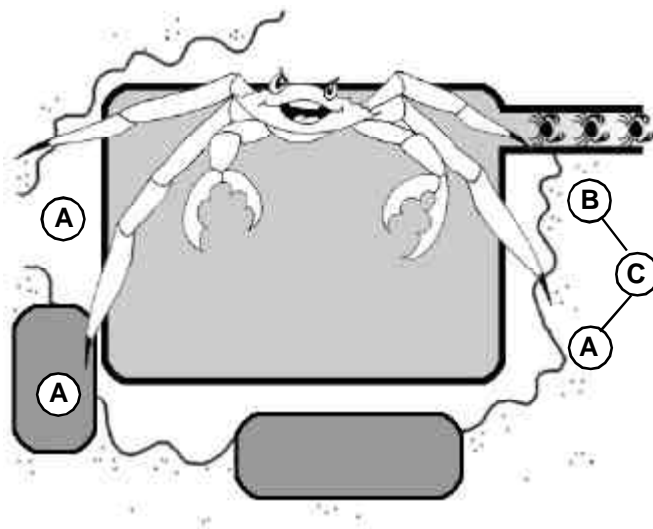
Regional stage has several subcategories, each of which is described in detail below.

Code Definition

- 2 Regional by direct extension only
- 3 Regional lymph nodes involved only
- 4 Regional by BOTH direct extension AND lymph node involvement
- 5 Regional, NOS (Not Otherwise Specified)

These codes and subcategories describe different methods of regional spread of tumor:

- A. Invasion through entire wall of organ into surrounding organs and/or adjacent tissues (code 2, regional by direct extension or contiguous spread)
- B. Tumor invasion of walls of lymphatics where cells can travel through lymphatic vessels to nearby lymph nodes where they are “filtered” out and begin to grow in the nodes (code 3, regional to lymph nodes)
- C. A combination of direct extension and lymph node involvement (code 4, regional by direct extension and to regional nodes)



Regional Stages
A. Direct extension
B. To regional lymph nodes
C. Combination of A and B

A fourth category of regional stage is code 5, regional not otherwise specified. This category may be used when it is unclear whether the tissues are involved by direct extension or lymph nodes, or when the other categories are not applicable, such as for staging Non-Hodgkin and Hodgkin lymphoma of more than one lymph node chain.

Clinicians may use some terms differently than cancer registrars. Therefore, it is important to understand the words used to describe the spread of the cancer and how they are used in staging. For example:

- 1) “Local” as in “carcinoma of the stomach with involvement of the local lymph nodes.”
Local nodes are the first group of nodes to drain the primary. Unless evidence of distant spread is present, such a case should be staged as regional, not local.
- 2) “Metastases” as in “carcinoma of lung with peribronchial lymph node metastases.”
Metastases in this sense means involvement by tumor. Such a case would still be regional. Learn the names of regional nodes for each primary site.

Regional Lymph Node Involvement

Regional lymph nodes are listed for each site.

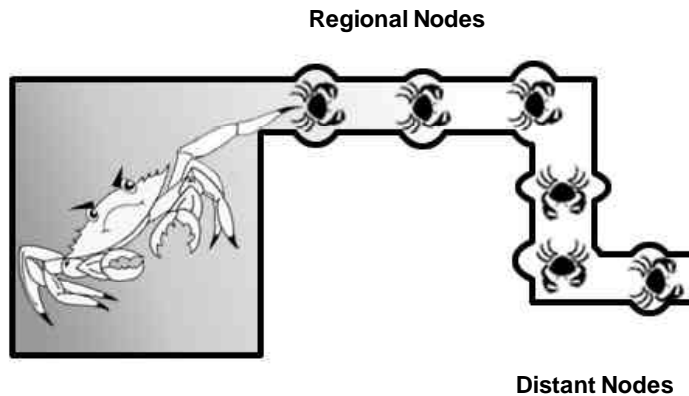
1. Consider the farthest specific lymph node chain that is involved by tumor.
2. For lymphomas, any mention of lymph nodes is indicative of involvement and is used to determine the number and location of lymph node chains involved (see lymphoma scheme).
3. For solid tumors, the terms “fixed” or “matted” and “mass in the mediastinum, retroperitoneum, and/or mesentery” (with no specific information as to tissue involved) are considered involvement of lymph nodes.
4. Terms such as “palpable”, “visible swelling”, and “shotty” should be ignored. Look for a statement of involvement, either clinical or pathological. The terms “enlarged” and “lymphadenopathy” should be ignored for all sites except lung. For lung primaries, these terms are interpreted as regional lymph node involvement.
5. The terms “homolateral” and “ipsilateral” are used interchangeably. Any unidentified nodes included with the resected primary site specimen are to be considered as “Regional Lymph Nodes, NOS.”
6. If the only indication of lymph node involvement in the record is the physician’s statement of an N category from the TNM staging system or a stage from a site-specific staging system, such as Dukes’ C, consider that information in considering regional lymph node involvement.
7. If there is a discrepancy between documentation in the medical record and the physician’s assignment of TNM, the documentation takes precedence. Cases of this type should be discussed with the physician who assigned the TNM (see General Guideline 9).
8. If a specific chain of lymph nodes is named, but not listed as regional, first determine if the name is synonymous with a listed lymph node. Otherwise, assume distant lymph node(s) are involved.

Note: Regional lymph nodes are not palpable for inaccessible sites such as bladder, kidney, prostate, esophagus, stomach, lung, liver, corpus uteri and ovary. The best description concerning regional lymph nodes will be the surgeon’s evaluation at the time of exploratory surgery or definitive surgery.

Distant (code = 7)

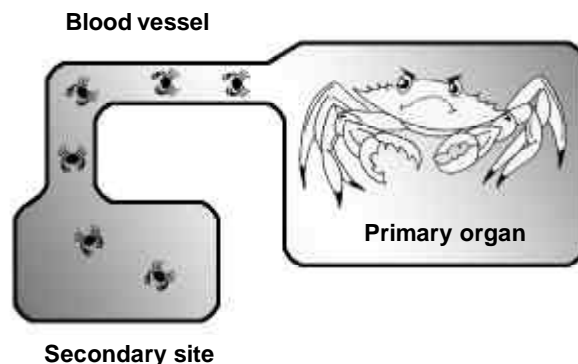
Distant metastases are tumor cells that have broken away from the primary tumor, have travelled to other parts of the body, and have begun to grow at the new location. Distant stage is also called remote, diffuse, disseminated, metastatic, or secondary disease. The point is that in most cases there is no continuous trail of tumor cells between the primary site and the distant site. Cancer cells can travel from the primary site in any of four ways:

- 1) Extension from primary organ beyond adjacent tissue into next organ; for example, from the lung through the pleura into bone or nerve.
- 2) Travel in lymph channels beyond the first (regional) drainage area. Tumor cells can be filtered, trapped and begin to grow in any lymph nodes in the body.



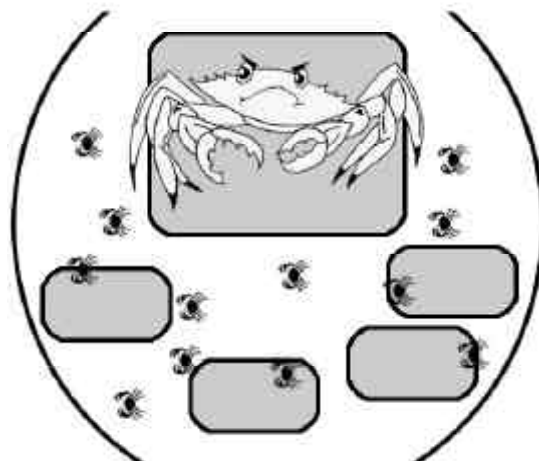
Distant lymph node involvement

- 3) Hematogenous or blood-borne metastases. Invasion of blood vessels within the primary tumor (veins are more susceptible to invasion than thicker-walled arteries) allows escape of tumor cells or tumor emboli which are transported through the blood stream to another part of the body where it lodges in a capillary or arteriole. At that point the tumor penetrates the vessel wall and grows back into the surrounding tissue. (Please see the scientific illustration on the next page.)



Blood-borne metastases

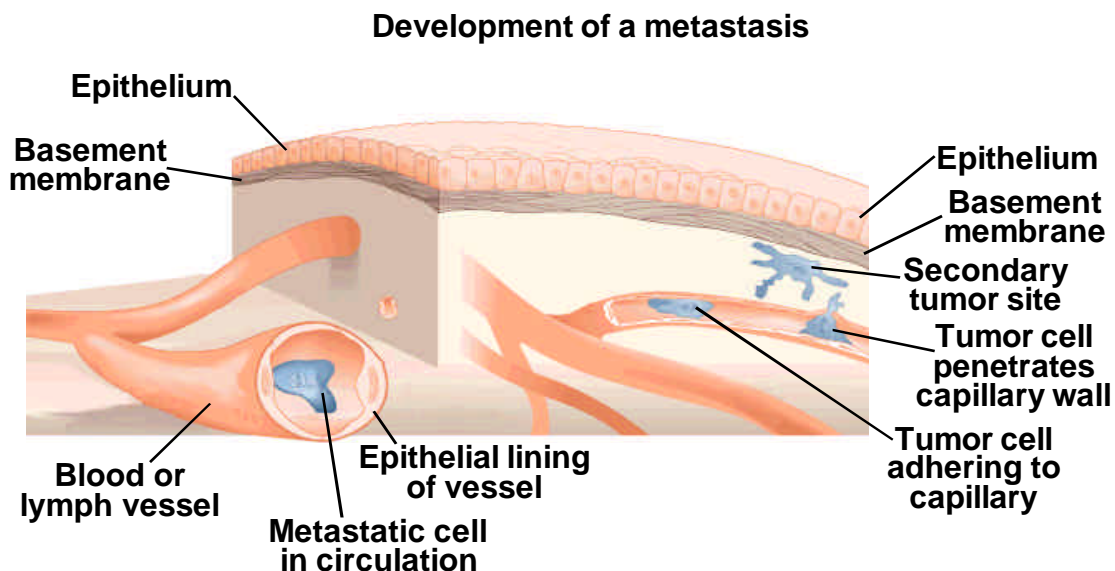
- 4) Spread through fluids in a body cavity. Example: malignant cells rupture the surface of the primary tumor and are released into the thoracic or peritoneal cavity. They float in the fluid and can land on and begin to grow on any tissue reached by the fluid. This type of spread is also called implantation or seeding metastases. Some tumors form large quantities of fluid called ascites that can be removed, but the fluid rapidly re-accumulates. However, the presence of fluid or ascites does not automatically indicate dissemination. There must be cytologic evidence of malignant cells.



Implantation metastases

Common sites of distant spread are liver, lung, brain, and bones, but they are not listed specifically for each scheme. These organs receive blood flow from all parts of body and thus are a target for distant metastases. However, if the primary site is adjacent to the liver, lung, brain or bone, it is important to review the summary staging scheme for the primary site to assure that the stage is not regional by direct extension. An example would be liver involvement from a primary in the gallbladder. It is likely that this is regional by direct extension rather than distant stage, since the gallbladder is adjacent to liver. Read the diagnostic imaging reports to determine whether the cancer involves the surface of the secondary organ, which would be regional by direct extension, or whether the cancer is inside the secondary organ. If the latter is the case, the only way it could have developed in the secondary organ is if the tumor cells arrived there via the blood stream (distant hematogenous metastases). Another way to remember the difference between regional direct extension and distant metastases is whether the secondary site has tumor *on* the surface (most likely direct extension) or *in* the organ (blood-borne metastases). Hematopoietic, reticuloendothelial, immunoproliferative, and myeloproliferative neoplasms are considered distant except as noted in the staging scheme.

In the last of the series of scientific drawings, the cancer cell that invaded the blood vessel has floated to a new organ. As the blood vessels in the secondary site get smaller, the cancer cell has the ability to penetrate the capillary wall and settle in the new organ. The growth of tumor in the new organ is called a metastasis.



Source: Adapted from an illustration by Brian Shellito of *Scientific American*, as printed in *Cancer in Michigan, The Detroit News*, Nov. 1-2, 1998.

Unknown if Extension or Metastasis (code = 9)

If the primary site is unknown (C80.9), then the summary stage must be unknown.

There will be cases for which sufficient evidence is not available to adequately assign a stage. Examples include occasions when the patient expires before workup is completed, when a patient refuses a diagnostic or treatment procedure, and when there is limited workup due to the patient's age or a simultaneous contraindicating condition. If sufficient information does not exist, the case is unstageable.

This code should be assigned very sparingly. If at all possible, contact the physician to see if there is more information about the case which is not in the record, such as diagnostic studies performed prior to admission or documentation in the physician's office record.

Death certificate only cases are coded to '9', unknown.

General Instructions for Using the SEER Summary Staging Manual - 2000

The SEER Summary Staging Manual - 2000 schemes consist of a one-digit hierarchical code for each and every site. In the United States, these staging schemes will apply to January 1, 2001 diagnoses and later.

General Guidelines

1. For each site, summary stage is based on a combined clinical and operative/pathological assessment. Gross observations at surgery are particularly important when all malignant tissue is not removed. In the event of a discrepancy between pathology and operative reports concerning excised tissue, priority is given to the pathology report.
2. Summary stage should include all information available through completion of surgery(ies) in the first course of treatment or within four months of diagnosis in the absence of disease progression, whichever is longer.
3. Summary stage information obtained after treatment with radiotherapy, chemotherapy, hormonal therapy, or immunotherapy has begun may be included unless it is beyond the time frame given in guideline 2 above.
4. Exclude any metastasis known to have developed after the diagnosis was established.
5. Clinical information, such as description of skin involvement for breast cancer and distant lymph nodes for any site, can change the stage. Be sure to review the clinical information carefully to assure accurate summary stage. If the operative/pathology information disproves the clinical information, code the operative/pathology information.
6. All schemes apply to all histologies unless otherwise noted. Exceptions to this, for example, include all lymphomas and Kaposi sarcoma which should be staged using the histology schemes regardless of the primary site.
7. Autopsy reports are used in coding summary stage just as are pathology reports, applying the same rules for inclusion and exclusion.
8. Death Certificate Only cases and unknown primaries are coded '9' for summary stage.
9. The summary stage may be described only in terms of T (tumor), N (node) and M (metastasis) characteristics. In such cases, record the summary stage code that corresponds to the TNM information. If there is a discrepancy between documentation in the medical record and the physician's assignment of TNM, the documentation takes precedence. Cases of this type should be discussed with the physician who assigned the TNM.
10. Site-specific guidelines take precedence over general guidelines. Always consider the information pertaining to a specific site.

GUIDELINES FOR SUMMARY STAGING

For efficient assignment of the summary stage code, here are some additional guidelines. Three of the summary staging categories can be ruled out quickly: in situ, distant, and localized.

In situ

1. Rule out in situ stage disease. Carcinomas and melanomas are the only types of cancer that can be classified as in situ. Only carcinomas have a basement membrane. Sarcomas are never described as in situ. A pathologist must examine the primary organ and state that the tumor is in situ. If the cancer is anything except a carcinoma or melanoma, it cannot be in situ.
2. If there is any evidence of invasion (or extension to), nodal involvement or metastatic spread, the case is not in situ even if the pathology report so states. This is a common error in staging cervical cancer where the path report states that the cancer is “in situ with microinvasion”—such a case would be staged as localized.

Distant

3. Rule out distant disease. If metastases can be documented, there is no need to spend a great deal of time identifying local or regional spread. If distant metastases are recorded on x-ray or needle biopsy, the stage is already determined and the patient does not need to undergo a lot of other tests.
4. Hematopoietic diseases, such as leukemia and multiple myeloma, are considered disseminated or distant at time of diagnosis.
5. Rule out distant spread by reading the operative report for comments about seeding, implants, liver nodules, or other indications of metastases. Read diagnostic reports for references to distant disease.
6. If nodes, organs, or adjacent tissues are not specifically mentioned in the description of the various categories, attempt to cross-reference the term you have with those outlined. If there is no match, assume the site in question represents distant disease.

Localized

7. Rule out that the cancer is “confined to the organ of origin.” In order for a lesion to be classified as localized, it must not extend beyond the outer limits of the organ and there must be no evidence of metastases anywhere else.
8. Terms such as “blood vessel invasion” or “perineural lymphatic invasion” do not necessarily indicate that the cancer has spread beyond the primary organ. If tumor at the primary site has invaded lymph or blood vessels, there is the potential for malignant cells to be transported throughout the body. Step 1 (invasion), has occurred, but not necessarily steps 2 (transport of cancer cells) and 3 (growth at the secondary site). The case may still be localized.
9. Vascular invasion within the primary is not a determining factor in changing the stage unless there is definite evidence of tumor at distant sites.

Regional

10. If in situ, local and distant categories have been ruled out, the stage is regional.
11. For carcinomas, if there are lymph nodes involved with the tumor, the stage is at least regional.
12. For tissues, structures, and lymph nodes, assume ipsilateral unless stated to be contralateral or bilateral.

Unknown if Extension or Metastasis

13. If there is not enough information in the record to categorize a case, it must be recorded as unstageable.

HOW TO ASSIGN SUMMARY STAGE

Answers to four basic questions will determine the correct code for summary stage.

1. Where did the cancer start?

In what organ or tissue did the tumor originate? Is there a specific subsite of the organ involved? Information about the “primary site” will usually come from the physical examination, a diagnostic imaging report, the operative report or the pathology report. Code the primary site according to the rules in the *International Classification of Diseases for Oncology, Third Edition*. In addition to recording this code in the primary site field on the cancer abstract, this code will be useful later in the staging process.

2. Where did the cancer go?

Once the primary site is known, determine what other organs or structures are involved. Review the physical examination, diagnostic imaging reports, operative report(s), pathology report(s), and laboratory tests to identify any structures that are involved by cancer cells. Any of these reports can provide a piece of information that might change the stage. Note whether there is lymphatic or vascular invasion and/or spread, which organs are involved, whether there is a single focus or multiple foci of tumor.

It is important to know the names of the substructures within the primary site as well as the names of surrounding organs and structures. Note the names of any tissues that are reported to be involved by cancer cells. Refer to the word list on page ? to determine whether a tissue is involved or not involved.

3. How did the cancer get to the other organ or structure?

Did the cancer spread to the new site in a continuous line of tumor cells from the primary site? If the pathologist can identify a trail of tumor cells from one organ to another, the stage may be regional by direct extension or distant by direct extension. Did the cancer spread by breaking away from the primary cancer and floating to the new site in the blood stream or body fluids? If there is no direct trail of tumor cells from the primary organ to the new site, the stage is probably distant (except for ovary).

4. What are the stage and correct code for this cancer?

- A. Open the SEER Summary Staging Manual 2000 to the staging scheme that includes the ICD-O-3 primary site/histology code identified earlier. Staging schemes for all primary sites are in ICD-O-3 code order with the exception of those that are based on histology.
- B. Review the staging scheme looking for the names of the structures and organs that were reported as involved. If more than one structure or organ is involved, select the highest category that includes an involved structure.

Examples:

- If all reports are negative for spread of the cancer and the pathologist states that the cancer is non-invasive or non-infiltrating, code the stage as 0, in situ.
- If all reports are negative for spread of the cancer and the pathologist states that the cancer is invasive or infiltrating, code the stage as 1, localized.
- If other organs or structures are involved, assign the highest code associated with an involved structure.

Abbreviations, Acronyms, and Symbols

AJCC	American Joint Committee on Cancer
C-	Topography code of the <i>International Classification of Diseases for Oncology, Third Edition (ICD-O-3), 2000</i>
cm	centimeter
FIGO	Federation Internationale de Gynecologie et d'Obstetrique
M-	Morphology code of the <i>International Classification of Diseases for Oncology, Third Edition (ICD-O-3), 2000</i>
mm	millimeter
NOS	Not Otherwise Specified
SEER	Surveillance, Epidemiology and End Results
SSG	Summary Staging Guide
TNM	Primary Tumor, Regional Lymph Nodes, Distant Metastasis, the staging system developed by the American Joint Committee on Cancer (AJCC) and the Union Internationale Contra la Cancer (UICC).
UICC	Union Internationale Contre le Cancer (International Union Against Cancer)
<	less than
>	greater than
<=	less than or equal to
>=	greater than or equal to
<>	Laterality must be coded for this site. Laterality may be submitted for other sites.
#	Considered localized in Historic Stage
##	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

Note: The use of #s or *s on the heading of a group of terms applies to all of the terms in the group.

Definitions of Terms Used in this Manual

Adjacent tissue(s), NOS

Connective tissue

Some of the summary staging schemes for ill-defined or non-specific sites in this manual contain a description of “adjacent tissue(s), NOS” which is defined here as the unnamed tissues that immediately surround an organ or structure containing a primary cancer. Use this category when a tumor has invaded past the outer border (capsule, serosa, or other edge) of the primary organ into the organ’s surrounding supportive structures but has not invaded into larger structures or adjacent organs. The structures considered in ICD-O-3 as connective tissue include the following: adipose tissue; aponeuroses; arteries; blood vessels; bursa; connective tissue, NOS; fascia; fatty tissue; fibrous tissue; ganglia; ligaments; lymphatic channels (not nodes); muscle; nerves (spinal, sympathetic and peripheral); skeletal muscle; subcutaneous tissue; synovia; tendons; tendon sheaths; veins; and vessels, NOS. In general, these tissues do not have specific names. These tissues form the framework of many organs, provide support to hold organs in place, bind tissues and organs together, and serve as storage sites for nutrients. Blood, cartilage and bone are sometimes considered connective tissues, but in this manual they would be listed separately.

Adjacent organs

Organs are anatomic structures with specific physiologic functions other than (or in addition to) support and storage. In general, continuous tumor growth from one organ into an organ lying next to the primary site would be coded to ‘2 - Regional by direct extension only’ (unless regional lymph nodes are also involved).

Adjacent structures

Connective tissues large enough to be given a specific name would be considered adjacent structures. For example, the brachial artery has a name, as does the broad ligament. In general, continuous tumor growth from one organ into an adjacent named structure would be coded to ‘2 - Regional by direct extension only’ (unless regional lymph nodes were also involved).

Cortex (adjective: cortical)

The external or outer surface layer of an organ, as distinguished from the core, or medulla, of the organ. In some organs, such as the adrenal glands, the cortex has a different function than the medulla.

Medulla (adjective: medullary)

The central portion of an organ, in contrast to the outer layer or cortex. Sometimes called marrow. In some organs, such as bone, the medulla or marrow has a different physiologic role than the cortex.

Parenchyma

The parenchyma is the functional portion of an organ, in contrast to its framework or stroma. For example, the parenchyma of the kidney contains all of the structures which filter and remove waste products from the blood. In general, malignancies tend to arise in the parenchyma of an organ.

Stroma

The stroma is the cells and tissues that support, store nutrients, and maintain viability within an organ. Stroma consists of connective tissue, vessels and nerves, and provides the framework of an organ. In general, spread of tumor to the stroma of an organ is still considered localized or confined to the organ of origin.

Interpreting Ambiguous Terminology for Summary Stage

Consider as involvement

adherent
apparent(ly)
appears to
comparable with
compatible with
consistent with
contiguous/continuous with
encroaching upon[§]
extension to, into, onto, out onto
features of
fixation to another structure^{§§}
fixed^{§§}
impending perforation of
impinging upon
impose/imposing on
incipient invasion
induration
infringe/infringing
into[§]
intrude
invasion to into, onto, out onto
matted (for lymph nodes only)
most likely
onto[§]
overstep
presumed
probable
protruding into (unless encapsulated)
suspected
suspicious
to[§]
up to

[§] interpreted as involvement whether the description is clinical or operative/ pathological

^{§§} interpreted as involvement of other organ or tissue

Do NOT Consider as Involvement

abuts
approaching
approximates
attached
cannot be excluded/ruled out
efface/effacing/effacement
encased/encasing
encompass(ed)
entrapped
equivocal
extension to without invasion/ involvement of
kiss/kissing
matted (except for lymph nodes)
possible
questionable
reaching
rule out
suggests
very close to
worrisome

DEFINITION OF ANATOMIC SITES WITHIN THE HEAD AND NECK
adapted from the *Summary Staging Guide 1977* published by the SEER Program,
and the *AJCC Cancer Staging Manual Fifth Edition* published by
the American Joint Committee on Cancer Staging.

Note: Not all sites in the lip, oral cavity, pharynx and salivary glands are listed below.
All sites to which a Summary Stage scheme applies are listed at the beginning of the scheme.

ORAL CAVITY AND ORAL PHARYNX (in ICD-O-3 sequence)

The oral cavity extends from the skin-vermilion junction of the lips to the junction of the hard and soft palate above and to the line of circumvallate papillae below.

The oral pharynx (oropharynx) is that portion of the continuity of the pharynx extending from the plane of the inferior surface of the soft palate to the plane of the superior surface of the hyoid bone (or floor of the vallecula) and includes the base of tongue, inferior surface of the soft palate and the uvula, the anterior and posterior tonsillar pillars, the glossotonsillar sulci, the pharyngeal tonsils, and the lateral and posterior walls.

The oral cavity and oral pharynx are divided into the following specific areas:

LIPS (C00._; vermilion surface, mucosal lip, labial mucosa) upper and lower, form the upper and lower anterior wall of the oral cavity. They consist of an exposed surface of modified epidermis beginning at the junction of the vermilion border with the skin and including only the vermilion surface or that portion of the lip that comes into contact with the opposing lip. The lips extend from commissure to commissure and, for SEER Summary Stage include the mucous membrane lining the inner surface of the lips (labial mucosa). For AJCC, the labial mucosa is included with buccal cavity in the oral cavity staging scheme.

COMMISSURE OF

LIP (C00.6; corner of mouth) is the point of union of upper and lower lips and is considered part of the lip.

BASE OF

TONGUE (C01.9; base of tongue, root 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 pharyngoepiglottic and glossoepiglottic folds (which bound the vallecula). The posterior one-third of tongue is part of the oropharynx in the AJCC staging system.

ANTERIOR 2/3 OF

TONGUE (C02._; mobile or oral 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: tip, lateral borders, dorsum, and undersurface or ventral surface (non-villous surface). The anterior two-thirds of tongue is part of the oral cavity in the AJCC staging system.

LINGUAL

TONSIL (C02.4) the lymphoid tissue that is contained in the base of the tongue. In the Summary Stage system, lingual tonsil is coded using the same scheme as base of tongue; in the AJCC system it is included in the oropharynx scheme.

UPPER

GUM (C03.0; upper alveolar ridge) is the covering mucosa of the alveolar process of the maxilla, extending from the line of attachment of mucosa in the upper gingival buccal gutter to the junction of the hard palate. Its posterior margin is the upper end of the pterygopalatine arch. The gingiva is part of the oral cavity in the AJCC staging system.

LOWER

GUM (C03.1; lower alveolar ridge) 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 (see retromolar trigone). The gingiva is part of the AJCC oral cavity staging system.

FLOOR OF

MOUTH (C04._) consists of a semilunar shaped space over the mylohyoid and hypoglossus muscles, extending from the inner surface of the lower alveolar ridge to the undersurface of the tongue. Its posterior boundary is the base of the anterior pillar of the tonsil. It is divided into two sides by the frenulum of the tongue and contains the ostia of the submaxillary and lingual salivary glands. The floor of mouth is part of the AJCC oral cavity staging system.

HARD

PALATE (C05.0) consists of the 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. In the TNM system, the hard palate is part of the oral cavity staging scheme.

SOFT

PALATE (C05.1) 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 (glossopalatine arch) and includes the anterior surface of the of the anterior tonsillar pillar. In the AJCC system, the soft palate is part of the oropharynx staging system.

UVULA

(C05.2) is a soft tissue projection on the free border of the soft palate in the midline of the body. In Summary Stage, the uvula is coded using the same scheme as the soft palate. In the AJCC system, the uvula is part of the oropharynx staging system.

OTHER

MOUTH (C05.8-C05.9, C06.8-C06.9) includes overlapping lesions of the palate, overlapping lesions of other and unspecified parts of mouth, and non-specific terms roof of mouth (palate, NOS); mouth, NOS (oral cavity, oral mucosa, buccal cavity); and minor salivary gland, NOS. All of these non-specific sites are included in the oral cavity scheme of the AJCC staging system.

CHEEK

MUCOSA (C06.0) includes all the mucous membrane lining the inner surface of the cheek. In ICD-O-3 and the Summary Stage system, buccal mucosa includes the inner surface of the cheeks but not the inner mucosal surface of the lips. In the AJCC staging system, the inner mucosa of the lips is included with the buccal mucosa in the oral cavity scheme.

VESTIBULE OF

MOUTH (C06.1; buccal sulcus, alveolar sulcus, labial sulcus) the space between the teeth and the lips or cheeks and the mucosa that covers it. In the Summary Stage system, the vestibule of mouth is included in the coding scheme for cheek (buccal) mucosa; in the AJCC staging system, it is included in the oral cavity scheme.

RETROMOLAR

AREA (C06.2; retromolar triangle, retromolar gingiva, retromolar area) the attached mucosa overlying the ascending ramus of the mandible from the level of the posterior surface of the last molar tooth to the apex superiorly. The retromolar trigone is coded using the same Summary Stage scheme as the gingiva or gums. It is part of the oral cavity staging scheme in the AJCC system.

TONSILS are the mucosa-covered lymphoid tissues lying between the palatoglossal and palatopharyngeal arches on the sidewalls of the oropharynx (palatine tonsils, C09.9), on the posterior wall of the nasopharynx (pharyngeal tonsils or adenoids (C11.1) and embedded in the base of the tongue (lingual tonsil, C02.4; described above). These three areas appear to form a ring of lymphoid tissue around the pharynx, which is referred to as Waldeyer's ring (C14.2).

PAROTID GLAND AND OTHER MAJOR SALIVARY GLANDS

The parotid glands (C07.9) and the other major salivary glands, submandibular (submaxillary) (C08.0) and sublingual/submental (C08.1) are paired glands lying along the mandible and beneath the floor of the mouth which produce serous or mucous secretions to moisten the mouth and begin the process of digestion.

OROPHARYNX

ANTERIOR

WALL consists of the pharyngoepiglottic and glossoepiglottic folds which bound the vallecula (C10.0), and the lingual (anterior) surface of the epiglottis (C10.1). The vallecula is the hollow or sulcus formed at the junction of the base of the tongue and the epiglottis.

LATERAL

WALL (C10.2) includes the tonsillar pillars (C09.1), tonsillar fossae (C09.0), and tonsils (C09.9) of the oropharynx.

POSTERIOR

WALL (C10.3) extends from the free borders of the soft palate to the tip of the epiglottis in the oropharynx.

NASOPHARYNX

The nasopharynx begins anteriorly at the posterior choana and extends along the plane of the airway to the level of the free border of the soft palate. It includes the vault, floor (superior surface of soft palate), posterior wall, lateral walls including the fossae of Rosenmuller and the mucosa covering the torus tubarius forming the eustachian tube orifice. According to the AJCC, the posterior margins of the choanal orifices and of the nasal septum are included in the nasal fossa (which has no TNM scheme), and are excluded from the nasopharynx staging system. However, all subsites listed above (except nasal fossa) are included in the nasopharynx Summary Stage scheme. Specific anatomic descriptions of major nasopharyngeal subsites include:

SUPERIOR, POSTERIOR

WALL (C11.0—superior, C11.1—posterior; vault) extends from the superior border of the choana to the level of the free border of the soft palate. The lateral limit is the groove between the lateral wall and the base of the skull.

LATERAL

WALL (C11.2) extends from the base of the skull on each side to the level of the free border of the soft palate. It includes Rosenmuller fossae (pharyngeal recesses).

HYPOPHARYNX

The hypopharynx is that portion of the pharynx extending from the plane of the superior border of the hyoid bone (or floor of the vallecula) to the plane corresponding to the lower border of the cricoid cartilage and includes the pyriform fossae, the lateral and posterior hypopharyngeal walls and the postcricoid region.

PYRIFORM

SINUS (C12.9; pyriform fossa) extends from the pharyngoepiglottic fold to the upper edge of the esophagus at the lower border of the cricoid cartilage and is bounded laterally by the inner surface of the thyroid cartilage and medially by the hypopharyngeal surface of the aryepiglottic fold, posterior lateral surface of the arytenoid and cricoid cartilages.

POSTCRICOID

AREA (C13.0; postcricoid region, cricopharynx) extends from the posterior surface of the arytenoid cartilages and their connecting folds to the inferior surface of the cricoid cartilage and connects the two pyriform sinuses. The lateral margin is the anterior part of the pyriform sinus.

POSTERIOR PHARYNGEAL

WALL (C13.2) extends from the superior level of the hyoid bone (or floor of the vallecula) to the inferior margin of the cricoid cartilage, and from the apex of one pyriform sinus to the other.

**LIP, ORAL CAVITY, AND PHARYNX
TABLE OF ANATOMIC STRUCTURES**

LIP AND ORAL CAVITY						
PRIMARY SITE	MUCOSA			SUBMUCOSA	MUSCULARIS PROPRIA	SEROSA
	Epithelium	:	Lamina Propria			
Lip (C00._)	Yes	:	Yes	Yes	Yes	No
Tongue (C01._, C02._)	Yes	:	Yes	Yes	Yes	No
Gum (C03._, C06.2)	Yes	:	Yes (muco- periosteum)	No	No	No
Floor of Mouth (C04._)	Yes	:	Yes	Yes	Yes	No
Buccal Mucosa (C06.0-C06.1)	Yes	:	Yes	Yes	Yes	No
Hard Palate (C05.0)	Yes	:	Yes	No	No	No
Soft Palate (C05.1-C05.2)	Yes	:	Yes	Yes	Yes	No
Other Mouth (C05.8-C05.9, C06.8-C06.9)	Yes	:	Yes	Yes	Yes	No

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

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

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

Historically, carcinomas described as “confined to mucosa” have been coded as localized. In order to provide greater specificity and to rule out the possibility of classifying noninvasive tumors in this category, abstractors should determine:

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

The mucosa lining the oral cavity consists of:

The EPITHELIAL LAYER which borders on the lumen and contains no blood vessels or lymphatics.

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

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

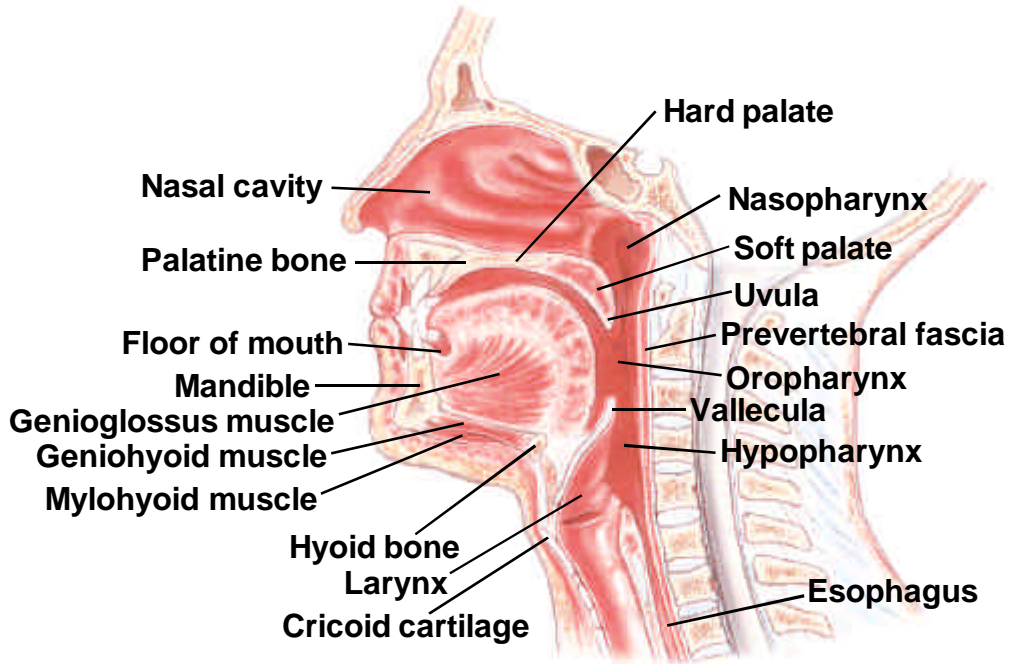
The lip, oral cavity and pharynx do **NOT** have a MUSCULARIS MUCOSAE. Therefore, the lamina propria and the submucosa tend to merge, and the two terms are used interchangeably.

The SUBMUCOSA is a thick layer of either dense or areolar connective tissue. It contains blood vessels, lymphatic vessels, nerves, and, in some regions, glands. Only the GUM and HARD PALATE do **NOT** have a submucosa, but rather a mucoperiosteum.

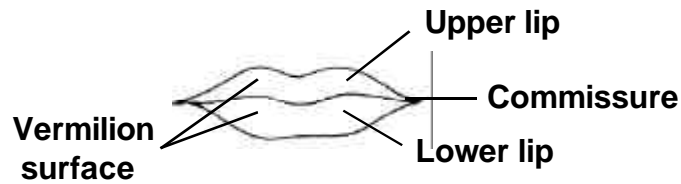
The MUSCULARIS PROPRIA is muscle tissue which constitutes the wall of the organ. Only the GUM and HARD PALATE do **NOT** have a muscularis.

There is no SEROSA on any of head and neck sites.

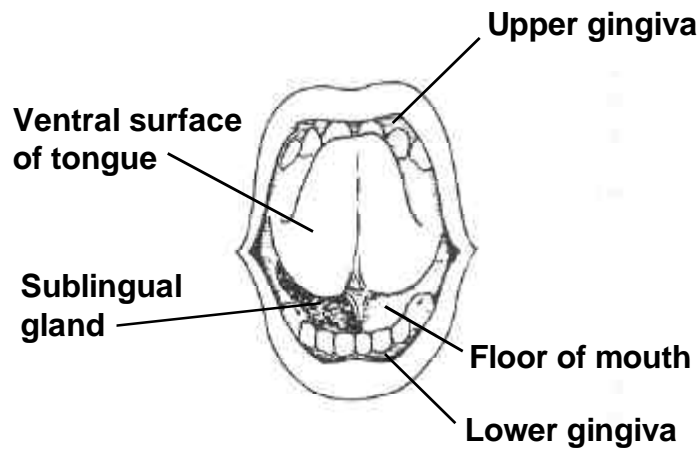
ANATOMIC DRAWINGS OF THE ORAL CAVITY



SAGITTAL CUT THROUGH THE ORAL CAVITY AND NASAL CAVITY

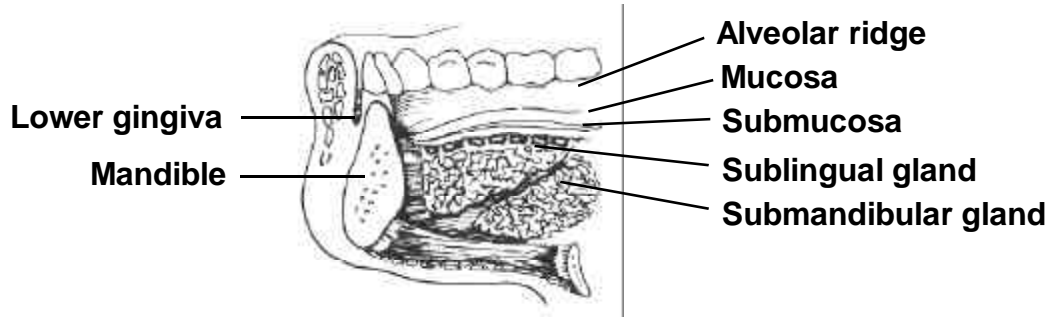


UPPER AND LOWER LIP

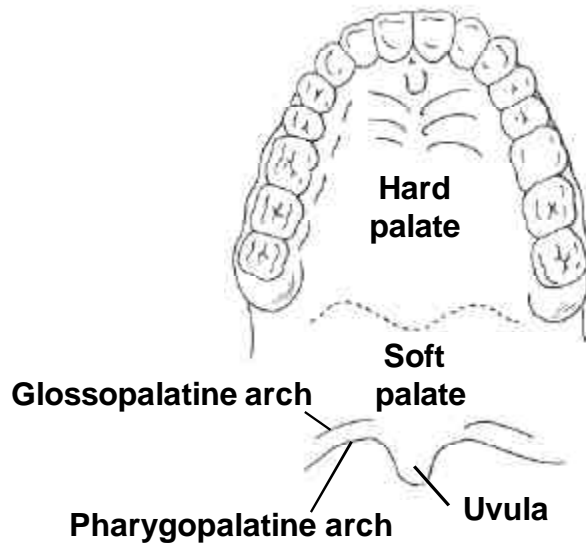


ANTERIOR ORAL CAVITY

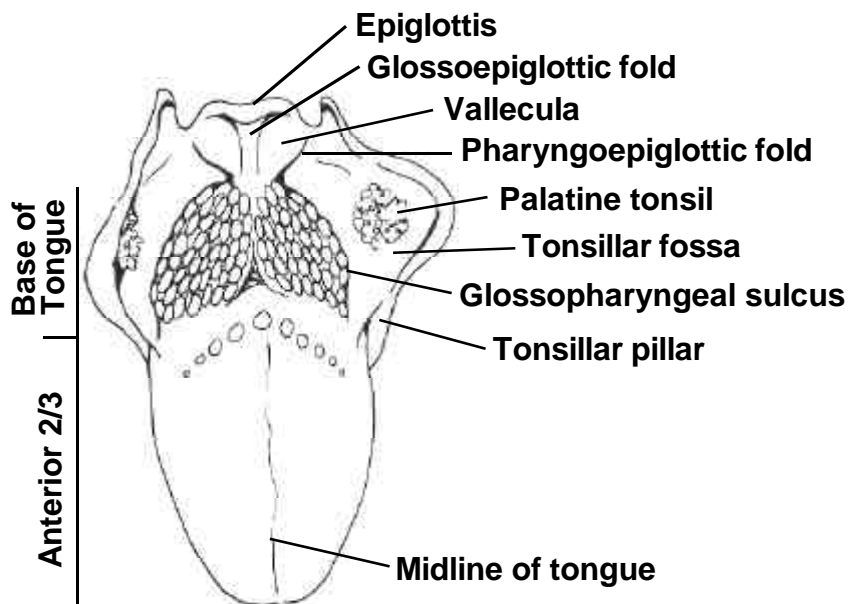
ANATOMIC DRAWINGS OF THE ORAL CAVITY



SAGITTAL CUT THROUGH MANDIBLE

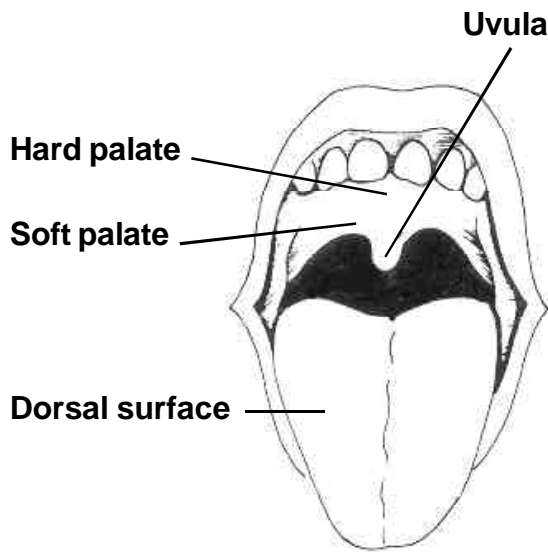


HARD AND SOFT PALATE (FROM BELOW)

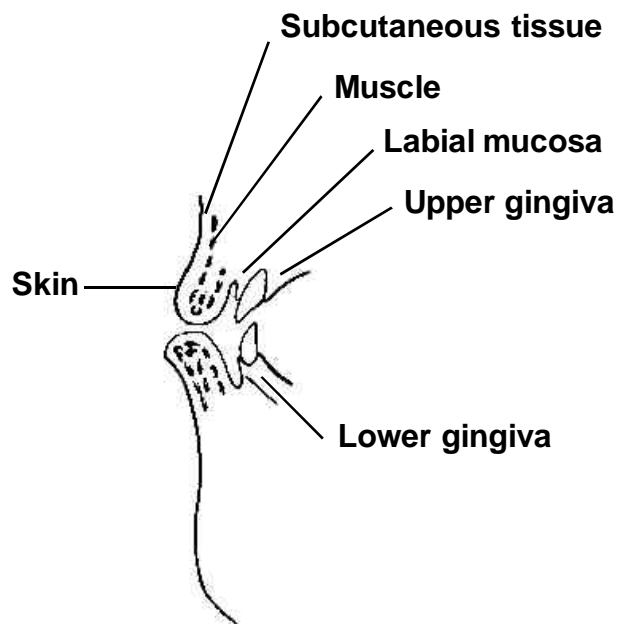


ANTERIOR TONGUE AND ANATOMICAL LANDMARKS TO THE EPIGLOTTIS

ANATOMIC DRAWINGS OF THE ORAL CAVITY



POSTERIOR ORAL CAVITY



SAGITTAL CUT THROUGH UPPER AND LOWER GINGIVA AND GUMS

LIP (Vermilion or Labial Mucosa)

C00.0-C00.6, C00.8-C00.9

C00.0 External upper lip (vermilion border)

C00.1 External lower lip (vermilion border)

C00.2 External lip, NOS (vermilion border)

C00.3 Mucosa of upper lip

C00.4 Mucosa of lower lip

C00.5 Mucosa of lip, NOS

C00.6 Commissure of lip

C00.8 Overlapping lesion of lip

C00.9 Lip, NOS (excludes skin of lip C44.0)

Note: UICC includes labial mucosa (C00.3-C00.5) with buccal mucosa (C06.0).

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to:

Labial mucosa (inner lip)

Lamina propria

Multiple foci

Musculature^{##}

Submucosa (superficial invasion)

Vermilion surface

Superficial extension to:

Skin of lip

Subcutaneous soft tissue of lip

Localized, NOS

2 Regional by direct extension only

Extension to:

Buccal mucosa (inner cheek)

Commissure

Gingiva

Opposite (both) lip(s)

Lower lip/commissure:

Mandible

Upper lip/commissure:

Maxilla

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Facial, NOS:###

 Buccinator (buccal) **for upper lip**

 Nasolabial **for upper lip**

Internal jugular, NOS***

Deep cervical, NOS:

 Lower, NOS:

 Jugulo-omohyoid (supraomohyoid)

 Middle

 Upper, NOS:

 Jugulodigastric (subdigastric)

Mandibular **for lower lip:**

 Submandibular (submaxillary)

 Submental

Parotid:

 Infra-auricular **for upper lip**

 Preauricular **for upper lip**

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

Continued on next page

LIP (Vermilion or Labial Mucosa)
C00.0-C00.6, C00.8-C00.9

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

Distant lymph node(s):
 Mediastinal
 Supraclavicular (transverse cervical)
 Other distant lymph node(s)

Extension to:
 Cortical bone
 Floor of mouth
 Inferior alveolar nerve
 Skin of face/neck
 Tongue

Upper lip/commissure:
 Nose^{**}

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered regional in Historic Stage
Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide

BASE OF TONGUE, LINGUAL TONSIL

C01.9, C02.4

C01.9 Base of tongue, NOS

C02.4 Lingual tonsil

Note: AJCC includes base of tongue (C01.9) and lingual tonsil (C02.4) with oropharynx (C10._).

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor on one side confined to posterior 1/3 of tongue:

Lamina propria

Musculature, intrinsic or NOS

Posterior 1/3 of tongue, NOS

Submucosa

Midline tumor

Tumor crosses midline^{##}

Localized, NOS

2 Regional by direct extension only

Extension to:

Anterior 2/3 of tongue

Epiglottis, lingual (pharyngeal) surface

Floor of mouth

Gingiva, lower

Glossopharyngeal sulcus

Glossoepiglottic fold

Lateral pharyngeal wall

Pharyngoepiglottic fold

Soft palate, inferior surface/NOS^{####*}

Sublingual gland

Tonsillar pillars and fossae

Tonsils

Vallecula

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Lower, NOS:

Jugulo-omohyoid (supraomohyoid)

Middle

Upper, NOS:

Jugulodigastric (subdigastric)

Code 3 continued on next page

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

Mandibular, NOS:
 Submandibular (submaxillary)
 Submental
Sublingual

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):
 Mediastinal
 Supraclavicular (transverse cervical)
 Other distant lymph node(s)

Extension to:
 Hypopharynx
 Larynx
 Mandible from base of tongue^{##}
 Mandible from lingual tonsil^{##**}
Musculature, extrinsic:
 Genioglossus
 Geniohyoid
 Hyoglossus
 Mylohyoid
 Palatoglossus
 Styloglossus
Skin
Uvula

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

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

ANTERIOR 2/3 of TONGUE, TIP, BORDER, AND TONGUE, NOS

C02.0-C02.3, C02.8-C02.9

C02.0 Dorsal surface of tongue, NOS

C02.1 Border of tongue

C02.2 Ventral surface of tongue, NOS

C02.3 Anterior 2/3 of tongue, NOS

C02.8 Overlapping lesion of tongue

C02.9 Tongue, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor on one side confined to:

Lamina propria

Musculature, intrinsic or NOS

Submucosa

Midline tumor

Tumor crosses midline^{##}

Localized, NOS

2 Regional by direct extension only

Extension to:

Base of tongue

Floor of mouth

Gingiva, lower

Lateral pharyngeal wall^{####*}

Retromolar trigone

Soft palate, inferior surface^{***}

Sublingual gland^{###}

Tonsillar pillars and fossae^{####*}

Tonsils^{####*}

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Lower, NOS:

Jugulo-omohyoid (supraomohyoid)

Middle

Upper, NOS:

Jugulodigastric (subdigastric)

Mandibular, NOS:

Submandibular (submaxillary)

Submental

Sublingual

Regional lymph node(s), NOS

ANTERIOR 2/3 of TONGUE, TIP, BORDER, AND TONGUE, NOS
C02.0-C02.3, C02.8-C02.9

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

Distant lymph node(s):

Mediastinal
Supraclavicular (transverse cervical)
Other distant lymph node(s)

Extension to:

Mandible^{***}
Maxilla^{##}

Musculature, extrinsic:

Genioglossus
Geniohyoid
Hyoglossus
Mylohyoid
Palatoglossus
Styloglossus

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered regional in Historic Stage

Considered distant in Historic Stage

** Considered regional in 1977 Summary Staging Guide

*** Considered distant in 1977 Summary Staging Guide

GUM (Gingiva), RETROMOLAR AREA

C03.0-C03.1, C03.9, C06.2

C03.0 Upper gum

C03.1 Lower gum

C03.9 Gum, NOS

C06.2 Retromolar area

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to lamina propria (mucoperiosteum) (stroma)

Localized, NOS

2 Regional by direct extension only

Extension to:

Buccal mucosa (inner cheek)

Deep muscle of tongue

Facial muscle, NOS

Labial mucosa (inner lip)

Lateral pharyngeal wall

Lip

Soft palate

Subcutaneous soft tissue of face

Tonsillar pillars and fossae

Tonsils

Upper gum only:

Hard palate

Maxilla

Lower gum/retromolar trigone only:

Floor of mouth

Mandible

Tongue (mucosa)

Uvula

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Facial, NOS:

 Buccinator (buccal)

 Nasolabial

Internal jugular, NOS:

 Deep cervical, NOS:

 Lower, NOS:

 Jugulo-omohyoid (supraomohyoid)

 Middle

 Upper, NOS:

 Jugulodigastric (subdigastric)

Mandibular, NOS:

 Submandibular (submaxillary)

 Submental

Retropharyngeal **for upper gum**

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):

 Mediastinal

 Supraclavicular (transverse cervical)

 Other distant lymph node(s)

Extension to:

 Skin^{##}

 Skull^{##}

Upper gum only:

 Maxillary antrum (sinus)^{##}

 Nasal cavity^{##}

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

^{##} Considered regional in Historic Stage

FLOOR OF MOUTH

C04.0-C04.1, C04.8-C04.9

C04.0 Anterior floor of mouth

C04.1 Lateral floor of mouth

C04.8 Overlapping lesion of floor of mouth

C04.9 Floor of mouth, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor on one side confined to:

Lamina propria

Musculature, extrinsic:

Genioglossus

Geniohyoid

Hyoglossus

Mylohyoid

Palatoglossus

Styloglossus

Submucosa

Tumor crosses midline^{##}

Localized, NOS

2 Regional by direct extension only

Extension to:

Anterior 2/3 of tongue

Base of tongue

Epiglottis

Gingiva (alveolar ridge), lower

Glossopharyngeal sulcus

Glossoepiglottic fold

Lateral pharyngeal wall

Mandible

Pharyngeal (lingual) surface

Pharyngoepiglottic fold

Skin of undersurface of chin/neck

Soft tissue of chin/neck

Subcutaneous soft tissue

Sublingual gland, including ducts

Submandibular (submaxillary) glands, including ducts

Tonsillar pillars and fossae

Tonsils

Vallecula

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

 Deep cervical, NOS:

 Lower, NOS:

 Jugulo-omohyoid (supraomohyoid)

 Middle

 Upper, NOS:

 Jugulodigastric (subdigastric)

Mandibular, NOS:

 Submandibular (submaxillary)

 Submental

Sublingual

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):

 Mediastinal

 Supraclavicular (transverse cervical)

 Other distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered regional in Historic Stage

HARD PALATE

C05.0

C05.0 Hard Palate

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor on one side confined to mucoperiosteum (stroma)
Tumor crosses midline^{##}

Localized, NOS

2 Regional by direct extension only

Extension to:

- Buccal mucosa (inner cheek)
- Gingiva, upper
- Glossopalatine arch
- Maxilla (maxillary bone)
- Palatine bone
- Pharyngopalatine arch
- Soft palate
- Uvula

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Lower, NOS:

Jugulo-omohyoid (supraomohyoid)

Middle

Upper, NOS:

Jugulodigastric (subdigastric)

Mandibular, NOS:

Submandibular (submaxillary)

Submental

Retropharyngeal

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):

- Mediastinal
- Supraclavicular (transverse cervical)
- Other distant lymph node(s)

Extension to:

- Floor of nose
- Maxillary antrum (sinus)^{##}
- Nasal cavity^{##}
- Nasopharynx
- Pterygoid plate
- Sphenoid bone

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

^{##} Considered regional in Historic Stage

SOFT PALATE, UVULA

C05.1-C05.2

C05.1 Soft palate, NOS

C05.2 Uvula

Note 1: AJCC includes inferior surface of the soft palate (C05.1) and uvula (C05.2) with oropharynx (C09._, C10._).

Note 2: Soft palate excludes nasopharyngeal (superior) surface of soft palate (C11.3).

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor on one side confined to:

Lamina propria

Musculature

Submucosa

Tumor crosses midline^{##}

Localized, NOS

2 Regional by direct extension only

Extension to:

Buccal mucosa (inner cheek)

Gum (gingiva), upper

Hard palate

Lateral pharyngeal wall

Tonsillar pillars and fossae

Tonsils

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Lower, NOS:

Jugulo-omohyoid (supraomohyoid)

Middle

Upper, NOS:

Jugulodigastric (subdigastric)

Mandibular, NOS:

Submandibular (submaxillary)

Submental^{###}

Retropharyngeal^{###}

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):

Mediastinal
Supraclavicular (transverse cervical)
Other distant lymph node(s)

Extension to:

Larynx
Mandible^{##}
Maxilla^{##}
Maxillary antrum (sinus)
Nasal cavity^{##**}
Nasopharynx^{##}
Palatine bone (bone of hard palate)^{##}
Pterygoid muscle
Tongue^{##}

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered regional in Historic Stage

Considered distant in Historic Stage

** Considered regional in 1977 Summary Staging Guide

CHEEK (Buccal) MUCOSA, VESTIBULE

C06.0-C06.1

C06.0 Cheek mucosa

C06.1 Vestibule of mouth

Note: In ICD-O-3, C06.0 for buccal mucosa includes the membrane lining of the cheeks but not of the lips.
(UICC includes labial mucosa with buccal mucosa.)

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to:

Lamina propria

Musculature (buccinator)^{###**}

Submucosa

Localized, NOS

2 Regional by direct extension only

Extension to:

Gingiva

Lateral pharyngeal wall

Lip(s) including commissure

Subcutaneous soft tissue of cheek

Tonsillar pillars and fossae

Tonsils

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Facial: Buccinator (buccal)

Nasolabial

Internal jugular, NOS:

Deep cervical, NOS:

Lower, NOS:

Jugulo-omohyoid (supraomohyoid)

Middle

Upper, NOS:

Jugulodigastric (subdigastric)

Mandibular, NOS:

Submandibular (submaxillary)

Submental

Parotid, NOS:

Infra-auricular

Preauricular

Regional lymph node(s), NOS

CHEEK (Buccal) MUCOSA, VESTIBULE
C06.0-C06.1

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):

Mediastinal
Supraclavicular (transverse cervical)
Other distant lymph node(s)

Extension to:

Bone (cortical):
Mandible^{##}
Maxilla^{##}
Hard palate
Maxillary sinus
Skin of cheek (WITH or WITHOUT ulceration)^{###*}
Skull^{##}
Soft palate
Tongue^{##}

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered regional in Historic Stage

** Considered regional in 1977 Summary Staging Guide

OTHER MOUTH

C05.8-C05.9, C06.8-C06.9

C05.8 Overlapping lesion of palate

C05.9 Palate, NOS

C06.8 Overlapping lesion of other and unspecified parts of mouth

C06.9 Mouth, NOS

C06.9 Minor salivary gland, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to:

Lamina propria

Musculature

Submucosa

Localized, NOS

2 Regional by direct extension only

Extension to:

Adjacent oral cavity

Oropharynx:

Inferior surface of soft palate

Lateral pharyngeal wall

Lingual surface of epiglottis

Vallecula

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Lower, NOS:

Jugulo-omohyoid (supraomohyoid)

Middle

Upper, NOS:

Jugulodigastric (subdigastric)

Mandibular, NOS:

Submandibular (submaxillary)

Submental

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):

Mediastinal
Supraclavicular (transverse cervical)
Other distant lymph node(s)

Extension to adjacent structures:

Mandible^{##}
Maxilla^{##}
Maxillary antrum^{##}
Nasal cavity^{##}
Skin of face/neck^{##}
Skull^{##}
Tongue^{##}

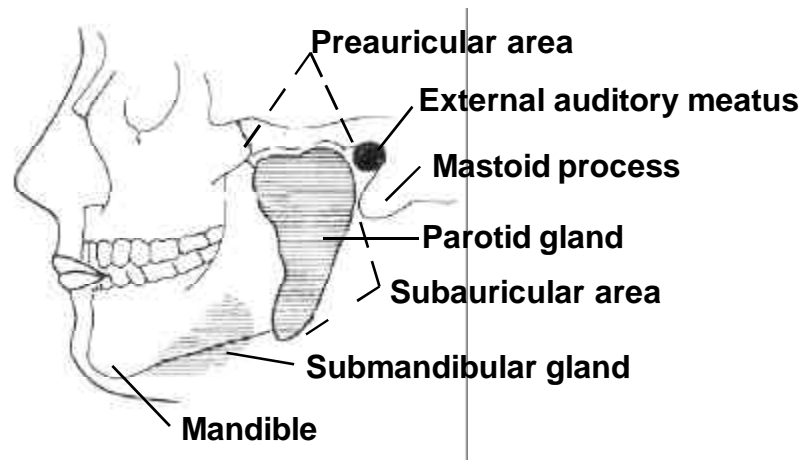
Further contiguous extension

Metastasis

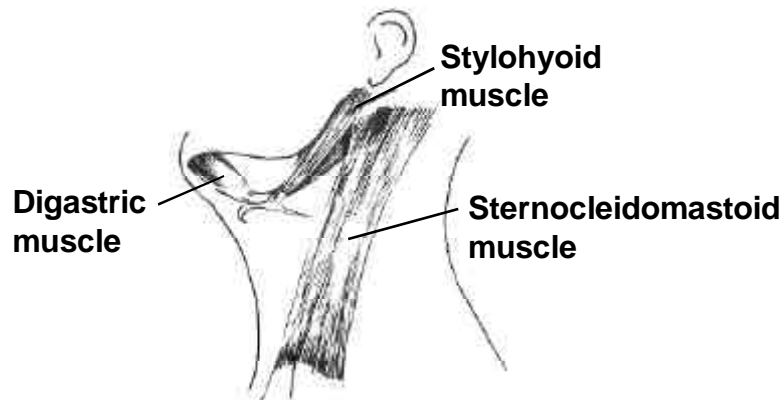
9 Unknown if extension or metastasis

^{##} Considered regional in Historic Stage

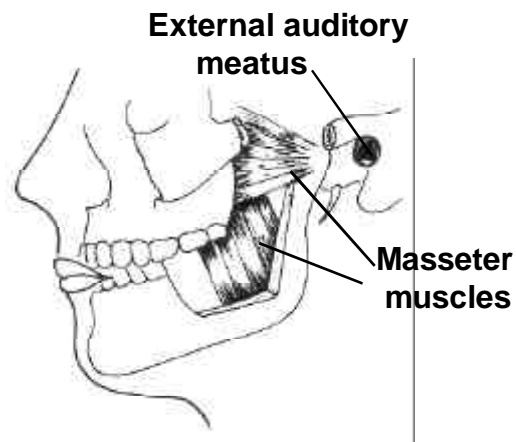
ANATOMIC DRAWINGS OF THE SALIVARY GLANDS



PAROTID GLAND AND SURROUNDING STRUCTURES

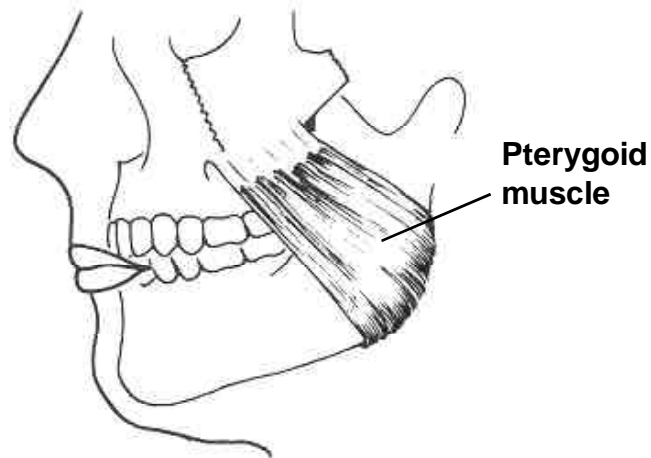


PRIMARY MUSCLES NEAR THE SALIVARY GLANDS

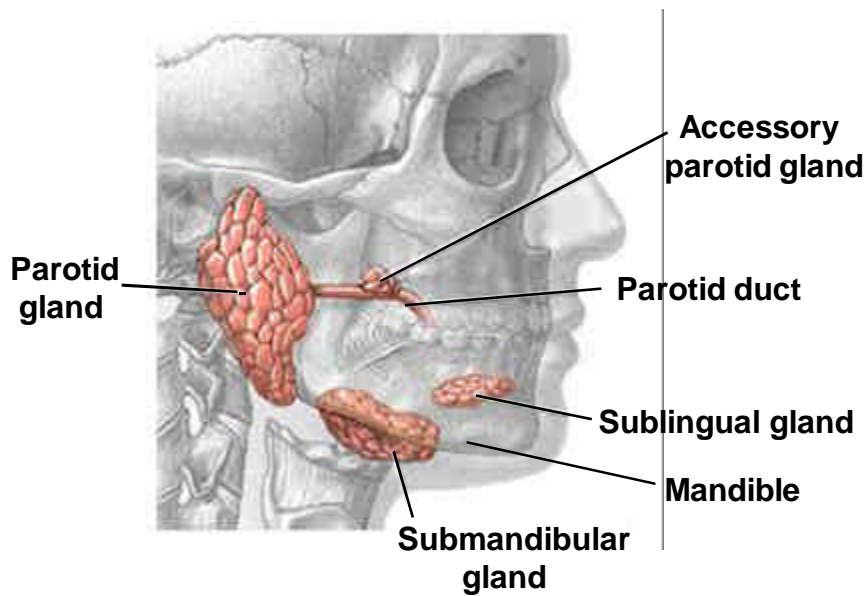


MASSETER MUSCLES

ANATOMIC DRAWINGS OF THE SALIVARY GLANDS



PTERYGOID MUSCLE



The Salivary Glands

- Parotid gland (largest of the salivary glands)
- Accessory parotid gland
- Sublingual gland
- Submandibular gland (also called mandibular gland)

THE SALIVARY GLANDS

PAROTID GLAND, OTHER MAJOR SALIVARY GLANDS

C07.9, C08.0-C08.1, C08.8-C08.9

C07.9 Parotid gland <>

C08.0 Submandibular (submaxillary) gland <>

C08.1 Sublingual gland <>

C08.8 Overlapping lesion of major salivary glands

C08.9 Major salivary gland, NOS

<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to gland/duct of origin

Multiple foci confined to substance of parotid gland

Localized, NOS

2 Regional by direct extension only

Extension to:

Another major salivary gland (parotid, submaxillary, sublingual)

Mandible

Periglandular soft/connective tissue

Skeletal muscle:

Digastric

Pterygoid

Stylohyoid

Parotid gland only:

Auricular nerve

Blood vessel(s) (major):

Carotid artery

Facial artery or vein

Jugular vein

Maxillary artery

External auditory meatus

Mastoid/mastoid process

Pharyngeal mucosa

Skeletal muscle:

Masseter

Sternocleidomastoid

Skin overlying gland

Code 2 continued on next page

PAROTID GLAND, OTHER MAJOR SALIVARY GLANDS
C07.9, C08.0-C08.1, C08.8-C08.9

2 Regional by direct extension only (continued)

Submandibular (submaxillary) gland only:

Blood vessel(s) (major):
 Facial artery or vein
 Maxillary artery
Nerves: Facial (7th)
 Lingual
Skeletal muscle:
 Genioglossus
 Geniohyoid
 Hyoglossus
 Mylohyoid
 Palatoglossus
 Styloglossus

Sublingual gland or major salivary gland, NOS:

Blood vessel(s) (major):
 Facial artery or vein
 Maxillary artery
Nerves: Facial (7th)
 Lingual

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Parotid gland only:

Parotid node(s):
 Infra-auricular
 Intraparotid
 Preauricular

Submandibular gland only:

Internal jugular, NOS:
 Deep cervical, NOS:
 Middle
 Upper, NOS:
 Jugulodigastric (subdigastric)

All sites:

Cervical, NOS **for parotid gland *** and other major salivary glands**
Mandibular, NOS:
 Submandibular (submaxillary)
 Submental

Regional lymph node(s), NOS

PAROTID GLAND, OTHER MAJOR SALIVARY GLANDS

C07.9, C08.0-C08.1, C08.8-C08.9

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

Distant lymph node(s):

Supraclavicular (transverse cervical)

Other distant lymph node(s)

Extension to:

Base of skull **##****

Skull, NOS **##****

Spinal accessory nerve ******

Parotid gland only:

Facial (7th) nerve ******

Further contiguous extension

Metastasis

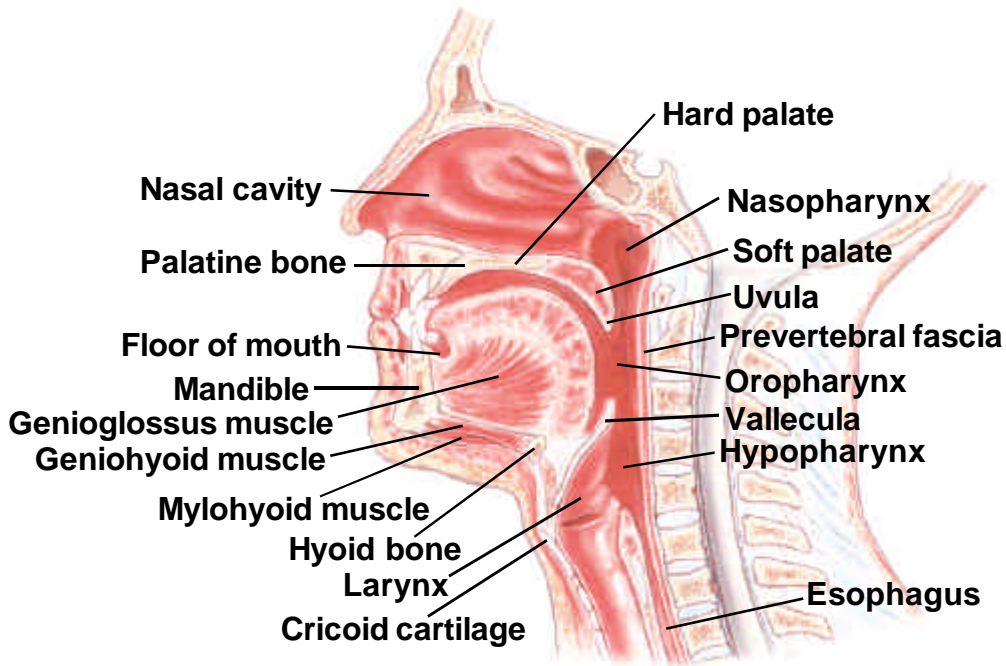
9 Unknown if extension or metastasis

Considered regional in Historic Stage

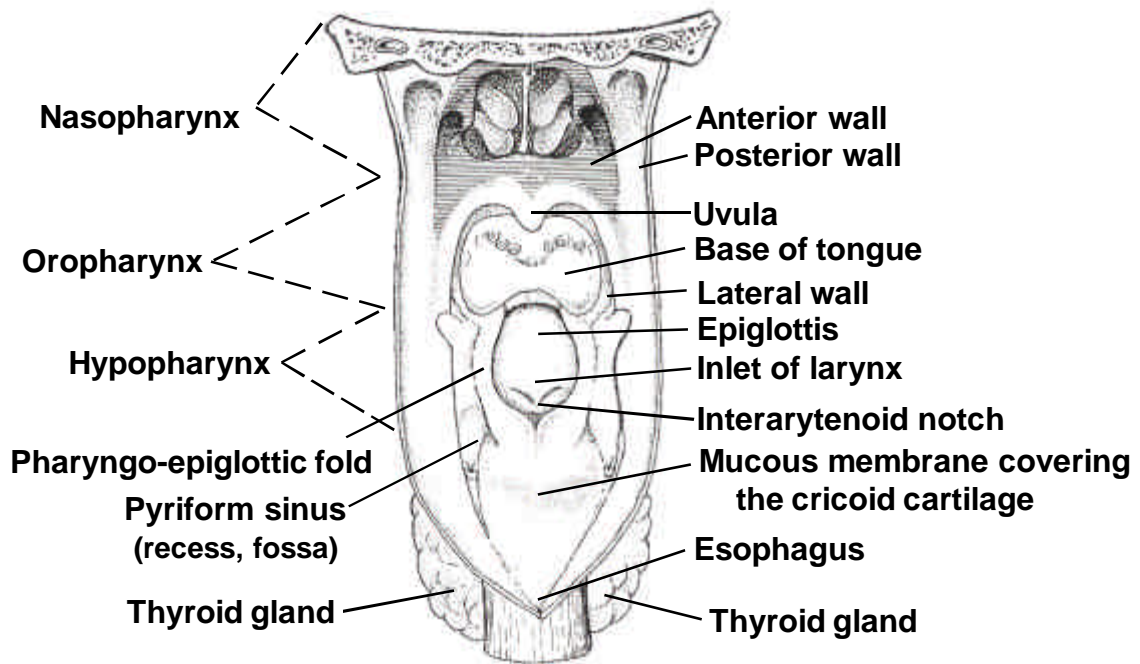
****** Considered regional in 1977 Summary Staging Guide

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

ANATOMIC DRAWINGS OF THE PHARYNX

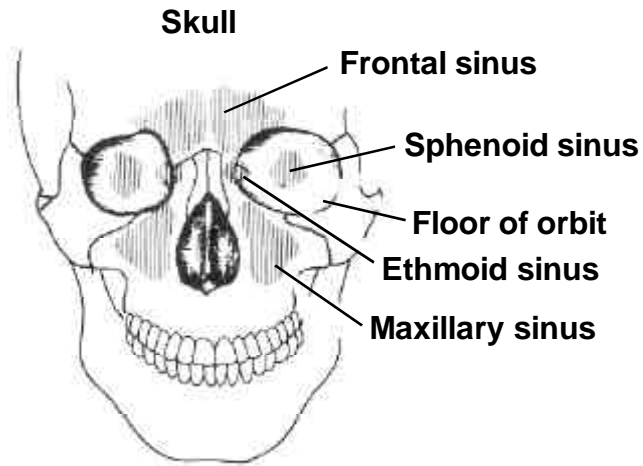


SAGITTAL CUT THROUGH THE ORAL CAVITY AND NASAL CAVITY

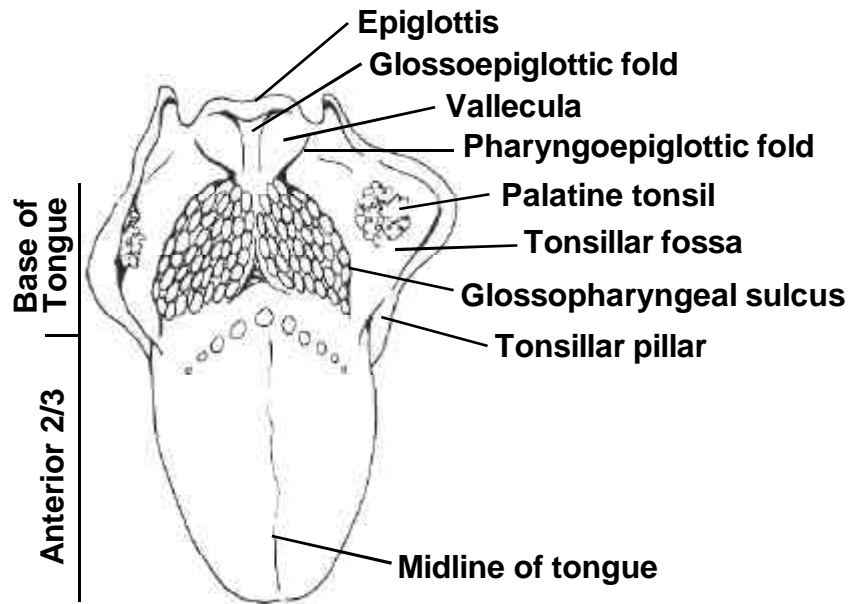


PHARYNX (from behind)

ANATOMIC DRAWINGS OF THE PHARYNX



MAJOR SINUSES



ANTERIOR TONGUE AND ANATOMIC LANDMARKS TO THE EPIGLOTTIS

TONSIL, OROPHARYNX

C09.0-C09.1, C09.8-C09.9, C10.0-C10.4, C10.8-C10.9

C09.0 Tonsillar fossa <>

C10.0 Vallecula

C09.1 Tonsillar pillar <>

C10.1 Anterior surface of epiglottis

C09.8 Overlapping lesion of tonsil <>

C10.2 Lateral wall of oropharynx

C09.9 Tonsil, NOS <>

C10.3 Posterior wall of oropharynx

<> Laterality must be coded for this site

C10.4 Branchial cleft

C10.8 Overlapping lesion of oropharynx

C10.9 Oropharynx, NOS

Note: AJCC includes base of tongue (C01.9) and lingual tonsil (C02.4) with oropharynx (C09._, C10._).

Note: See the introductory material for this section (page 18) for detailed descriptions of the anatomic limits of the structures in the oropharynx.

Note: AJCC includes lingual (anterior) surface of epiglottis (C10.1) with larynx (C32._).

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to one of the following subsites:

Anterior wall (including vallecula and lingual (anterior) surface of epiglottis)

One lateral wall

Posterior wall

Involvement of two or more subsites:##

Anterior, lateral or posterior wall(s)

Localized, NOS

2 Regional by direct extension only

Extension to:

Base of tongue

Buccal mucosa (inner cheek)###

Floor of mouth###

Gum (gingiva)###

Hypopharynx, NOS

Larynx, NOS

Nasopharynx, NOS###

Posterior surface of epiglottis

Prevertebral fascia or muscle

Pterygoid muscle

Pyriform sinus (pyriform fossa)

Soft palate:

Inferior surface

Superior (nasopharyngeal) surface

Uvula

Soft tissue of neck

Fixation to adjacent tissues

TONSIL, OROPHARYNX

C09.0-C09.1, C09.8-C09.9, C10.0-C10.4, C10.8-C10.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Middle

Upper, NOS:

Jugulodigastric (subdigastric)

Mandibular, NOS:

Submandibular (submaxillary)#####

Submental#####

Retropharyngeal###

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):

Mediastinal

Supraclavicular (transverse cervical)

Other distant lymph node(s)

Extension to:

Anterior 2/3 of tongue

Bone

Extrinsic muscles of tongue:

Genioglossus

Geniohyoid

Hyoglossus

Mylohyoid

Palatoglossus

Styloglossus

Hard Palate

Mandible

Parotid gland

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered regional in Historic Stage

Considered distant in Historic Stage

*** Considered distant in 1977 Summary Staging Guide

NASOPHARYNX

C11.0-C11.3, C11.8-C11.9

C11.0 Superior wall of nasopharynx

C11.1 Posterior wall of nasopharynx

C11.2 Lateral wall of nasopharynx

C11.3 Anterior wall of nasopharynx

C11.8 Overlapping lesion of nasopharynx

C11.9 Nasopharynx, NOS

Note: See the introductory material for this section (page 19) for detailed descriptions of the anatomic limits of the structures in the nasopharynx.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to one of the following subsites:

Inferior wall (superior surface of soft palate)

One lateral wall

Posterior superior wall (vault)

Involvement of two or more subsites:##

Lateral wall extending into eustachian tube/middle ear

Posterior, inferior, or lateral wall(s)

Localized, NOS

2 Regional by direct extension only

Extension to:

Bone including skull

Hard palate####

Nasal cavity

Oropharynx

Paranasal sinus####

Pterygopalatine fossa

Soft palate, inferior surface###

Tumor described **only** as FIXED

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

 Deep cervical, NOS:

 Upper, NOS:

 Jugulodigastric (subdigastric)

Mandibular, NOS:

 Submandibular (submaxillary)#####

 Submental#####

Retropharyngeal

Spinal accessory (posterior cervical)

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):

 Mediastinal

 Supraclavicular (transverse cervical)

 Supraclavicular fossa

 Other distant lymph node(s)

Extension to:

 Brain##

 Cranial nerves##

 Hypopharynx

 Infratemporal fossa

 Orbit**

 Soft tissues of neck

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered regional in Historic Stage

Considered distant in Historic Stage

** Considered regional in 1977 Summary Staging Guide

*** Considered distant in 1977 Summary Staging Guide

PYRIFORM SINUS, HYPOPHARYNX, LARYNGOPHARYNX

C12.9, C13.0-C13.2, C13.8-C13.9

C12.9 Pyriform sinus

C13.0 Postcricoid region

C13.1 Hypopharyngeal aspect of aryepiglottic fold

C13.2 Posterior wall of hypopharynx

C13.8 Overlapping lesion of hypopharynx

C13.9 Hypopharynx, NOS

C13.9 Laryngopharynx

Note: See the introductory material for this section (page 19) for detailed descriptions of the anatomic limits of the structures in the hypopharynx.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to one of the following subsites:

Laryngopharynx

Postcricoid area

Posterior pharyngeal wall

Pyriform sinus (pyriform fossa)

Tumor involves adjacent subsite(s) (listed above) WITHOUT fixation##

Localized, NOS

2 Regional by direct extension only

Any of the subsites above WITH fixation of tumor or fixation, NOS

Extension to:

Carotid artery###**

Cricoid cartilage###**

Esophagus###

Larynx

Oropharynx

Prevertebral fascia/muscle(s)

Soft tissues of neck

Thyroid cartilage###**

Thyroid gland###**

Fixation of hemilarynx, larynx or oropharynx

PYRIFORM SINUS, HYPOPHARYNX, LARYNGOPHARYNX
C12.9, C13.0-C13.2, C13.8-C13.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

 Deep cervical, NOS:

 Lower, NOS:

 Jugulo-omohyoid (supraomohyoid)

 Middle

Mandibular, NOS:

 Submandibular (submaxillary)#####

 Submental#####

Parapharyngeal#####

Paratracheal#####

 Recurrent pharyngeal nerve chain#####

Prelaryngeal#####

 Delphian node#####

Retropharyngeal

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):

 Mediastinal

 Supraclavicular (transverse cervical)

 Other distant lymph node(s)

Extension to:

 Base of tongue

 Floor of mouth

 Nasopharynx

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered regional in Historic Stage

Considered distant in Historic Stage

*** Considered distant in 1977 Summary Staging Guide

PHARYNX, NOS AND OTHER ILL-DEFINED ORAL CAVITY SITES

C14.0, C14.2, C14.8

C14.0 Pharynx, NOS

C14.2 Waldeyer ring

C14.8 Overlapping lesion of lip, oral cavity and pharynx

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to site of origin

Localized, NOS

2 Regional by direct extension only

Extension to adjacent structures (*See definition of adjacent structures on page 14.*)

More than one region of pharynx involved (oropharynx, nasopharynx, hypopharynx)

Pharynx and oral cavity involved

Any of the above WITH fixation

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Lower, NOS:

Jugulo-omohyoid (supraomohyoid)

Middle

Upper, NOS:

Jugulodigastric (subdigastric)

Mandibular, NOS:

Submandibular (submaxillary)

Submental

Parapharyngeal

Paratracheal

Recurrent pharyngeal nerve chain

Prelaryngeal

Delphian node

Retropharyngeal

Regional lymph node(s), NOS

PHARYNX, NOS AND OTHER ILL-DEFINED ORAL CAVITY SITES
C14.0, C14.2, C14.8

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):

Mediastinal

Supraclavicular (transverse cervical)

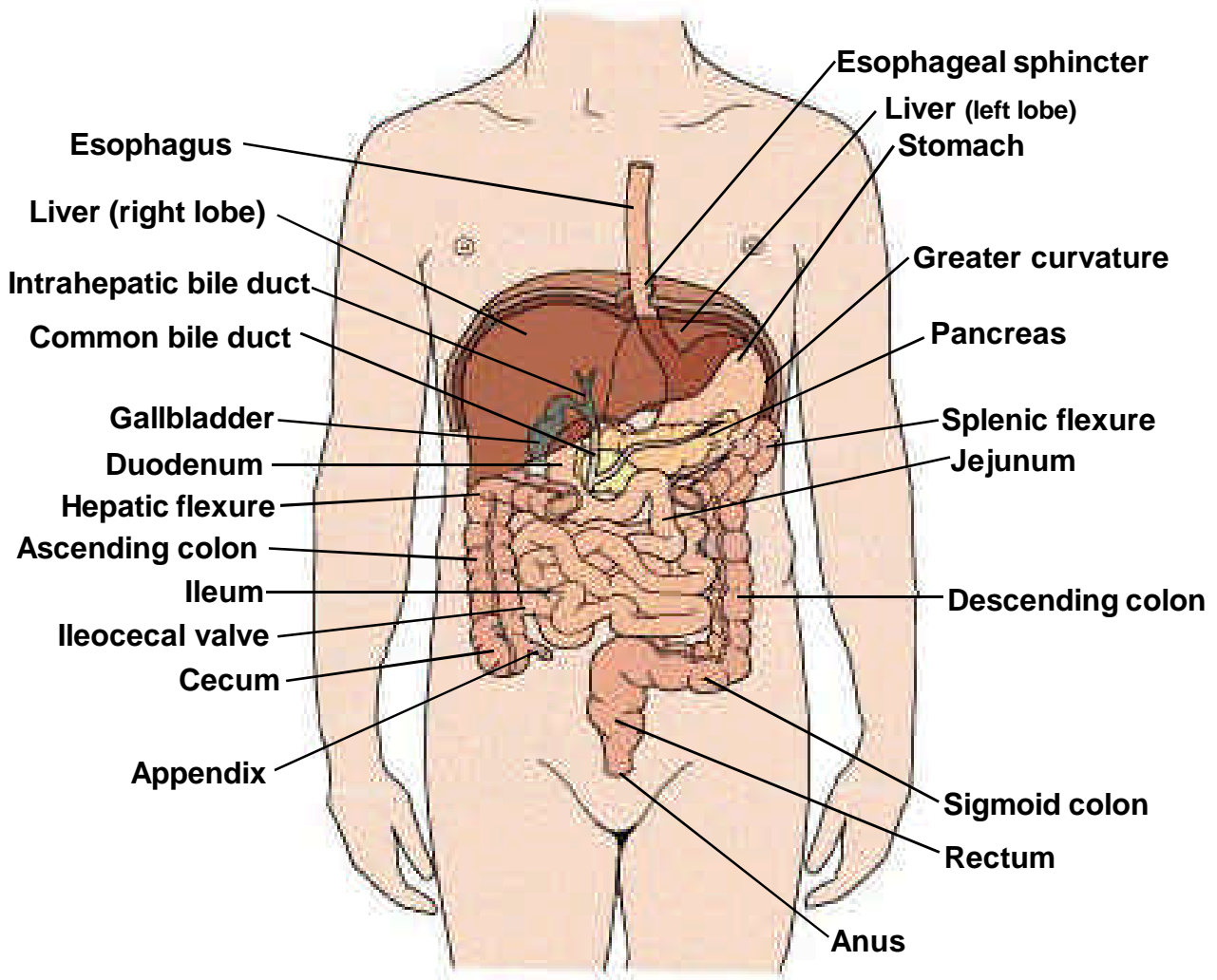
Other distant lymph node(s)

Further contiguous extension

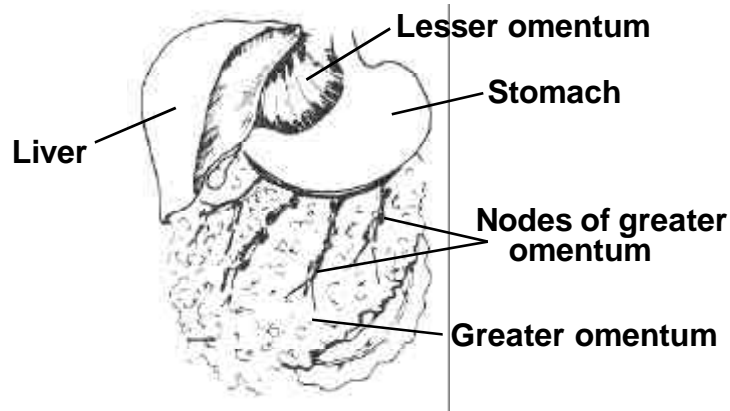
Metastasis

9 Unknown if extension or metastasis

ANATOMIC DRAWINGS OF THE DIGESTIVE SYSTEM

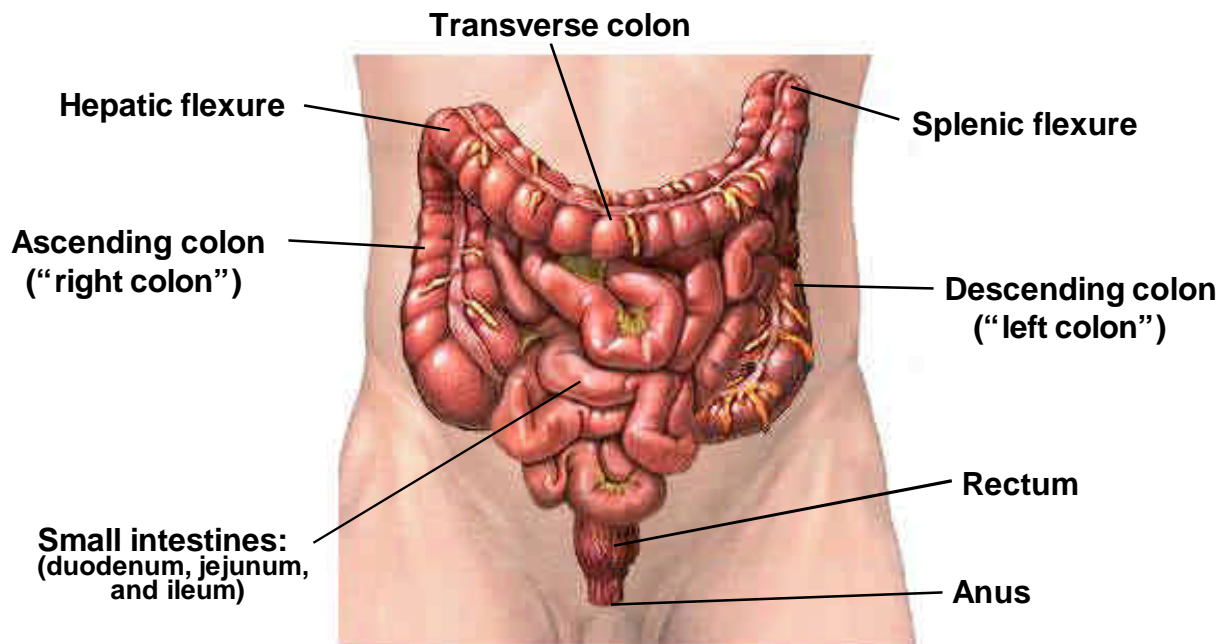


THE ALIMENTARY CANAL



LESSER AND GREATER OMENTUM

ANATOMIC DRAWINGS OF THE DIGESTIVE SYSTEM



THE INTESTINES

**DIGESTIVE SYSTEM SITES
TABLE OF ANATOMIC STRUCTURES**

PRIMARY SITE	MUCOSA				SUB-MUCOSA	MUSCULARIS	SUB-SEROSAL TISSUES ¹	Serosa ²	OUTSIDE THE SEROSA ³
	Epi-thelium		Lamina Propria	Muscularis					
Esophagus (C15.)	Yes	B	Yes	Yes	Yes	Yes	See note 4.	No	See note 4.
Stomach (C16.)	Yes	A	Yes	Yes	Yes	Yes	No	Yes	Greater and lesser omentum
Sm. Intestine (C17.)	Yes	S	Yes	Yes	Yes	Yes	No	Yes	Mesentery of small intestine
Colon (C18.)	Yes	E	Yes	Yes	Yes	Yes		Yes	:
.0 Cecum	Yes	N	Yes	Yes	Yes	Yes	Yes	Yes	:
.1 Appendix	Yes	T	Yes	Yes	Yes	Yes	Yes	Yes	:
.2 Ascending	Yes	M	Yes	Yes	Yes	Yes	No	See note 5.	:
.3 Hepatic flex.	Yes	E	Yes	Yes	Yes	Yes	Yes	Yes	Mesenteric or pericolic fat
.4 Transverse	Yes	M	Yes	Yes	Yes	Yes	Yes	Yes	:
.5 Splenic flex.	Yes	B	Yes	Yes	Yes	Yes	Yes	Yes	:
.6 Descending	Yes	R	Yes	Yes	Yes	Yes	No	See note 5.	:
.7 Sigmoid	Yes	A	Yes	Yes	Yes	Yes	Yes	Yes	:
.8 Overlapping	Yes	N	Yes	Yes	Yes	Yes		Yes	:
.9 Colon, NOS	Yes	E	Yes	Yes	Yes	Yes			:
Rectosigmoid (C19.9)	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Mesenteric or pericolic/perirectal fat
Rectum (C20.9)	Yes		Yes	Yes	Yes	Yes	No	No	See note 6.

- 1 Subserosal tissues include fat and flesh between the muscularis and the serosa.
- 2 Serosa is also called mesothelium and visceral peritoneum. For the stomach and small intestine, serosa is also referred to as tunica serosa. The term “serosa” is sometimes generically used to include both the serosa and the subserosa, and therefore, the clinician should be consulted to determine if the use of “serosa” includes the subserosa also.
- 3 Mesenteric fat is also called pericolic fat.
- 4 The tissue outside the muscularis of the esophagus is composed of fibrous connective tissue and referred to as adventitia.
- 5 Anterior and/or medial aspects, but not lateral.
- 6 Referred to as perirectal tissue.

DISTINGUISHING “IN SITU” AND “LOCALIZED” TUMORS FOR THE DIGESTIVE SYSTEM

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

Historically, carcinomas described as “confined to mucosa” have been coded as localized. In order to provide greater specificity and to rule out the possibility of classifying noninvasive tumors in this category, abstractors should determine:

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

The mucosa of the digestive tract consists of:

The **EPITHELIAL LAYER** borders on the lumen. It contains no blood vessels or lymphatics.

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

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

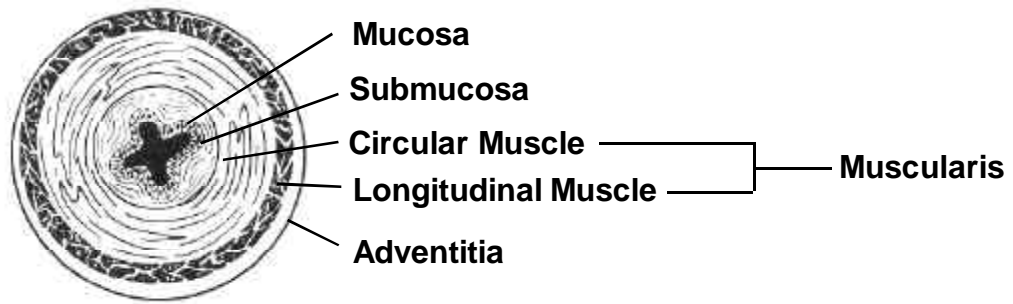
The **MUSCULARIS MUCOSAE** is a thin layer of smooth muscle fibers. It is found in the wall of the digestive tract from the esophagus to the anal canal.

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

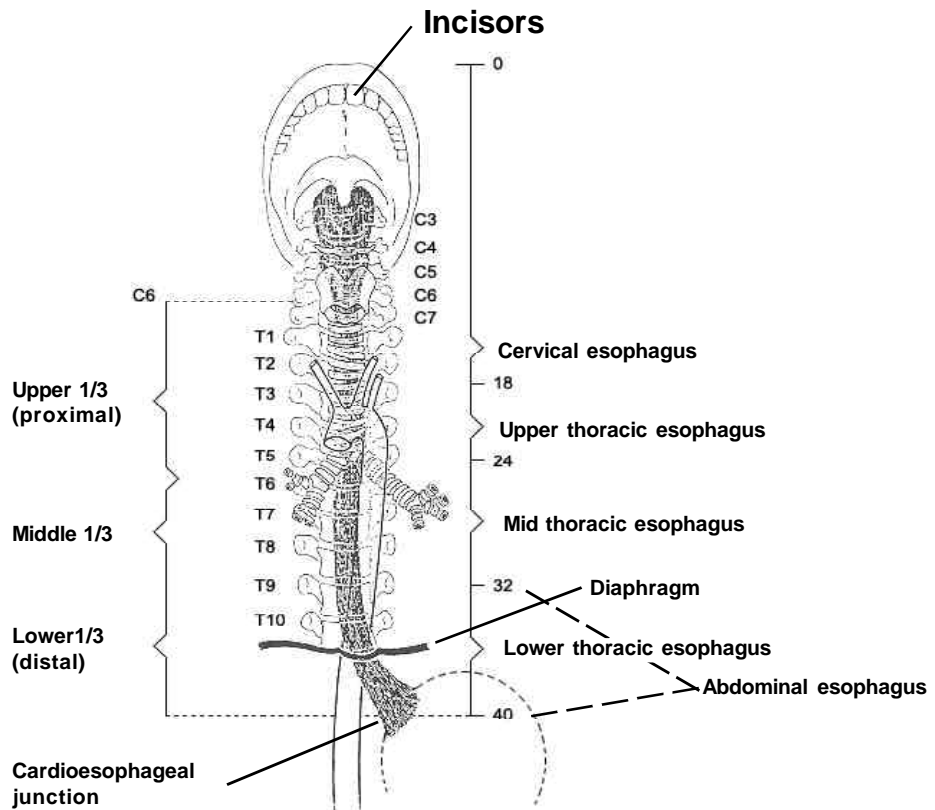
The **MUSCULARIS PROPRIA** is a double layer of muscle tissue in most of the digestive tract; it constitutes the wall of the organ.

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

ANATOMIC DRAWINGS OF THE ESOPHAGUS



CROSS SECTION OF ESOPHAGUS



THE ESOPHAGUS

ESOPHAGUS

C15.0-C15.5, C15.8-C15.9

C15.0 Cervical esophagus

C15.1 Thoracic esophagus

C15.2 Abdominal esophagus

C15.3 Upper third of esophagus

C15.4 Middle third of esophagus

C15.5 Lower third of esophagus

C15.8 Overlapping lesion of esophagus

C15.9 Esophagus, NOS

Anatomic Limits of Esophagus:

CERVICAL ESOPHAGUS (C15.0): From the lower border of the cricoid cartilage to the thoracic inlet (suprasternal notch), about 18 cm from the incisors.

INTRATHORACIC (including ABDOMINAL) ESOPHAGUS (C15.1-C15.5):

Upper thoracic portion (C15.3): From the thoracic inlet to the level of the tracheal bifurcation (18-24 cm)

Mid-thoracic portion (C15.4): From the tracheal bifurcation midway to the gastroesophageal (GE) junction (24-32 cm).

Lower thoracic portion (C15.5): From midway between the tracheal bifurcation and the gastroesophageal junction to the GE junction, including the abdominal esophagus (C15.2) between 32-40 cm.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to:

Intramucosa, NOS

Lamina propria

Mucosa, NOS

Muscularis mucosae

Muscularis propria invaded

Submucosa

Localized, NOS

2 Regional by direct extension only

Adventitia and/or soft tissue invaded
Esophagus is described as “FIXED”

Extension to:

Cervical esophagus (including first 18 cm of upper esophagus):

Blood vessel(s) (major):

Carotid artery

Jugular vein

Subclavian artery

Carina

Cervical vertebra(e)

Hypopharynx

Larynx

Trachea

Thyroid gland

Intrathoracic:

Lung via bronchus

Mediastinal structure(s)

Pleura

Rib(s)

Thoracic vertebra(e)

Intrathoracic, upper or mid-portion, esophagus:

Blood vessel(s) (major):

Aorta

Azygos vein

Pulmonary artery/vein

Vena cava

Carina

Diaphragm

Main stem bronchus

Trachea

Intrathoracic, lower portion (abdominal), esophagus:

Blood vessel(s) (major):

Aorta

Gastric artery/vein

Vena cava

Diaphragm

Stomach, cardia (via serosa)

Continued on next page

ESOPHAGUS

C15.0-C15.5, C15.8-C15.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral)

Cervical only:

Cervical, NOS:

Anterior deep cervical (laterotracheal) (recurrent laryngeal)

Internal jugular, NOS:

Deep cervical, NOS:

Upper, NOS:

Jugulodigastric (subdigastric)

Peri-/paraesophageal

Scalene (inferior deep cervical)#####

Supraclavicular (transverse cervical)#####

Intrathoracic, upper thoracic or middle, only:

Internal jugular, NOS:

Deep cervical, NOS:

Lower, NOS:

Jugulo-omohyoid (supraomohyoid)

Middle

Upper, NOS:

Jugulodigastric (subdigastric)

Intrabronchial:

Carinal (tracheobronchial) (tracheal bifurcation)

Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)

Peritracheal

Left gastric (superior gastric):###

Cardiac (cardial)

Lesser curvature

Perigastric, NOS

Peri-/paraesophageal

Posterior mediastinal (tracheoesophageal)###

Superior mediastinal#####

Intrathoracic, lower (abdominal), only:

Left gastric (superior gastric):

Cardiac (cardial)

Lesser curvature

Perigastric, NOS

Peri-/paraesophageal

Posterior mediastinal (tracheoesophageal)

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

Adjacent structures:

Cervical/upper esophagus:

Lung

Main stem bronchus

Pleura

Thoracic/middle esophagus:

Pericardium**

Abdominal/lower esophagus:

Diaphragm fixed

Distant lymph node(s):

Celiac **for intrathoracic esophagus**

Cervical, NOS **for intrathoracic esophagus**

Para-aortic **for lower/abdominal esophagus only**

Scalene (inferior deep cervical) **for intrathoracic esophagus only**

Superior mediastinal **for cervical esophagus only**

Supraclavicular (transverse cervical node) **for intrathoracic only**

Other distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

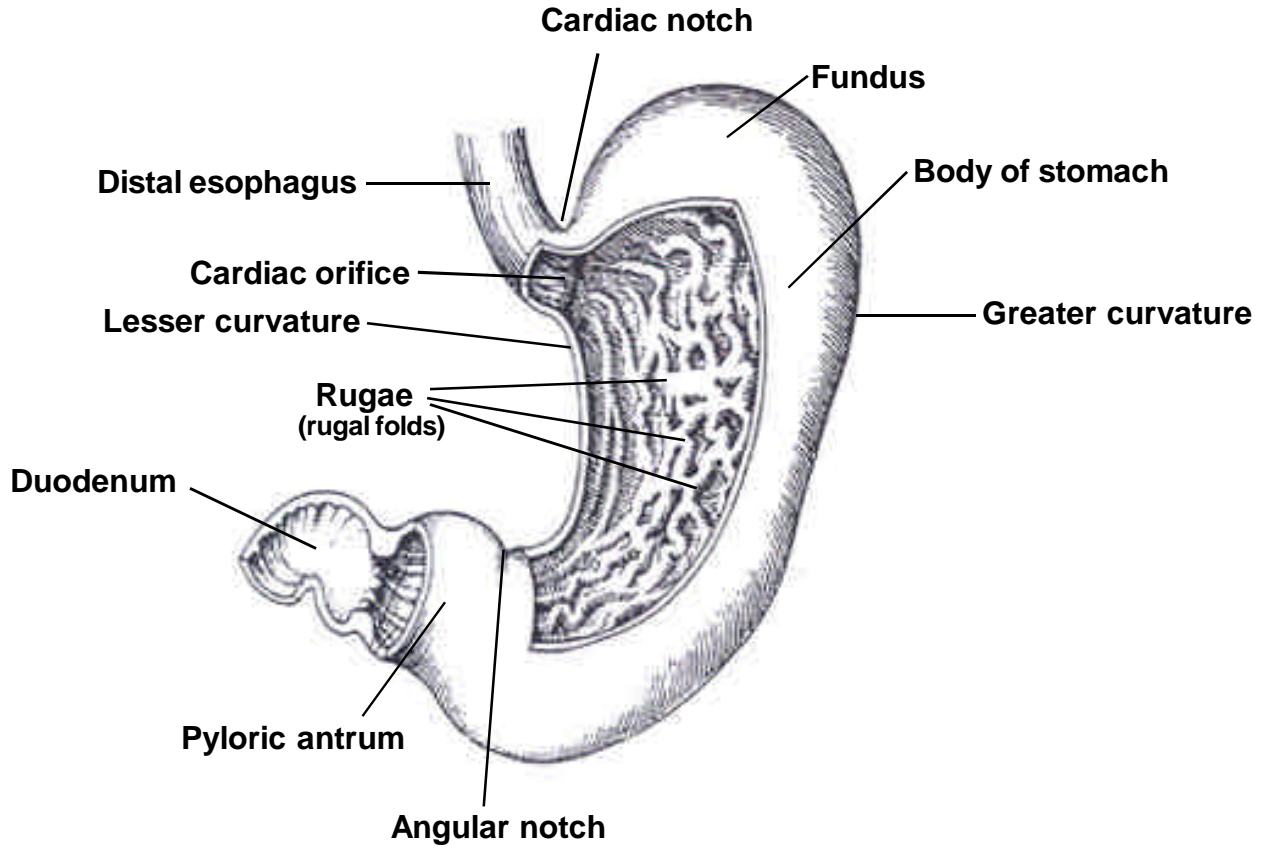
Note: Ignore intraluminal extension to adjacent segment(s) of esophagus or to cardia of stomach and code depth of invasion or extra-esophageal spread as indicated.

Considered distant in Historic Stage

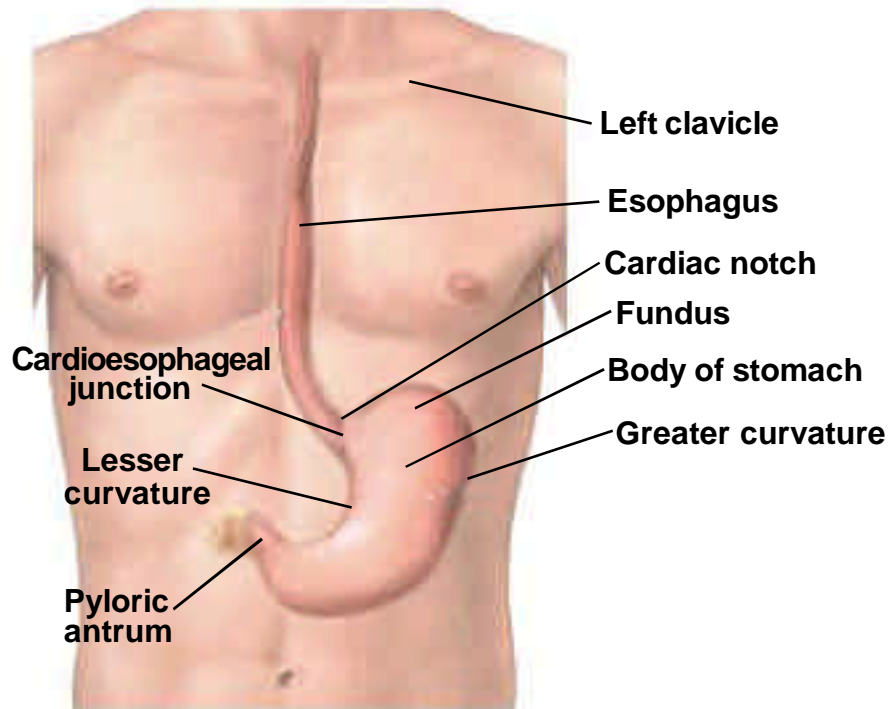
** Considered regional in 1977 Summary Staging Guide

*** Considered distant in 1977 Summary Staging Guide

ANATOMIC DRAWINGS OF THE STOMACH



THE STOMACH (WITH CUT-OUT)



THE ESOPHAGUS AND STOMACH

STOMACH

C16.0-C16.6, C16.8-C16.9

C16.0 Cardia, NOS

C16.1 Fundus of stomach

C16.2 Body of stomach

C16.3 Gastric antrum

C16.4 Pylorus

C16.5 Lesser curvature of stomach, NOS

C16.6 Greater curvature of stomach, NOS

C16.8 Overlapping lesion of stomach

C16.9 Stomach, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
(Adeno)carcinoma in a polyp, noninvasive

1 Localized only

Invasive tumor confined to:

Intramucosa, NOS

Lamina propria

Mucosa, NOS

Muscularis mucosae

Muscularis propria

Perimuscular tissue invaded

Polyp, NOS:

Head of polyp

Stalk of polyp

Submucosa (superficial invasion)

Subserosal tissue/(Sub)serosal fat

Extension through wall, NOS

Implants inside stomach

Intraluminal spread (only) to esophagus or duodenum^{###*}

Invasion through muscularis propria or muscularis, NOS

Linitis plastica (diffuse involvement of the entire stomach wall)^{**}

Localized, NOS

2 Regional by direct extension only

Extension to:

Adjacent tissue, NOS

Connective tissue:

Gastric artery

Ligaments:

Gastrocolic

Gastrohepatic

Gastrosplenic

Code 2 continued on next page

STOMACH
C16.0-C16.6, C16.8-C16.9

2 Regional by direct extension only (continued)

Omentum, NOS:
 Greater
 Lesser
Perigastric fat
Diaphragm
Duodenum via serosa or NOS
Esophagus via serosa
Ileum
Jejunum
Liver
Pancreas
Small intestine, NOS
Spleen
Transverse colon including flexures

Invasion of/through:
 Mesothelium[#]
 Serosa[#]
 Tunica serosa[#]
 Visceral peritoneum[#]

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Celiac ^{****##}
Hepatic ^{****##}
Left gastric (superior gastric), NOS:
 Cardial
 Cardioesophageal
 Gastric, left
 Gastropancreatic, left
 Lesser curvature
 Lesser omentum
 Paracardial
Pancreaticosplenic (pancreaticolienal)
Perigastric, NOS
Peripancreatic

Code 3 continued on next page

STOMACH

C16.0-C16.6, C16.8-C16.9

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

Right gastric (inferior gastric), NOS:

- Gastrocolic
- Gastroduodenal
- Gastroepiploic (gastro-omental), right or NOS
- Gastrohepatic
- Greater curvature
- Greater omental
- Infrapyloric
- Pancreaticoduodenal
- Pyloric, NOS:
 - Infrapyloric (subpyloric)
 - Suprapyloric

Splenic (lienal), NOS:

- Gastroepiploic (gastro-omental), left
- Splenic hilar

Nodule(s) in perigastric fat

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):

- Inferior mesenteric
- Para-aortic
- Porta hepatis (portal) (hilar) [in hilus of liver]
- Retroperitoneal
- Superior mesenteric
- Other distant lymph node(s)

Extension to:

- Abdominal wall
- Adrenal (suprarenal) gland
- Kidney
- Retroperitoneum

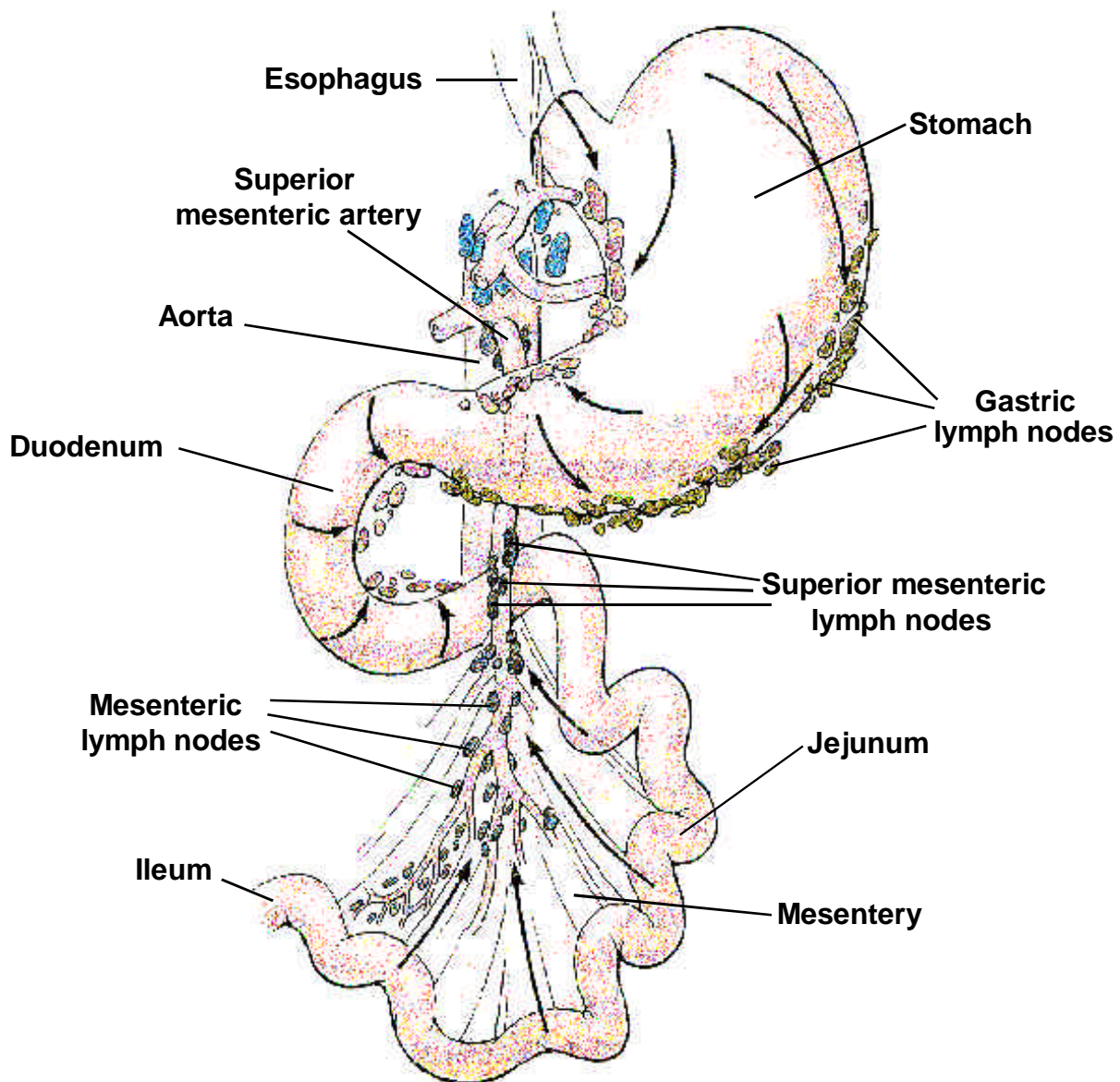
Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

- # Considered localized in Historic Stage
- ## Considered regional in Historic Stage
- ### Considered distant in Historic Stage
- ** Considered regional in 1977 Summary Staging Guide
- *** Considered distant in 1977 Summary Staging Guide

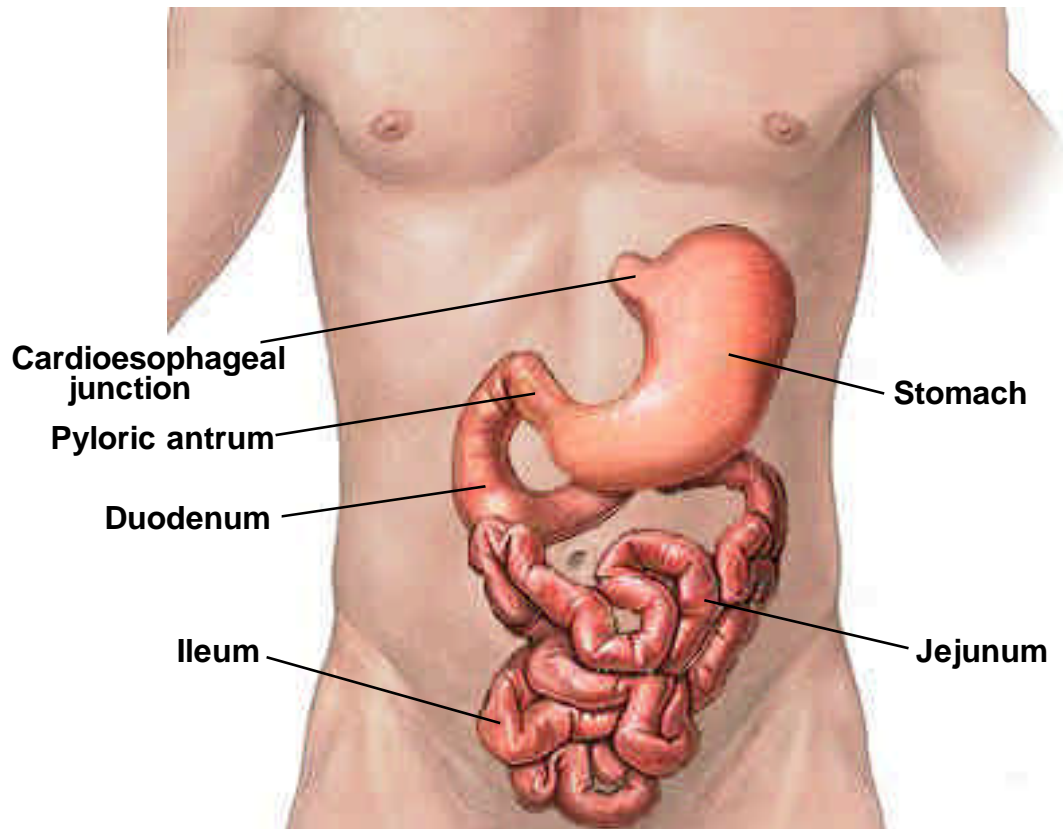
ANATOMIC DRAWINGS OF THE SMALL INTESTINES



STOMACH AND SMALL INTESTINE WITH LYMPH NODES

Arrows show the direction of lymph node drainage

ANATOMIC DRAWINGS OF THE SMALL INTESTINES



SMALL INTESTINE

C17.0-C17.3, C17.8-C17.9

C17.0 Duodenum

C17.1 Jejunum

C17.2 Ileum (excludes ileocecal valve, C18.0)

C17.3 Meckel diverticulum (site of neoplasm)

C17.8 Overlapping lesion of small intestine

C17.9 Small intestine, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
(Adeno)carcinoma in a polyp, noninvasive

1 Localized only

Invasive tumor confined to:

Intramucosa

Lamina propria

Mucosa, NOS

Muscularis mucosae

Muscularis, NOS

Muscularis propria

Polyp, NOS:

Head of polyp

Stalk of polyp

Submucosa (superficial invasion)

Subserosal tissue/(sub)serosal fat

Transmural, NOS

Wall, NOS

Extension through wall, NOS

Intraluminal to other segments of small intestine or cecum

Invasion through muscularis propria or muscularis, NOS

Localized, NOS

2 Regional by direct extension only

Extension to:

All small intestine sites:

Abdominal wall
Adjacent tissue(s), NOS
Connective tissue:
 Mesenteric fat
 Mesentery
 Nonperitonealized perimuscular tissue
 Retroperitoneum
Fat, NOS

Duodenum:

Ampulla of Vater
Blood vessel(s) (major):
 Aorta
 Gastroduodenal artery
 Portal vein
 Renal vein
 Superior mesenteric artery or vein
 Vena cava
Diaphragm
Extrahepatic bile duct(s)
Gallbladder
Hepatic flexure
Kidney, NOS:
 Kidney, right
Liver, NOS:
 Liver, quadrate lobe
 Liver, right lobe
Omentum, NOS:
 Greater omentum
Pancreas
Pancreatic duct
Stomach^{###}
Transverse colon
Ureter, right

Jejunum and Ileum:

Colon including appendix

Other segments of small intestine via serosa

Code 2 continued on next page

SMALL INTESTINE
C17.0-C17.3, C17.8-C17.9

2 Regional by direct extension only (continued)

Invasion of/through:

All sites:

Mesothelium^{#*}

Serosa^{#*}

Tunica serosa^{#*}

Visceral peritoneum^{#*}

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Pericholedochal (common bile duct)^{#####}

Duodenum:

Duodenal

Gastroduodenal^{###}

Hepatic^{###}

Infrapyloric (subpyloric)^{###}

Pancreaticoduodenal

Pyloric^{###}

Superior mesenteric^{#####}

Jejunum and Ileum:

Ileocolic **for terminal ileum only**

Mesenteric, NOS

Posterior cecal (retrocecal) **for terminal ileum only**

Superior mesenteric^{#####}

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)/node(s) involved

Distant lymph node(s)

Jejunum and Ileum:

Bladder^{##}

Fallopian tube(s)^{##}

Ovary(ies)^{##}

Uterus^{##}

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered localized in Historic Stage

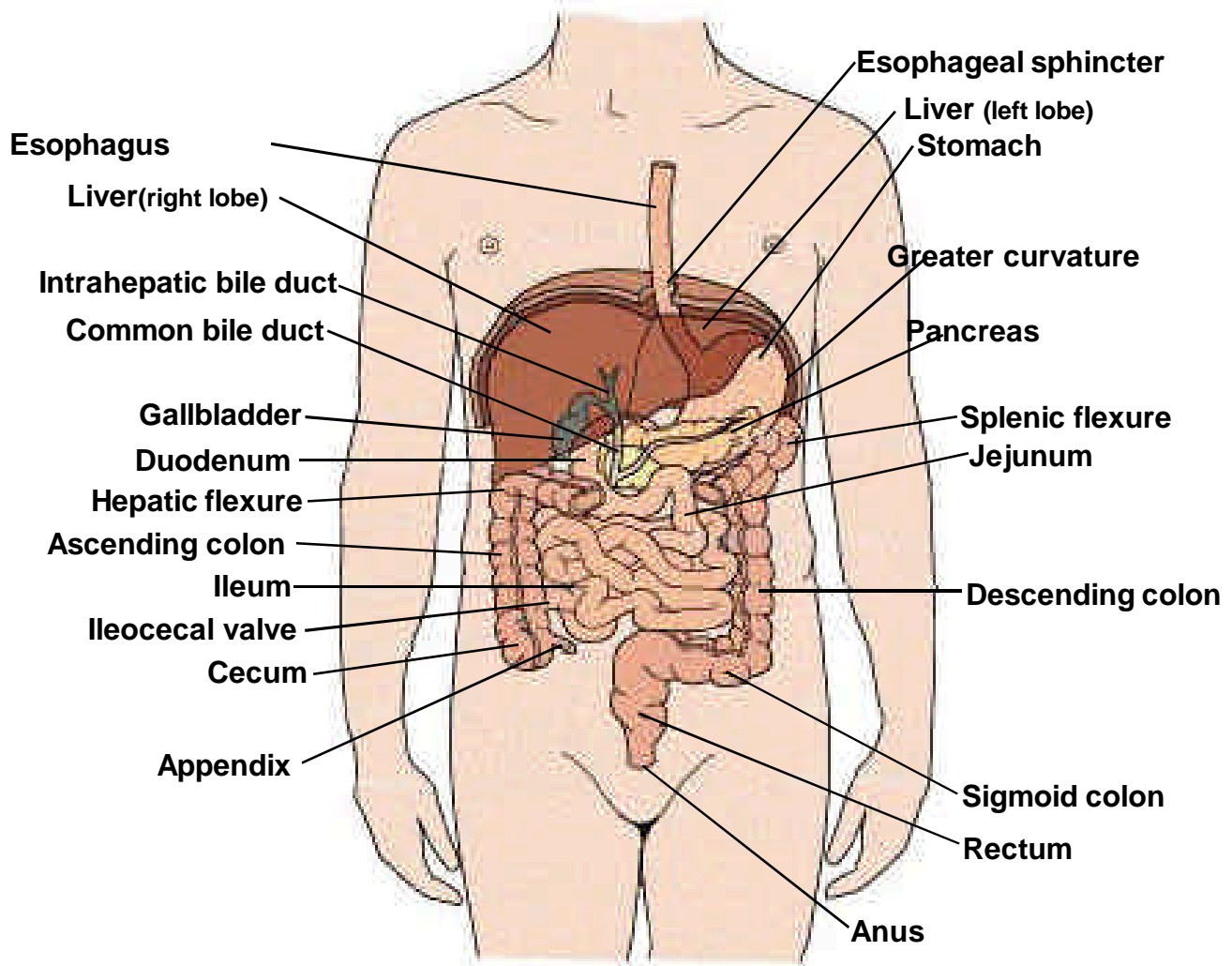
Considered regional in Historic Stage

Considered distant in Historic Stage

* Considered localized in 1977 Summary Staging Guide

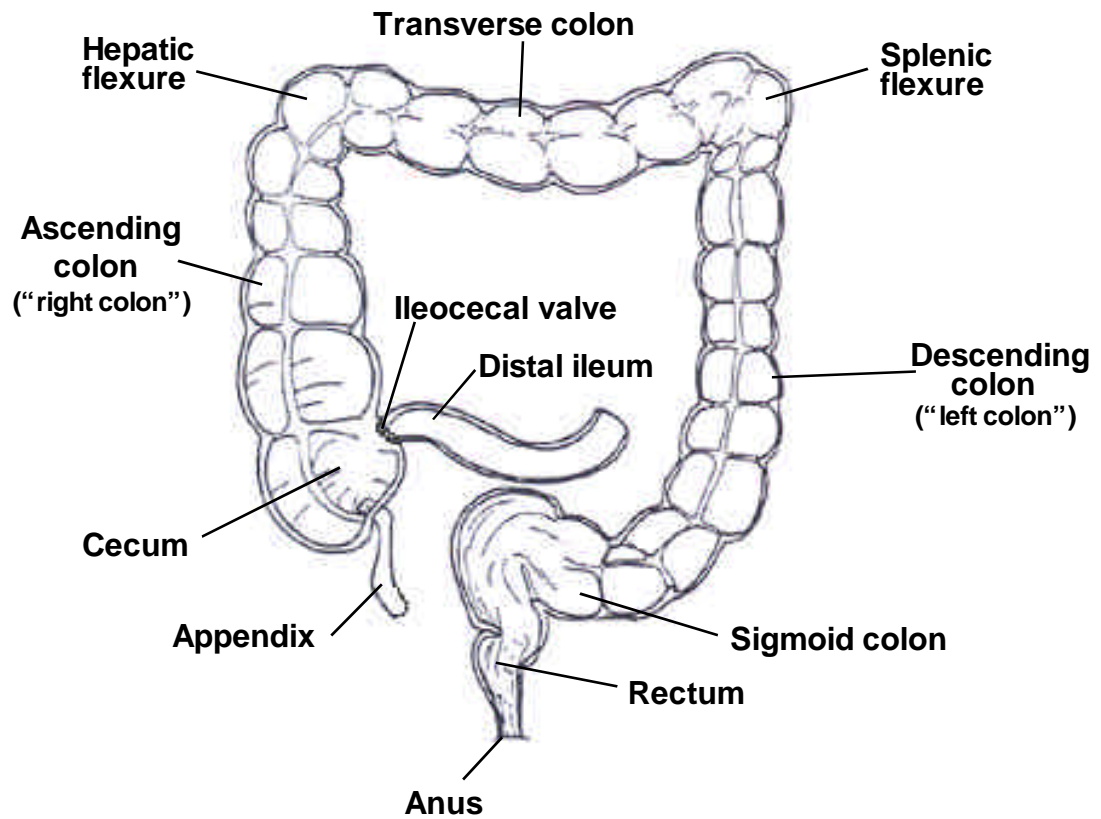
*** Considered distant in 1977 Summary Staging Guide

ANATOMIC DRAWINGS OF THE COLON

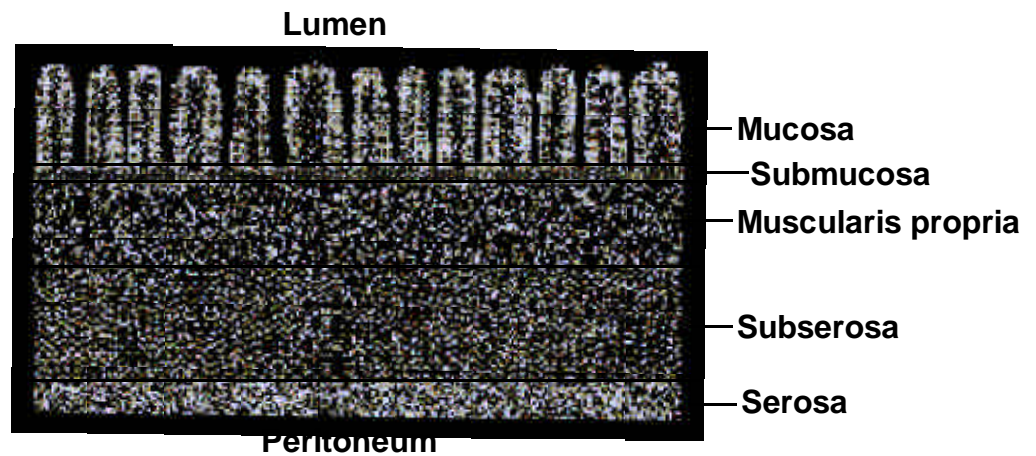


THE ALIMENTARY CANAL

ANATOMIC DRAWINGS OF THE COLON

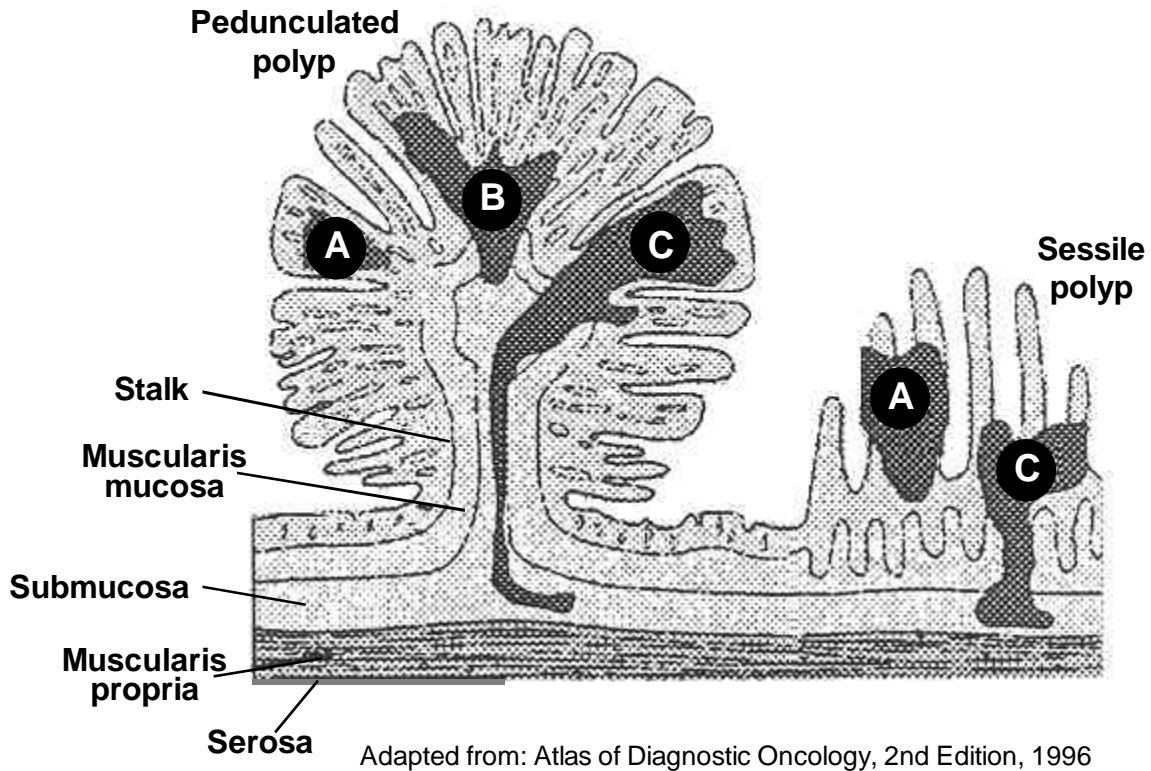


COLON, RECTUM, AND ANUS



LAYERS OF THE COLON WALL OF COLON

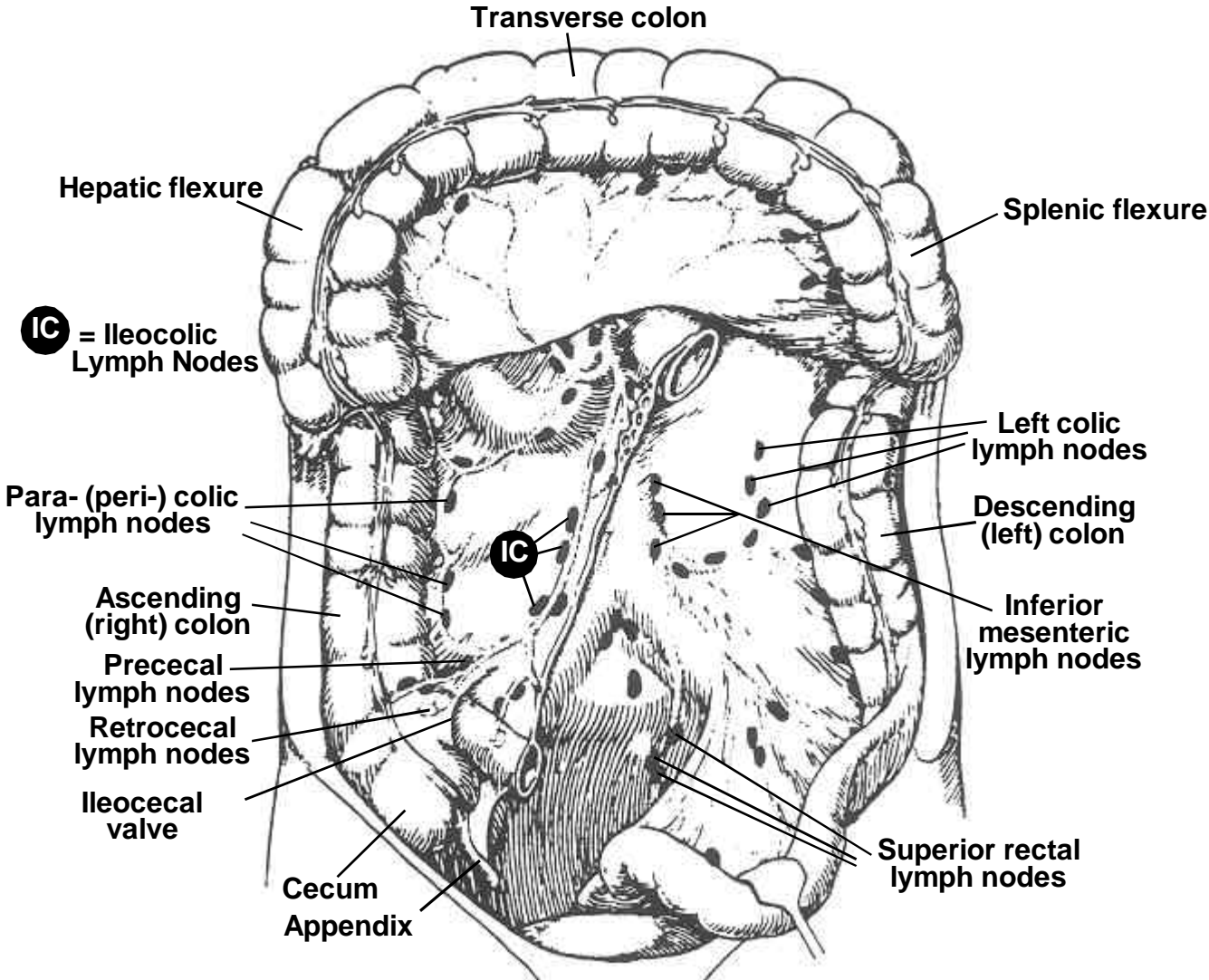
ANATOMIC DRAWINGS OF THE COLON



The dark areas (with labels A, B, and C) represent zones of carcinoma. Area A in both the pedunculated polyp and the sessile (or flat) polyp shows no invasion and is therefore in situ. Areas B and C in both polyps are invasive. Notice that polyps are “bulges” in the colon wall with the corresponding layers of the colon wall (see layers of the colon wall on page 85) within them.

CARCINOMA IN A POLYP

ANATOMIC DRAWINGS OF THE COLON



COLON AND LYMPH NODES

COLON

C18.0-C18.9

C18.0 Cecum

C18.1 Appendix

C18.2 Ascending (right) colon

C18.3 Hepatic flexure of colon

C18.4 Transverse colon

C18.5 Splenic flexure of colon

C18.6 Descending (left) colon

C18.7 Sigmoid colon

C18.8 Overlapping lesion of colon

C18.9 Colon, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
(Adeno)carcinoma in a polyp or adenoma, noninvasive

1 Localized only

Invasive tumor confined to:

Intramucosa, NOS

Lamina propria

Mucosa, NOS

Muscularis mucosae

Muscularis propria

Perimuscular tissue invaded

Polyp, NOS:

Head of polyp

Stalk of polyp

Submucosa (superficial invasion)

Subserosal tissue/(sub)serosal fat

Transmural, NOS

Wall, NOS

Confined to colon, NOS

Extension through wall, NOS

Invasion through muscularis propria or muscularis, NOS

Localized, NOS

Note: Ignore intraluminal extension to adjacent segment(s) of colon/rectum or to the ileum from the cecum.

2 Regional by direct extension only

Extension to:

All colon sites:

Invasion of/through serosa (mesothelium) (visceral peritoneum)[#]

Extension into/through:

Abdominal wall^{###}
Adjacent tissue(s), NOS
Connective tissue
Fat, NOS
Greater omentum
Mesenteric fat
Mesentery
Mesocolon
Pericolonic fat
Retroperitoneum (excluding fat)^{###}
Small intestine

Ascending colon:

Kidney, right^{###}
Liver, right lobe
Retroperitoneal fat^{###}
Ureter, right^{###}

Transverse colon and flexures:

Bile ducts^{###}
Gallbladder^{###}
Gastrocolic ligament
Kidney
Liver
Pancreas
Spleen
Stomach^{###}

Descending colon:

Kidney, left^{###}
Pelvic wall^{###}
Retroperitoneal fat^{###}
Spleen
Ureter, left

Sigmoid colon:

Pelvic wall^{###}

COLON
C18.0-C18.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

All colon subsites:

Colic, NOS
Epicolic (adjacent to bowel wall)
Mesenteric, NOS
Paracolic/pericolic

Nodule(s) in pericolic fat

Cecum and Appendix:

Cecal, NOS
 Anterior (prececal)
 Posterior (retrocecal)
Ileocolic
Right colic

Ascending colon:

Ileocolic
Middle colic
Right colic

Transverse colon and flexures:

Inferior mesenteric **for splenic flexure only**
Left colic **for splenic flexure only**
Middle colic[‡]
Right colic **for hepatic flexure only**

Descending colon:

Inferior mesenteric
Left colic
Sigmoid^{###}

Sigmoid:

Inferior mesenteric
Sigmoidal (sigmoid mesenteric)
Superior hemorrhoidal^{###}
Superior rectal^{###}

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)/node(s) involved

All colon sites unless included in code 2

Distant lymph node(s):

- Para-aortic
- Retroperitoneal
- Superior mesenteric[§]
- Other distant lymph node(s)

Extension to:

- Adrenal (suprarenal) gland
- Bladder
- Diaphragm
- Fallopian tube[£]
- Fistula to skin
- Gallbladder
- Other segment(s) of colon via serosa
- Ovary[£]
- Uterus[£]

Cecum and appendix:

Distant lymph node(s):

- Inferior mesenteric
- Other distant lymph node(s)

Extension to:

- Kidney, right
- Liver^{##}
- Ureter, right

Ascending colon:

Distant lymph node(s):

- Inferior mesenteric
- Other distant lymph node(s)

Transverse colon and flexures:

Distant lymph node(s):

- Inferior mesenteric **for hepatic flexure and transverse colon only**
- Other distant lymph node(s)

Extension to:

- Ureter

Sigmoid colon:

Extension to:

- Cul de sac (rectouterine pouch)
- Ureter

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

£ Considered regional for cecum, ascending, descending and sigmoid for Historic stage

§ Considered regional for cecum, appendix, ascending, hepatic flexure and transverse colon in 1977
Summary Staging Guide

¥ Considered distant for splenic flexure in Historic stage

Note 1: Ignore intraluminal extension to adjacent segment(s) of colon/rectum and code depth of invasion or extracolonic spread as indicated.

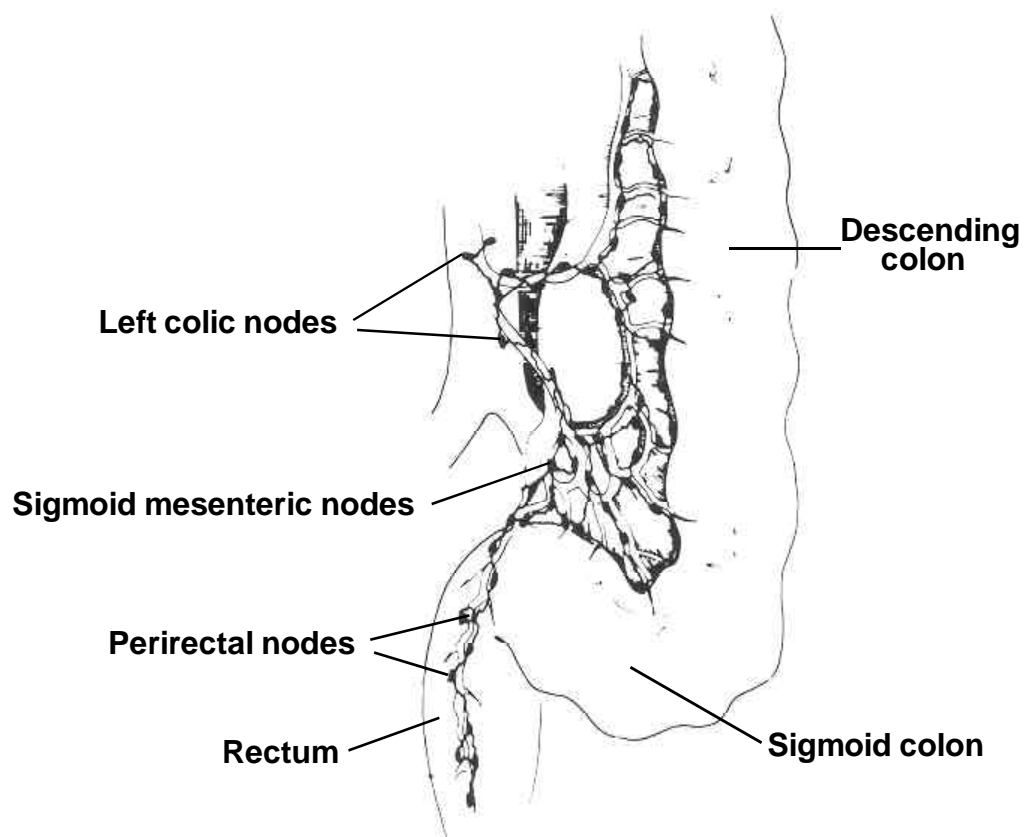
Note 2: Terminology such as “Transmural, NOS” and “Extension through the wall, NOS” typically means that the tumor has invaded the muscularis propria but has not necessarily invaded the entire thickness of the colon wall.

Considered localized in Historic Stage

Considered regional in Historic Stage

Considered distant in Historic Stage

ANATOMIC DRAWING OF THE COLON AND RECTUM



LOWER COLON AND RECTUM AND PRINCIPAL LYMPH NODES

RECTOSIGMOID JUNCTION, RECTUM

C19.9, C20.9

C19.9 Rectosigmoid junction

C20.9 Rectum, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
(Adeno)carcinoma in a polyp, noninvasive

1 Localized only

Invasive tumor confined to:

Intramucosa, NOS

Lamina propria

Mucosa, NOS

Muscularis mucosae

Muscularis propria

Perimuscular tissue invaded

Polyp, NOS:

Head of polyp

Stalk of polyp

Submucosa (superficial invasion)

Subserosal tissue/(sub)serosa fat invaded

Transmural, NOS

Extension through wall, NOS

Invasion through muscularis propria or muscularis, NOS

Localized, NOS

2 Regional by direct extension only

Invasion of/through serosa (mesothelium) (visceral peritoneum)[#]

Extension to/through:

Adjacent tissue(s), NOS

Connective tissue

Fat, NOS

Perirectal fat

Rectosigmoid:

Cul de sac (rectouterine pouch)

Mesenteric fat

Mesentery

Mesocolon

Pelvic wall

Pericolonic fat

Small intestine

Code 2 continued on next page

2 Regional by direct extension only (continued)

Rectum:

Anus
Bladder **for males only**
Cul de sac (rectouterine pouch)
Ductus deferens
Pelvic wall
Prostate
Rectovaginal septum
Rectovesical fascia **for males only**
Seminal vesicle(s)
Skeletal muscle of pelvic floor
Vagina

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Rectosigmoid:

Colic, NOS:###
 Left colic###
Hemorrhoidal, superior or middle
Inferior mesenteric
Mesenteric, NOS
Paracolic/pericolic
Perirectal
Rectal
Sigmoidal (sigmoid mesenteric)
Superior rectal

Nodule(s) in pericolic fat

Rectum:

Hemorrhoidal, superior, middle or inferior
Inferior mesenteric
Internal iliac (hypogastric), NOS:###
 Obturator
Mesenteric, NOS
Perirectal
Rectal
Sacral, NOS:###
 Lateral (laterosacral)
 Middle sacral (promontorial) (Gerota's node)
 Presacral
Sigmoidal (sigmoid mesenteric)

Nodule(s) in perirectal fat

Regional lymph node(s), NOS

RECTOSIGMOID JUNCTION, RECTUM

C19.9, C20.9

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):

Internal iliac (hypogastric), NOS: **for rectosigmoid:** **

Obturator **for rectosigmoid**

Left colic **for rectum**##

Other distant lymph node(s)

Extension to:

Rectosigmoid:

Bladder##

Colon via serosa##

Fallopian tube(s)##

Ovary(ies)##

Prostate##

Ureter(s)

Uterus##

Rectum:

Bladder **for females only**##

Bone(s) of pelvis##

Urethra##

Uterus###

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note 1: Ignore intraluminal extension to adjacent segment(s) of colon/rectum and code depth of invasion or extracolonic spread as indicated.

Note 2: Terminology such as “Transmural, NOS”, and “Extension through the wall, NOS” typically means that the tumor has invaded the muscularis propria but has not necessarily invaded the entire thickness of the colon wall. (See drawing.)

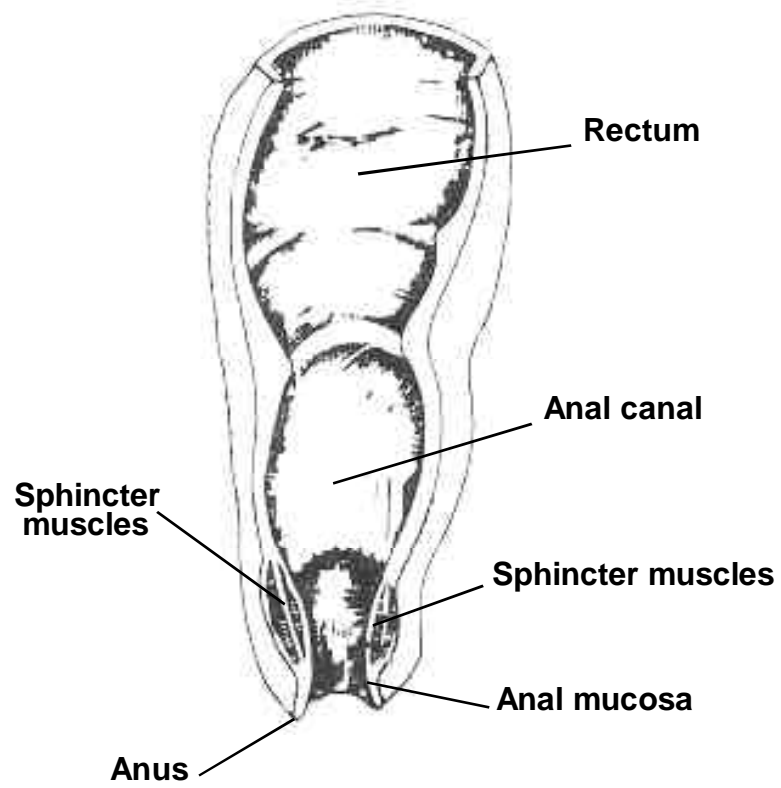
Considered localized in Historic Stage

Considered regional in Historic Stage

Considered distant in Historic Stage

** Considered regional in 1977 Summary Staging Guide

ANATOMIC DRAWING OF THE ANUS AND ANAL CANAL



ANUS AND ANAL CANAL

ANUS AND ANAL CANAL

C21.0-C21.2, C21.8

C21.0 Anus, NOS

C21.1 Anal canal

C21.2 Cloacogenic zone

C21.8 Overlapping lesion of rectum, anus and anal canal

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Incidental finding of malignancy in hemorrhoid

Invasive tumor confined to:

Intramucosa

Lamina propria

Mucosa, NOS

Muscularis mucosae

Muscularis propria (internal sphincter)

Submucosa (superficial invasion)

Localized, NOS

2 Regional by direct extension only

Extension to:

Ischiorectal fat/tissue

Perianal skin

Perineum

Rectal mucosa or submucosa

Skeletal muscles:

Anal sphincter (external)

Levator ani

Subcutaneous perianal tissue

Vulva

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Anorectal

Inferior hemorrhoidal

Internal iliac (hypogastric), NOS: **for anus^{#####} and anal canal:^{###}**

Obturator **for anus^{#####} and anal canal^{###}**

Lateral sacral (laterosacral)^{###}

Perirectal

Superficial inguinal (femoral) **for anus and anal canal^{***}**

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)/node(s) involved

Distant lymph node(s)

Extension to:

Bladder^{##}

Broad ligament(s)^{##}

Cervix uteri^{##}

Corpus uteri^{##}

Pelvic peritoneum

Prostate^{##}

Urethra^{##}

Vagina^{##}

Further contiguous extension

Metastasis

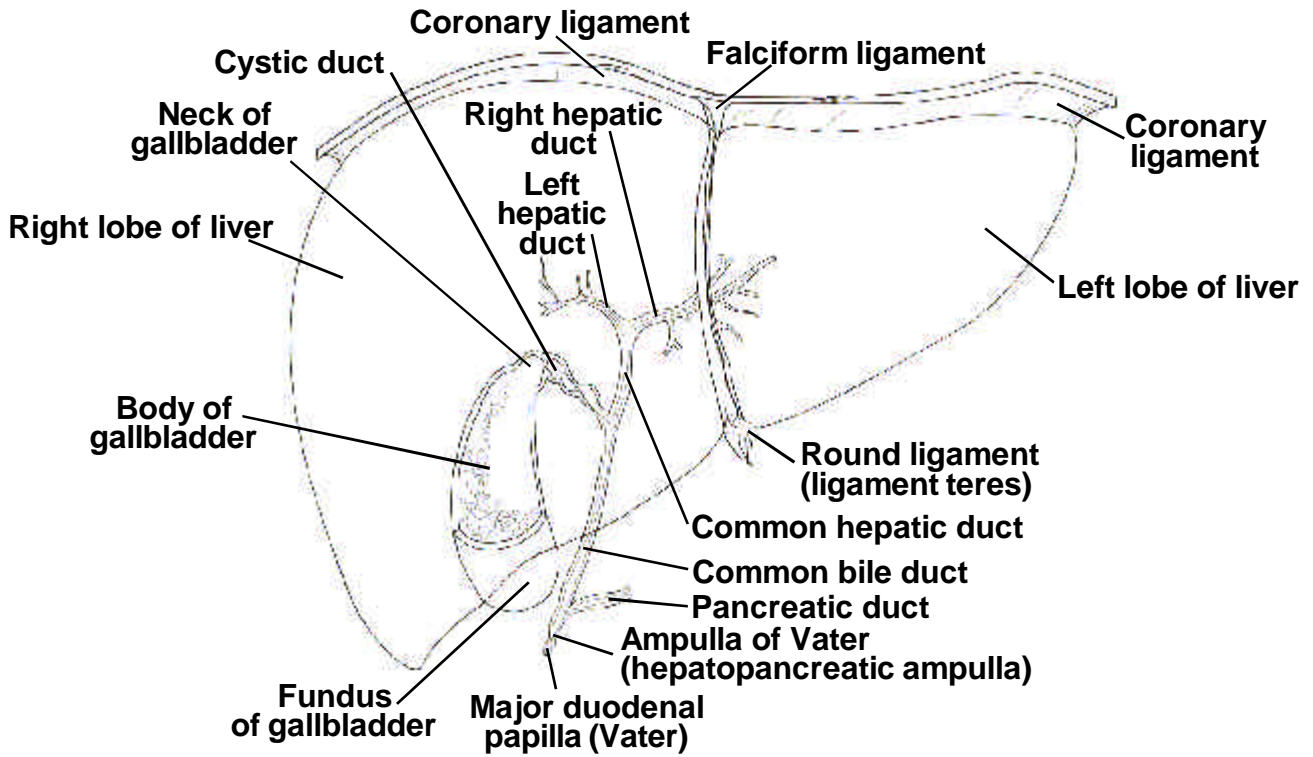
9 Unknown if extension or metastasis

^{##} Considered regional in Historic Stage

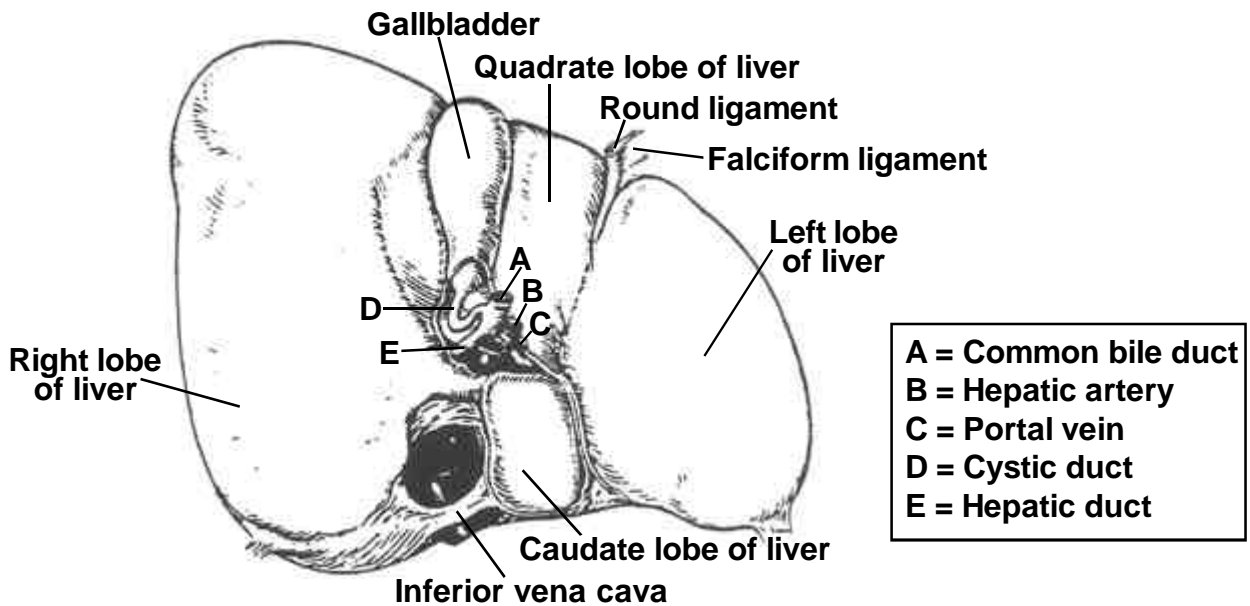
^{###} Considered distant in Historic Stage

^{***} Considered distant in 1977 Summary Staging Guide

ANATOMIC DRAWINGS OF THE BILIARY TRACT

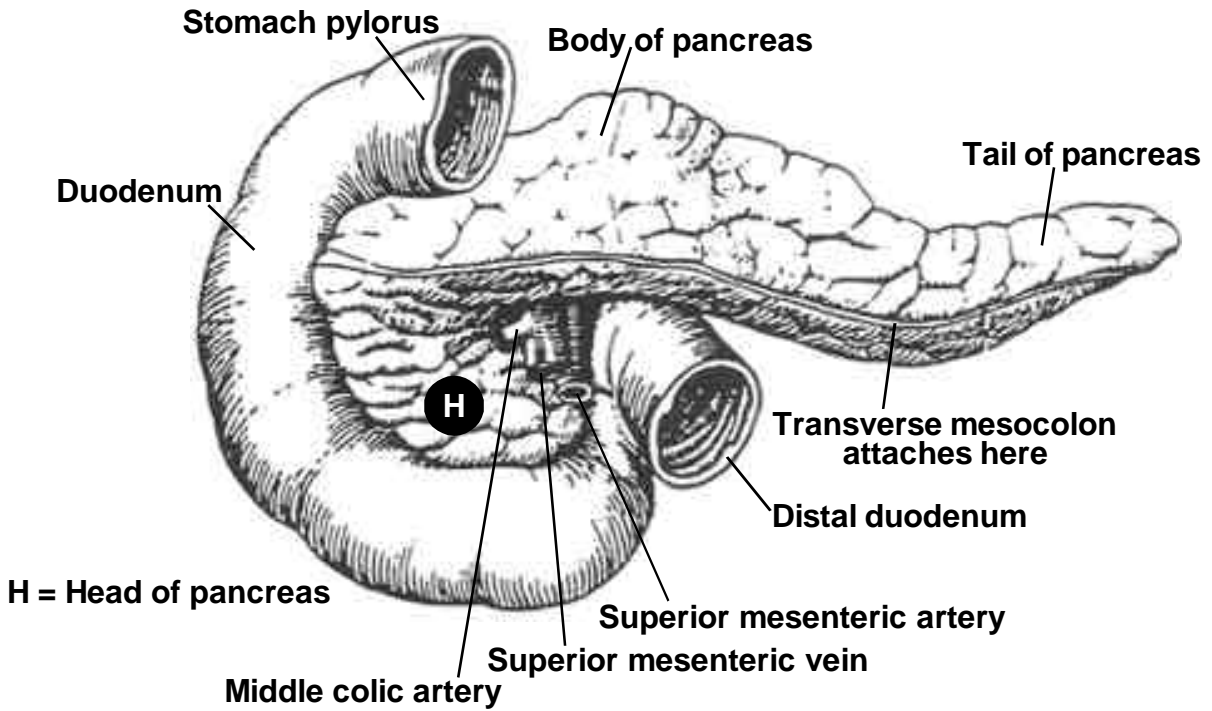


ANTERIOR VIEW OF THE LIVER

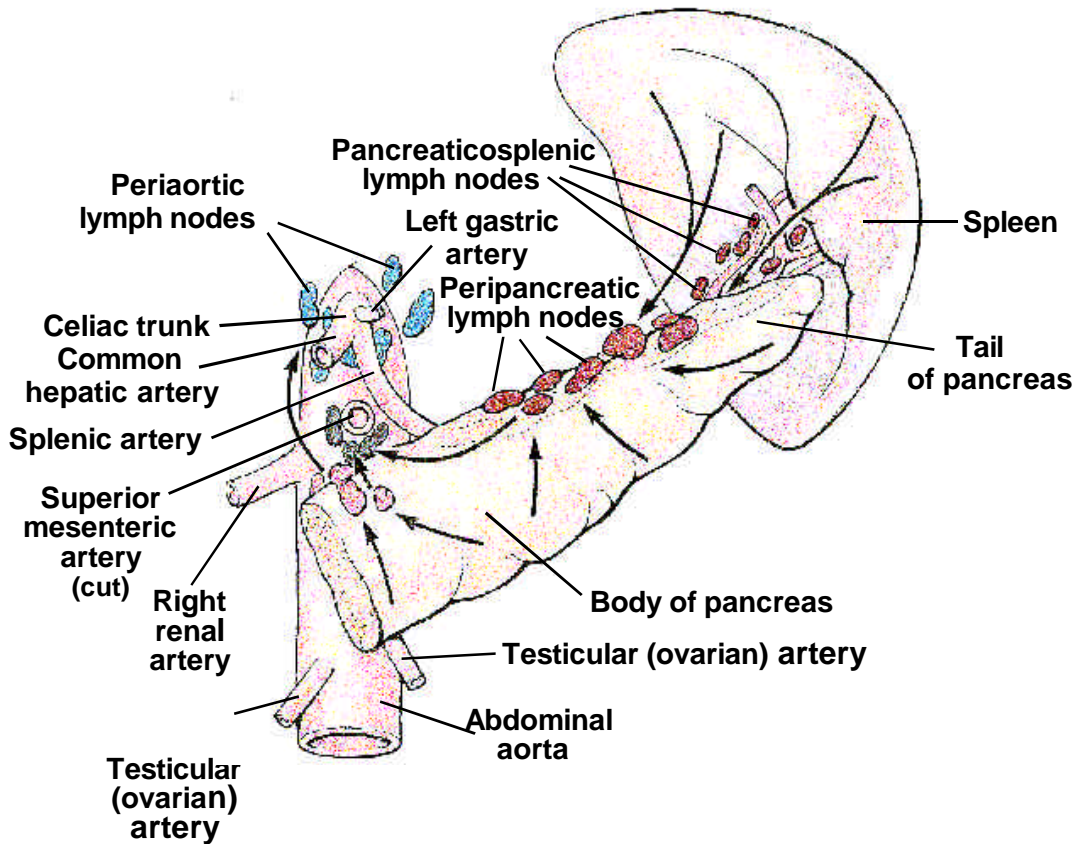


UNDERSURFACE OF THE LIVER

ANATOMIC DRAWINGS OF THE BILIARY TRACT



THE PANCREAS



BODY AND TAIL OF PANCREAS
 (arrows show direction of lymphatic drainage)

LIVER AND INTRAHEPATIC BILE DUCTS

C22.0-C22.1

C22.0 Liver

C22.1 Intrahepatic bile duct

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized

Confined to one lobe with or without vascular invasion

Multiple (satellite) nodules/tumors confined to one lobe

Confined to liver, NOS

Localized, NOS

2 Regional by direct extension only

More than one lobe involved by contiguous growth (single lesion)

Extension to:

Diaphragm

Extrahepatic bile duct(s)

Extrahepatic blood vessel(s):

Hepatic artery

Portal vein

Vena cava

Gallbladder

Lesser omentum^{###}

Ligament(s):^{###}

Coronary

Falciform

Round [of liver]

Hepatoduodenal

Hepatogastric

Triangular

Peritoneum, NOS:^{###}

Parietal^{###}

Visceral^{###}

Multiple (satellite) nodules/tumors in more than one lobe of liver or on surface of
parenchyma^{***}

Satellite nodules, NOS^{***}

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Hepatic, NOS:

Hepatic artery

Hepatic pedicle

Inferior vena cava

Porta hepatis (portal) (hilar) [in hilus of liver]

Periportal^{###}

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 nodes:

Aortic, NOS:

Lateral (lumbar)

Para-aortic

Periaortic

Cardiac^{##**}

Coronary artery^{##**}

Diaphragmatic:

Pericardial (pericardiac)^{##**}

Peripancreatic

Posterior mediastinal (tracheoesophageal) including juxtaphrenic nodes^{##**}

Renal artery^{##**}

Retroperitoneal, NOS^{**}

Other distant lymph node(s)

Extension to:

Pancreas

Pleura^{##}

Stomach

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered regional in Historic Stage

Considered distant in Historic Stage

** Considered regional in 1977 Summary Staging Guide

*** Considered distant in 1977 Summary Staging Guide

GALLBLADDER, OTHER BILIARY, AND BILIARY, NOS

C23.9, C24.8-C24.9

C23.9 Gallbladder

C24.8 Overlapping lesion of biliary tract

C24.9 Biliary tract, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to:

Lamina propria

Mucosa, NOS

Muscularis propria

Submucosa (superficial invasion)

Localized, NOS

2 Regional by direct extension only

Extension (in)to one of the following:

Ampulla of Vater

Duodenum

Extrahepatic bile duct(s)

Liver, NOS:

≤2 cm into liver

Omentum, NOS:

Greater

Lesser^{###}

Pancreas

Perimuscular connective tissue

Small intestine, NOS

Invasion of/through serosa^{#*}

GALLBLADDER, OTHER BILIARY, AND BILIARY, NOS
C23.9, C24.8-C24.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Celiac
Cystic duct (Calot's node)
Node of the foramen of Winslow (epiploic) (omental)###
Pancreaticoduodenal
Pericholedochal (common bile duct)#####
Periduodenal#####
Peripancreatic (near head of pancreas only)**
Periportal
Porta hepatis (portal) (hilar) [in hilus of liver]#####
Superior mesenteric

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)/node(s) involved

Distant lymph node(s):

Para-aortic
Other distant lymph node(s)

Extension to one of the following:

Blood vessel(s) (major):**
Cystic artery/vein
Hepatic artery
Portal vein
Colon##
Liver > 2 cm##
Stomach##

Extension to two or more adjacent organs##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered localized in Historic Stage
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

EXTRAHEPATIC BILE DUCT

C24.0

C24.0 Extrahepatic bile duct

(choledochal, common, cystic, and hepatic bile duct; sphincter of Oddi)

Note: Sites C24.8-C24.9 (Biliary tract, NOS) are included with gallbladder, C23.9.

SUMMARY STAGE

0 In situ: Noninvasive, intraepithelial

1 Localized only

Invasive tumor of extrahepatic bile duct(s) (choledochal, common cystic, and hepatic) confined to:

Lamina propria

Mucosa, NOS

Muscularis propria

Submucosa

Localized, NOS

2 Regional by direct extension only

Extension to:

Blood vessel(s) (major):

Hepatic artery

Portal vein

Colon, NOS:

Transverse including flexures

Other parts of colon^{***}

Duodenum

Gallbladder

Liver including porta hepatis

Omentum, NOS:

Greater^{***}

Lesser

Pancreas

Periductal/fibromuscular connective tissue

Stomach, NOS:

Distal

Proximal^{***}

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cystic duct (Calot's node)
Node of the foramen of Winslow (epiploic) (omental)
Pancreaticoduodenal
Pericholedochal (common bile duct)
Periduodenal
Peripancreatic (near head of pancreas only)
Periportal
Porta hepatis (portal) (hilar) [in hilus of liver]

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)/node(s) involved

Distant lymph node(s):
Celiac
Para-aortic
Superior mesenteric
Other distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

*** Considered distant in 1977 Summary Staging Guide

AMPULLA OF VATER

C24.1

C24.1 Ampulla of Vater

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to ampulla of Vater or extending to sphincter of Oddi

Localized, NOS

2 Regional by direct extension only

Extension to:

Blood vessel(s) (major):

Hepatic artery

Portal vein

Duodenum

Extrahepatic bile ducts excluding sphincter of Oddi

Gallbladder

Hepatic flexure

Lesser omentum

Liver including porta hepatis

Pancreas

Stomach, NOS:

Distal

Proximal^{***}

Transverse colon

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Celiac####**
Hepatic
Infrapyloric (subpyloric)####**
Lateral aortic (lumbar)####**
Node of the foramen of Winslow (epiploic) (omental)
Pancreaticoduodenal
Peripancreatic
Periportal
Proximal mesenteric####**
Retroperitoneal####**
Superior mesenteric####**

Lymph Nodes:

Anterior to ampulla of Vater
Inferior to ampulla of Vater
Posterior to ampulla of Vater
Superior to ampulla of Vater

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)/node(s) involved

Distant lymph node(s):
Para-aortic
Other distant lymph node(s)

Further contiguous extension:
Other adjacent organs

Metastasis

9 Unknown if extension or metastasis

Considered distant in Historic Stage
*** Considered distant in 1977 Summary Staging Guide

PANCREAS: HEAD, BODY, AND TAIL

C25.0-C25.4

C25.0 Head of pancreas

C25.1 Body of pancreas

C25.2 Tail of pancreas

C25.3 Pancreatic duct

C25.4 Islets of Langerhans

SUMMARY STAGE

0 In situ: Noninvasive, intraepithelial

1 Localized only

Confined to pancreas

Localized, NOS

2 Regional by direct extension only

Extension to:

All sites:

Ampulla of Vater

Blood vessel(s) (major):

Hepatic artery

Portal vein

Superior mesenteric artery/vein

Duodenum

Extrahepatic bile duct(s)

Peripancreatic tissue, NOS

Head of pancreas:

Adjacent stomach

Blood vessel(s) (major):

Gastroduodenal artery

Pancreaticoduodenal artery

Body of stomach***

Stomach, NOS

Transverse colon, including hepatic flexure

Body and/or tail of pancreas:

Blood vessel(s) (major):

Aortic artery

Celiac artery

Splenic artery/vein

Spleen

Splenic flexure

Stomach

Fixation to adjacent structures, NOS

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Celiac **for head only**

Hepatic

Infrapyloric (subpyloric) **for head only**

Lateral aortic (lumbar)

Pancreaticosplenic (pancreaticolienal) **for body and tail only**

Peripancreatic, NOS:

Anterior, NOS:

Anterior pancreaticoduodenal

Anterior proximal mesenteric

Pyloric

Inferior to the head and body of pancreas

Posterior, NOS:

Pericholedochal (common bile duct)

Posterior pancreaticoduodenal

Posterior proximal mesentery

Superior to the head and body of pancreas

Retroperitoneal

Splenic (lienal) **for body and tail only:**

Gastroepiploic (gastro-omental), left

Splenic hilum **for body and tail only**

Suprapancreatic **for body and tail only**

Superior mesenteric

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

Continued on next page

PANCREAS: HEAD, BODY, AND TAIL

C25.0-C25.4

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

Distant lymph node(s)

Extension to:

All sites:

Gallbladder^{###**}

Liver including porta hepatis^{###**}

Mesenteric fat^{###**}

Mesentery^{###**}

Mesocolon^{###**}

Peritoneum^{###**}

Head of pancreas:

Adrenal

Adrenal (suprarenal) gland

Colon (other than transverse colon including hepatic flexure)

Ileum

Jejunum

Kidney

Omentum^{###**}

Retroperitoneum

Spleen

Ureter

Body and/or tail of pancreas:

Adrenal (suprarenal) gland^{**}

Adrenal, left^{###**}

Adrenal, right

Colon (other than splenic flexure)

Diaphragm

Ileum^{**}

Jejunum^{**}

Kidney

Kidney, left^{###**}

Kidney, right

Retroperitoneal soft tissue (retroperitoneal space)

Ureter, left^{###**}

Ureter, right

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note: Islets of Langerhans are distributed throughout the pancreas

Considered regional in Historic Stage

****** Considered regional in 1977 Summary Staging Guide

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

PANCREAS: OTHER AND UNSPECIFIED

C25.7-C25.9

C25.7 Other and unspecified parts of pancreas (neck)

C25.8 Overlapping lesion of pancreas

C25.9 Pancreas, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to pancreas

Localized, NOS

2 Regional by direct extension only

Adjacent large vessel(s)

Ampulla of Vater

Colon

Duodenum

Extrahepatic bile duct(s)

Peripancreatic tissue

Spleen

Stomach

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Celiac
Hepatic
Infrapyloric (subpyloric)
Lateral aortic (lumbar)
Pancreaticosplenic (pancreaticolienal)
Peripancreatic, NOS:
 Anterior, NOS:
 Anterior pancreaticoduodenal
 Anterior proximal mesenteric
 Pyloric
 Inferior to the head and body of pancreas
 Posterior, NOS:
 Pericholedochal (common bile duct)
 Posterior pancreaticoduodenal
 Posterior proximal mesentery
 Superior to the head and body of pancreas
Retroperitoneal
Splenic (lienal), NOS:
 Gastroepiploic (gastro-omental), left
 Splenic hilum
 Suprapancreatic
Superior mesenteric

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)/node(s) involved

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

OTHER AND ILL-DEFINED DIGESTIVE ORGANS

C26.0, C26.8-C26.9

C26.0 Intestinal tract, NOS

C26.8 Overlapping lesion of digestive system

C26.9 Gastrointestinal tract, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasion of submucosa

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

See definition of adjacent organs/structures on page 14.

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Intra-abdominal

Paracaval

Pelvic

Subdiaphragmatic

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

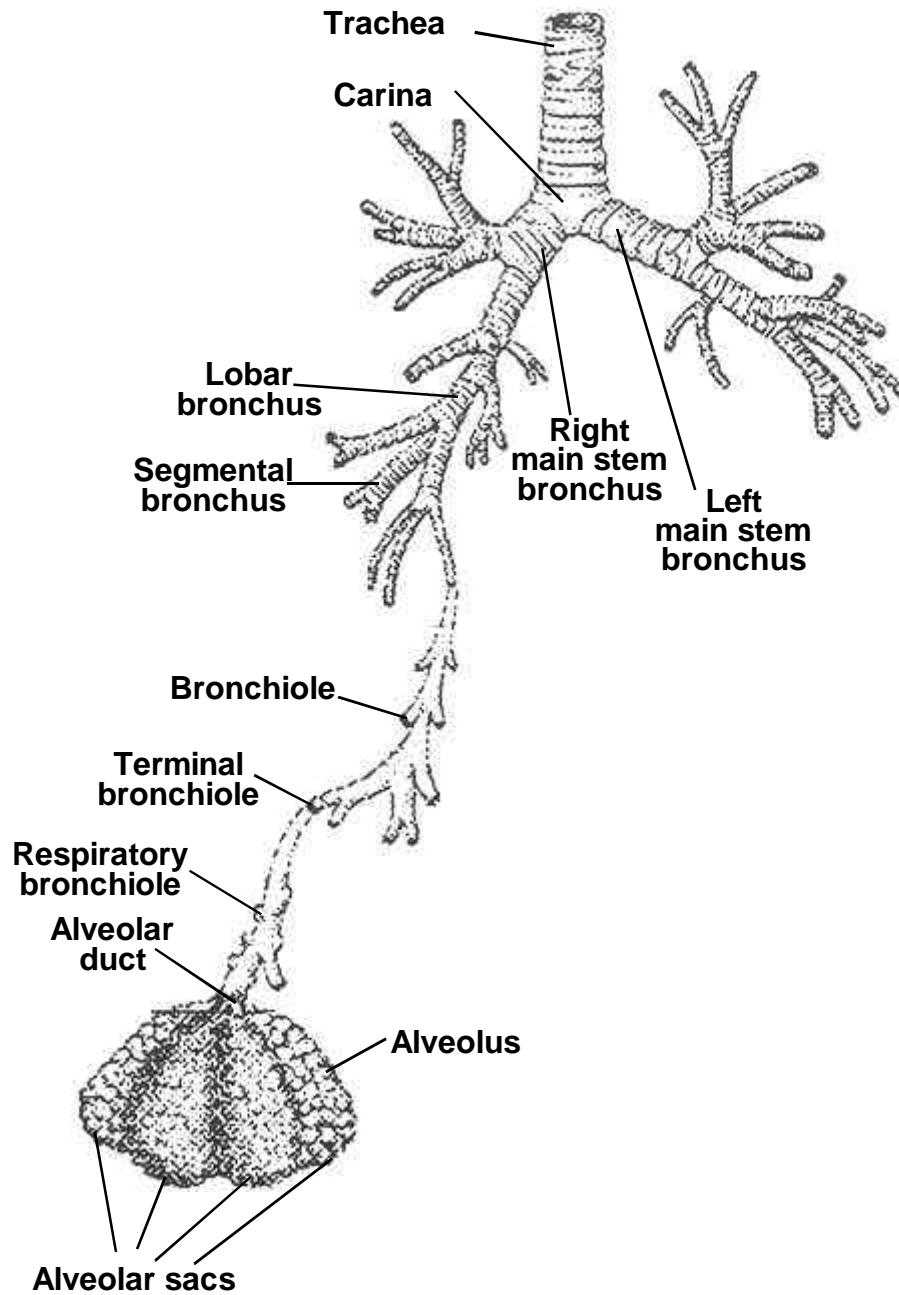
Distant lymph node(s)

Further contiguous extension

Metastasis

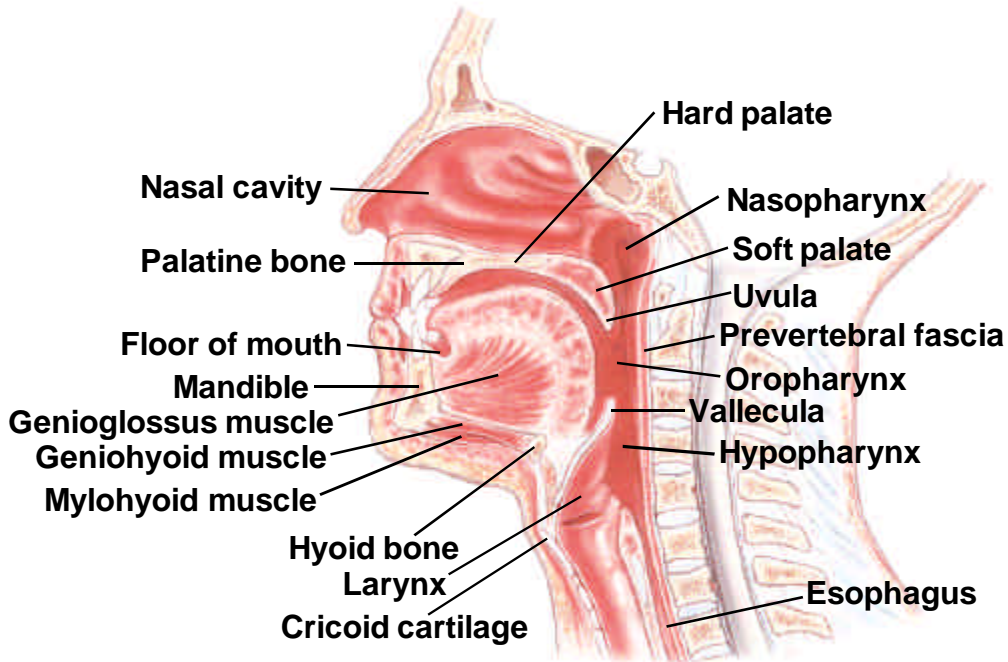
9 Unknown if extension or metastasis

ANATOMIC DRAWING OF THE RESPIRATORY TRACT

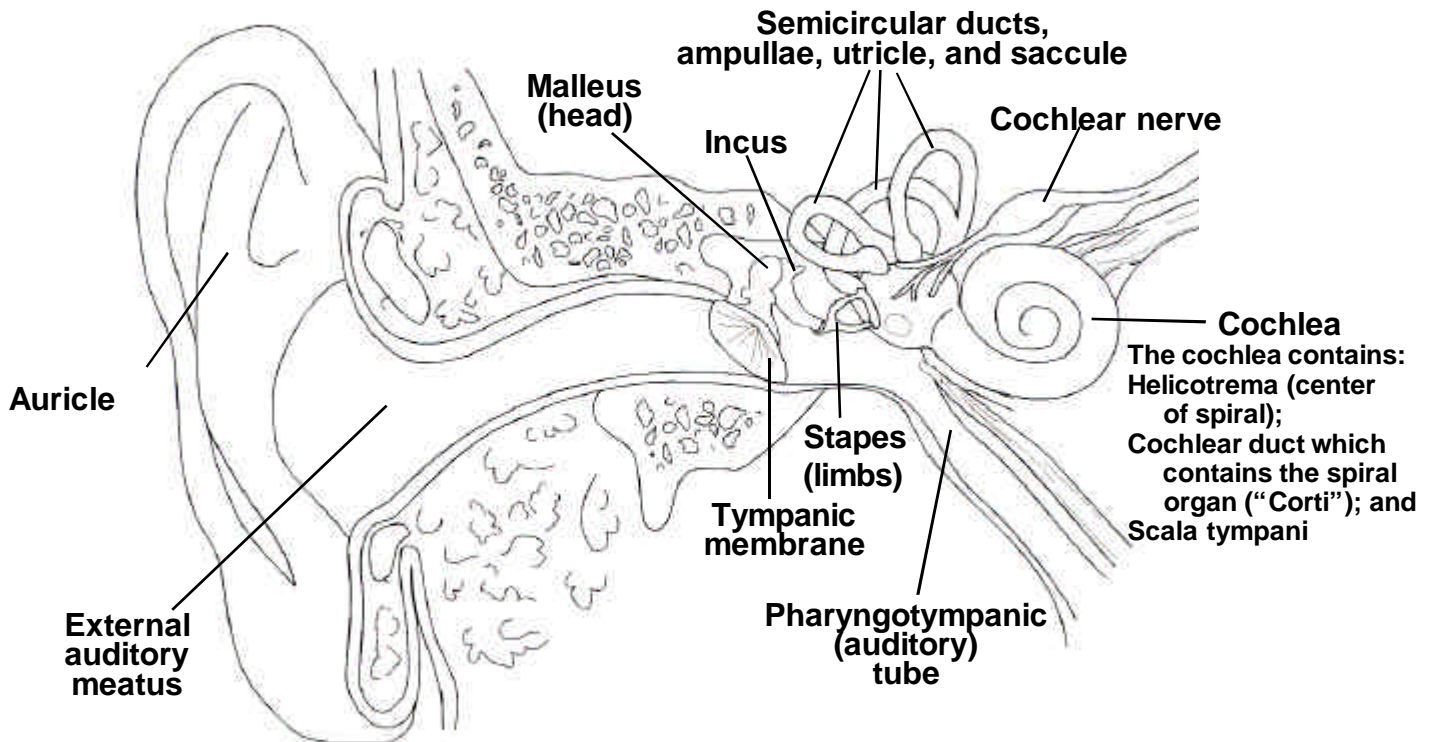


THE RESPIRATORY TRACT

ANATOMIC DRAWINGS OF THE NASAL CAVITY AND MIDDLE EAR



SAGITTAL CUT THROUGH THE NASAL AND ORAL CAVITIES



THE EAR AND MIDDLE EAR

NASAL CAVITY AND MIDDLE EAR

C30.0-C30.1

C30.0 Nasal Cavity (excludes nose, NOS C76.0) <>?

C30.1 Middle Ear (tympanic cavity) <>

<> Laterality must be coded for this site.

? For nasal cartilage and nasal septum laterality is coded 0.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
(Adeno)carcinoma in a polyp, noninvasive

1 Localized only

Invasive tumor confined to:

Nasal cavity:

Meatus (superior, middle, inferior)

Nasal conchae (superior, middle, inferior)

Septum

Middle ear:

Cochlea

Incus

Malleus

Semicircular ducts, NOS:

Ampullae

Sacculae

Utricule

Septum

Stapes

Tympanic membrane

Localized, NOS

2 Regional by direct extension only

Extension to:

Nasal cavity:

Bone of skull

Choana

Frontal sinus

Hard palate

Nasolacrimal duct

Nasopharynx

Code 2 continued on next page

2 Regional by direct extension only (continued)

Middle ear:

Auditory tube
External auditory meatus
Internal carotid artery
Mastoid antrum
Nasopharynx
Nerve(s)
Pharyngotympanic tube
Temporal bone

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Upper, NOS:

Jugulodigastric (subdigastric)

Mandibular, NOS:

Submandibular (submaxillary)

Submental

Mastoid (post-/retro-auricular) **for middle ear**

Retropharyngeal

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)

Further contiguous extension

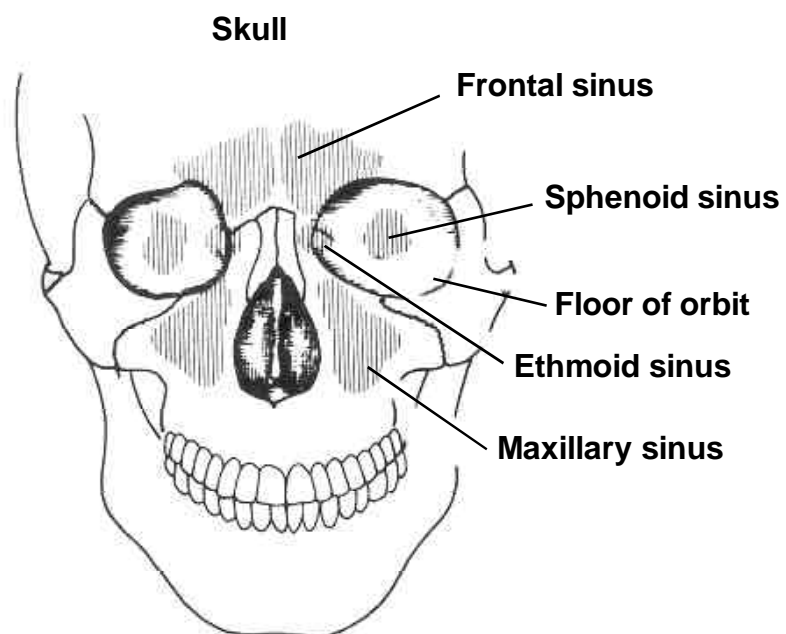
Middle ear:

Meninges

Metastasis

9 Unknown if extension or metastasis

ANATOMIC DRAWING OF THE SINUSES



THE MAJOR SINUSES

MAXILLARY SINUS

C31.0

C31.0 Maxillary sinus (antrum) <>

<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to mucosa of maxillary antrum (sinus)

Localized, NOS

2 Regional by direct extension only

Extension to :

- Base of skull
- Cribriform plate
- Ethmoid, NOS
- Ethmoid sinus, anterior or posterior
- Floor or medial wall of orbit
- Floor or posterior wall of maxillary sinus
- Frontal sinus
- Infratemporal fossa
- Maxilla, NOS
- Middle nasal meatus
- Nasal cavity, NOS:
 - Floor
 - Lateral wall
 - Septum
 - Turbinates
- Nasopharynx
- Orbital contents including eye
- Palate, hard or soft
- Palatine bone
- Pterygoid plates
- Pterygomaxillary or temporal fossa
- Skin of cheek
- Sphenoid

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

 Deep cervical, NOS:

 Upper, NOS:

 Jugulodigastric (subdigastric)

Mandibular, NOS:

 Submandibular (submaxillary)

 Submental

Retropharyngeal

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)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

ETHMOID SINUS

C31.1

C31.1 Ethmoid sinus

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to ethmoid with or without bone erosion (cribriform plate)

Localized, NOS

2 Regional by direct extension only

Extension to :

More than one ethmoid sinus

Anterior orbit

Base of skull

Frontal sinus

Intracranial extension

Maxillary sinus

Nasal cavity, NOS:

Floor

Lateral wall

Septum

Turbinates

Nasopharynx

Orbital extension including apex of orbit

Skin of external nose

Sphenoid

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Upper, NOS:

Jugulodigastric (subdigastric)

Mandibular, NOS:

Submandibular (submaxillary)

Submental

Retropharyngeal

Regional lymph node(s), NOS

ETHMOID SINUS

C31.1

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)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

ACCESSORY (Paranasal) SINUSES (excluding Maxillary and Ethmoid Sinuses)

C31.2-C31.3, C31.8-C31.9

C31.2 Frontal sinus <>

C31.3 Sphenoid sinus

C31.8 Overlapping lesion of accessory sinuses

C31.9 Accessory sinus, NOS

<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to mucosa in one of the following:

Frontal sinus

Sphenoid sinus

Localized, NOS

2 Regional by direct extension only

Destruction/invasion of:

Bone: Bony wall of sinus

Facial bones

Maxilla

Orbital structures

Pterygoid fossa

Zygoma

Brain

Cranial nerves

Muscles: Masseter

Pterygoid

Nasal cavity, NOS:

Floor

Lateral wall

Septum

Turbinates

Nasopharynx

Orbital contents including eye

Palate

Skin

Soft tissue

More than one accessory sinus invaded

ACCESSORY (Paranasal) SINUSES (excluding Maxillary and Ethmoid Sinuses)
C31.2-C31.3, C31.8-C31.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS

Internal jugular, NOS:

 Deep cervical, NOS:

 Upper, NOS:

 Jugulodigastric (subdigastric)

Mandibular, NOS:

 Submandibular (submaxillary)

 Submental

Retropharyngeal

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

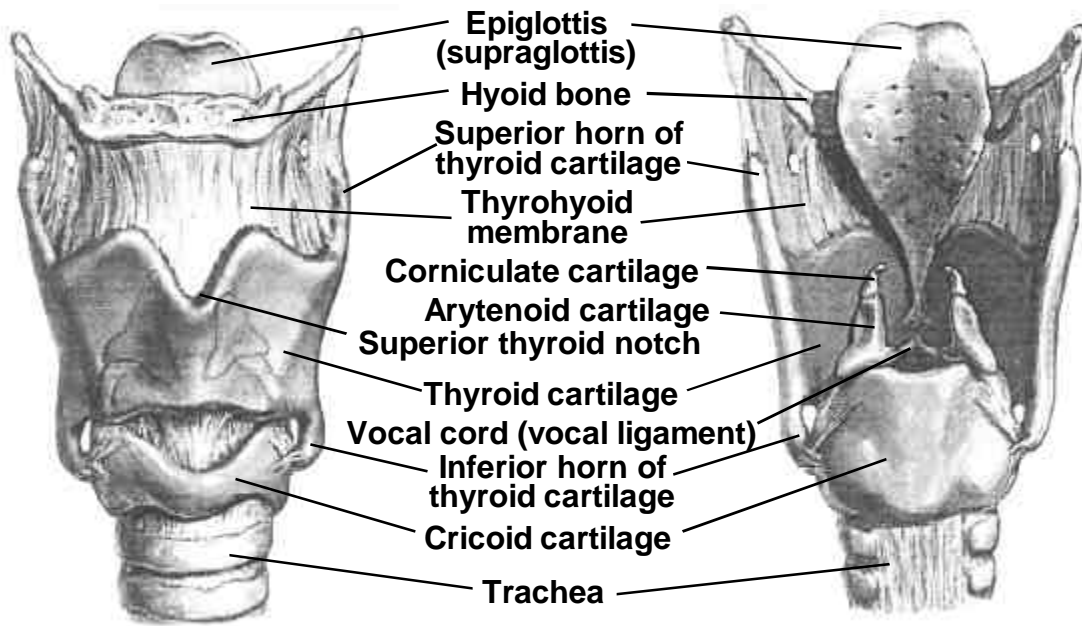
Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

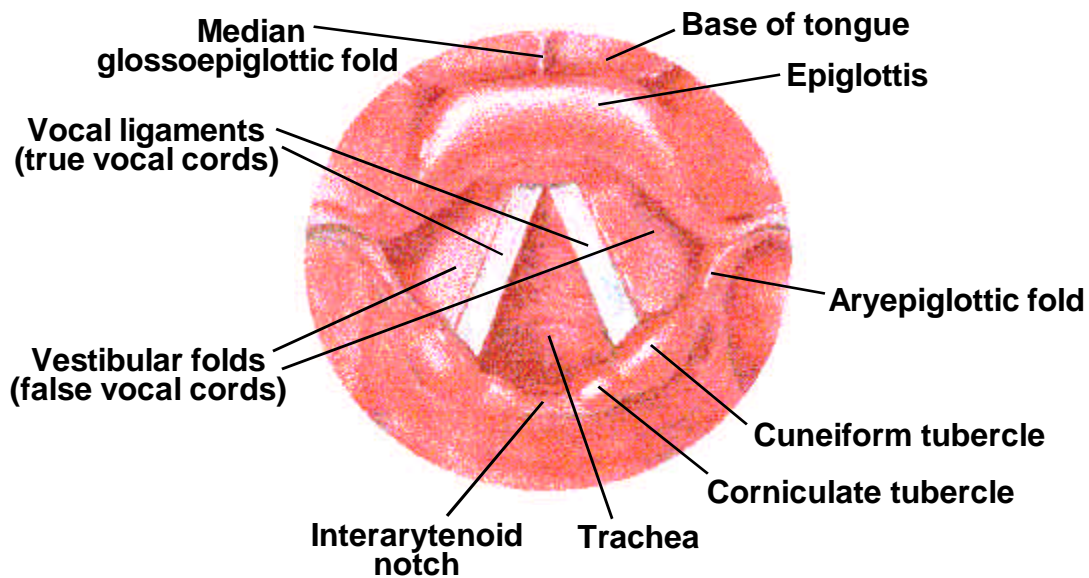
ANATOMIC DRAWINGS OF THE LARYNX



ANTERIOR VIEW OF LARYNX

POSTERIOR VIEW OF LARYNX

Adapted from an illustration
 (now the possession of Novartis and available as freeware)
 by F. Netter, MD



THE VOCAL CORDS AS VIEWED THROUGH A LARYNGOSCOPE

Definition of Anatomical Limits of the Larynx

Anterior Limit is bounded by the anterior or lingual surface of the suprahyoid epiglottis, thyrohyoid membrane, the anterior commissure, and the anterior wall of the subglottic region, which is composed of the thyroid cartilage, the cricothyroid membrane, and the anterior arch of the cricoid cartilage.

Posterior Lateral Limits include the aryepiglottic folds, the arytenoid region, the interarytenoid space, and the posterior surface of the subglottic space represented by the mucous membrane covering the cricoid cartilage.

Superior Lateral Limits are bounded by the tip and the lateral border of the epiglottis.

Inferior Limits are bounded by a plane passing through the inferior edge of the cricoid cartilage.

The larynx is divided into the following anatomic regions and sites:

<u>Region</u>	<u>Site</u>
Supraglottic	Ventricular bands (false cords) Arytenoids Epiglottis (both lingual and laryngeal aspects) Aryepiglottic folds Infrahyoid epiglottis Supraglottis: Left Right Suprahyoid epiglottis
Glottic	Glottic: Anterior and posterior commissures True vocal cords
Subglottic	Right and left walls of the subglottis Subglottis (rima glottidis) exclusive of the undersurface of the cords

LARYNX: GLOTTIS

C32.0 Glottis (intrinsic larynx, laryngeal commissure, true vocal cord, vocal cord, NOS)

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Confined to glottis, NOS

Intrinsic larynx

Laryngeal commissure(s):

Anterior

Posterior

Vocal cord(s), NOS:

True cord(s), NOS

True vocal cord(s)

Invasive tumor WITH or WITHOUT^{##} normal vocal cord mobility:

One vocal cord

Both vocal cords

Tumor involves adjacent region(s) of larynx:^{##}

Subglottis

Supraglottis

False vocal cord(s)

Tumor limited to larynx WITH vocal cord fixation^{##}

Involvement of intrinsic muscle(s):^{##}

Aryepiglottic

Corniculate tubercle

Cuneiform tubercle

Arytenoid

Cricoarytenoid

Cricothyroid

Thyroarytenoid

Thyroepiglottic

Vocalis

Localized, NOS

2 Regional by direct extension only

Extension to:

Base of tongue^{###}

Hypopharynx, NOS^{###}

Postcricoid area

Pre-epiglottic tissues

Pyriform sinus (pyriform fossa)

Vallecula^{###}

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Anterior deep cervical (laterotracheal) (recurrent laryngeal):

Paralaryngeal

Paratracheal

Prelaryngeal:

Delphian node

Pretracheal

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Lower, NOS:###

Jugulo-omohyoid (supraomohyoid)

Middle###

Upper, NOS:

Jugulodigastric (subdigastric)

Mandibular, NOS:

Submandibular (submaxillary)#####

Submental#####

Retropharyngeal#####

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

Continued on next page

LARYNX: GLOTTIS

C32.0

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

Distant lymph node(s):

- Mediastinal
- Supraclavicular (transverse cervical)
- Other distant lymph node(s)

Extension to/through:

- Cervical (upper) esophagus

- Cricoid cartilage**

Extrinsic (strap) muscles:

- Omohyoid

- Sternohyoid

- Sternothyroid

- Thyrohyoid

- Oropharynx

- Skin

- Soft tissues of neck

- Thyroid cartilage**

- Thyroid gland

- Trachea

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered regional in Historic Stage

Considered distant in Historic Stage

** Considered regional in 1977 Summary Staging Guide

*** Considered distant in 1977 Summary Staging Guide

LARYNX: SUPRAGLOTTIS

C32.1

C32.1 Supraglottis (extrinsic larynx, laryngeal aspect of aryepiglottic fold, ventricular band, false vocal cord)

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor with normal vocal cord mobility confined to:

Supraglottis (one subsite):

Aryepiglottic fold

Arytenoid cartilage

Corniculate cartilage

Cuneiform cartilage

Epilarynx, NOS

False cord(s):

Ventricular band(s)

Ventricular cavity

Vestibular fold

Infrahyoid epiglottis

Laryngeal cartilage, NOS

Laryngeal (posterior) surface of epiglottis

Suprahyoid epiglottis (including tip, lingual {anterior} and laryngeal surfaces)

Impaired vocal cord mobility^{##}

Tumor involves adjacent region(s) of larynx

Tumor involves more than one subsite of supraglottis WITHOUT fixation or NOS

Tumor limited to larynx WITH vocal cord fixation^{##}

Localized, NOS

2 Regional by direct extension only

Extension to:

Base of tongue including mucosa

Cricoid cartilage

Hypopharynx, NOS

Postcricoid area

Pre-epiglottic tissues

Pyriform sinus (pyriform fossa)

Vallecula

Tumor involves region outside the supraglottis

LARYNX: SUPRAGLOTTIS
C32.1

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Anterior deep cervical (laterotracheal) (recurrent laryngeal):

Paralaryngeal

Paratracheal

Prelaryngeal:

Delphian node

Pretracheal

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Middle###

Upper, NOS:

Jugulodigastric (subdigastric)

Mandibular, NOS:

Submandibular (submaxillary)#####

Submental#####

Retropharyngeal#####

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

Continued on next page

LARYNX: SUPRAGLOTTIS

C32.1

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

Distant lymph node(s):

Mediastinal

Supraclavicular (transverse cervical)

Other distant lymph node(s)

Extension to/through:

Cervical esophagus

Extrinsic (strap) muscles:

Omohyoid

Sternohyoid

Sternothyroid

Thyrohyoid

Oropharynx

Skin

Soft tissues of neck

Thyroid cartilage^{###}

Thyroid gland

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Considered regional in Historic Stage

Considered distant in Historic Stage

** Considered regional in 1977 Summary Staging Guide

*** Considered distant in 1977 Summary Staging Guide

LARYNX: SUBGLOTTIS

C32.2

C32.2 Subglottis

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor with normal vocal cord mobility confined to subglottis

Tumor involves adjacent region(s) of larynx^{##}

Vocal cords with normal or impaired mobility^{##}

Tumor limited to larynx WITH vocal cord fixation^{##}

Localized, NOS

2 Regional by direct extension only

Extension to/through:

Base of tongue^{###}

Hypopharynx, NOS

Postcricoid area

Pre-epiglottic tissues

Pyriform sinus (pyriform fossa)

Vallecula

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Anterior deep cervical (laterotracheal) (recurrent laryngeal):

Paralaryngeal

Paratracheal

Prelaryngeal:

Delphian node

Pretracheal

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Lower, NOS:

Jugulo-omohyoid (supraomohyoid)

Middle^{***}

Mandibular, NOS:

Submandibular (submaxillary)^{#####}

Submental^{#####}

Retropharyngeal^{#####}

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):

Mediastinal

Supraclavicular (transverse cervical)

Other distant lymph node(s)

Extension to:

Cervical esophagus

Cricoid cartilage^{###}

Extrinsic (strap) muscles:

Omohyoid

Sternohyoid

Sternothyroid

Thyrohyoid

Oropharynx

Skin^{##}

Soft tissues of neck

Thyroid cartilage^{**}

Thyroid gland

Trachea^{##}

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

^{##} Considered regional in Historic Stage

^{###} Considered distant in Historic Stage

^{**} Considered regional in 1977 Summary Staging Guide

^{***} Considered distant in 1977 Summary Staging Guide

LARYNX: OVERLAPPING LESION OR NOS (including Laryngeal Cartilage)

C32.3, C32.8-C32.9

C32.3 Laryngeal cartilage

C32.8 Overlapping lesion of larynx

C32.9 Larynx, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to site of origin

Impaired vocal cord mobility

Tumor involves adjacent region(s) of larynx

Tumor involves more than one subsite without fixation or NOS

Tumor limited to larynx WITH vocal cord fixation

Localized, NOS

2 Regional by direct extension only

Extension to:

Hypopharynx, NOS

Postcricoid area

Pre-epiglottic tissues

Pyriform sinus (pyriform fossa)

Vallecula

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Anterior deep cervical (laterotracheal) (recurrent laryngeal):

Paralaryngeal

Paratracheal

Prelaryngeal:

Delphian node

Pretracheal

Cervical, NOS

Internal jugular, NOS:

Deep cervical, NOS:

Lower, NOS:

Jugulo-omohyoid (supraomohyoid)

Middle

Upper, NOS:

Jugulodigastric (subdigastric)

Code 3 continued on next page

LARYNX: OVERLAPPING LESION OR NOS (including Laryngeal Cartilage)
C32.3, C32.8-C32.9

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

Mandibular, NOS:

Submandibular (submaxillary)###***

Submental###***

Retropharyngeal###***

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):

Mediastinal

Supraclavicular (transverse cervical)

Other distant lymph node(s)

Extension to/through:

Cervical esophagus

Cricoid cartilage**

Extrinsic (strap) muscles:

Omohyoid

Sternohyoid

Sternothyroid

Thyrohyoid

Oropharynx

Skin

Soft tissues of neck

Thyroid cartilage**

Thyroid gland

Trachea

Further contiguous extension

Metastasis

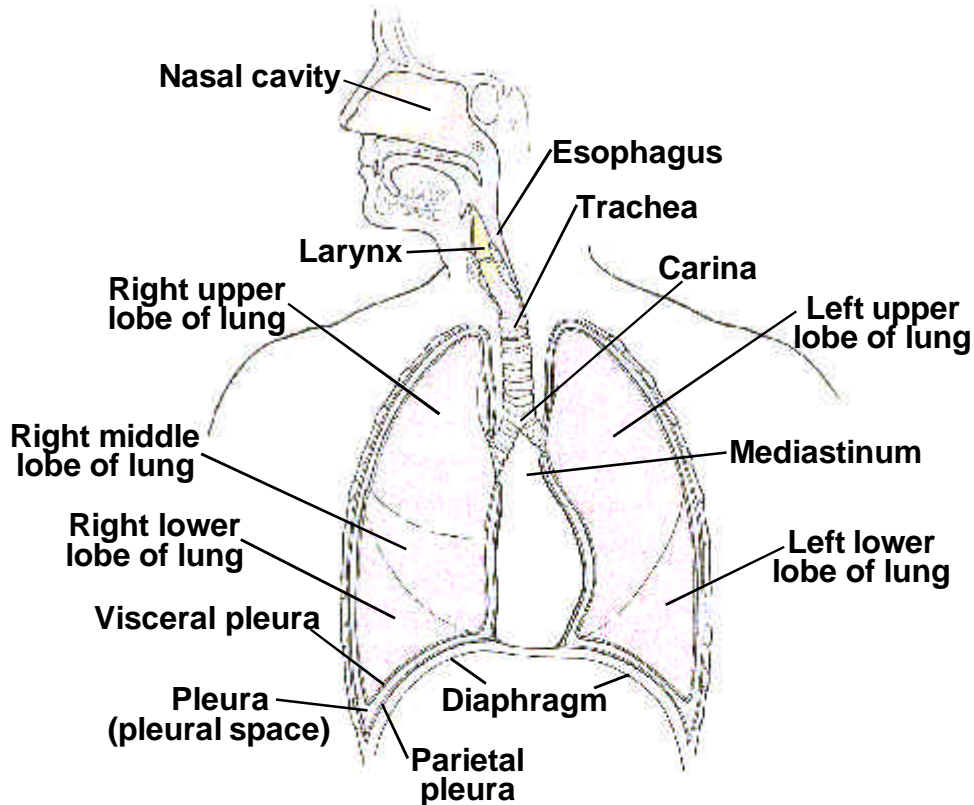
9 Unknown if extension or metastasis

Considered distant in Historic Stage

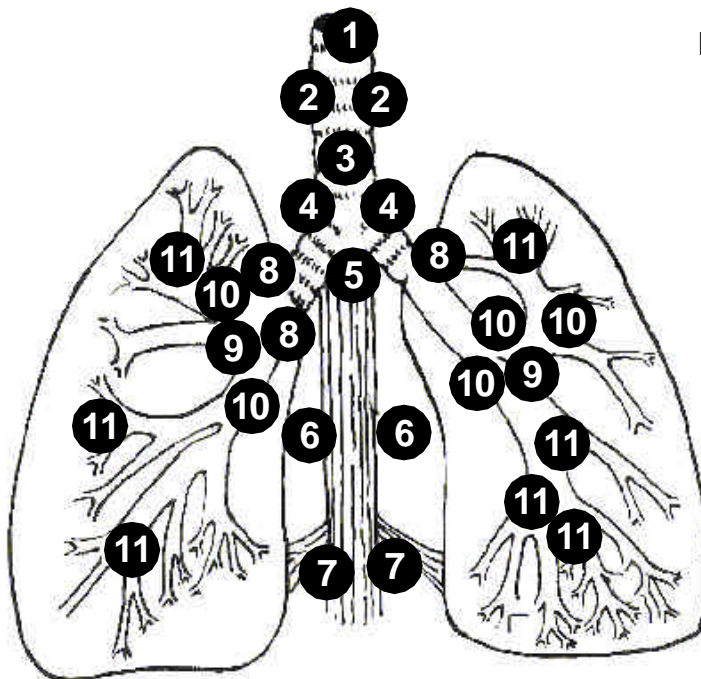
** Considered regional in 1977 Summary Staging Guide

*** Considered distant in 1977 Summary Staging Guide

ANATOMIC DRAWINGS OF THE TRACHEA, LUNGS AND BRONCHI



TRACHEA AND LUNGS

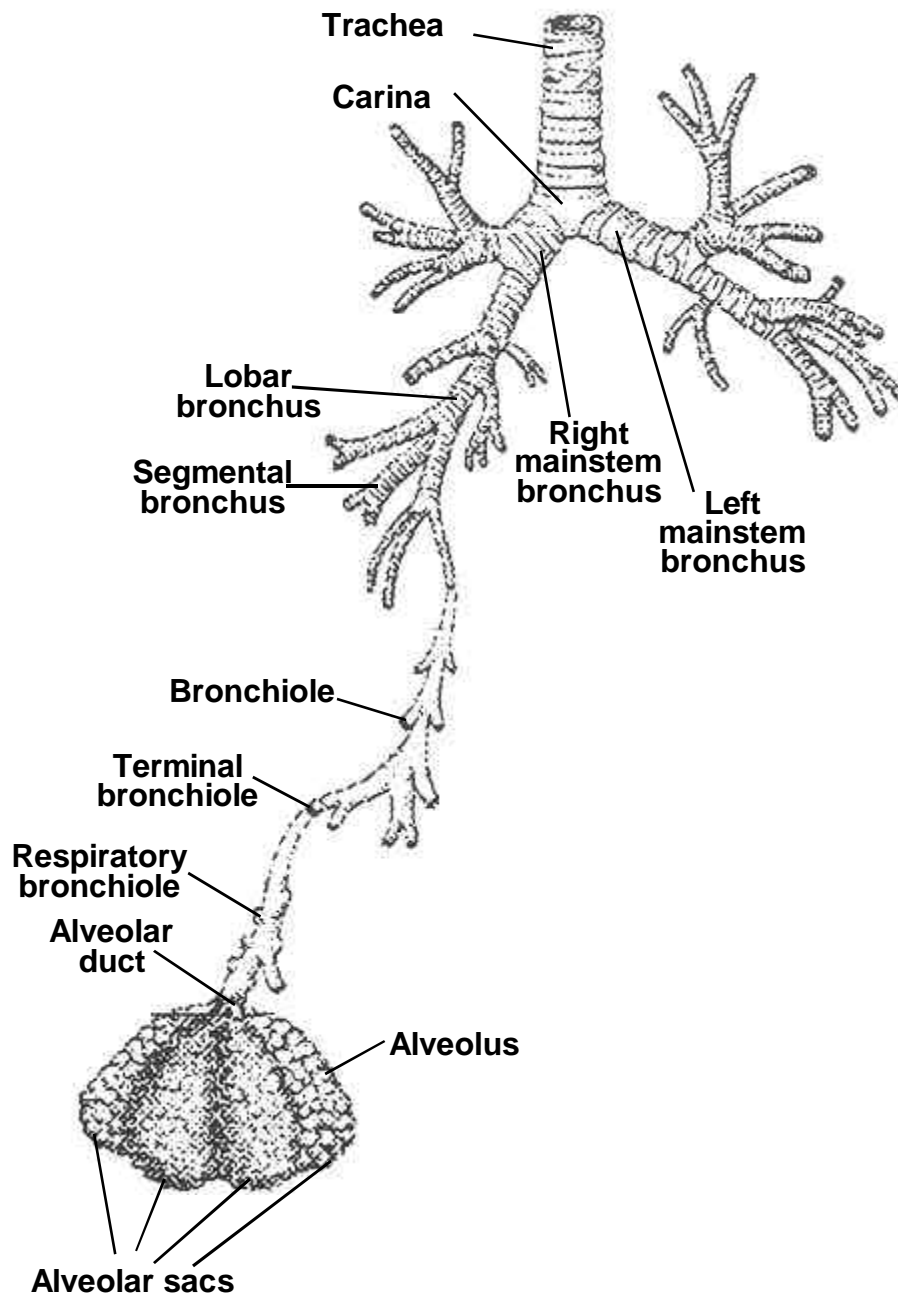


Regional Lymph Nodes of the Lung

- 1 = Anterior mediastinal
- 2 = Paratracheal
- 3 = Pre- and retro- tracheal
- 4 = Lower paratracheal (azygos)
- 5 = Carinal; subcarinal
- 6 = Paraesophageal
- 7 = Peripulmonary; peripulmonary ligament nodes
- 8 = Hilar
- 9 = Lobar
- 10 = Peribronchial
- 11 = Segmental, subsegmental

REGIONAL LYMPH NODES OF THE LUNGS

ANATOMIC DRAWING OF THE TRACHEA, LUNGS, AND BRONCHI



THE RESPIRATORY TRACT

TRACHEA

C33.9

C33.9 Trachea

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to trachea

Localized, NOS

2 Regional by direct extension only

Extension to:

Adjacent tissue(s), NOS

Connective tissue:

Arch of aorta

Azygos vein, right

Brachiocephalic vein

Carotid sheath

Common carotid artery(ies)

Jugular arch

Phrenic nerves

Pretracheal fascia

Subclavian artery(ies)

Vagus nerve

Adjacent organs/structure(s):

Cricoid cartilage

Esophagus

Pleura

Right and left main bronchi

Sternum

Thymus

Thyroid gland

Vertebral column

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Mediastinal, NOS:

 Posterior (tracheoesophageal)

Paratracheal

Pretracheal

Tracheal, NOS

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)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

BRONCHUS AND LUNG

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

C34.0 Main bronchus (including carina, hilus of lung) <>

C34.1 Upper lobe (including lingula), lung <>

C34.2 Middle, lung <>

C34.3 Lower lobe, lung <>

C34.8 Overlapping lesion of lung <>

C34.9 Lung, NOS <>

<> Laterality must be coded for this site (except carina and hilus of lung).

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized

Confined to carina

Confined to hilus of lung

Confined to the main stem bronchus ≥ 2.0 cm from carina

Confined to the main stem bronchus, NOS

Extension from other parts of the lung to main stem bronchus ≥ 2.0 cm from carina^{##}

Extension from other parts of the lung to main stem bronchus, NOS^{##}

Single tumor confined to one lung

Localized, NOS

2 Regional by direct extension only

Atelectasis/obstructive pneumonitis

Extension to:

Blood vessel(s) (major):

Aorta^{***}

Azygos vein

Pulmonary artery or vein

Superior vena cava (SVC syndrome)

Brachial plexus from superior sulcus^{####*}

Carina from lung

Chest (thoracic) wall^{***}

Diaphragm^{***}

Esophagus

Main stem bronchus <2.0 cm from carina

Mediastinum, extrapulmonary or NOS

Nerve(s):

Cervical sympathetic (Horner's syndrome)

Phrenic

Recurrent laryngeal (vocal cord paralysis)

Vagus

Pancoast tumor (superior sulcus syndrome)^{####*}

Parietal (mediastinal) pleura^{***}

Parietal pericardium^{###}

Pericardium, NOS

Pleura, NOS

Pulmonary ligament

Trachea

Visceral pleura

Multiple masses/separate tumor nodule(s) in the SAME lobe^{#*}

Multiple masses/separate tumor nodule(s) in the main stem bronchus

Tumor of main stem bronchus <2.0 cm from carina^{*}

Continued on next page

BRONCHUS AND LUNG

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

3 Regional IPSILATERAL regional lymph node(s) involved only

REGIONAL Lymph Nodes

Aortic [above diaphragm], NOS:

Peri/para-aortic, NOS:

Ascending aorta (phrenic)

Subaortic (aortico-pulmonary window)

Bronchial

Carinal (tracheobronchial) (tracheal bifurcation)

Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)

Intrapulmonary, NOS:

Interlobar

Lobar

Segmental

Subsegmental

Mediastinal, NOS:

Anterior

Posterior (tracheoesophageal)

Pericardial

Peri/parabronchial

Peri/paraesophageal

Peri/paratracheal, NOS:

Azygos (lower peritracheal)

Pre- and retrotracheal, NOS:

Precarinal

Pulmonary ligament

Subcarinal

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s):

Cervical, NOS

Contralateral/bilateral hilar (bronchopulmonary) (proximal lobar) (pulmonary root)

Contralateral/bilateral mediastinal

Scalene (inferior deep cervical), ipsilateral or contralateral

Supraclavicular (transverse cervical), ipsilateral or contralateral

Other distant lymph node(s)

Extension to:

Abdominal organs

Adjacent rib^{##}

Contralateral lung

Contralateral main stem bronchus

Heart^{##}

Pericardial effusion (malignant or NOS)

Pleural effusion (malignant or NOS)

Skeletal muscle

Skin of chest

Sternum

Vertebra(e)

Visceral pericardium^{##}

Further contiguous extension

Separate tumor nodule(s) in different lobe^{##*}

Separate tumor nodule(s) in contralateral lung

Metastasis

9 Unknown if extension or metastasis

Note 1: “Bronchopneumonia” is not the same thing as “obstructive pneumonitis” and should not be coded as such.

Note 2: Assume tumor ≥ 2 cm from carina if lobectomy, segmental resection, or wedge resection is done.

Note 3: If no mention is made of the opposite lung on a chest x-ray, assume it is not involved.

Note 4: Ignore pleural effusion which is negative for tumor. Assume that a pleural effusion is negative if a resection is done.

Note 5: If at mediastinoscopy/x-ray, the description is “mass,” “adenopathy,” or “enlargement” of the mediastinum or of any of the lymph nodes listed under Regional Lymph Nodes (see page 150), assume that at least regional lymph nodes are involved.

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

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

Considered localized in Historic Stage

Considered regional in Historic Stage

Considered distant in Historic Stage

* Considered localized in 1977 Summary Staging Guide

*** Considered distant in 1977 Summary Staging Guide

HEART, MEDIASTINUM

C38.0-C38.3, C38.8

C38.0 Heart

C38.1 Anterior mediastinum

C38.2 Posterior mediastinum

C38.3 Mediastinum, NOS

C38.8 Overlapping lesion of heart, mediastinum and pleura

Note: AJCC includes these sites with soft tissue sarcomas (C47.0-C48.9)

SUMMARY STAGE

1 Localized only

Invasive tumor 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:

See definition of adjacent organs and structures on page 14.

Heart:

Ascending aorta

Pericardium, NOS:

Parietal

Visceral (epicardium)

Vena cava

Mediastinum:

Descending aorta

Esophagus

Large (named) artery(ies)

Large (named) vein(s)

Pericardium, NOS:

Parietal

Visceral (epicardium)

Phrenic nerve(s)

Pleura, NOS:

Parietal

Visceral

Sternum

Sympathetic nerve trunk(s)

Thoracic duct

Thymus

Trachea

Vertebra(e)

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Aortic [above diaphragm], NOS:

Peri/para-aortic, NOS:

Ascending aorta (phrenic)

Subaortic (aortico-pulmonary window)

Carinal (tracheobronchial) (tracheal bifurcation)

Mediastinal, NOS:

Anterior

Posterior (tracheoesophageal)

Pericardial

Peri/paraesophageal

Peri/paratracheal, NOS:

Azygos (lower peritracheal)

Pre- and retrotracheal, NOS:

Precarinal

Pulmonary ligament

Subcarinal

Regional lymph node(s), NOS

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)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note: Code 0 is not applicable for this scheme.

PLEURA

C38.4

C38.4 Pleura, NOS (including visceral and parietal) <>

<> Laterality must be coded for this site.

SUMMARY STAGE

1 Localized only

Invasive tumor (mesothelioma) confined to pleura
Ipsilateral parietal and/or visceral pleura
Mesothelioma WITH nodule(s) beneath visceral pleural surface

Localized, NOS

2 Regional by direct extension only

Extension to adjacent organs/structure:

- Chest wall
- Connective tissue
- Diaphragm
- Endothoracic fascia
- Heart muscle
- Lung involvement, NOS
- Mediastinal organs or tissues
- Pericardium
- Rib

Mesothelioma nodule(s) which have broken through the visceral pleural surface to lung surface

Continued on next page

3 Regional IPSILATERAL lymph nodes involved only

REGIONAL Lymph Nodes

Aortic [above diaphragm], NOS:

Peri/para-aortic, NOS:

Ascending aorta (phrenic)

Subaortic (aortico-pulmonary window)

Carinal (tracheobronchial) (tracheal bifurcation)

Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)

Intrapulmonary, NOS:

Interlobar

Lobar

Segmental

Subsegmental

Mediastinal, NOS:

Anterior

Posterior (tracheoesophageal)

Pericardial

Peri/parabronchial

Peri/paraesophageal

Peri/paratracheal, NOS:

Azygos (lower peritracheal)

Pre- and retrotracheal, NOS:

Precarinal

Pulmonary ligament

Subcarinal

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

Continued on next page

PLEURA

C38.4

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

Distant lymph node(s):

Contralateral/bilateral hilar (bronchopulmonary) (proximal lobar) (pulmonary root)

Contralateral/bilateral mediastinal

Scalene (inferior deep cervical), ipsilateral or contralateral

Supraclavicular (transverse cervical), ipsilateral or contralateral

Other distant lymph node(s)

Extension to:

Cervical (neck) tissues

Contralateral lung

Contralateral pleura

Intra-abdominal organs

Peritoneum

Mesothelioma WITH malignant pleural fluid

Pleural effusion

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note 1: Code 0 is not applicable for this scheme.

Note 2: Ignore pleural effusion which is negative for tumor.

**OTHER AND ILL-DEFINED RESPIRATORY
SITES AND INTRATHORACIC ORGANS**

C39.0, C39.8-C39.9

C39.0 Upper respiratory tract, NOS

C39.8 Overlapping lesion of respiratory system and intrathoracic organs

C39.9 Ill-defined sites within respiratory system

SUMMARY STAGE

1 Localized only

Invasive tumor 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:

Descending aorta

Esophagus

Large (named) artery(ies)

Large (named) vein(s)

Pericardium, NOS:

Parietal

Visceral (epicardium)

Phrenic nerve(s)

Pleura, NOS:

Parietal

Visceral

Sternum

Sympathetic nerve trunk(s)

Thoracic duct

Thymus

Trachea

Vertebra(e)

**OTHER AND ILL-DEFINED RESPIRATORY
SITES AND INTRATHORACIC ORGANS
C39.0, C39.8-C39.9**

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Aortic [above diaphragm], NOS:

Peri/para-aortic, NOS:

Ascending aorta (phrenic)

Subaortic (aortico-pulmonary window)

Carinal (tracheobronchial) (tracheal bifurcation)

Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)

Intrapulmonary, NOS:

Interlobar

Lobar

Segmental

Subsegmental

Mediastinal, NOS:

Anterior

Posterior (tracheoesophageal)

Pericardial

Peri/parabronchial

Peri/paraesophageal

Peri/paratracheal, NOS:

Azygos (lower peritracheal)

Pre- and retrotracheal, NOS:

Precarinal

Pulmonary ligament

Subcarinal

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)

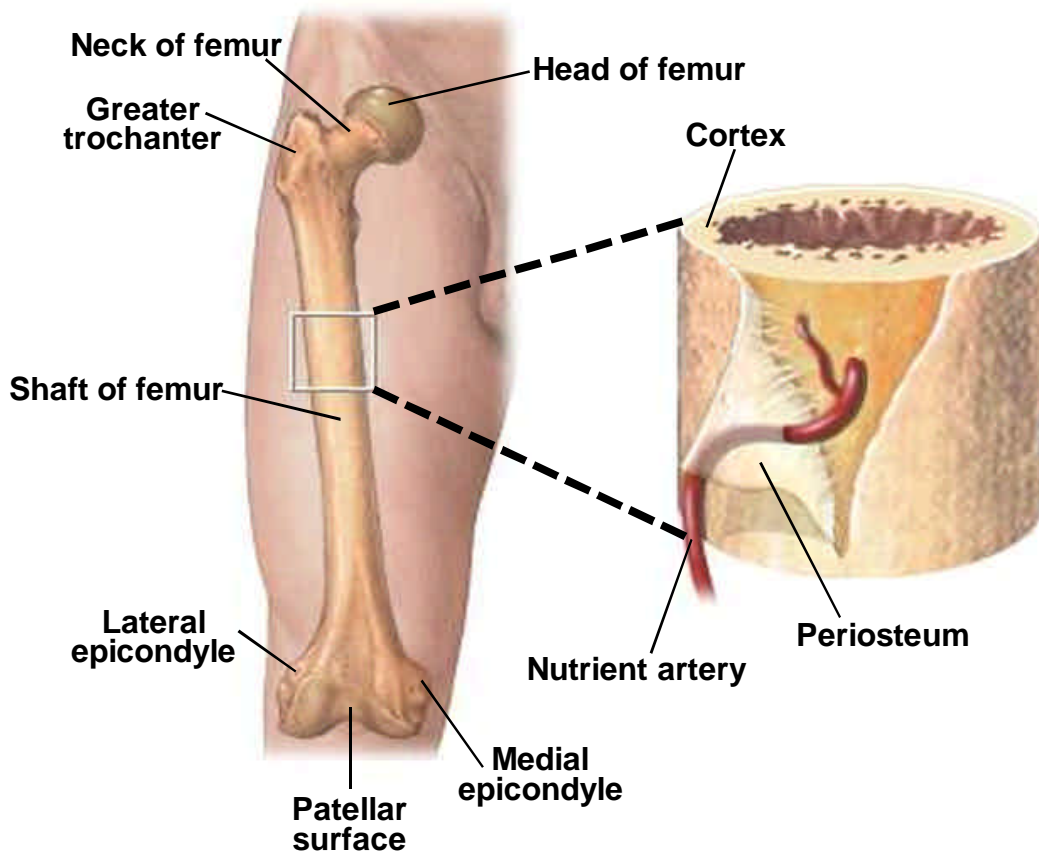
Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

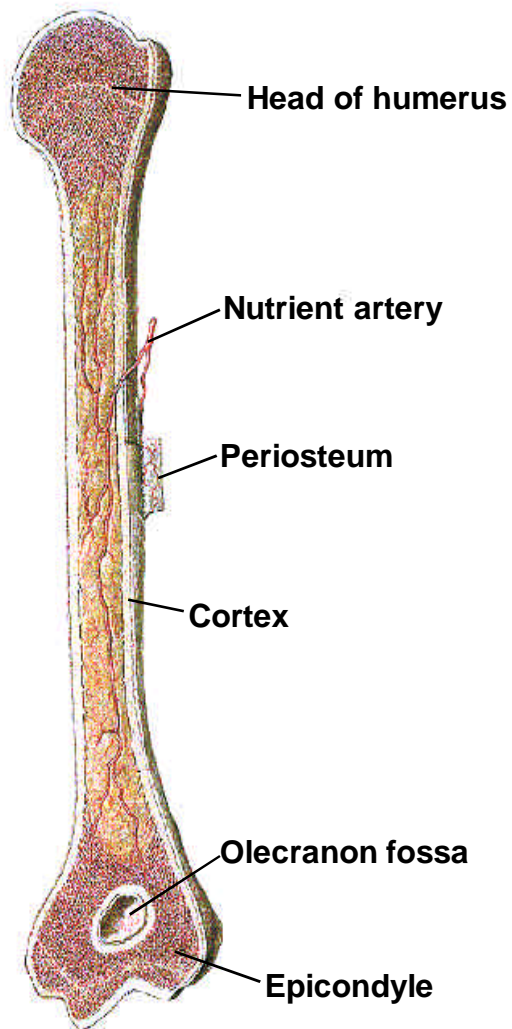
Note: Code 0 is not applicable for this scheme.

ANATOMIC DRAWINGS OF THE BONE



FEMUR BONE AND BONE DETAIL

ANATOMIC DRAWINGS OF THE BONE



HUMERUS

BONES, JOINTS, AND ARTICULAR CARTILAGE

C40.0-C40.3, C40.8-C40.9, C41.0-C41.4, C41.8-C41.9

C40.0 Long bones of upper limb, scapula and associated joints <>

C40.1 Short bones of upper limb and associated joints <>

C40.2 Long bones of lower limb and associated joints <>

C40.3 Short bones of lower limb and associated joints <>

C40.8 Overlapping lesion of bones, joints and articular cartilage of limbs

C40.9 Bone of limb, NOS

C41.0 Bones of skull and face and associated joints

C41.1 Mandible

C41.2 Vertebral column

C41.3 Rib, sternum, clavicle and associated joints <>+

C41.4 Pelvic bones, sacrum, coccyx and associated joints <>++

C41.8 Overlapping lesion of bones, joints and articular cartilage

C41.9 Bone, NOS (including articular cartilage)

<> Laterality must be coded for this site.

+ For sternum, laterality is coded 0.

++ For sacrum, coccyx, and symphysis pubis laterality is coded 0.

SUMMARY STAGE

1 Localized only

Invasive tumor confined to cortex of bone

Extension beyond cortex to periosteum (no break in periosteum)

Localized, NOS

2 Regional by direct extension only

Extension beyond periosteum to surrounding tissues:

Adjacent bone/cartilage

Adjacent skeletal muscle(s)

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

BONES, JOINTS, AND ARTICULAR CARTILAGE
C40.0-C40.3, C40.8-C40.9, C41.0-C41.4, C41.8-C41.9

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

Distant lymph node(s)

Extension to:
Skin^{##}

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note 1: Code 0 is not applicable for this scheme.

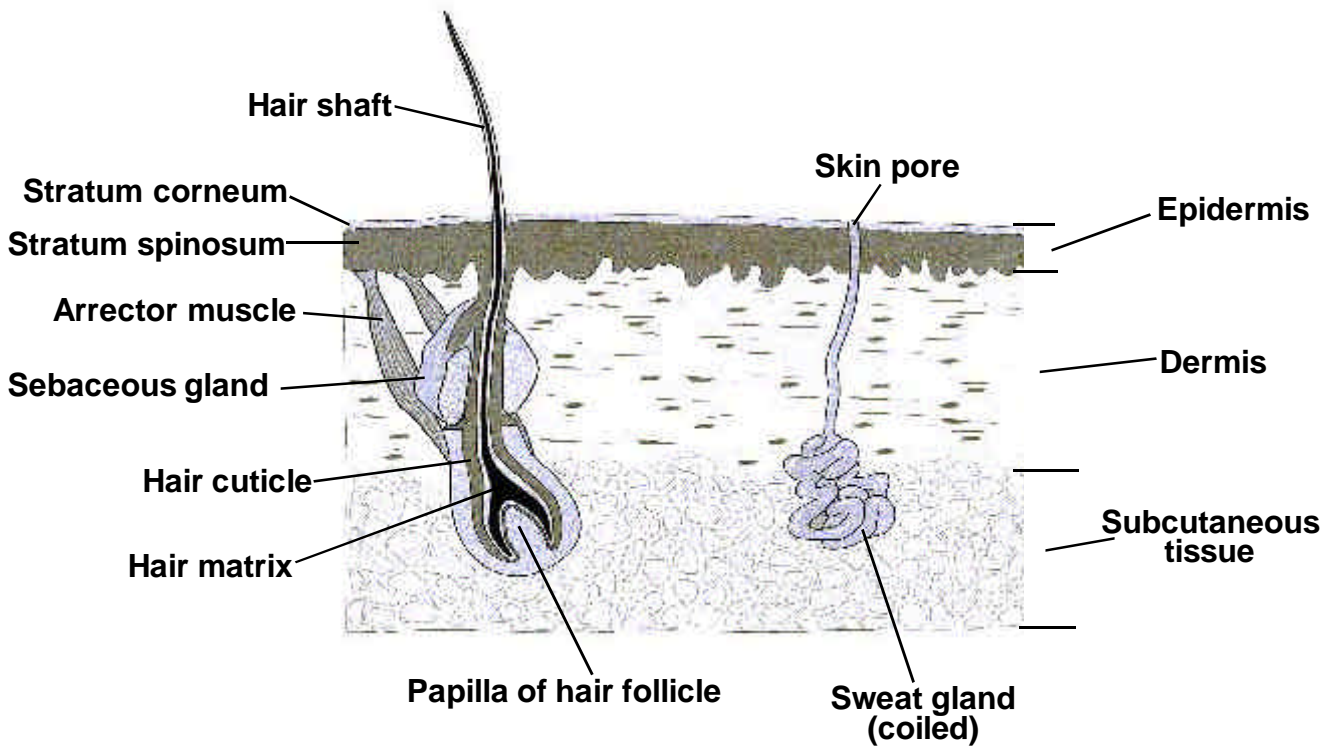
Note 2: The cortex of a bone is the dense outer shell that provides strength to the bone; the spongy center of a bone is the cancellous portion. The periosteum of the bone is the fibrous membrane covering of a bone which contains the blood vessels and nerves; the periosteum is similar to the capsule on a visceral organ.

Note 3: Regional lymph nodes are defined as those in the vicinity of the primary tumor.

Note 4: Regional lymph node involvement is rare. If there is no mention of lymph node involvement clinically, assume that lymph nodes are negative.

^{##} Considered regional in Historic Stage

ANATOMIC DRAWING OF SKIN



SKIN LAYERS AND HAIR ANATOMY

Relationship Between Thickness, Depth of Invasion, and Clark's Level (Use Only for Melanoma of the Skin, Vulva, Penis, and Scrotum)

Summary Stage	Thickness/Depth	Clark's Level
In Situ	In Situ	Level I
Localized	< or = 0.75 mm	Level II
	0.76 to 1.50 mm	Level III
	> 1.50 mm	Level IV
Regional Direct Extension	Thru entire dermis	Level V
	Satellite nodules < or = 2 cm from primary	
Regional LN	(See LNs by primary site)	
Distant	Underlying cartilage, bone, muscle, or metastatic (generalized) skin lesions	

SKIN EXCEPT EYELID [excluding Melanoma (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and Other Lymphomas (page 278)]
C44.0, C44.2-C44.9

C44.0 Skin of lip, NOS (excludes vermilion border C00._)

C44.2 External ear <>

C44.3 Skin of other and unspecified parts of face <>

C44.4 Skin of scalp and neck

C44.5 Skin of trunk <>

C44.6 Skin of upper limb and shoulder <>

C44.7 Skin of lower limb and hip <>

C44.8 Overlapping lesion of skin

C44.9 Skin, NOS

<> Laterality must be coded for this site.

Note: Skin of eyelid has a separate scheme. See page 170.

For codes C44.3 and C44.5, if the tumor is midline (e.g., chin) code as 9 (midline) in the laterality field.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
Bowen disease; intraepidermal

1 Localized only

Lesion(s) confined to dermis

Stratum corneum

Stratum spinosum

Subcutaneous tissue (through entire dermis)^{##}

Arrector muscle

Localized, NOS

2 Regional by direct extension only

Extension to underlying cartilage, bone, skeletal muscle^{***}

SKIN EXCEPT EYELID [excluding Melanoma (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and Other Lymphomas (page 278)] C44.0, C44.2-C44.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes by primary site

Head and neck :

All head and neck subsites:

Cervical, NOS

Lip:

Facial, NOS:#####

Buccinator (buccal)#####

Nasolabial#####

Mandibular, NOS:

Submandibular (submaxillary)

Submental#####

Parotid, NOS:#####

Infra-auricular#####

Preauricular#####

External ear/auditory canal:

Mastoid (post-/retro-auricular)

Preauricular

Face, Other (cheek, chin, forehead, jaw, nose and temple):

Facial, NOS:

Buccinator (buccal)

Nasolabial

Mandibular, NOS:

Submandibular (submaxillary)

Submental#####

Parotid, NOS:

Infra-auricular

Preauricular

Scalp:

Mastoid (post-/retro-auricular)

Parotid, NOS:

Infra-auricular

Preauricular

Spinal accessory (posterior cervical)

Neck:

Axillary

Mandibular, NOS:

Submental#####

Mastoid (post-/retro-auricular)

Parotid, NOS:

Infra-auricular

Preauricular

Spinal accessory (posterior cervical)

Supraclavicular (transverse cervical)

Code 3 continued on next page

SKIN EXCEPT EYELID [excluding Melanoma (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and Other Lymphomas (page 278)]
C44.0, C44.2-C44.9

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

Upper trunk:

Axillary
Cervical
Internal mammary
Supraclavicular (transverse cervical)

Lower trunk:

Superficial inguinal (femoral)

Arm/shoulder:

Axillary
Epitrochlear **for hand/forearm**
Spinal accessory (posterior cervical) **for shoulder**

Leg/hip:

Popliteal **for heel and calf**
Superficial inguinal (femoral)

All sites:

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):

Metastatic skin lesion(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

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

Note 2: Skin ulceration does not alter the Summary Stage

Note 3: Skin of genital sites is not included in this scheme. These sites are skin of vulva (C51.0-C51.2, C51.8-C51.9), skin of penis (C60.0-C60.1, C60.8-C60.9) and skin of scrotum (C63.2).

Considered regional in Historic Stage

Considered distant in Historic Stage

*** Considered distant in 1977 Summary Staging Guide

**SKIN OF EYELID [excluding Melanoma (page 172), Kaposi Sarcoma (page 274),
Mycosis Fungoides (page 176), Sezary Disease (page 176), and Other Lymphomas (page 278)]**
C44.1
C44.1 Eyelid <>
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial;
Bowen disease; intraepidermal

1 Localized only

Infiltrates dermis
Invades tarsal plate
Involves full eyelid thickness
Lesion(s) confined to dermis
Subcutaneous tissue (through entire dermis)^{##}

Localized, NOS

2 Regional by direct extension only

Extension to:
Adjacent structures including orbit^{***}
Underlying cartilage, bone, skeletal muscle^{***}

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Facial, NOS:
 Buccinator (buccal)
 Nasolabial
Mandibular, NOS:
 Submandibular (submaxillary)
 Submental^{####*}
Parotid, NOS:
 Infra-auricular
 Preauricular

Regional lymph node(s), NOS

SKIN OF EYELID [excluding Melanoma (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and Other Lymphomas (page 278)] C44.1

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)

Metastatic skin lesion(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note 1: In the case of multiple simultaneous tumors, code the greatest involvement.

Note 2: Skin ulceration does not alter the Summary Stage.

Considered regional in Historic Stage

Considered distant in Historic Stage

*** Considered distant in 1977 Summary Staging Guide

MELANOMA OF SKIN, VULVA, PENIS, AND SCROTUM

C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-8720-8790)

C44.0 Skin of lip, NOS (excludes vermillion border C00._)	C51.0 Labium majus
C44.1 Eyelid <>	C51.1 Labium minus
C44.2 External ear <>	C51.2 Clitoris
C44.3 Skin of other and unspecified parts of face <>	C51.8 Overlapping lesion of vulva
C44.4 Skin of scalp and neck	C51.9 Vulva, NOS
C44.5 Skin of trunk <>	C60.0 Prepuce
C44.6 Skin of upper limb and shoulder <>	C60.1 Glans penis
C44.7 Skin of lower limb and hip <>	C60.8 Overlapping lesion of penis
C44.8 Overlapping lesion of skin	C60.9 Penis, NOS
C44.9 Skin, NOS	C63.2 Scrotum, NOS
<> Laterality must be code for this site.	<i>See also Note 1.</i>
For codes C44.3 and C44.5, if the tumor is midline (e.g., chin) code as 9 (midline) in the laterality field.	

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
Basement membrane of the epidermis is intact; intraepidermal
Clark's level I

1 Localized only

Papillary dermis invaded
Clark's level II

Papillary-reticular dermal interface invaded
Clark's level III

Reticular dermis invaded
Clark's level IV

Skin/dermis, NOS

Localized, NOS

2 Regional by direct extension only

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

Satellite nodule(s), NOS
Satellite nodule(s) \leq 2 cm from primary tumor

MELANOMA OF SKIN, VULVA, PENIS, AND SCROTUM

C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-8720-8790)

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes by primary site

Head and neck :

All head and neck subsites:

Cervical, NOS

Lip:

Facial, NOS:#####

Buccinator (buccal)#####

Nasolabial#####

Mandibular, NOS:

Submandibular (submaxillary)

Submental#####

Parotid, NOS:#####

Infra-auricular#####

Preauricular#####

Eyelid/canthus:

Facial, NOS:

Buccinator (buccal)

Nasolabial

Mandibular, NOS:

Submandibular (submaxillary)

Submental#####

Parotid, NOS:

Infra-auricular

External ear/auditory canal:

Mastoid (post-/retro-auricular)

Preauricular

Face, Other (cheek, chin, forehead, jaw, nose and temple):

Facial, NOS:

Buccinator (buccal)

Nasolabial

Mandibular, NOS:

Submandibular (submaxillary)

Submental#####

Parotid, NOS:

Infra-auricular

Preauricular

Scalp:

Mastoid (post-/retro-auricular)

Parotid, NOS:

Infra-auricular

Preauricular

Spinal accessory (posterior cervical)

Code 3 continued on next page

MELANOMA OF SKIN, VULVA, PENIS, AND SCROTUM

C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-8720-8790)

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

Neck: Axillary
Mandibular, NOS:
 Submental#####
Mastoid (post-/retro-auricular)
Parotid, NOS:
 Infra-auricular
 Preauricular
Spinal accessory (posterior cervical)
Supraclavicular (transverse cervical)

Upper trunk:

Axillary
Cervical
Internal mammary
Supraclavicular (transverse cervical)

Lower trunk:

Superficial inguinal (femoral)

Arm/shoulder:

Axillary
Epitrochlear **for hand/forearm**
Spinal accessory (posterior cervical) **for shoulder**

Leg/hip:

Popliteal **for heel and calf**
Superficial inguinal (femoral)

Vulva/penis/scrotum:

Deep inguinal, NOS:
 Node of Cloquet or Rosenmuller (highest deep inguinal)
Superficial inguinal (femoral)

All sites:

In-transit metastasis (satellite nodules >2 cm from primary tumor)
Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

MELANOMA OF SKIN, VULVA, PENIS, AND SCROTUM

C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-8720-8790)

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

Distant lymph node(s):

Further contiguous extension:

Underlying cartilage, bone, skeletal muscle

Metastasis:

Metastasis to skin or subcutaneous tissue beyond regional lymph nodes

Visceral metastasis

9 Unknown if extension or metastasis

Note 1: For melanoma of sites other than those above, use site-specific schemes.

Note 2: If there is a discrepancy between the Clark's level and the pathologic description of extent, use the higher Summary Stage code.

Note 3: Skin ulceration does not alter the classification. Skin ulceration was considered regional in Historic Stage.

Note 4: In-transit metastasis was considered regional by direct extension in Historic Stage and Summary Stage 1977.

Considered distant in Historic Stage

* Considered localized in 1977 Summary Staging Guide

*** Considered distant in 1977 Summary Staging Guide

MYCOSIS FUNGOIDES AND SEZARY DISEASE OF SKIN, VULVA, PENIS, SCROTUM

C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-9700-9701)

C44.0 Skin of lip, NOS (excludes vermilion border C00._)	C51.0 Labium majus
C44.1 Eyelid <>	C51.1 Labium minus
C44.2 External ear <>	C51.2 Clitoris
C44.3 Skin of other and unspecified parts of face <>	C51.8 Overlapping lesion of vulva
C44.4 Skin of scalp and neck	C51.9 Vulva, NOS
C44.5 Skin of trunk <>	C60.0 Prepuce
C44.6 Skin of upper limb and shoulder <>	C60.1 Glans penis
C44.7 Skin of lower limb and hip <>	C60.8 Overlapping lesion of penis
C44.8 Overlapping lesion of skin	C60.9 Penis, NOS
C44.9 Skin, NOS	C63.2 Scrotum, NOS

<> Laterality must be coded for this site. For codes C44.3 and C44.5, if the tumor is midline (e.g., chin), code as 9 (midline) in the laterality field.

SUMMARY STAGE

1 Localized only

Plaques, papules, or erythematous patches (“plaque stage”):

<10% of skin surface, no tumors

Limited plaques

MFCG Stage I

≥10% of skin surface, no tumors

Generalized plaques

MFCG Stage II

% of body surface not stated, no tumors

Skin involvement, NOS: extent not stated, no tumors

Localized, NOS

2 Regional by direct extension only

Tumor Stage

One or more tumors (tumor stage)

Generalized erythroderma (>50% of body involved with diffuse redness)

Sezary syndrome

MFCG Stage III

MYCOSIS FUNGOIDES AND SEZARY DISEASE OF SKIN, VULVA, PENIS, SCROTUM
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-9700-9701)

3 Lymph node(s) involved only

Lymph Nodes:

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

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

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

Lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

7 Distant site(s) involved

Visceral (non-cutaneous, extranodal) involvement
MFCG Stage IV

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Source: Stage groups developed by the Mycosis Fungoides Cooperative Group (MFCG)

Note 1: Code 0 is not applicable for this scheme.

Note 2: Since there was no separate staging scheme in either the Historic Stage or the 1977 Summary Staging Guide scheme for Mycosis Fungoides and Sezary Disease of the skin, vulva, penis, and scrotum, these cases would have been staged previously using the scheme for “skin other than melanoma”.

**PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM;
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES**

C47.0-C47.6, C47.8-C47.9, C49.0-C49.6, C49.8-C49.9

**Peripheral Nerves and Autonomic
Nervous System**

C47.0 Head, face and neck
C47.1 Upper limb and shoulder <>
C47.2 Lower limb and hip <>
C47.3 Thorax
C47.4 Abdomen
C47.5 Pelvis
C47.6 Trunk, NOS
C47.8 Overlapping lesion of sites .0 - .6
C47.9 Autonomic nervous system, NOS
<> Laterality must be coded for this site.

**Connective, Subcutaneous and other Soft
Tissues**

C49.0 Head, face and neck
C49.1 Upper limb and shoulder <>
C49.2 Lower limb and hip <>
C49.3 Thorax
C49.4 Abdomen
C49.5 Pelvis
C49.6 Trunk, NOS
C49.8 Overlapping lesion of sites .0 - .6
C49.9 Connective, subcutaneous, and other soft
tissues, NOS

SUMMARY STAGE

1 Localized only

Invasive tumor confined to site/tissue of origin

Localized, NOS

2 Regional by direct extension only

Extension to:

Adjacent tissue(s), NOS

Connective tissue

See definition of adjacent connective tissue on page 14.

Adjacent organs/structures including bone/cartilage

See definition of adjacent organs/structures on page 14.

Continued on next page

**PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM;
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES**
C47.0-C47.6, C47.8-C47.9, C49.0-C49.6, C49.8-C49.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes by primary site

Head and neck :

All head and neck subsites:

Cervical, NOS

Lip:

Facial, NOS:

Buccinator (buccal)

Nasolabial

Mandibular, NOS:

Submandibular (submaxillary)

Submental

Parotid, NOS:

Infra-auricular

Preauricular

Eyelid/canthus:

Facial, NOS:

Buccinator (buccal)

Nasolabial

Mandibular, NOS:

Submandibular (submaxillary)

Submental

Parotid, NOS:

Infra-auricular

External ear/auditory canal:

Mastoid (post-/retro-auricular)

Preauricular

Face, Other (cheek, chin, forehead, jaw, nose and temple):

Facial, NOS:

Buccinator (buccal)

Nasolabial

Mandibular, NOS:

Submandibular (submaxillary)

Submental

Parotid, NOS:

Infra-auricular

Preauricular

Scalp:

Mastoid (post-/retro-auricular)

Parotid, NOS:

Infra-auricular

Preauricular

Spinal accessory (posterior cervical)

Code 3 continued on next page

**PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM;
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES
C47.0-C47.6, C47.8-C47.9, C49.0-C49.6, C49.8-C49.9**

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

Neck: Axillary
Mandibular, NOS:
 Submental
Mastoid (post-/retro-auricular)
Parotid, NOS:
 Infra-auricular
 Preauricular
Spinal accessory (posterior cervical)
Supraclavicular (transverse cervical)

Arm/shoulder:

Axillary
Epitrochlear **for hand/forearm**
Spinal accessory (posterior cervical) **for shoulder**

Leg/hip:

Popliteal **for heel and calf**
Superficial inguinal (femoral)

Thorax:

Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)
Mediastinal

Abdomen:

Celiac
Iliac
Para-aortic

Pelvis:

Deep inguinal, NOS:
 Node of Cloquet or Rosenmuller (highest deep inguinal)
Superficial inguinal (femoral)

Upper trunk:

Axillary
Cervical
Internal mammary
Supraclavicular (transverse cervical)

Lower trunk:

Superficial inguinal (femoral)

All sites:

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

**PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM;
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES**
C47.0-C47.6, C47.8-C47.9, C49.0-C49.6, C49.8-C49.9

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note 1: Code 0 is not applicable for this site.

Note 2: Connective tissue includes adipose tissue; aponeuroses; arteries; blood vessels; bursa; connective tissue, NOS; fascia; fatty tissue; fibrous tissue; ligaments; lymphatic channels (not nodes); muscle; skeletal muscle; subcutaneous tissue; synovia; tendons; tendon sheaths; veins; and vessels, NOS. **Peripheral nerves and autonomic nervous system** includes: ganglia, nerve, parasympathetic nervous system, peripheral nerve, spinal nerve, sympathetic nervous system.

Note 3: If an involved vessel has a name, for example, brachial artery or recurrent laryngeal nerve, consider it an adjacent structure, and code as regional by direct extension.

RETROPERITONEUM AND PERITONEUM

C48.0-C48.2, C48.8

C48.0 Retroperitoneum

C48.1 Specified parts of peritoneum including omentum and mesentery

C48.2 Peritoneum, NOS

C48.8 Overlapping lesion of retroperitoneum and peritoneum

Note: AJCC includes these sites with soft tissue sarcomas (C47.0-C48.9)

SUMMARY STAGE

1 Localized only

Tumor 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 including bone/cartilage:

Retroperitoneum:

Adrenal (suprarenal) gland

Aorta

Ascending colon

Descending colon

Kidney

Pancreas

Vena cava

Vertebra

Peritoneum:

Colon (except ascending and descending colon)

Esophagus

Gallbladder

Liver

Small intestine

Spleen

Stomach

RETROPERITONEUM AND PERITONEUM
C48.0-C48.2, C48.8

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Intra-abdominal
Paracaval
Pelvic
Subdiaphragmatic

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)

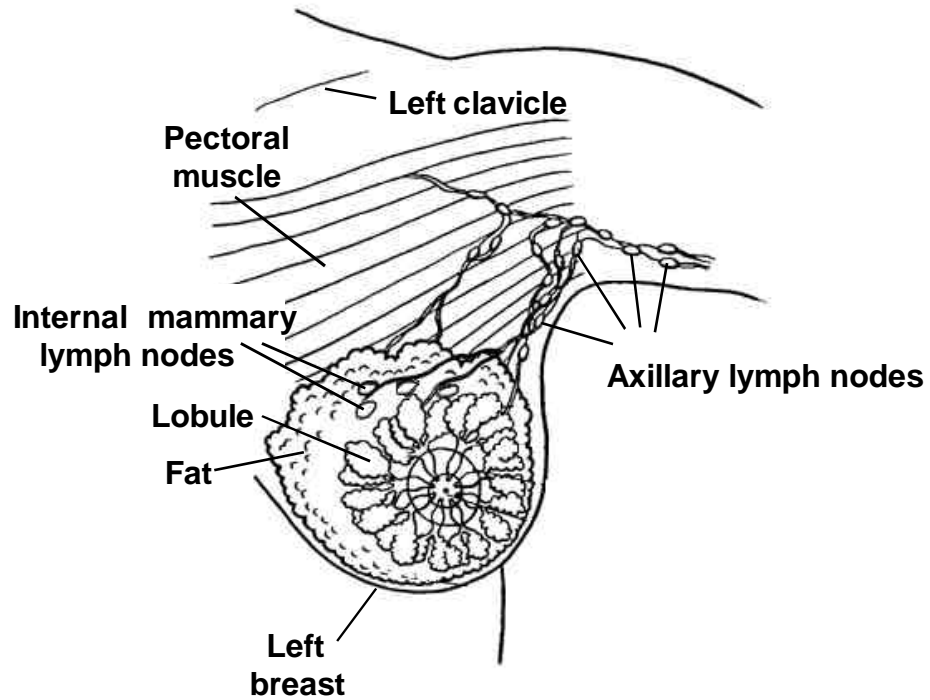
Further contiguous extension

Metastasis

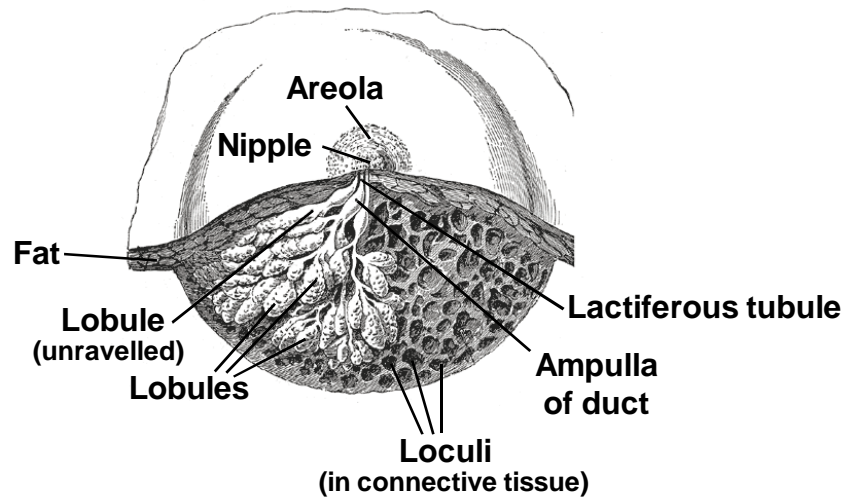
9 Unknown if extension or metastasis

Note 1: Code 0 is not applicable for this scheme.

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^{###}
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 ^{#####} (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.

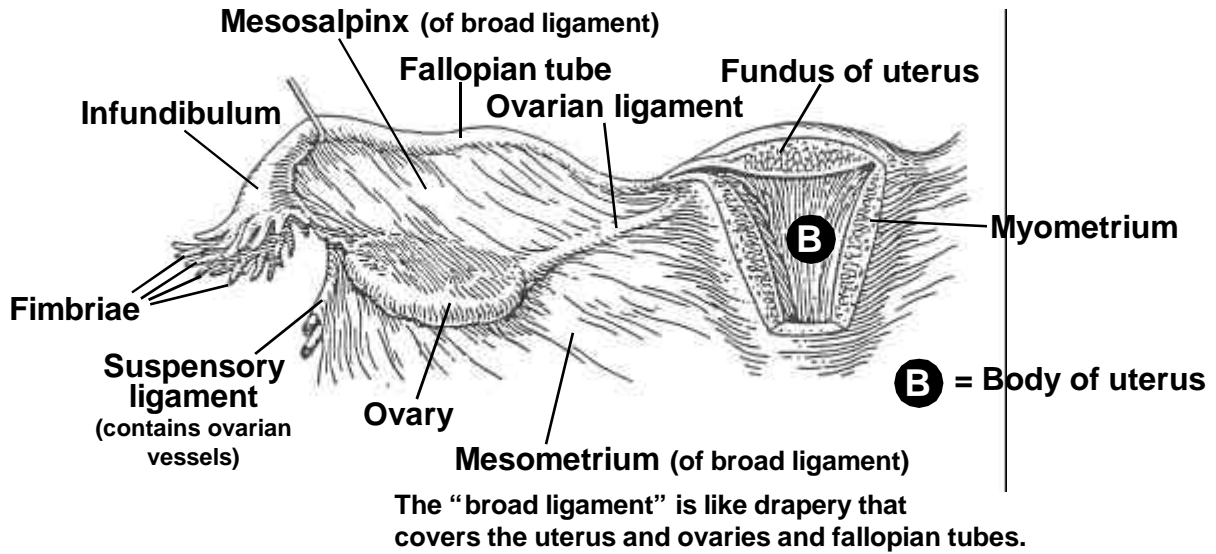
Note 3: Consider "fixation, NOS" as involvement of pectoralis muscle; code regional by direct extension.

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.

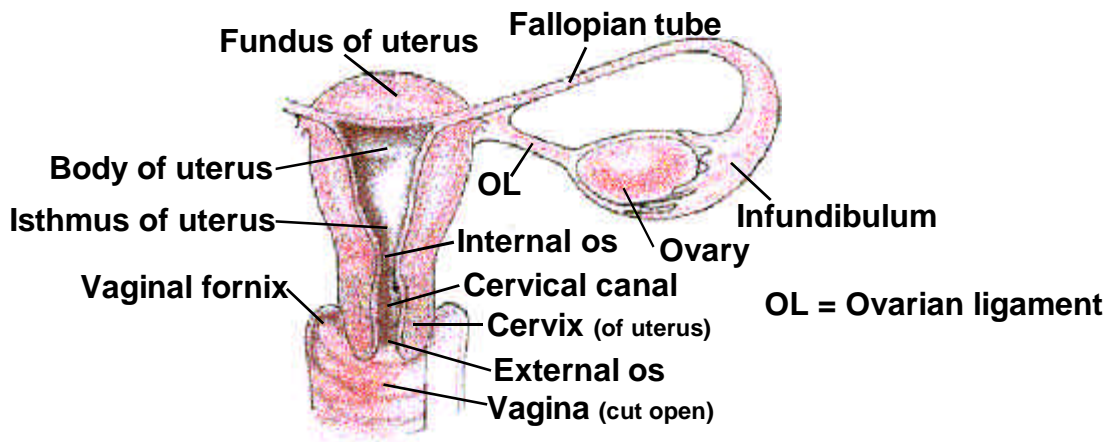
Considered distant in Historic Stage

*** Considered distant in 1977 Summary Staging Guide

ANATOMIC DRAWINGS OF THE FEMALE GENITAL SYSTEM

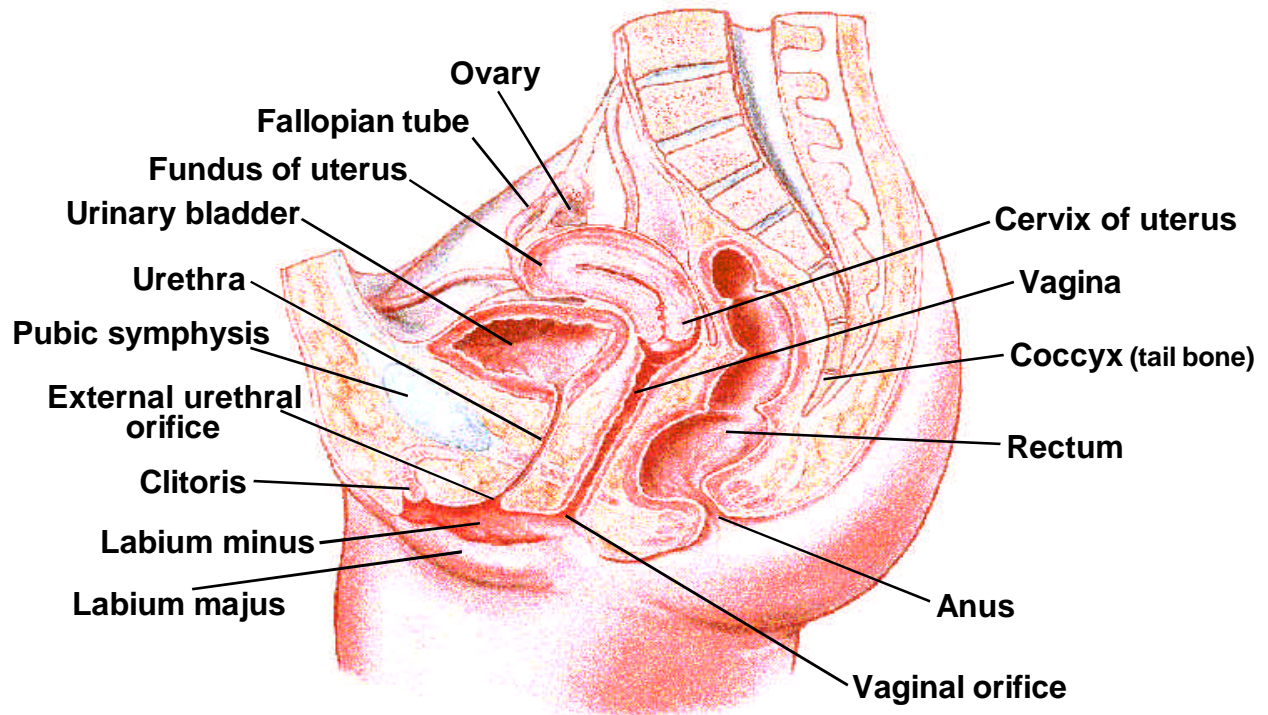


THE UTERUS, RIGHT FALLOPIAN TUBE, AND RIGHT OVARY

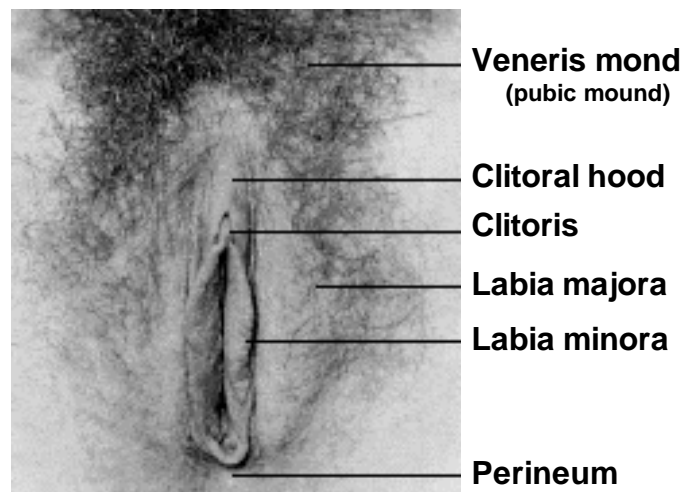


THE UTERUS, VAGINA, LEFT FALLOPIAN TUBE, AND LEFT OVARY

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^{##})
FIGO Stage I

Musculature involved^{##}

Localized, NOS

2 Regional by direct extension only

Extension to:

Bladder, NOS excluding mucosa^{####*}

Bladder wall^{####*}

Cervix

Cul de sac (rectouterine pouch)^{###}

Paravaginal soft tissue

Rectal wall, NOS^{####*}

Rectum, NOS excluding mucosa^{####*}

Rectovaginal septum

Vesicovaginal septum

Vulva

FIGO Stage II

Extension to pelvic wall^{####*}

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 ≤ 3 mm in depth and ≤ 7 mm in horizontal spread
FIGO Stage IA1

“Microinvasion”

Tumor WITH invasive component > 3 mm and ≤ 5 mm in depth, taken from the base
of the epithelium, and ≤ 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)^{##}

Rectal mucosa^{##}

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.

^{##} Considered regional in Historic Stage

^{###} Considered distant in Historic Stage

^{***} 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^a
Cancer cells in peritoneal washings^a
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.

^a 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)^{#####}
Tumor limited to ovary(ies), capsule(s) ruptured^{#*}
Tumor limited to ovary(ies) WITH malignant cells in ascites or peritoneal washings^a
Tumor on ovarian surface^{#####}
FIGO Stage IC

Extension to or implants^{#####} on:
Adnexa^b
Fallopian tube(s)^b
Uterus^{***}
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^b

Ovarian

Round

Suspensory

Mesovarium^b

Pelvic wall

FIGO Stage IIB

Extension to pelvic tissues or pelvic wall WITH malignant cells in ascites or peritoneal washings^a

FIGO Stage IIC

Extension^{***} or discontinuous metastasis^{***} 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^{***}

Lateral sacral (laterosacral)^{***}

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, ≤ 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.

^a 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.

^b 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^a
Malignant peritoneal washings^a
FIGO Stage I

Localized, NOS

2 Regional by direct extension only

Extension to:
Broad ligament, ipsilateral
Corpus uteri
Cul de sac (rectouterine pouch)^{***}
Mesosalpinx, ipsilateral
Omentum^{***}
Ovary, contralateral^{***}
Ovary, ipsilateral
Peritoneum
Rectosigmoid^{***}
Sigmoid^{***}
Small intestine^{***}
Uterus, NOS
FIGO Stage II

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Aortic, NOS^{###}:
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

^a 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

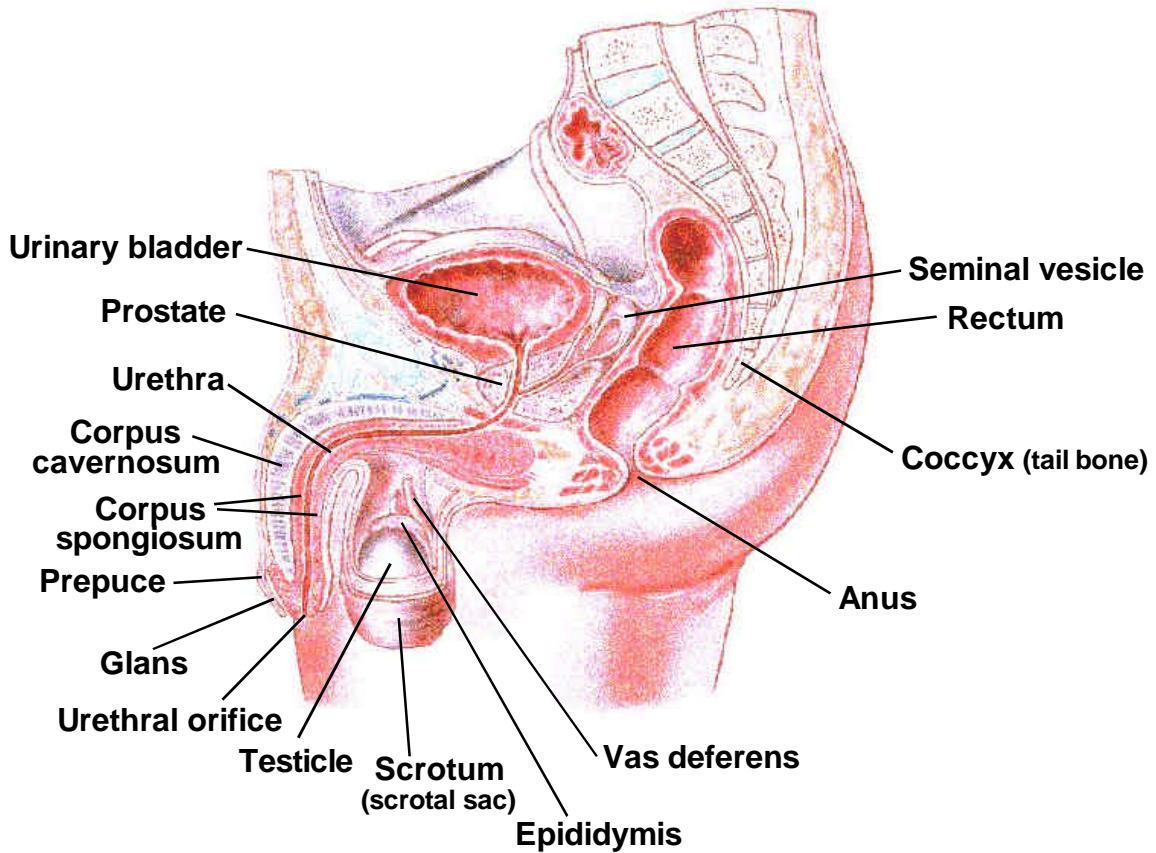
Distant lymph node(s):
 Superficial inguinal (femoral)
 Other distant node(s)

Further contiguous extension

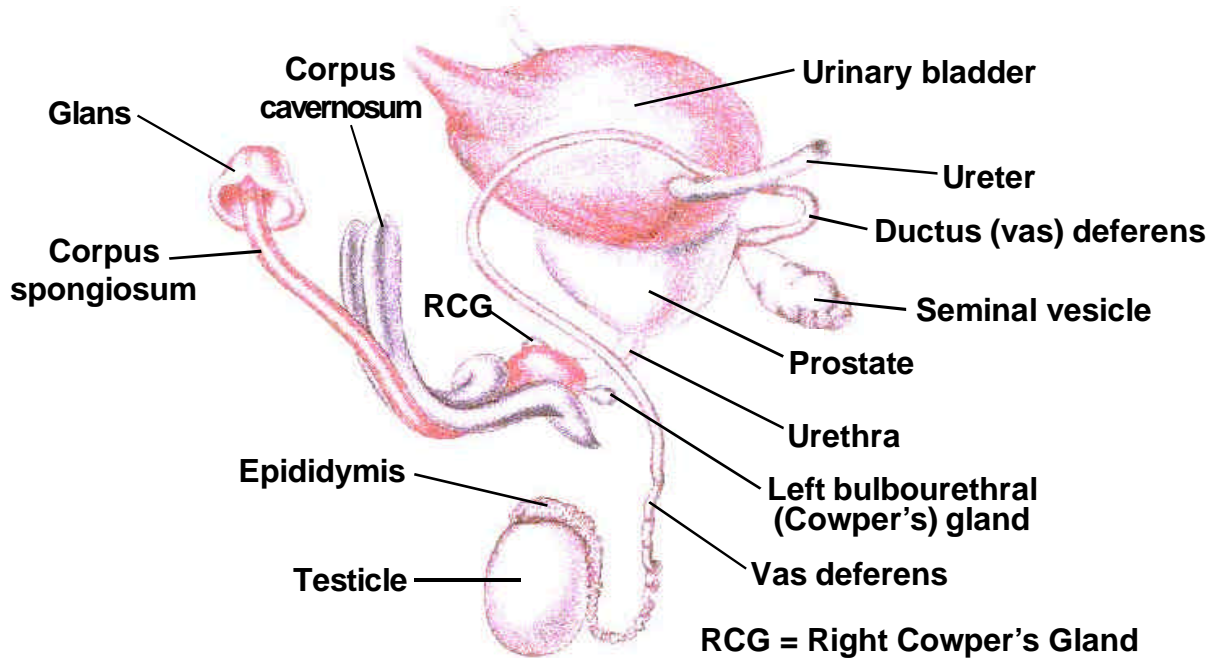
Metastasis:
 Lung

9 Unknown if extension or metastasis

ANATOMIC DRAWINGS OF THE MALE GENITAL SYSTEM

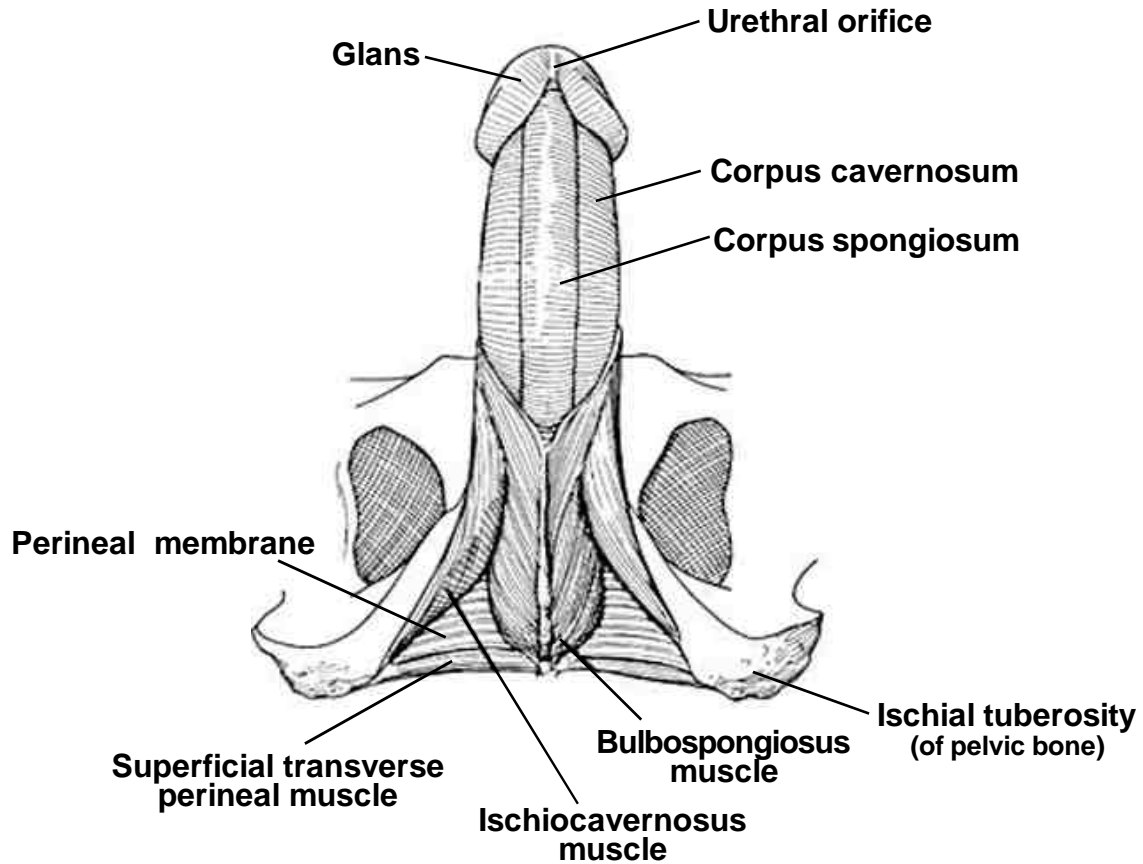


SAGITTAL CUT THROUGH THE MALE PELVIS

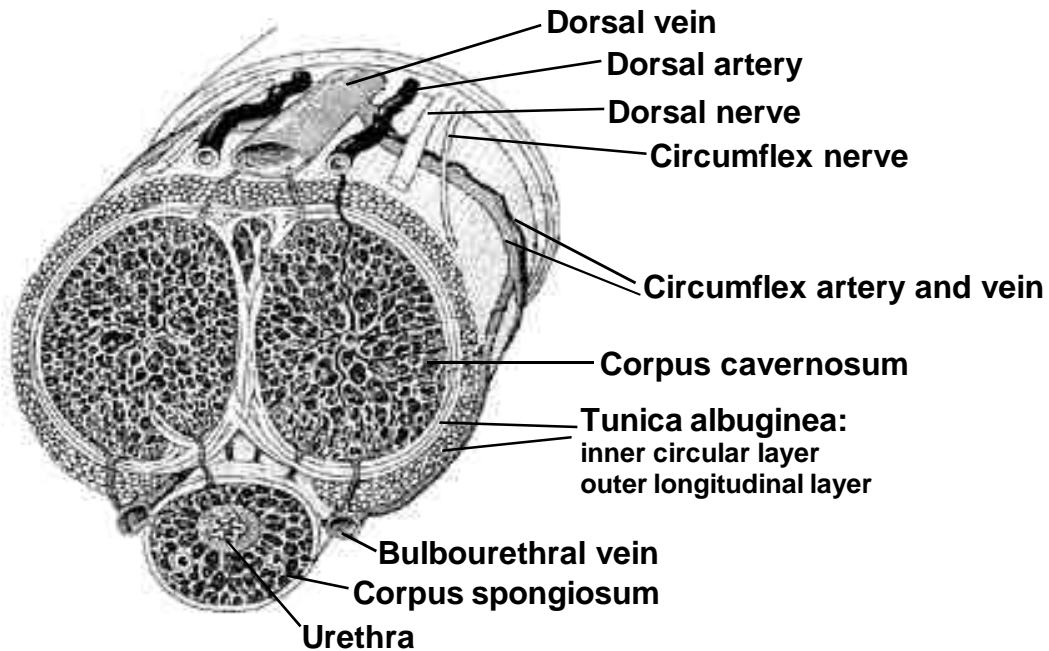


THE MALE UROGENITAL SYSTEM

ANATOMIC DRAWINGS OF THE MALE GENITAL SYSTEM

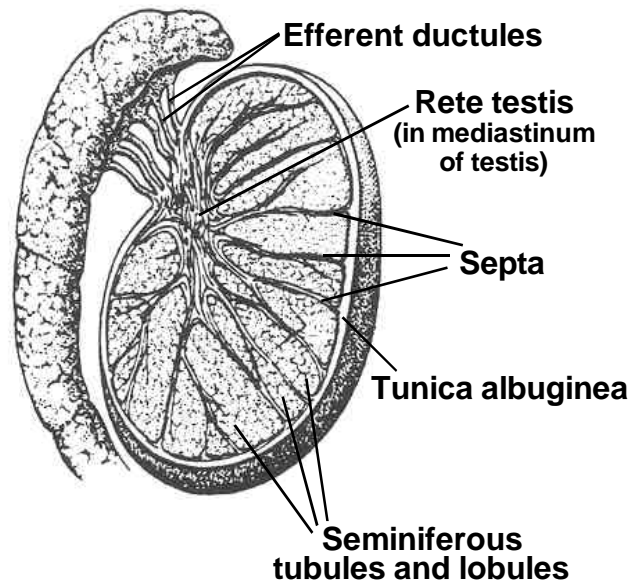


UNDERSIDE OF AN ERECT PENIS

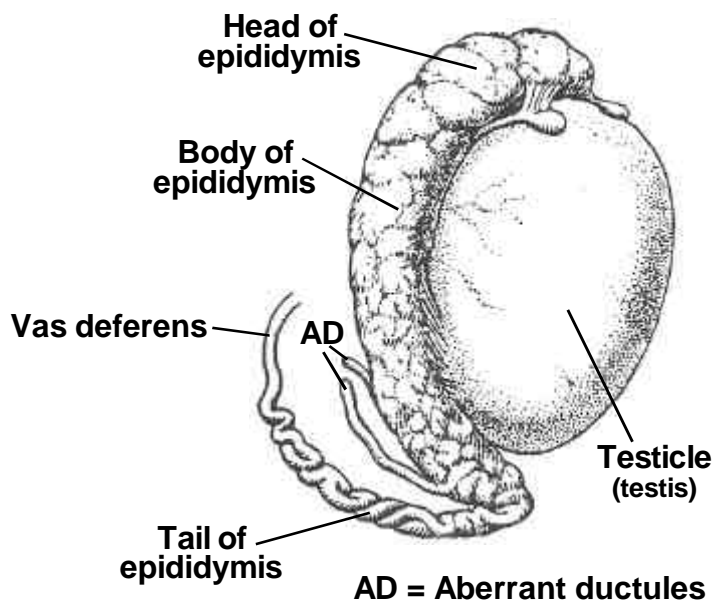


CROSS SECTION THROUGH SHAFT OF THE PENIS

ANATOMIC DRAWINGS OF THE MALE GENITAL SYSTEM



CROSS SECTION OF TESTICLE



EPIDIDYMIS AND TESTICLE

PENIS (including Skin of Penis) [excluding Melanoma of Skin (C60.0, C60.1, C60.8, C60.9) (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and other Lymphomas (page 278)]

C60.0-C60.2, C60.8-C60.9

C60.0 Prepuce

C60.1 Glans penis

C60.2 Body of penis

C60.8 Overlapping lesion of penis

C60.9 Penis, NOS (skin of penis)

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
Bowen disease; intraepidermal
Noninvasive verrucous carcinoma

1 Localized only

All subsites except body of penis:

Invasive tumor limited to subepithelial connective tissue, but not involving corpus spongiosum or cavernosum
Tunica albuginea

If primary is skin of penis:

Invasive tumor limited to skin of penis, prepuce (foreskin) and/or glans

Body of penis:

Confined to corpus cavernosum
Confined to corpus spongiosum
Tunica albuginea

Localized, NOS

2 Regional by direct extension only

Extension to:

Corpus cavernosum **except body of penis**

Corpus spongiosum **except body of penis**

Muscle, NOS:

Bulbospongiosus

Ischiocavernosus

Superficial transverse perineal

Prostate^{###}

Skin:

Abdominal

Perineal

Pubic

Scrotal

Urethra

Satellite nodule(s) on prepuce or glans

PENIS (including Skin of Penis) [excluding Melanoma of Skin (C60.0, C60.1, C60.8, C60.9) (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and other Lymphomas (page 278)] C60.0-C60.2, C60.8-C60.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Iliac, NOS###:

External

Internal (hypogastric), NOS:

Obturator

Inguinal:

Deep, NOS:

Node of Cloquet or Rosenmuller (highest deep inguinal)

Superficial (femoral)

Pelvic, NOS###

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)

Further contiguous extension:

Testis

Metastasis

9 Unknown if extension or metastasis

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

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

Considered distant in Historic Stage

PROSTATE GLAND

C61.9

C61.9 Prostate gland

Note: Transitional cell carcinoma of the prostatic urethra is to be coded to C68.0 (Urethra) and assigned Summary Stage codes using that scheme.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Clinically inapparent tumor:

Stage A

T1a, T1b, T1c

Confined to the prostate:

Involvement of one lobe, NOS

T2a

More than one lobe involved

T2b

Confined to the prostate, NOS

T2, NOS

Arising in prostatic apex

Extension to prostatic apex^{##}

Invasion into (but not beyond) prostatic capsule^{##}

Intracapsular involvement only

Stage B

Localized, NOS

2 Regional by direct extension only

Extension beyond prostate:

- Bilateral extracapsular extension (T3a)
- Bladder neck (T4)
- Bladder, NOS (T4)
- Extracapsular extension (beyond prostatic capsule), NOS
- Fixation, NOS (T4)
- Levator muscles (T4)####*
- Periprostatic extension, NOS (Stage C, NOS)
- Periprostatic tissue (Stage C1)
- Rectovesical (Denonvillier's) fascia (T4)
- Rectum; external sphincter (T4)
- Seminal vesicle(s) (Stage C2) (T3b)
- Skeletal muscle, NOS (T4)***
- Through capsule, NOS
- Unilateral extracapsular extension (T3a)#
- Ureter(s) (T4)####*
- Stage C, NOS
- T3, NOS
- T4, NOS

No extracapsular extension, but margins involved##*

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

- Iliac, NOS:
 - External
 - Internal (hypogastric), NOS:
 - Obturator
- Pelvic, NOS
- Periprostatic
- Sacral, NOS:
 - Lateral (laterosacral)
 - Middle (promontorial) (Gerota's node)
 - Presacral

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

PROSTATE GLAND

C61.9

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

Distant lymph node(s):

Aortic, NOS:###

Lateral (lumbar)

Para-aortic

Periaortic

Cervical

Common iliac **

Inguinal, NOS:

Deep, NOS:

Node of Cloquet or Rosenmuller (highest deep inguinal)

Superficial (femoral)

Retroperitoneal, NOS

Scalene (inferior deep cervical)

Supraclavicular (transverse cervical)

Other distant lymph node(s)

Extension to or fixation to:

Pelvic wall or pelvic bone

Further extension to bone, soft tissue or other organs (Stage D2):

Penis

Sigmoid colon

Other direct extension

Metastasis (Stage D2)

Stage D, not further specified

9 Unknown if extension or metastasis

Note 1: Involvement of prostatic urethra does not alter the Summary Stage code.

Note 2: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s).

Note 3: Some of the AUA stages and AJCC fifth edition T categories are provided as guidelines in coding this field in the absence of more specific information in the medical record.

Note 4: Do not code using T category if metastases are present (code to distant, "7").

References:

The American Urological Association (AUA) Staging System (A-D)

AJCC Cancer Staging Manual, Fifth Edition, American Joint Committee on Cancer

Considered localized in Historic Stage

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

TESTIS

C62.0-C62.1, C62.9

C62.0 Undescended testis <>

C62.1 Descended testis <>

C62.9 Testis, NOS <>

<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor with/without vascular invasion limited to:

- Body of testis
- Rete testis
- Tunica albuginea
- Surface implants
- Tunica, NOS
- Tunica vaginalis involved

Localized, NOS

2 Regional by direct extension only

Extension to:

- Dartos muscle, ipsilateral
- Epididymis with/without vascular/lymphatic invasion
- Scrotum, ipsilateral
- Spermatic cord, ipsilateral
- Vas deferens^{###}

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Aortic, NOS^{###}:

- Lateral (lumbar)
- Para-aortic
- Periaortic
- Retroaortic

External iliac

Pericaval, NOS:^{###**}

- Interaortocaval
- Paracaval
- Precaval
- Retrocaval

Pelvic, NOS

Retroperitoneal, NOS

Spermatic vein

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):

Inguinal, NOS:

Deep, NOS:

Node of Cloquet or Rosenmuller (highest deep inguinal)

Superficial (femoral)

Other distant lymph node(s)

Extension to:

Contralateral scrotum^{##}

Penis^{##}

Ulceration of scrotum^{##}

Further contiguous extension

Metastasis:

Adrenal (suprarenal) gland

Kidney

Retroperitoneum

Testis, bilateral

9 Unknown if extension or metastasis

Considered regional in Historic Stage

Considered distant in Historic Stage

*** Considered distant in 1977 Summary Staging Guide

OTHER AND UNSPECIFIED MALE GENITAL ORGANS (including Skin of Scrotum)

[excluding the following malignancies of the Scrotum: **Melanoma** (page 172),

Kaposi Sarcoma (page 274), **Mycosis Fungoides** (page 176),

Sezary Disease (page 176), and **Other Lymphomas** (page 278)]

C63.0-C63.2, C63.7-C63.9

C63.0 Epididymis <>

C63.1 Spermatic cord <>

C63.2 Scrotum, NOS

C63.7 Other specified parts of male genital organs

C63.8 Overlapping lesion of male genital organs

C63.9 Male genital organs, NOS

<> Laterality must be coded for this site.

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:

Male genital organs:

Penis

Prostate

Testis

Sites in this scheme which are not the primary

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Iliac, NOS:

External

Internal (hypogastric), NOS:

Obturator

Inguinal, NOS:

Deep, NOS

Node of Cloquet or Rosenmuller (highest deep inguinal)

Superficial inguinal (femoral)

Pelvic, NOS

Regional lymph node(s), NOS

OTHER AND UNSPECIFIED MALE GENITAL ORGANS (including Skin of Scrotum)
[excluding the following malignancies of the Scrotum: Melanoma (page 172),
Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176),
and Other Lymphomas (page 278)]
C63.0-C63.2, C63.7-C63.9

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

Distant lymph node(s)

Further contiguous extension

Other organs and structures in male pelvis:

Bladder

Rectum

Urethra

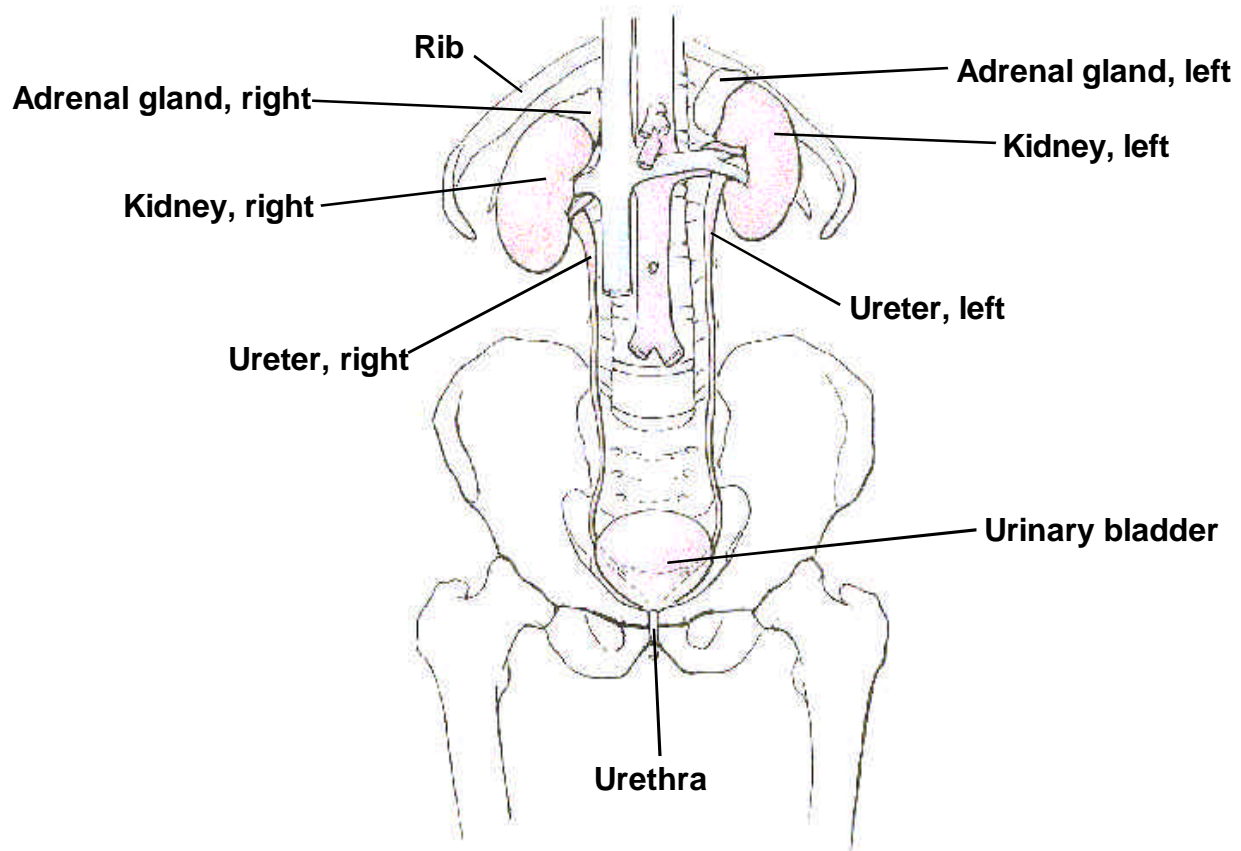
Metastasis

9 Unknown if extension or metastasis

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

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

ANATOMIC DRAWING OF THE URINARY SYSTEM



THE URINARY SYSTEM

BLADDER, RENAL PELVIS, and URETERS

The mucosa of the urinary tract consists of:

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

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

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

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

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

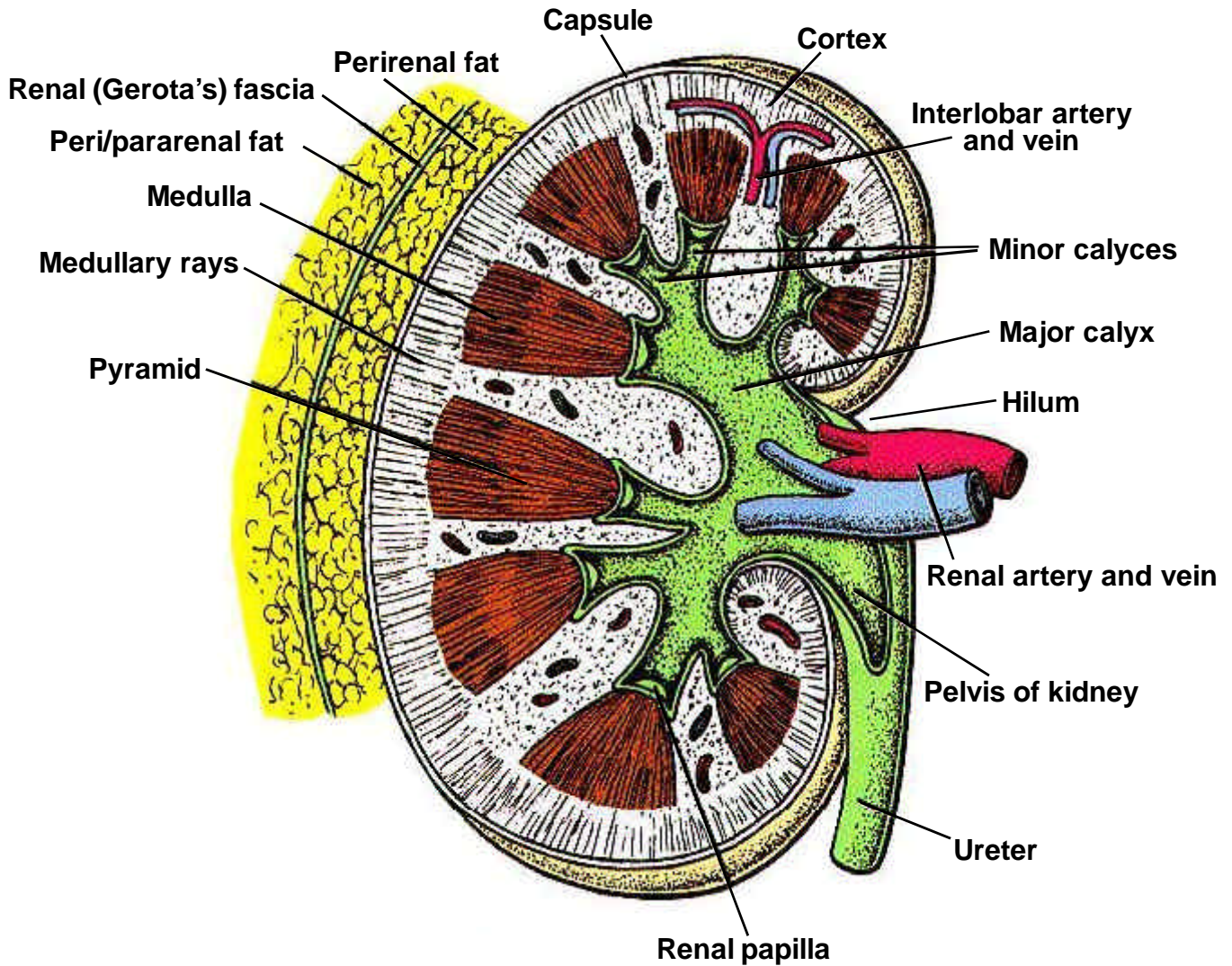
The MUSCULARIS PROPRIA is composed of multiple layers of muscle tissue; it constitutes the wall of the organ.

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

**BLADDER, RENAL, PELVIS and URETERS
TABLE OF ANATOMIC STRUCTURES**

PRIMARY SITE	MUSCOSA			MUSCULARIS PROPRIA	SEROSA
	Epithelium	B A S E M E N T M E M B R A N E	Lamina Propria Submucosa		
Bladder (C67.~)	Yes		Yes	Yes	Yes, on superior surface
Renal pelvis (C65.9)	Yes		Yes	Yes	No
Ureter(s) (C66.9)	Yes		Yes	Yes	No

ANATOMIC DRAWING OF THE KIDNEY AND RENAL PELVIS



CROSS SECTION OF THE KIDNEY

KIDNEY (Renal) PARENCHYMA

C64.9

C64.9 Kidney, NOS (Kidney parenchyma) <>

<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive cancer confined to kidney cortex and/or medulla

Invasion of renal capsule

Renal pelvis or calyces involved

Separate focus of tumor in renal pelvis/calyx

Localized, NOS

2 Regional by direct extension only

Extension to:

Adrenal (suprarenal) gland, ipsilateral

Ascending colon **from right kidney**

Blood vessel(s) (major):

Extrarenal portion of renal vein

Hilar blood vessel

Perirenal vein

Renal artery

Renal vein, NOS

Tumor thrombus in a renal vein, NOS

Vena cava

Descending colon **from left kidney**

Diaphragm

Duodenum **from right kidney**

Perirenal (perinephric) tissue/fat

Peritoneum

Psoas muscle ***

Renal (Gerota's) fascia

Retroperitoneal soft tissue

Tail of pancreas

Ureter, including implant(s), ipsilateral

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral and bilateral)

Aortic, NOS^{###}:
 Lateral (lumbar)
 Para-aortic
 Periaortic
Paracaval^{####*}
Renal hilar
Retroperitoneal, NOS^{###}

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)

Further contiguous extension:

Aorta
Contralateral:
 Adrenal (suprarenal) gland
 Kidney
 Ureter
Liver
Ribs^{##}
Spleen
Stomach

Other direct extension

Metastasis

9 Unknown if extension or metastasis

Note: The parenchyma of the kidney includes the following structures: cortex (outer layer of kidney) and renal columns; medulla, medullary rays, renal pyramids, and renal papillae; nephrons (renal corpuscle, loops of Henle, proximal and distal tubules, collecting duct), glomerulus, and Bowman's capsule. The most common site for renal parenchymal cancer to develop is in the proximal convoluted tubule. Tumor extension from one of these structures into another would be coded to **localized** unless there were further signs of involvement.

^{##} Considered regional in Historic Stage

^{###} Considered distant in Historic Stage

^{***} Considered distant in 1977 Summary Staging Guide

RENAL PELVIS AND URETER

C65.9, C66.9

C65.9 Renal pelvis <>

C66.9 Ureter <>

<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

Carcinoma in situ, NOS

Papillary noninvasive carcinoma

1 Localized only

Muscularis invaded

Subepithelial connective tissue (lamina propria, submucosa) invaded

Localized, NOS

2 Regional by direct extension only

Extension to:

Adjacent tissue(s), NOS:

Connective tissue

Peripelvic/periureteric tissue

Retroperitoneal soft/connective tissue

Adrenal (suprarenal) gland **from renal pelvis** ###

Bladder **from ureter**

Blood vessel(s) (major):###

Aorta

Renal artery/vein

Tumor thrombus in a renal vein, NOS

Vena cava (inferior)

Duodenum **from right renal pelvis or right ureter** ###

Implants in ureter

Ipsilateral kidney parenchyma and kidney, NOS **from renal pelvis**

Psoas muscle **from ureter**

Ureter **from renal pelvis**

RENAL PELVIS AND URETER
C65.9, C66.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral and bilateral)

Renal Pelvis:

Aortic, NOS###:

Lateral (lumbar)

Para-aortic

Periaortic

Paracaval

Renal hilar

Retroperitoneal, NOS

Regional lymph node(s), NOS

Ureter:

Iliac, NOS:

Common

External

Internal (hypogastric), NOS:

Obturator

Lateral aortic (lumbar)

Paracaval

Pelvic, NOS

Periureteral

Renal hilar

Retroperitoneal, NOS

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

RENAL PELVIS AND URETER

C65.9, C66.9

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

Distant lymph node(s)

Extension to^{##}:

- Ascending colon
- Bladder (wall or mucosa) **from renal pelvis**
- Colon, NOS
- Descending colon
- Ipsilateral kidney parenchyma **from ureter**
- Liver
- Pancreas
- Perirenal (perinephric) fat via kidney
- Spleen

Further contiguous extension

Ureter:

- Prostate
- Uterus

Other direct extension

Metastasis

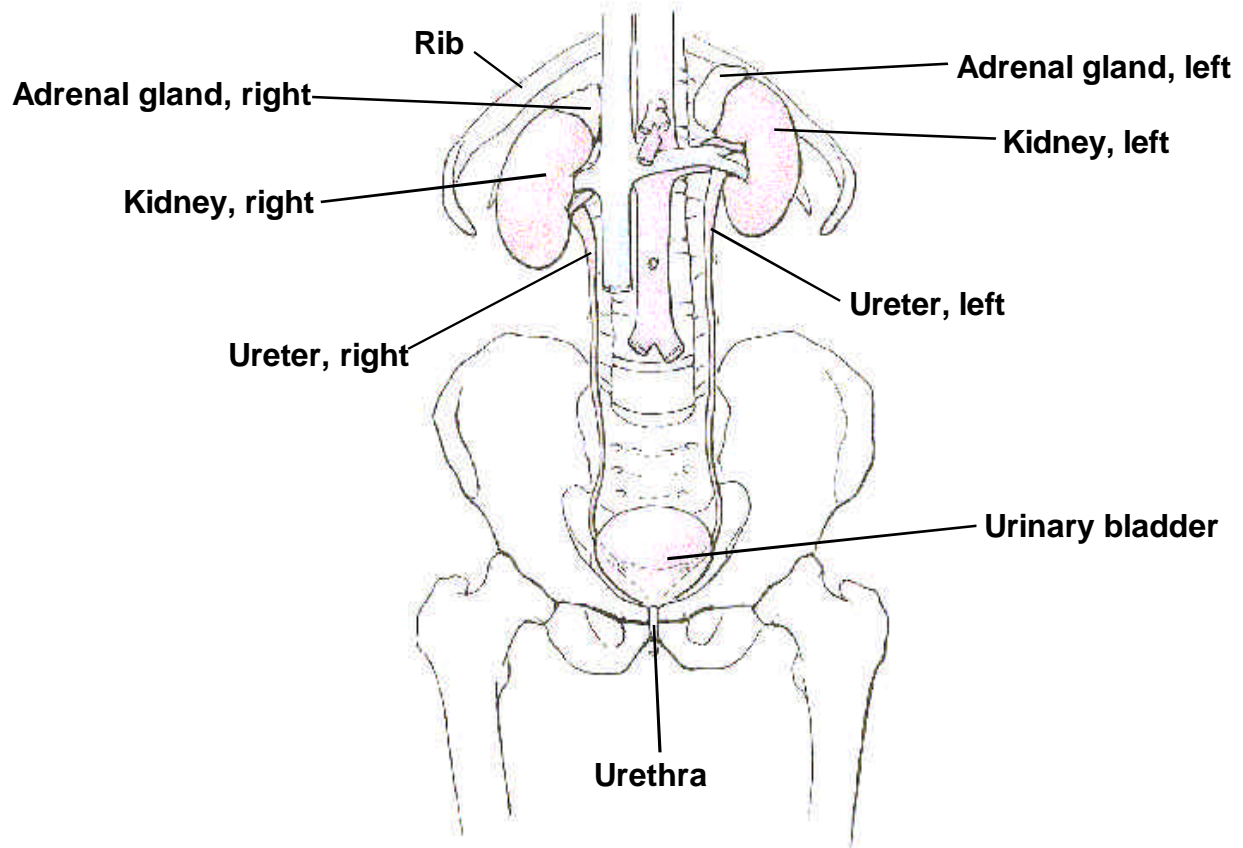
9 Unknown if extension or metastasis

Note: Ascending colon from right ureter and descending colon from left ureter considered Regional in 1977 Summary Stage.

^{##} Considered regional in Historic Stage

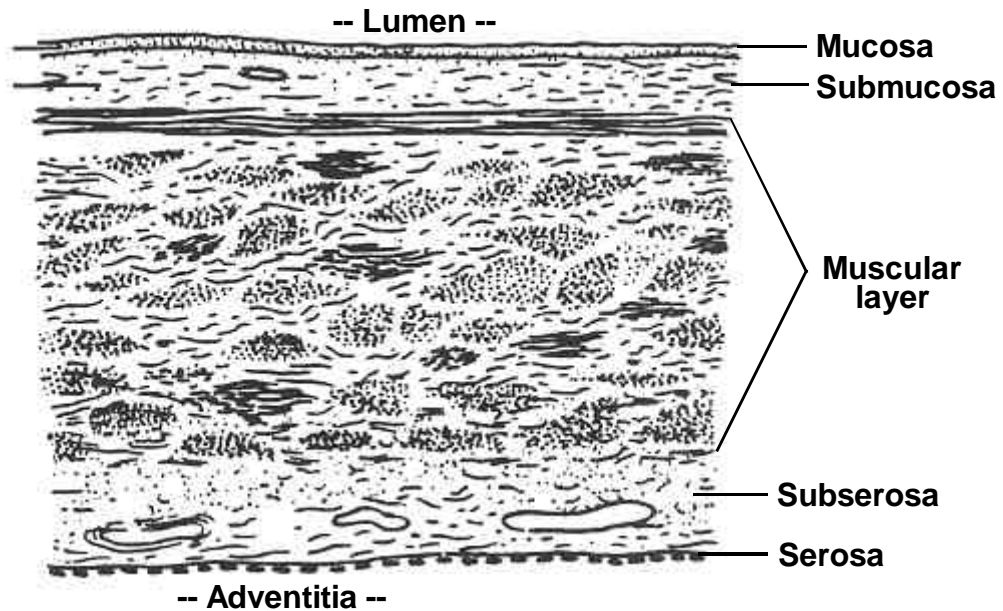
^{###} Considered distant in Historic Stage

ANATOMIC DRAWINGS OF THE BLADDER

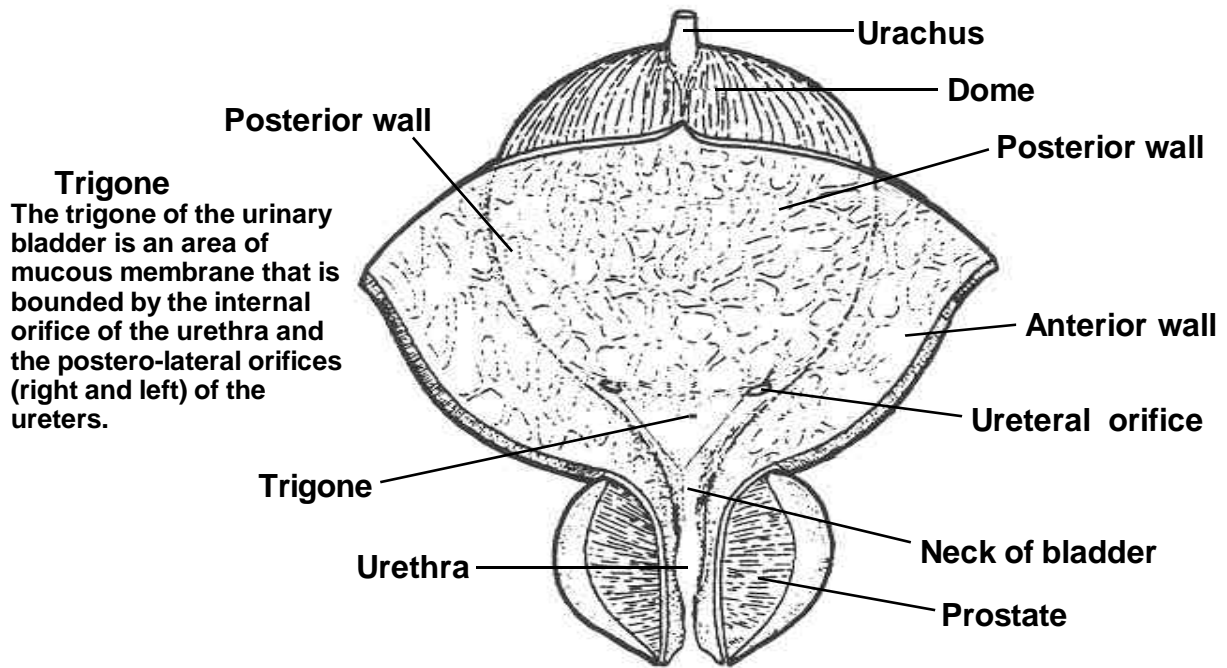


THE URINARY SYSTEM

ANATOMIC DRAWINGS OF THE BLADDER



BLADDER WALL



BLADDER AND PROSTATE (bladder and prostate are cut open)

DISTINGUISHING NONINVASIVE AND INVASIVE BLADDER CANCER

The two main types of bladder cancer are the flat (sessile) variety and the papillary type. Only the flat (sessile) variety is called in situ when tumor has not penetrated the basement membrane. Papillary tumor that has not penetrated the basement membrane is called noninvasive, and pathologists use many different descriptive terms for noninvasive papillary transitional cell carcinoma. Frequently, the pathology report does not contain a definite statement of noninvasion; however, noninvasion can be inferred from the microscopic description. The more commonly used descriptions for noninvasion are listed below.

Careful attention must be given to the use of the term “confined to mucosa” for bladder. Historically, carcinomas described as “confined to mucosa” were coded as localized. However, pathologists use this designation for noninvasion as well. In order to rule out the possibility of coding noninvasive tumors in this category, abstractors should determine:

- 1) If the tumor is confined to the epithelium, then it is noninvasive.
- 2) If the tumor has penetrated the basement membrane to invade the lamina propria, then it is invasive. The terms lamina propria, submucosa, stroma, and subepithelial connective tissue are used interchangeably.
- 3) Only if this distinction cannot be made should the tumor be coded to “confined to mucosa.”

For Bladder Cases Only

Definite Statements of Noninvasion

Non-infiltrating; noninvasive
No evidence of invasion
No extension into lamina propria
No stromal invasion
No extension into underlying supporting tissue
Negative lamina propria and superficial muscle
Negative muscle and (subepithelial) connective tissue
No infiltrative behavior/component

For Bladder Cases Only

Inferred Description of Noninvasion

No involvement of muscularis propria and no mention of subepithelium/submucosa
No statement of invasion (microscopic description present)
(Underlying) Tissue insufficient to judge depth of invasion
No invasion of bladder wall; no involvement of muscularis propria
Benign deeper tissue
Microscopic description problematic for pathologist
(noninvasion versus superficial invasion)
Froned surfaced by transitional cells
No mural infiltration
No evidence of invasion (no sampled stroma)

BLADDER

C67.0-C67.9

C67.0 Trigone of bladder

C67.1 Dome of bladder

C67.2 Lateral wall of bladder

C67.3 Anterior wall of bladder

C67.4 Posterior wall of bladder

C67.5 Bladder neck

C67.6 Ureteric orifice

C67.7 Urachus

C67.8 Overlapping lesion of bladder

C67.9 Bladder, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

Carcinoma in situ, NOS

Noninvasive papillary (transitional) cell carcinoma

Papillary non-infiltrating

Papillary transitional cell carcinoma, stated to be noninvasive

Papillary transitional cell carcinoma, with inferred description of noninvasion

Sessile (flat) (solid) carcinoma in situ

Transitional cell carcinoma in situ

Jewett-Strong-Marshall Stage 0

TNM/AJCC Ta

Jewett-Strong-Marshall CIS

TNM/AJCC Tis

1 Localized only

Invasive tumor confined to:

Mucosa, NOS

Muscle (muscularis)^{##}:

Deep muscle—outer half

Extension through full thickness of bladder wall

Superficial muscle—inner half

NOS

Submucosa:

Lamina propria

Stroma

Subepithelial connective tissue

Tunica propria

Subserosa

Jewett-Strong-Marshall Stage A

TNM/AJCC T1, T2

Localized, NOS

2 Regional by direct extension only

Bladder FIXED

Extension to:

- Adventitia
- Extravesical mass
- Parametrium
- Periprostatic tissue
- Peritoneum
- Periureteral fat/tissue
- Perivesical fat/tissue
- Prostate
- Rectovesical/Denonvilliers' fascia
- Seminal vesicle
- Serosa (mesothelium) (to/through)
- Tunica serosa (to/through)
- Ureter
- Urethra (including prostatic urethra)
- Uterus
- Vagina
- Vas deferens

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral and bilateral)

Iliac, NOS:

- External

- Internal (hypogastric), NOS:

- Obturator

Pelvic, NOS

Perivesical

Sacral, NOS###:

- Lateral (laterosacral)

- Middle (promontorial) (Gerota's node)

- Presacral

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

BLADDER

C67.0-C67.9

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

Distant lymph node(s):

Common iliac^{**}

Other distant lymph node(s)

Extension to:

Abdominal wall

Bone

Colon

Pelvic wall

Rectum

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

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

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

Note 3: Statements Meaning Confined to Mucosa, NOS

Confined to mucosal surface

Limited to mucosa, no invasion of submucosa and muscularis

No infiltration/invasion of fibromuscular and muscular stroma

Superficial, NOS

Note 4: Pubic bone and rectum for males are considered regional by direct extension in the 1977 Summary Staging Guide. For males, non-prostatic urethra considered to be distant in 1977 Summary Staging Guide.

Considered regional in Historic Stage

Considered distant in Historic Stage

** Considered regional in 1977 Summary Staging Guide

*** Considered distant in 1977 Summary Staging Guide

URETHRA, PARAURETHRAL GLAND, AND UNSPECIFIED URINARY ORGANS

C68.0-C68.1, C68.8-C68.9

C68.0 Urethra (including transitional cell carcinoma of prostatic urethra {M8120-8130})

C68.1 Paraurethral gland

C68.8 Overlapping lesion of urinary organs

C68.9 Urinary system, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

Carcinoma in situ, NOS

Noninvasive papillary, polypoid, or verrucous carcinoma

1 Localized only

Muscularis invaded

Subepithelial connective tissue (lamina propria, submucosa) invaded

Localized, NOS

2 Regional by direct extension only

Extension beyond the prostatic capsule

Extension to:

Bladder neck

Corpus cavernosum

Corpus spongiosum

Periurethral muscle (sphincter)

Prostate

Vagina, anterior or NOS

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral and bilateral)

Iliac, NOS:

Common

External

Internal (hypogastric), NOS:

Obturator

Inguinal, NOS:

Deep, NOS:

Node of Cloquet or Rosenmuller (highest deep inguinal)

Superficial (femoral)

Pelvic, NOS

Presacral

Sacral, NOS

Regional lymph node(s), NOS

URETHRA, PARAURETHRAL GLAND, AND UNSPECIFIED URINARY ORGANS
C68.0-C68.1, C68.8-C68.9

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

Distant lymph node(s)

Extension to:

Bladder (excluding bladder neck)^{##}

Seminal vesicle(s)^{##}

Other adjacent organs^{##}

Further contiguous extension

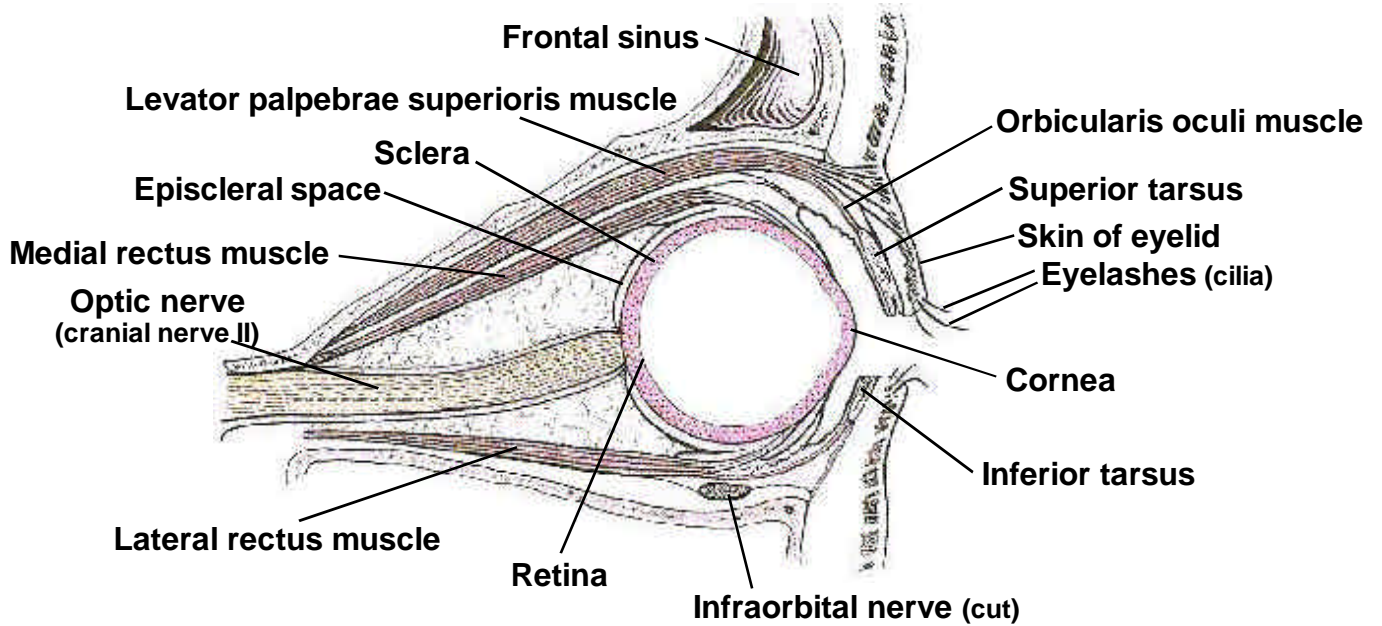
Metastasis

9 Unknown if extension or metastasis

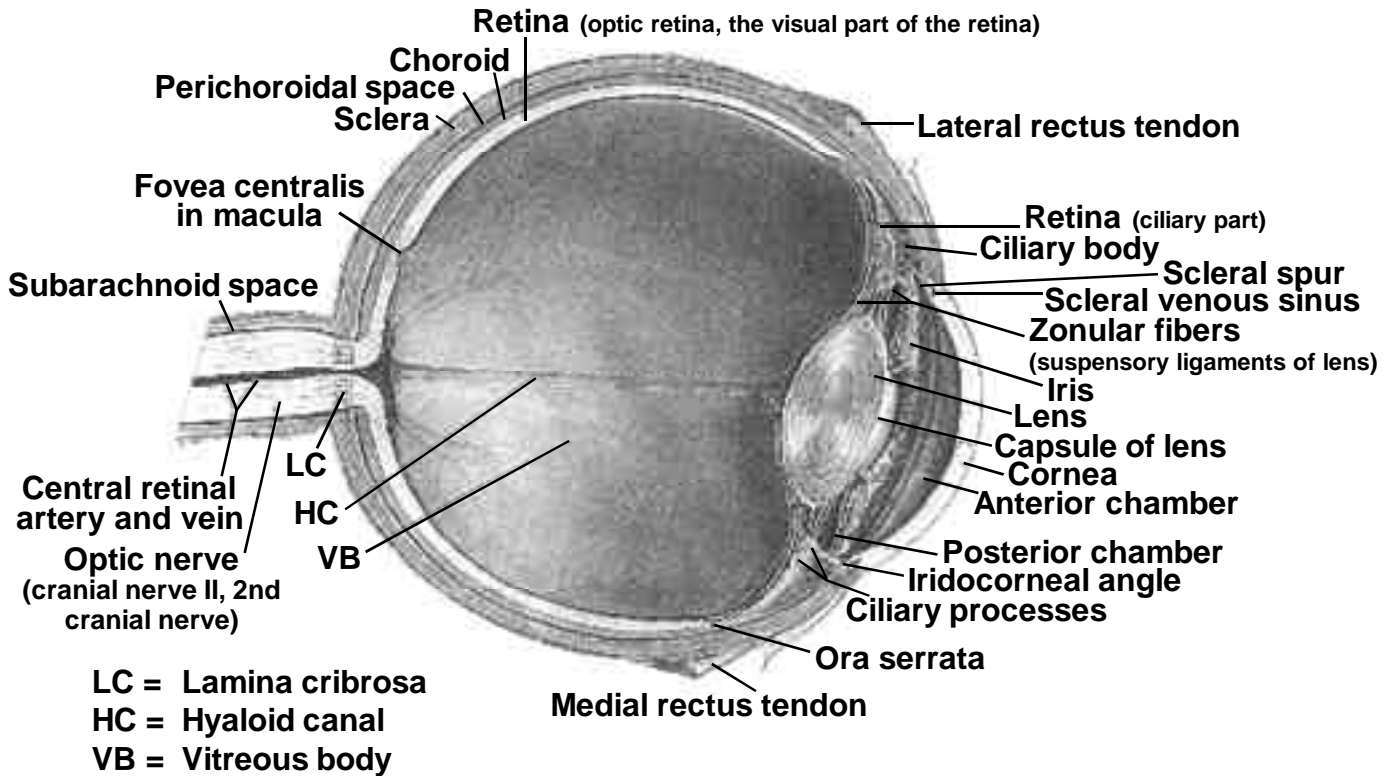
Note: Transitional cell carcinoma (M-8120-8130) of the prostatic ducts and prostatic urethra are to be coded to urethra (C68.0) and Summary Stage assigned according to this scheme.

^{##} Considered regional in Historic Stage

ANATOMIC DRAWINGS OF THE EYE



SAGITTAL CUT THROUGH THE EYE AND ORBIT



CROSS SECTION THROUGH THE EYEBALL AND OPTIC NERVE

CONJUNCTIVA [excluding Melanoma (page 252)]

C69.0

C69.0 Conjunctiva <>

<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Intraocular extension
Tumor confined to conjunctiva

Localized, NOS

2 Regional by direct extension only

Adjacent extraocular extension
Eyelid
Orbit

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical
Mandibular, NOS:
 Submandibular (submaxillary)
Parotid, NOS:
 Infra-auricular
 Preauricular

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)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

MELANOMA OF CONJUNCTIVA

C69.0

C69.0 Conjunctiva <>

<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Tumor(s) of bulbar conjunctiva

Tumor involves:

Caruncle

Conjunctival fornix

Palpebral conjunctiva

Localized, NOS

2 Regional by direct extension only

Extension to:

Cornea

Eyelid

Orbit

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical

Mandibular, NOS:

Submandibular (submaxillary)

Parotid, NOS:

Infra-auricular

Preauricular

Regional lymph node(s), NOS

MELANOMA OF CONJUNCTIVA
C69.0

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)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

CORNEA, RETINA, CHOROID, CILIARY BODY (Iris, Lens, Sclera, Uveal Tract), EYEBALL, OVERLAPPING AND OTHER EYE [excluding Melanoma (page 256) and Retinoblastoma (page 258)]

C69.1-C69.4, C69.8-C69.9 (M-8720-8790)

C69.1 Cornea <>

C69.2 Retina <>

C69.3 Choroid <>

C69.4 Ciliary body (eyeball, iris, lens, sclera, uveal tract) <>

C69.8 Overlapping lesion of eye and adnexa <>

C69.9 Eye, NOS <>

<> Laterality must be coded for this site.

Note : An AJCC scheme exists only for uvea. According to the AJCC, the uvea consists of the choroid and ciliary body.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Tumor confined to site of origin

Intraocular extension

Localized, NOS

2 Regional by direct extension only

Adjacent extraocular extension:

Eyelid

Orbit

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical

Mandibular, NOS:

Submandibular (submaxillary)

Parotid, NOS:

Infra-auricular

Preauricular

Regional lymph node(s), NOS

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

Codes (2) + (3)

CORNEA, RETINA, CHOROID, CILIARY BODY (Iris, Lens, Sclera, Uveal Tract), EYEBALL, OVERLAPPING AND OTHER EYE [excluding Melanoma (page 256) and Retinoblastoma (page 258)]
C69.1-C69.4, C69.8-C69.9 (M-8720-8790)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

MELANOMA OF THE CORNEA, RETINA, CHOROID, CILIARY BODY (Iris, Lens, Sclera, Uveal Tract), EYEBALL, AND OVERLAPPING AND OTHER EYE

C69.1-C69.4, C69.8-C69.9 (M-8720-8790)

C69.1 Cornea <>

C69.2 Retina <>

C69.3 Choroid <>

C69.4 Ciliary body (eyeball, iris, lens, sclera, uveal tract) <>

C69.8 Overlapping lesion of eye and adnexa <>

C69.9 Eye, NOS <>

<> Laterality must be coded for this site.

Note : An AJCC scheme exists only for melanoma of the uvea. According to the AJCC, the uvea consists of the choroid and ciliary body.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Iris:

Tumor confined to iris

Tumor invades into:

Anterior chamber angle

Choroid

Ciliary body

Other parts of eye

Ciliary Body:

Tumor limited to ciliary body

Tumor invades into:

Anterior chamber

Choroid

Iris

Other parts of eye

Choroid and Other Parts of Eye:

Tumor limited to choroid or other part of eye with or without intraocular extension

Localized, NOS

2 Regional by direct extension only

Adjacent extraocular extension

MELANOMA OF THE CORNEA, RETINA, CHOROID, CILIARY BODY (Iris, Lens, Sclera, Uveal Tract), EYEBALL, AND OVERLAPPING AND OTHER EYE
C69.1-C69.4, C69.8-C69.9 (M-8720-8790)

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical
Mandibular, NOS:
 Submandibular (submaxillary)
Parotid, NOS:
 Infra-auricular
 Preauricular

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)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

RETINOBLASTOMA

C69.2, C69.9 (M-9510-9514)

C69.2 Retina <>

C69.9 Eye, NOS <>

<> Laterality must be coded for this site.

SUMMARY STAGE

1 Localized only

Tumor(s) confined to retina

Tumor cells in the vitreous body

Tumor extends to:

Anterior chamber

Optic disc

Optic nerve as far as lamina cribrosa

Sclera

Uvea

Intraocular extension, NOS

Localized, NOS

2 Regional by direct extension only

Extension to:

Optic nerve beyond lamina cribrosa or optic nerve, NOS

Other adjacent extraocular extension

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical

Mandibular, NOS:

Submandibular (submaxillary)

Parotid, NOS:

Infra-auricular

Preauricular

Regional lymph node(s), NOS

RETINOBLASTOMA
C69.2, C69.9 (M-9510-9514)

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)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note 1: Code 0 is not applicable for this scheme.

Note 2: There was no separate staging scheme in either the Historic Stage or the 1977 Summary Staging Guide for retinoblastoma.

LACRIMAL GLAND

C69.5

C69.5 Lacrimal gland <>

<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Tumor confined to lacrimal gland/duct

Localized, NOS

2 Regional by direct extension only

Extension to:

Bone (adjacent)

Globe

Optic nerve

Orbital soft tissues

Periosteum of fossa of lacrimal gland/duct

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical

Mandibular, NOS:

Submandibular (submaxillary)

Parotid, NOS:

Infra-auricular

Preauricular

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)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

ORBIT, NOS

C69.6

C69.6 Orbit, NOS <>

<> Laterality must be coded for this site.

Note: An AJCC scheme exists only for sarcomas of the orbit.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Tumor confined to orbit

Localized, NOS

2 Regional by direct extension only

Extension to:

Adjacent paranasal sinuses

Cranium

Diffuse invasion of orbital tissues and/or bony walls

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical

Mandibular, NOS:

Submandibular (submaxillary)

Parotid, NOS:

Infra-auricular

Preauricular

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

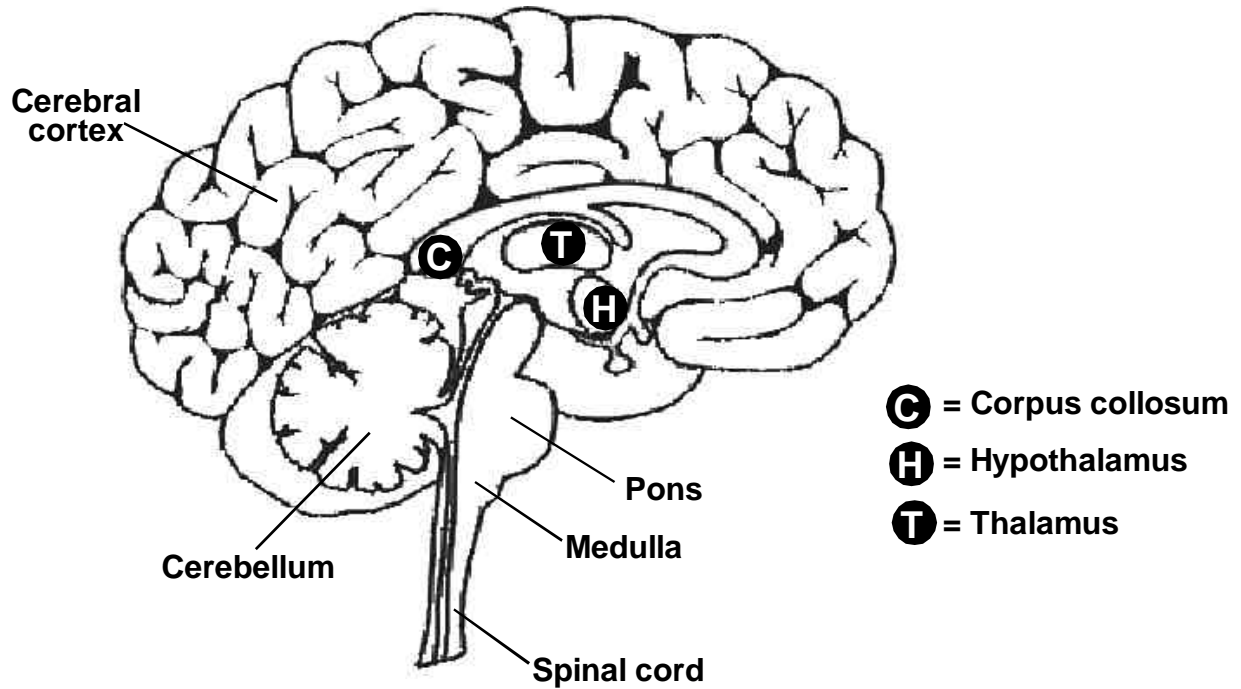
Distant lymph node(s)

Further contiguous extension

Metastasis

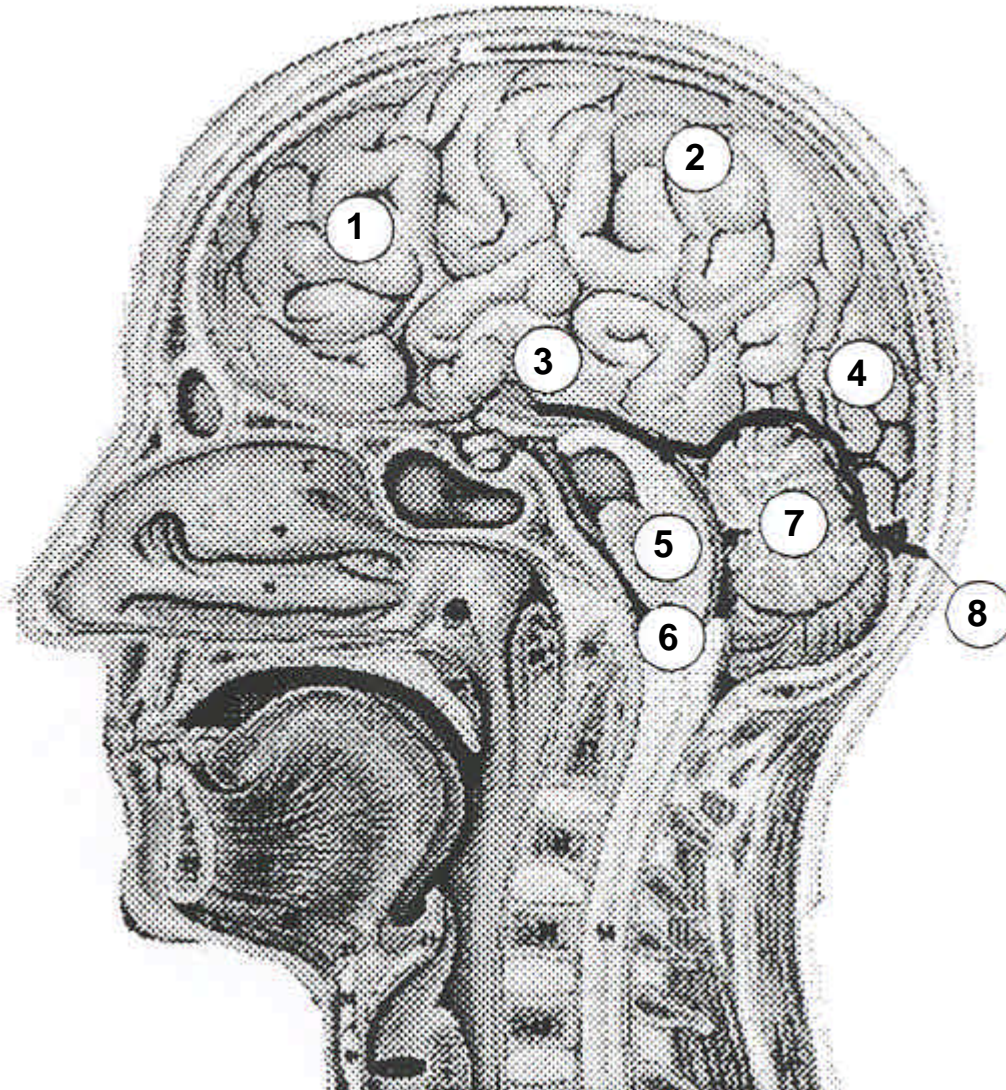
9 Unknown if extension or metastasis

**ANATOMIC DRAWINGS OF THE BRAIN AND
CENTRAL NERVOUS SYSTEM**



**SAGITTAL CUT THROUGH THE
BRAIN AND BRAIN STEM**

**ANATOMIC DRAWINGS OF THE BRAIN AND
CENTRAL NERVOUS SYSTEM**



**SAGITTAL CUT THROUGH THE HUMAN HEAD
WITH CEREBRUM IN PLACE**

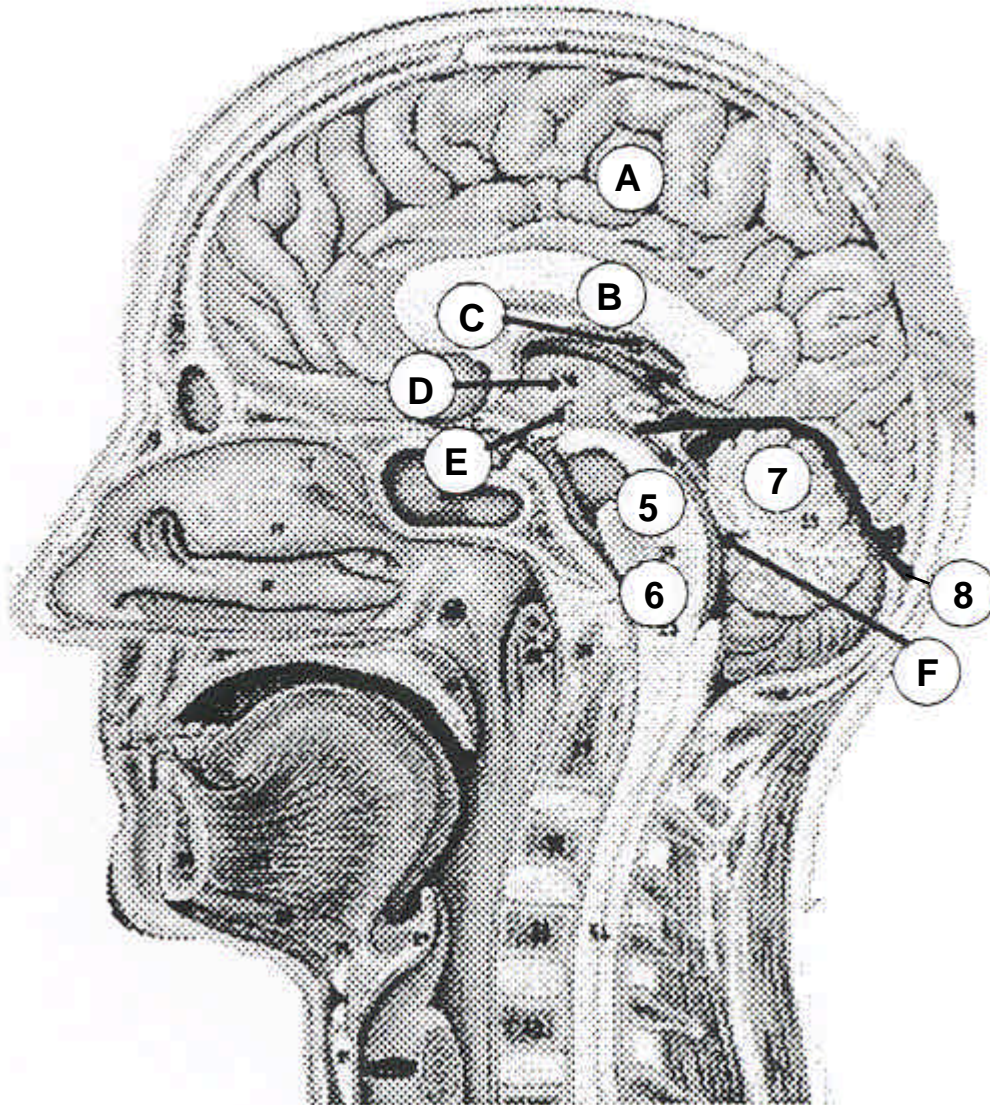
The cerebrum is comprised of the:

- 1 Frontal lobe**
- 2 Parietal lobe**
- 3 Temporal lobe**
- 4 Occipital lobe**

Other parts of the brain include:

- 5 Pons**
- 6 Medulla (oblongata)**
- 7 Cerebellum**
- 8 Tentorium (cerebelli)**

**ANATOMIC DRAWINGS OF THE BRAIN AND
CENTRAL NERVOUS SYSTEM**



SAGITTAL CUT THROUGH THE HUMAN HEAD

Internal anatomy of the brain:

- A** Inner surface of right hemisphere of cerebrum
- B** Corpus callosum
- C** Velum interpositum
- D** Middle commissure
- E** Third ventricle
- F** Fourth ventricle

Other parts of the brain (as on previous drawing):

- 5** Pons
- 6** Medulla (oblongata)
- 7** Cerebellum
- 8** Tentorium (cerebelli)

BRAIN AND CEREBRAL MENINGES

C70.0, C71.0-C71.9

Supratentorial (S) or Infratentorial (I)

C70.0 Cerebral meninges

C71.0 Cerebrum ☞ (S)

C71.1 Frontal lobe (S)

C71.2 Temporal lobe (S)

C71.3 Parietal lobe (S)

C71.4 Occipital lobe (S)

C71.5 Ventricle, NOS (S)

C71.6 Cerebellum, NOS (I)

C71.7 Brain stem (I)

C71.8 Overlapping lesion of brain ☞

C71.9 Brain, NOS ☞

☞ See Note 1.

SUMMARY STAGE

1 Localized only

Supratentorial tumor confined to:

Cerebral hemisphere (cerebrum) or **meninges of cerebral hemisphere** on one side:

Frontal lobe

Occipital lobe

Parietal lobe

Temporal lobe

More than one lobe in same hemisphere

Infratentorial tumor confined to:

Cerebellum or **meninges of cerebellum** on one side:

Vermis:

Lateral lobes

Median lobe of cerebellum

Brain stem or **meninges of brain stem** on one side:

Medulla oblongata

Midbrain (mesencephalon)

Pons

Both cerebellum and brain stem involved WITH tumor on one side

Hypothalamus

Thalamus

Confined to brain, NOS

Confined to meninges, NOS

Confined to ventricles

Tumor invades or encroaches upon ventricular system

BRAIN AND CEREBRAL MENINGES
C70.0, C71.0-C71.9

5 Regional, NOS

Infratentorial tumor extends supratentorially to involve cerebrum (cerebral hemisphere)
Supratentorial tumor extends infratentorially to involve cerebellum or brain stem
Tumor crosses the midline
Tumor invades:
 Bone (skull)
 Major blood vessel(s)
 Meninges (dura)
 Nerves, NOS:
 Cranial nerves
 Spinal cord/canal
Tumor involves contralateral hemisphere
Tumor involves corpus callosum including splenium.

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

Distant lymph node(s)

Extension to:

Nasal cavity
Nasopharynx
Posterior pharynx

Outside central nervous system (CNS)

Circulating cells in cerebral spinal fluid (CSF)

Further contiguous extension

Metastasis:

“Drop” metastasis

9 Unknown if extension or metastasis

Note: Codes 0, 2, 3, and 4 are not applicable for this scheme.

Note 1: The following subsites coded to C71.0 are INFRAtentorial: hypothalamus, pallium, thalamus. The following subsites coded to C71.8 are SUPRAtentorial: corpus callosum, tapetum. The following sites coded to C71.9 are SUPRAtentorial: anterior cranial fossa, middle cranial fossa, suprasellar; the following subsites coded to C71.9 are INFRAtentorial: posterior cranial fossa.

Note 2: This scheme is compatible with the AJCC *Cancer Staging Manual, Fourth Edition* for brain. The AJCC opted not to recommend a TNM scheme for brain in the fifth edition.

OTHER PARTS OF CENTRAL NERVOUS SYSTEM

C70.1, C70.9, C72.0-C72.5, C72.8-C72.9

C70.1 Spinal meninges

C70.9 Meninges, NOS

C72.0 Spinal cord

C72.1 Cauda equina

C72.2 Olfactory nerve

C72.3 Optic nerve

C72.4 Acoustic nerve

C72.5 Cranial nerve, NOS

C72.8 Overlapping lesion of brain and central nervous system

C72.9 Nervous system, NOS

SUMMARY STAGE

1 Localized only

Tumor confined to tissue or site of origin

Localized, NOS

5 Regional, NOS

Adjacent connective/soft tissue

Adjacent muscle

Brain **for cranial nerve tumors**

Major blood vessel(s)

Meningeal tumor infiltrates nerve

Nerve tumor infiltrates meninges (dura)

Sphenoid and frontal sinuses (skull)

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

Distant lymph node(s)

Bone **other than skull**

Brain **except for cranial nerve tumors**

Eye

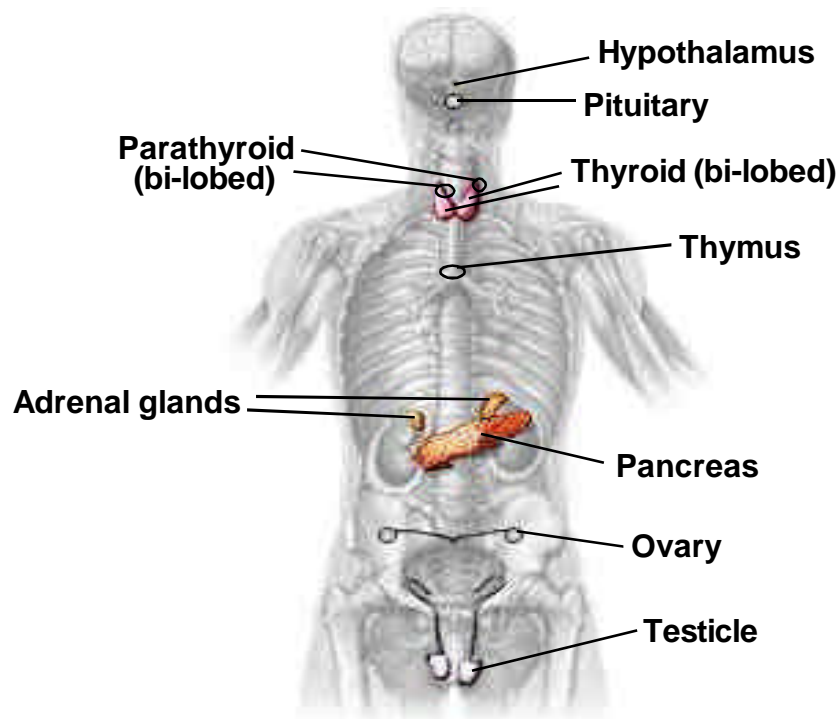
Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note: Codes 0, 2, 3, and 4 are not applicable for this scheme.

ANATOMIC DRAWING OF THE ENDOCRINE SYSTEM



ENDOCRINE ORGANS OF THE HUMAN BODY

THYROID GLAND

C73.9

C73.9 Thyroid gland

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Single or multifocal invasive tumor(s) confined to thyroid

Into or through thyroid capsule, but not beyond^{##}

Localized, NOS

2 Regional by direct extension only

Extension to:

Blood vessel(s) (major):

Carotid artery

Jugular vein

Thyroid artery or vein

Cricoid cartilage

Esophagus

Larynx

Nerves:

Recurrent laryngeal

Vagus

Parathyroid

Pericapsular soft/connective tissue

Sternocleidomastoid muscle

Strap muscle(s):

Omohyoid

Sternohyoid

Sternothyroid

Thyroid cartilage

Tumor is described as "FIXED to adjacent tissues"

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Anterior deep cervical (laterotracheal) (recurrent laryngeal):

Paralaryngeal

Paratracheal

Prelaryngeal:

Delphian node^{#####}

Pretracheal

Code 3 continued on next page

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

Cervical, NOS
Internal jugular, NOS:
 Deep cervical, NOS:
 Lower, NOS:
 Jugulo-omohyoid (supraomohyoid)
 Middle
Mediastinal, NOS^{****}
 Posterior mediastinal (tracheoesophageal)
 Upper anterior mediastinal^{****}
Retropharyngeal
Spinal accessory (posterior cervical)
Supraclavicular (transverse cervical)^{****}

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):
 Mandibular, NOS:
 Submandibular (submaxillary)^{##}
 Submental^{##}
 Other distant lymph node(s)

Extension to:
 Bone^{##}
 Mediastinal tissues
 Skeletal muscle, other than strap or sternocleidomastoid muscle^{##}
 Trachea^{##}

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

^{##} Considered regional in Historic Stage
^{###} Considered distant in Historic Stage
^{***} Considered distant in 1977 Summary Staging Guide

THYMUS, ADRENAL (Suprarenal) GLAND, AND OTHER ENDOCRINE GLANDS

C37.9, C74.0-C74.1, C74.9, C75.0-C75.5, C75.8-C75.9

C37.9 Thymus

C74.0 Cortex of adrenal (suprarenal) gland <>

C74.1 Medulla of adrenal gland <>

C74.9 Adrenal (suprarenal) gland, NOS <>

C75.0 Parathyroid gland

C75.1 Pituitary gland

C75.2 Craniopharyngeal duct

C75.3 Pineal gland

C75.4 Carotid body <>

C75.5 Aortic body and other paraganglia

C75.8 Overlapping lesion of endocrine glands and related structures

C75.9 Endocrine gland, NOS

<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive carcinoma confined to gland 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

Thymus and aortic body:

Organs/structures in mediastinum

Adrenal (suprarenal):

Kidney

Retroperitoneal structures

Parathyroid:

Thyroid

Thyroid cartilage

Pituitary and craniopharyngeal duct:

Cavernous sinus

Infundibulum

Pons

Sphenoid body and sinuses

Pineal:

Infratentorial and central brain

Carotid body:

Upper neck

THYMUS, ADRENAL (Suprarenal) GLAND, AND OTHER ENDOCRINE GLANDS
C37.9, C74.0-C74.1, C74.9, C75.0-C75.5, C75.8-C75.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical **for carotid body and parathyroid only**

Mediastinal **for aortic body and thymus only**

Retroperitoneal **for adrenal (suprarenal) gland only**

Not applicable, for the following sites:

Craniopharyngeal duct (C75.2)

Pituitary gland (C75.1)

Pineal gland (C75.3)

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)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

KAPOSI SARCOMA OF ALL SITES

(M-9140)

SUMMARY STAGE

1 Localized only

Single lesion or multiple lesions in ONE of the following:

Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)

Skin

Viscera (e.g., pulmonary, gastrointestinal tract, spleen, other)

2 Regional by direct extension only

Multiple lesions in any TWO of the following:

Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)

Skin

Viscera (e.g., pulmonary, gastrointestinal tract, spleen, other)

3 Lymph node(s) involved only

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

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

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

Lymph node(s), NOS

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

Codes (2) + (3)

7 Distant site(s) involved

Lesions in ALL THREE of the following:

Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)

Skin

Viscera (e.g., pulmonary, gastrointestinal tract, spleen, other)

Further contiguous extension

Metastasis

KAPOSI SARCOMA OF ALL SITES
(M-9140)

9 Unknown if extension or metastasis

Multiple lesions, NOS

Note 1: Codes 0 and 5 are not applicable for this scheme.

Note 2: Since there was no separate staging scheme in either the Historic Stage or the 1977 Summary Staging Guide for Kaposi sarcoma, these cases would have been staged previously using the scheme for “skin other than melanoma” for cases which arose in a skin site. For cases which arose in mucosal or visceral sites, the scheme for that site would have been used to assign stage.

**LYMPH NODES AND LYMPHATIC STRUCTURES
ABOVE AND BELOW THE DIAPHRAGM**

ABOVE the Diaphragm

Axillary
Brachial (lateral axillary)
Buccal (buccinator)
Cervical, NOS
Epitrochlear
Facial
Hilar (bronchopulmonary)
Infraclavicular (subclavicular)
Internal jugular
Mastoid (post-/retro-auricular)
Mediastinal
Occipital
Para/peritracheal
Parasternal (internal mammary)
Parotid
Pectoral (anterior axillary)
Posterior triangle (spinal accessory)
Preauricular
Prelaryngeal
Retropharyngeal
Scalene (inferior deep cervical)
Sublingual
Submandibular (submaxillary)
Submental
Subscapular (posterior axillary)
Supraclavicular (transverse cervical)
Tonsil
Thymus
Waldeyer ring [ring of lymphoid tissue formed by the
two palatine tonsils, the pharyngeal tonsil (adenoids)
and the lingual tonsil]

BELOW the Diaphragm

Celiac
Colic
Femoral (superficial inguinal)
Gastric
Hepatic
Ileocolic
Iliac
Inguinal
Internal iliac (hypogastric)
Mesenteric
Obturator
Pancreatic
Para-aortic
Peyer's patches
Popliteal
Porta hepatis (portal)
Pyloric
Retroperitoneal
Sacral
Spleen
Splenic (lienal)

HODGKIN AND NON-HODGKIN LYMPHOMAS OF ALL SITES

[excluding Mycosis Fungoides and Sezary Disease of sites listed on page 176]
(M-9590-9591, 9596, 9650-9655, 9659, 9661-9665, 9667, 9670-9671, 9673, 9675,
9678-9680, 9684, 9687, 9689-9691, 9695, 9698-9702, 9705, 9708-9709, 9714,
9716-9719, 9727-9729, 9823)

SUMMARY STAGE

1 Localized

Stage I

Involvement of a single lymph node region

Stage IE

Localized involvement of a single extralymphatic organ/site
Multifocal involvement of one extralymphatic organ/site

Stage IS

Localized involvement of spleen only

5 Regional, NOS

Stage II

Involvement of two or more lymph node regions on the SAME side of the diaphragm

Stage IIE

Direct extension to adjacent organs or tissues
Localized involvement of a single extralymphatic organ/site WITH involvement of its regional lymph node(s) or WITH involvement of other lymph node(s) on the SAME side of the diaphragm

Stage IIS

Involvement of spleen PLUS lymph node(s) BELOW the diaphragm

Stage IIES

Involvement of spleen PLUS localized involvement of a single extralymphatic organ/site BELOW the diaphragm WITH/WITHOUT involvement of lymph node(s) BELOW the diaphragm

HODGKIN AND NON-HODGKIN LYMPHOMAS OF ALL SITES
[excluding Mycosis Fungoides and Sezary Disease of sites listed on page 176]
(M-9590-9591, 9596, 9650-9655, 9659, 9661-9665, 9667, 9670-9671, 9673, 9675,
9678-9680, 9684, 9687, 9689-9691, 9695, 9698-9702, 9705, 9708-9709, 9714,
9716-9719, 9727-9729)

7 Distant

Stage III

Involvement of lymph node regions on BOTH sides of the diaphragm

Stage IIIE

Involvement of an extralymphatic organ or site PLUS involvement of lymph node(s) on the OPPOSITE side of the diaphragm

Stage IIIS

Involvement of the spleen PLUS involvement of lymph node(s) ABOVE the diaphragm

Stage IIIES

Involvement of the spleen PLUS involvement of lymph node region(s) ABOVE the diaphragm PLUS involvement of a single extralymphatic organ/site on either side of the diaphragm

Involvement of the spleen PLUS a single extralymphatic organ/site

ABOVE the diaphragm WITH OR WITHOUT involvement of lymph node(s)

Stage IV

Disseminated involvement of ONE OR MORE extralymphatic organ(s)/site(s)

(Multifocal) involvement of MORE THAN ONE extralymphatic organ/site

Metastases

Bone marrow

Liver

9 Unstaged; not stated

Note 1: E = Extralymphatic means tissues excluding lymph nodes or other lymphatic structures

Note 2: S = Spleen involvement

Note 3: Lymphatic structures include thymus gland, Waldeyer ring (tonsils), Peyer's patches (small intestine) and lymphoid nodules in the appendix. Any lymphatic structure is to be considered the same as a lymph node region. Spleen is also considered a lymphatic structure but is dealt with separately in assigning stage (see note 2).

Note 4: If there is no mention of extranodal involvement but several diagnostic procedures were done, including laparotomy, interpret as no involvement.

Note 5: Involvement of adjacent soft tissue does not alter the classification.

Note 6: Codes 0, 2, 3, and 4 are not applicable for this scheme.

Note 7: For cases diagnosed 1/1/2012 and later, SS2000 Hodgkin and Non-Hodgkin Lymphomas of All Sites staging scheme is applicable to histology code 9823.

HEMATOPOIETIC, RETICULOENDOTHELIAL, IMMUNOPROLIFERATIVE, AND MYELOPROLIFERATIVE NEOPLASMS

(M-9731-9734, 9740-9742, 9750-9758, 9760-9762, 9764-9769, 9800-9801, 9805, 9820, 9823, 9826-9827, 9831-9837, 9840, 9860-9861, 9863, 9866-9867, 9870-9876, 9891, 9895-9897, 9910, 9920, 9930-9931, 9940, 9945-9946, 9948, 9950, 9960-9964, 9970, 9975, 9980, 9982-9987, 9989)

This scheme includes the following*:

9731 = Plasmacytoma, NOS	9860 = Myeloid leukemia, NOS
9732 = Multiple myeloma	9861 = Acute myeloid leukemia, NOS
9733 = Plasma cell leukemia	9863 = Chronic myeloid leukemia, NOS
9734 = Plasmacytoma, extramedullary	9866 = Acute promyelocytic leukemia
9740 = Mast cell sarcoma	9867 = Acute myelomonocytic leukemia
9741 = Malignant mastocytosis	9870 = Acute basophilic leukemia
9742 = Mast cell leukemia	9871 = Acute myeloid leukemia with abnormal marrow eosinophils
9750 = Malignant histiocytosis	9872 = Acute myeloid leukemia, minimal differentiation
9751 = Langerhans cell histiocytosis, NOS☞	9873 = Acute myeloid leukemia without maturation
9752 = Langerhans cell histiocytosis, unifocal☞	9874 = Acute myeloid leukemia with maturation
9753 = Langerhans cell histiocytosis, multifocal☞	9875 = Chronic myelogenous leukemia, BCR/ABL positive
9754 = Langerhans cell histiocytosis disseminated	9876 = Atypical chronic myeloid leukemia BCR/ABL negative
9755 = Histiocytic sarcoma	9891 = Acute monocytic leukemia
9756 = Langerhans cell sarcoma	9895 = Acute myeloid leukemia with multilineage dysplasia
9757 = Interdigitating dendritic cell sarcoma	9896 = Acute myeloid leukemia, t(8;21)(q22;q22)
9758 = Follicular dendritic cell sarcoma	9897 = Acute myeloid leukemia, 11q23 abnormalities
9760 = Immunoproliferative disease, NOS	9910 = Acute megakaryoblastic leukemia
9761 = Waldenstrom macroglobulinemia	9920 = Therapy-related acute myeloid leukemia, NOS
9762 = Heavy chain disease, NOS	9930 = Myeloid sarcoma
9764 = Immunoproliferative small intestinal disease	9931 = Acute panmyelosis with myelofibrosis
9765 = Monoclonal gammopathy of undetermined significance☞	9940 = Hairy cell leukemia
9766 = Angiocentric immunoproliferative lesion☞	9945 = Chronic myelomonocytic leukemia, NOS
9767 = Angioimmunoblastic lymphadenopathy☞	9946 = Juvenile myelomonocytic leukemia
9768 = T-gamma lymphoproliferative disease☞	9948 = Aggressive NK-cell leukemia
9769 = Immunoglobulin deposition disease☞	9950 = Polycythemia vera
9800 = Leukemia, NOS	9960 = Chronic myeloproliferative disease, NOS
9801 = Acute leukemia, NOS	9961 = Myelosclerosis with myeloid metaplasia
9805 = Acute biphenotypic leukemia	9962 = Essential thrombocythemia
9820 = Lymphoid leukemia, NOS	9963 = Chronic neutrophilic leukemia
9823 = B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma	9964 = Hypereosinophilic syndrome
9826 = Burkitt cell leukemia	9970 = Lymphoproliferative disorder, NOS^
9827 = Adult T-cell leukemia/lymphoma (HTLV-1 positive)	9975 = Myeloproliferative disease, NOS^
9831 = T-cell large granular lymphocytic leukemia☞	9980 = Refractory anemia, NOS
9832 = Prolymphocytic leukemia, NOS	9982 = Refractory anemia with sideroblasts
9833 = Prolymphocytic leukemia, B-cell type	9983 = Refractory anemia with excess blasts
9834 = Prolymphocytic leukemia, T-cell type	9984 = Refractory anemia with excess blasts in transformation
9835 = Precursor cell lymphoblastic leukemia, NOS	9985 = Refractory cytopenia with multilineage dysplasia
9836 = Precursor B-cell lymphoblastic leukemia	9986 = Myelodysplastic syndrome with 5q deletion (5q-) syndrome
9837 = Precursor T-cell lymphoblastic leukemia	9987 = Therapy-related myelodysplastic syndrome, NOS
9840 = Acute myeloid leukemia, M6 type	9989 = Myelodysplastic syndrome, NOS

☞ Usually considered of uncertain/borderline behavior

* Only preferred terms from ICD-O-3 are given

SUMMARY STAGE

1 Localized (isolated/mono-ostotic/single/solitary/unifocal for M-9731/3, 9734/3, 9750/3, 9751/3, 9752/3)

7 Distant (polyostotic); disease disseminated at diagnosis

9 Death certificate only case

Unknown

280

Note 1: Codes 0, 2, 3, 4 and 5 are not applicable for this scheme.

Note 2: Histology codes M-9731/3 and M-9734/3 may be coded as 1, 7, or 9. Histology codes M-9740/3, M-9750/3, M-9755/3, M-9756/3, M-9757/3, M-9758/3, M-9764/3, and M-9930/3 may be coded as 1, 7, 9. Histology codes M-9751/3 and M-9752/3 can only be coded 1 unless Death certificate only (code 9). All other histologies listed above can only be coded 7 unless Death certificate only (code 9).

OTHER AND ILL-DEFINED SITES, UNKNOWN PRIMARY SITE

C76.0-C76.5, C76.7-C76.8, C80.9

C42._ and C77._, Other than hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms (page 280), Hodgkin and non-Hodgkin lymphoma (page 278), and Kaposi sarcoma (page 274).

C42.0 Blood

C42.1 Bone marrow

C42.2 Spleen

C42.3 Reticuloendothelial system, NOS

C42.4 Hematopoietic system, NOS

Other and ill-defined sites of:

C76.0 Head, face or neck, NOS

C76.1 Thorax, NOS

C76.2 Abdomen, NOS

C76.3 Pelvis, NOS

C76.4 Upper limb, NOS

C76.5 Lower limb, NOS

C76.7 Other ill-defined sites

C76.8 Overlapping lesion of ill-defined sites

Lymph nodes of:

C77.0 Head, face and neck

C77.1 Intrathoracic

C77.2 Intra-abdominal

C77.3 Axilla or arm

C77.4 Inguinal region or leg

C77.5 Pelvic

C77.8 Lymph nodes of multiple regions

C77.9 Lymph node, NOS

C80.9 Unknown primary site

9 Unknown if extension or metastasis; unstageable

Note: Codes 0, 1, 2, 3, 4, 5, 7 are not applicable for this scheme.

Appendix I: Laterality Codes from the SEER Program Code Manual, Third Edition, January 1998

Code

- 0 Not a paired site
- 1 Right: origin of primary
- 2 Left: origin of primary
- 3 Only one side involved, right or left origin unspecified
- 4 Bilateral involvement, lateral origin unknown: stated to be single primary
 - Both ovaries involved simultaneously, single histology
 - Bilateral retinoblastomas
 - Bilateral Wilms tumors
- 9 Paired site, but no information concerning laterality; midline tumor

Laterality at diagnosis describes this primary site only.

Use code '3' if the laterality is not known but the tumor is confined to a single side of the paired organ.

Use code '9' when there is a midline tumor or when there is a paired site but the laterality is unknown because disease is extensive.

Example 1 Medical oncology referral states 'patient has a solitary 2 cm carcinoma in the upper pole of the kidney.'
Code laterality as '3,' because laterality is not specified but tumor is known not to be present in both sides of a paired site.

Example 2 Admitting history states that patient has a positive sputum cytology but is being treated with radiation to painful bony metastases.
Code laterality as '9,' because there is no information concerning laterality in the implied diagnosis of lung cancer and the case is metastatic.

Example 3 Patient has a melanoma just above the umbilicus excised as an outpatient.
Use laterality code '9,' midline.

Appendix II: Suggested Electronic Edits for SEER Summary Stage - 2000

1. For SEER Summary Stage 2000, codes 0,1,2,3,4,5,7, and 9 are valid with some exceptions. An edit should be performed which checks the SEER Summary Stage 2000 for each site and type against the valid SEER Summary Stage 2000 codes as documented in this book. Note: codes 6 and 8 are **always** invalid codes.
2. For every “death certificate only” case, SEER Summary Stage 2000 **must** be coded 9.

For cases other than ‘death certificate only’ and that pass edit #1 above:

3. For cases of “hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms” SEER Summary Stage 2000 **must** be coded 1 or 7.
4. For cases of “hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms” with SEER Summary Stage 2000 coded “1,” the histology (ICD-O-3) **must** be one of the following:
M-9731/3, 9734/3, 9750/3, 9751/3, 9752/3.
5. If primary site is C77.8 (multiple lymph node chains) and it is a lymphoma, SEER Summary Stage 2000 **must not** be coded 1.
6. If primary site is C50._ and histology (ICD-O-3) is M-8530, SEER Summary Stage 2000 **must not** be coded 0, 1, 3, or 5.
7. If behavior is coded 2 (in situ), SEER Summary Stage 2000 **must** be coded 0.
8. If histology (ICD-O-3) is in the range: M-8800 to M-9055, M-9110 to M-9136, M-9141 to M-9508, or M-9520 to M-9582, SEER Summary Stage 2000 must not be coded to 0.
9. If primary site is C75.1-C75.3 and not a lymphoma or hematopoietic, reticuloendothelial, immunoproliferative or myeloproliferative neoplasm, SEER Summary Stage 2000 **must not** be coded 3 or 4.

Appendix III: Lymph Node Synonyms Used in this Manual

Anterior axillary (pectoral)	Lumbar (lateral aortic)
Anterior cecal (prececal)	Mastoid (post-/retro-auricular)
Anterior deep cervical (laterotracheal) (recurrent pharyngeal)	Middle sacral (promontorial) (Gerota's node)
Apical (subclavian)	Omental (Foramen of Winslow) (epiploic)
Ascending aortic (phrenic)	Pancreaticolienal (pancreaticosplenic)
Azygos (lower paratracheal)	Pancreaticosplenic (pancreaticolienal)
Brachial (lateral axillary)	Parasternal (internal mammary)
Bronchopulmonary (hilar) (proximal lobar) (pulmonary root)	Pectoral (anterior axillary)
Buccal (buccinator)	Pericholedochal (common bile duct)
Buccinator (buccal)	Phrenic (ascending aortic)
Calot's node (cystic)	Porta hepatis (portal) (hilar) [in hilus of liver]
Carinal (tracheobronchial) (tracheal bifurcation)	Portal (porta hepatis) (hilar) [in hilus of liver]
Common bile duct (pericholedochal)	Postauricular (mastoid)
Cystic (Calot's node)	Post-/retro-auricular (mastoid)
Deep axillary (high axillary) (Level III axillary)	Posterior axillary (subscapular)
Epiploic (Foramen of Winslow) (omental)	Posterior cecal (retrocecal)
Femoral (superficial inguinal)	Posterior cervical (spinal accessory)
Foramen of Winslow (epiploic) (omental)	Posterior mediastinal (tracheoesophageal)
Gastroepiploic (gastro-omental)	Promontorial (middle sacral) (Gerota's node)
Gastro-omental (gastroepiploic)	Prececal (anterior cecal)
Gerota's node (promontorial) (middle sacral)	Proximal lobar (bronchopulmonary) (hilar) (pulmonary root)
High axillary (deep axillary) (Level III axillary)	Pulmonary root (bronchopulmonary) (hilar) (proximal root)
Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)	Recurrent laryngeal (laterotracheal) (anterior deep cervical)
Hilar [in hilus of liver] (porta hepatis) (portal)	Retroauricular (mastoid)
Hypogastric (internal iliac)	Retrocecal (posterior cecal)
Inferior deep cervical (scalene)	Right gastric (inferior gastric)
Inferior gastric (right gastric)	Rotter's nodes (interpectoral)
Infraclavicular (subclavicular)	Scalene (inferior deep cervical)
Infrapyloric (subpyloric)	Sigmoidal (sigmoid mesenteric)
Internal iliac (hypogastric)	Sigmoid mesenteric (sigmoidal)
Internal mammary (parasternal)	Spinal accessory (posterior cervical)
Interpectoral (Rotter's node)	Splenic (lienal)
Jugulodigastric (subdigastric)	Subclavian (apical)
Jugulo-omohyoid (supraomohyoid)	Subclavicular (infraclavicular)
Lateral aortic (lumbar)	Subdigastric (jugulodigastric)
Lateral axillary (brachial)	Submandibular (submaxillary)
Lateral sacral (laterosacral)	Submaxillary (submandibular)
Laterosacral (lateral sacral)	Subpyloric (infrapyloric)
Laterotracheal (recurrent laryngeal) (anterior deep cervical)	Subscapular (posterior axillary)
Left gastric (superior gastric)	Superficial inguinal (femoral)
Level I axillary (low axillary) (superficial axillary)	Superior gastric (left gastric)
Level III axillary (high axillary) (deep axillary)	Superficial axillary (low axillary) (Level I axillary)
Lienal (splenic)	Supraclavicular (transverse cervical)
Low axillary (superficial axillary) (level I axillary)	Supraomohyoid (jugulo-omohyoid)
Lower paratracheal (azygos)	Tracheal bifurcation (tracheobronchial) (carinal)
	Tracheobronchial (tracheal bifurcation) (carinal)
	Tracheoesophageal (posterior mediastinal)
	Transverse cervical (supraclavicular)

STAGE BASED ON HISTOLOGY FOR ALL SITES:

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M-9140: All Sites	274
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M-9731-9734, 9740-9742, 9750-9758, 9760-9762, 9764-9769, 9800-9801, 9805, 9820, 9823, 9826-9827, 9831-9837, 9840, 9860-9861, 9863, 9866-9867, 9870-9876, 9891, 9895-9897, 9910, 9920, 9930-9931, 9940, 9945-9946, 9948, 9950, 9960-9964, 9970, 9975, 9980, 9982-9987, 9989: All Sites	280

STAGE BASED ON PRIMARY SITE CODE (EXCLUDING LYMPHOMA, KAPOSÍ SARCOMA, SEZARY DISEASE, HEMATOPOIETIC, ETC.):

	Page		Page
C00.0 External upper lip (vermilion border)	26	C10.8 Overlapping lesion of oropharynx	54
C00.1 External lower lip (vermilion border)	26	C11.0 Superior wall of nasopharynx	56
C00.2 External lip, NOS (vermilion border)	26	C11.1 Posterior wall of nasopharynx	56
C00.3 Mucosa of upper lip	26	C11.2 Lateral wall of nasopharynx	56
C00.4 Mucosa of lower lip	26	C11.3 Anterior wall of nasopharynx	56
C00.5 Mucosa of lip, NOS	26	C11.8 Overlapping lesion of nasopharynx	56
C00.6 Commissure of lip	26	C11.9 Nasopharynx, NOS	56
C00.8 Overlapping lesion of lip	26	C12.9 Pyriform sinus	58
C00.9 Lip, NOS (excludes skin of lip C44.0)	26	C13.0 Postcricoid region	58
C01.9 Base of tongue, NOS	30	C13.1 Hypopharyngeal aspect of aryepiglottic fold	58
C02.0 Dorsal surface of tongue, NOS	32	C13.2 Posterior wall of hypopharynx	58
C02.1 Border of tongue	32	C13.8 Overlapping lesion of hypopharynx	58
C02.2 Ventral surface of tongue, NOS	32	C13.9 Hypopharynx, NOS	58
C02.3 Anterior two-thirds of tongue, NOS	32	C13.9 Laryngopharynx	58
C02.4 Lingual tonsil	30	C14.0 Pharynx, NOS	60
C02.8 Overlapping lesion of tongue	32	C14.2 Waldeyer ring	60
C02.9 Tongue, NOS	32	C14.8 Overlapping lesion of lip, oral cavity and pharynx	60
C03.0 Upper gum	34	C15.0 Cervical esophagus	68
C03.1 Lower gum	34	C15.1 Thoracic esophagus	68
C03.9 Gum, NOS	34	C15.2 Abdominal esophagus	68
C04.0 Anterior floor of mouth	36	C15.3 Upper third of esophagus	68
C04.1 Lateral floor of mouth	36	C15.4 Middle third of esophagus	68
C04.8 Overlapping lesion of floor of mouth	36	C15.5 Lower third of esophagus	68
C04.9 Floor of mouth, NOS	36	C15.8 Overlapping lesion of esophagus	68
C05.0 Hard Palate	38	C15.9 Esophagus, NOS	68
C05.1 Soft palate, NOS	40	C16.0 Cardia, NOS	74
C05.2 Uvula	40	C16.1 Fundus of stomach	74
C05.8 Overlapping lesion of palate	44	C16.2 Body of stomach	74
C05.9 Palate, NOS	44	C16.3 Gastric antrum	74
C06.0 Cheek mucosa	42	C16.4 Pylorus	74
C06.1 Vestibule of mouth	42	C16.5 Lesser curvature of stomach, NOS	74
C06.2 Retromolar area	34	C16.6 Greater curvature of stomach, NOS	74
C06.8 Overlapping lesion of other and unspecified parts of mouth	44	C16.8 Overlapping lesion of stomach	74
C06.9 Minor salivary gland, NOS	44	C16.9 Stomach, NOS	74
C06.9 Mouth, NOS	44	C17.0 Duodenum	80
C07.9 Parotid gland	48	C17.1 Jejunum	80
C08.0 Submandibular gland	48	C17.2 Ileum (excludes ileocecal valve, C18.0)	80
C08.1 Sublingual gland	48	C17.3 Meckel diverticulum (as site of neoplasm)	80
C08.8 Overlapping lesion of major salivary glands	48	C17.8 Overlapping lesion of small intestine	80
C08.9 Major salivary gland, NOS	48	C17.9 Small intestine, NOS	80
C09.0 Tonsillar fossa	54	C18.0 Cecum	88
C09.1 Tonsillar pillar	54	C18.1 Appendix	88
C09.8 Overlapping lesion of tonsil	54	C18.2 Ascending (right) colon	88
C09.9 Tonsil, NOS	54	C18.3 Hepatic flexure of colon	88
C10.0 Vallecule	54	C18.4 Transverse colon	88
C10.1 Anterior surface of epiglottis	54	C18.5 Splenic flexure of colon	88
C10.2 Lateral wall of oropharynx	54	C18.6 Descending (left) colon	88
C10.3 Posterior wall of oropharynx	54	C18.7 Sigmoid colon	88
C10.4 Branchial cleft	54	C18.8 Overlapping lesion of colon	88

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C18.9 Colon, NOS	88	C41.3 Rib, sternum, clavicle and associated joints	162
C19.9 Rectosigmoid junction	94	C41.4 Pelvic bones, sacrum, coccyx and associated joints	162
C20.9 Rectum, NOS	94	C41.8 Overlapping lesion of bones, joints and articular cartilage	
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