SEER Extent of Disease 1988 Codes and Coding Instructions

SEER

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Surveillance Program
Division of Cancer Prevention and Control
National Cancer Institute

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service National Institutes of Health

SEER EXTENT OF DISEASE -- 1988

CODES AND CODING INSTRUCTIONS

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Definitions of Abbreviations and Symbols

AJCC	American Joint Committee on Cancer
cm	centimeter
excl.	excluding, exclusive
FIGO	Federation Internationale de Gynecologie et d'Obstetrique
GE	Gastroesophageal
GI	Gastrointestinal
incl.	including, inclusive
KUB	Kidneys, Ureters, Bladder
L	left
M-	Morphology code of the International Classification of Diseases for Oncology, Field Trial Edition (ICD-O, FT, 1988)
mm	millimeter
MSB	Main Stem Bronchus
NOS	Not Otherwise Specified
R	right
SEER	Surveillance, Epidemiology and End Results
T-	Topography code of the International Classification of Diseases for Oncology, Field Trial Edition (ICD-0, FT, 1988)
TNM	Primary Tumor, Regional Lymph Nodes, Distant Metastasis
<	less than
>	greater than
\$	less than or equal to
2	greater than or equal to

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

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

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

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

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

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

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

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

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

Interpreting Ambiguous Terminology

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

Extent of Disease Fields

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

I. TUMOR SIZE

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

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

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

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

Esophagus (150.0-150.5, 150.8-150.9): Entire circumference Stomach (151.0-151.6, 151.8-151.9): Diffuse, widespread--3/4's or more, linitis plastica

Colorectal (M-8220/8221 with /2 or /3): Familial/multiple polyposis

Lung and main stem bronchus (162.2-162.5, 162.8-162.9): Diffuse, entire lobe or lung

Breast (174.0-174.6, 174.8-174.9, 175.9): Diffuse, widespread--3/4's or more of breast, inflammatory carcinoma

For the following sites, size is not applicable:

Hematopoietic neoplasms

Hodgkin's and non-Hodgkin's lymphoma

Immunoproliferative diseases

Kaposi's sarcoma

Mycosis fungoides of skin

Myeloproliferative diseases

Malignant melanoma of skin, vulva, penis, and scrotum

Sezary's disease of skin

Unknown and ill-defined primary sites (199.9, 195.0-195.5, 195.8, 169._ and 196._)

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

For Kaposi's sarcoma, SEER requires information on HTLV-4 instead of size to be coded in this field.

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

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

For in situ lesions, code the size as stated.

١

<u>Determining Descriptive Tumor Size</u>

CENTIMETER EQUIVALENTS FOR DESCRIPTIVE TERMS

Fruits	<u>cm</u>	Miscellaneous Food	<u>cm</u>
Apple	7	Doughnut	9
Apricot	4	Egg	5
Cherry	2	Bantam	1 7
Date	4	Goose	7
Fig (dried)	4	Hen	3
Grape	2	Pigeon	3 3 2
Grapefruit	10	Robin	
Kumquat	5	Lentil	<1
Lemon	8	Millet	<1
Olive	2		
Orange	2 9 6	<u>Money</u>	
Peach	6		
Pear	9	Dime	1
Plum	3	Dollar (silver)	4
Tangerine	6	Dollar (half)	3
		Nickel	4 3 2 2
<u>Nuts</u>		Quarter	2
	_	Penny	7
Almond	3	013	
Chestnut	4	Other	
Chestnut (horse)	4	D 11 (1 C)	
Hazel	2	Ball (golf)	4
Hickory	3	Ball (ping-pong)	3
Peanut	2 3 1 3 3	Ball (tennis)	6
Pecan	3	Baseball	7
Walnut	3	Eraser on pencil	<1
**************************************		Fist	9
<u>Vegetables</u>		Marble	1
D	-	Match (head)	<1
Bean	1 2	Microscopic	<1
Bean (lima) Pea	<1		
	<1		
Pea (split)	< T		

SIZES IN CENTIMETERS, MILLIMETERS, INCHES

```
10 millimeters (mm) = 1 centimeter (cm)
  2.5 centimeters (cm) = 1 inch (in)
1 millimeter (mm) = 1/10 centimeter (cm)
  1 centimeter (cm) = .394 inch (in)
```

1

II. EXTENSION

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

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

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

III. LYMPH NODES

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

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

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

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

When size of involved regional lymph nodes is required, code from pathology report.

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

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

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

IV. PATHOLOGY REVIEW OF REGIONAL LYMPH NODES

POSITIVE

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

NUMBER OF REGIONAL NODES

00	All nodes examined negative		00	No nodes examined	
01	One positive lymph node		01	One node examined	
02	Two positive lymph nodes		02	Two nodes examined	
• •					
				1	
10	Ten positive lymph nodes		10	Ten nodes examined	
11	Eleven positive lymph nodes		11	Eleven nodes examined	
			• •		
96	96+				
97	Positive nodes but number of positive nodes not specified		97+		
98	No nodes examined		98	Nodes examined, but number unknown	
99	UNKNOWN if nodes are positive or negative; not applicable	1	99	UNKNOWN if nodes were examined; not applicable	1

EXAMINED

UNKNOWN AND NOT APPLICABLE

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

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

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

DISEASES DISSEMINATED AT DIAGNOSIS

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

HODGKIN'S DISEASE and NON-HODGKIN'S LYMPHOMA

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

KAPOSI'S SARCOMA

Kaposi's sarcoma (M-9140) also has a separate scheme found just preceding the lymphomas.

HEAD AND NECK SITES

DISTINGUISHING "IN SITU" AND "LOCALIZED" TUMORS FOR HEAD/NECK SITES

Careful attention must be given to the use of the term "confined to mucosa" for head and neck sites.

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:

- 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 head and neck sites 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 the head and neck sites.

HEAD AND NECK SITES

PRIMARY SITE	MUCOSA			SUBMUCOSA	MUSCULARIS PROPRIA	SEROSA
	 Epithelium 	:	Lamina Propria			
Lip (140)	Yes	: : : B	Yes	Yes	Yes	No
Tongue (141)	Yes	A		Yes	Yes	No
Gum (143)	Yes	M E N	Yes	No	No	No
Floor of Mouth (144)	Yes	T	Yes	Yes	Yes	No
Buccal Mucosa (145.0-145.1)	Yes	: M E	Yes	Yes	Yes	No
Hard Palate (145.2)	Yes	M B R	Yes	No	No	No
Soft Palate (145.3-145.4	Yes	A N E	Yes	Yes	Yes	No
Other Mouth (145.5, .89)	Yes	:	Yes	Yes	Yes	No

For the above head and neck sites and for the pharynx and its subsites, if a tumor is described as "confined to mucosa," determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria.

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

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

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

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

O No lymph node involvement
REGIONAL Lymph Nodes

Upper Lip:

Facial: Buccinator
Submandibular (submaxillary)
Parotid: Infra-auricular/preauricular

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

Lower Lip:

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

Commissure: All nodes listed above

Regional lymph node(s), NOS

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

DISTANT Lymph Nodes

7 Other than above

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

BASE OF TONGUE, LINGUAL TONSIL 141.0, 141.6

SIZE OF PRIMARY TUMOR

mm

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

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

cm

	TITI	للنيك	
002 003	<u>≤2</u> 3	≤0.2 0.3	
• • •			
009 010	9 10	0.9 1.0	
• • •			
099 100	99 100	9.9 10.0	
 990	990+	99.0+	
999	Not st	ated	

EXTENSION

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

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

O No lymph node involvement
REGIONAL Lymph Nodes
Submandibular (submaxillary)

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

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

DISTANT Lymph Nodes

7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

Note: If laterality is not

specified, assume nodes are

ipsilateral.

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

S	IZE	OF	DR.	ΤΜΔ	RY	TUMOR

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

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

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

EXTENSION

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

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

LYMPH NODES

O No Tymph node involvement REGIONAL Lymph Nodes

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

Cervical, NOS

- 1 One positive ipsilateral node
- ≤3 cm in greatest diameter 2 One positive ipsilateral node
- 3 Multiple positive ipsilateral nodes ≤6 cm
- 4 Ipsilateral, node size not stated

>3-6 cm in greatest diameter

- 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated
- 6 Any positive node(s), at least one >6 cm DISTANT Lymph Nodes
- 7 Other than above

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

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

MAJOR SALIVARY GLANDS

142.0-142.2, 142.8-142.9

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

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

Parotid gland only:

Skin overlying gland External auditory meatus Facial nerve Pharyngeal mucosa Skeletal muscle: Sternocleidomastoid, masseter

Submandibular gland only:

Skeletal muscle: Mylohyoid, hyoglossus, styloglossus

50 Parotid gland only:

Skull; mastoid Mandible Nerves: Auricular, spinal accessory Major blood vessel(s): Carotid artery, jugular vein

Submandibular gland only:

Mandible Nerves: Facial, lingual Major blood vessels: Facial artery or vein, maxillary artery

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

O No lymph node involvement
REGIONAL Lymph Nodes

Parotid gland only:

Intraparotid, infra-auricular,
 preauricular

Submandibular gland only:

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

Parotid and Submandibular glands:

Cervical, NOS Regional lymph node(s), NOS

- 1 One positive ipsilateral node
 ≤3 cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated

7 Other than above

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

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

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

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to mucoperiosteum (stroma)
- 30 Localized, NOS
- Buccal mucosa (inner cheek) Labial mucosa (inner lip), lip

Upper gum only:

Hard palate Soft palate

Lower gum/retromolar trigone only:

Floor of mouth Tonque

- Subcutaneous soft tissue of face
- 60 Lateral pharyngeal wall (tonsillar pillars and fossae, tonsils)
- 70 Upper gum only: Maxilla Lower gum/retromolar trigone only: Mandible
- 73 Skull
- 74 Upper gum only: Nasal cavity Maxillary antrum (sinus)
- 76 Skin
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

O No lymph node involvement REGIONAL Lymph Nodes Facial: Mandibular Submandibular (submaxillary) Submental for lower gum Retropharyngeal for upper gum Internal jugular (upper and lower deep cervical): jugulodigastric jugulo-omohyoid Cervical, NOS Regional lymph node(s), NOS 1 One positive ipsilateral node ≤3 cm in greatest diameter 2 One positive ipsilateral node >3-6 cm in greatest diameter 3 Multiple positive ipsilateral nodes ≤6 cm 4 Ipsilateral, node size not stated 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated 6 Any positive node(s), at least one >6 cm DISTANT Lymph Nodes 7 Other than above

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

Note: If laterality is not

specified, assume nodes are

ipsilateral.

FLOOR OF MOUTH 144.0-144.1, 144.8-144.9

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor on one side confined to:
 Lamina propria
 Submucosa
- 20 Musculature, extrinsic: Mylohyoid and hyoglossus
- 30 Localized, NOS
- 40 Tumor crosses midline
- 50 Gingiva (alveolar ridge), lower Anterior 2/3's of tongue Base of tongue
- 53 Sublingual gland, incl. ducts Submandibular (submaxillary) glands, incl. ducts
- 55 Subcutaneous soft tissue
- 60 Epiglottis, pharyngeal (lingual)
 surface
 Lateral pharyngeal wall
 (tonsillar pillars and
 fossae, tonsils)
 Vallecula, incl. pharyngoepiglottic and glossoepiglottic folds
- 70 Mandible
- 76 Skin of undersurface of chin/neck
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

O No lymph node involvement REGIONAL Lymph Nodes Submandibular (submaxillary) Submental Sublingual Internal jugular (upper and lower deep cervical): 1 jugulodigastric jugulo-omohyoid Cervical, NOS Regional lymph node(s), NOS 1 One positive ipsilateral node ≤3 cm in greatest diameter 2 One positive ipsilateral node >3-6 cm in greatest diameter 3 Multiple positive ipsilateral nodes ≤6 cm 4 Ipsilateral, node size not stated 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated 6 Any positive node(s), at least one >6 cm DISTANT Lymph Nodes 7 Other than above 8 Lymph Nodes, NOS 9 UNKNOWN; not stated

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

CHEEK (Buccal) MUCOSA, VESTIBULE 145.0-145.1

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

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

Note: ICD70, T-145.0 for buccal mucosa includes the membrane lining of the cheeks but not of the lips. (AJCC includes labial mucosa with buccal mucosa.)

		O No lymph node involvement
		REGIONAL Lymph Nodes
Note: If laterality is not specified, assume nodes are ipsilateral.	I	Facial: Buccinator, mandibular Submandibular (submaxillary) Parotid: Preauricular, infra- auricular Internal jugular (upper deep cervical): jugulodigastric jugulo-omohyoid Cervical, NOS Regional lymph node(s), NOS
		<pre>1 One positive ipsilateral node</pre>
		One positive ipsilateral node >3-6 cm in greatest diameter
		3 Multiple positive ipsilateral nodes ≤6 cm
		4 Ipsilateral, node size not stated
		5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated
		<pre>6 Any positive node(s), at least one >6 cm</pre>
		DISTANT Lymph Nodes
		7 Other than above
		8 Lymph Nodes, NOS
		9 INKNOWN. not stated

HARD PALATE

145.2

SIZE OF PRIMARY TUMOR

mm

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

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

cm

	TITLE	CIII	
002 003	<u><</u> 2 3	<0.2 0.3	
• • •			
009 010	9 10	0.9 1.0	
• • •			
099 100	99 100	9.9 10.0	
• • •			
990	990+	99.0+	
999	Not st	ated	

EXTENSION

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

O No lymph node involvement

REGIONAL Lymph Nodes Submandibular (submaxillary) Internal jugular (upper and lower deep cervical): jugulodigastric jugulo-omohyoid **Note:** If laterality is not Retropharyngeal specified, assume nodes are Cervical, NOS ipsilateral. Regional lymph node(s), NOS 1 One positive ipsilateral node ≤3 cm in greatest diameter 2 One positive ipsilateral node >3-6 cm in greatest diameter 3 Multiple positive ipsilateral nodes <6 cm 4 Ipsilateral, node size not stated 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated 6 Any positive node(s), at least one >6 cm DISTANT Lymph Nodes 7 Other than above 8 Lymph Nodes, NOS 9 UNKNOWN; not stated

SOFT PALATE, UVULA 145.3-145.4

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

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

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

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

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

1

1

		O No lymph node involvement
		REGIONAL Lymph Nodes
Note: If laterality is not specified, assume nodes are ipsilateral.	ł	Submandibular (submaxillary) Retropharyngeal Internal jugular (upper and lower deep cervical): jugulodigastric jugulo-omohyoid Cervical, NOS Regional lymph node(s), NOS
		<pre>1 One positive ipsilateral node ≤3 cm in greatest diameter</pre>
		2 One positive ipsilateral node >3-6 cm in greatest diameter
		<pre>3 Multiple positive ipsilateral nodes <6 cm</pre>
		4 Ipsilateral, node size not stated
		5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated
		<pre>6 Any positive node(s), at least one >6 cm</pre>
		DISTANT Lymph Nodes
		7 Other than above
		8 Lymph Nodes, NOS
		9 UNKNOWN; not stated

OTHER MOUTH

145.5, 145.8-145.9

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to:
 Lamina propria
 Submucosa
- 20 Musculature
- 30 Localized, NOS
- 50 Adjacent oral cavity |
- 60 Extension to oropharynx:

 Lateral pharyngeal wall

 Vallecula

 Lingual surface of epiglottis

 Inferior surface of soft palate
- 70 Extension to adjacent structures:
 Maxilla, mandible, skull
 Maxillary antrum; nasal cavity
 Tongue
 Skin of face/neck
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

O No lymph node involvement REGIONAL Lymph Nodes Submandibular (submaxillary) Internal jugular (upper and lower deep cervical): jugulodigastric jugulo-omohyoid Cervical, NOS
Regional lymph node(s), NOS Note: If laterality is not 1 specified, assume nodes are ipsilateral. 1 One positive ipsilateral node <3 cm in greatest diameter</pre> 2 One positive ipsilateral node >3-6 cm in greatest diameter 3 Multiple positive ipsilateral nodes ≤6 cm 4 Ipsilateral, node size not stated 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated 6 Any positive node(s), at least one >6 cm _ _ _ _ DISTANT Lymph Nodes 7 Other than above 8 Lymph Nodes, NOS 9 UNKNOWN; not stated

OROPHARYNX

146.0-146.9

SIZE OF PRIMARY TUMOR

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

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

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

Anatomic Limits of Oropharynx

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

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

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

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

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

LYMPH NODES

O No lymph node involvement
REGIONAL Lymph Nodes

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

- 1 One positive ipsilateral node
 ≤3 cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

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

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

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

NASOPHARYNX

147.0-147.3, 147.8-147.9

SIZE OF PRIMARY TUMOR

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

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

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

Anatomic Limits of Nasopharynx

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

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

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

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to one of the following subsites:

 Posterior superior wall (vault)

 One lateral wall

 Inferior wall (superior surface of soft palate)
- 20 Involvement of two or more subsites:

 Posterior, inferior, or lateral wall(s)

 Lateral wall extending into eustachian tube/middle ear
- 30 Localized, NOS
- 40 Soft palate, inferior surface Oropharynx
- 50 Nasal cavity
- 52 Pterygopalatine fossa
- 55 Any of the above WITH fixation or tumor described **only** as FIXED
- 60 Bone, including skull
- 70 Brain, incl. cranial nerves
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

J

O No lymph node involvement
REGIONAL Lymph Nodes

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

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

- 1 One positive ipsilateral node
 ≤3 cm in greatest diameter
- 3 Multiple positive ipsilateral nodes ≤6 cm
- 4 Ipsilateral, node size not stated
- 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated

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

DISTANT Lymph Nodes

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

HYPOPHARYNX (Laryngopharynx) 148.0-148.3, 148.8-148.9

SIZE OF PRIMARY TUMOR

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

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

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

Anatomic Limits of Hypopharynx

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

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

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

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to one of the following subsites:

 Postcricoid area

 Pyriform sinus

 Posterior pharyngeal wall
- 20 Tumor involves adjacent subsite(s) (listed above) WITHOUT fixation
- 30 Localized, NOS
- 40 Oropharynx
- 50 Larynx Cervical (upper) esophagus
- 51 Any of the above WITH fixation of tumor or fixation, NOS
- 55 Fixation of hemilarynx or larynx
- 60 Prevertebral muscle(s)
 Soft tissue of neck, cartilage
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

		O No lymph node involvement
		REGIONAL Lymph Nodes
Note: If laterality is not specified, assume nodes are ipsilateral.	I	Retropharyngeal Internal jugular (upper and lower deep cervical): jugulodigastric jugulo-omohyoid Cervical, NOS Regional lymph node(s), NOS
ipsilacelai.		<pre>1 One positive ipsilateral node ≤3 cm in greatest diameter</pre>
		2 One positive ipsilateral node >3-6 cm in greatest diameter
		3 Multiple positive ipsilateral nodes ≤6 cm
		4 Ipsilateral, node size not stated
		5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated
		6 Any positive node(s), at least one >6 cm
		DISTANT Lymph Nodes
		7 Other than above
		8 Lymph Nodes, NOS
		9 UNKNOWN: not stated

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

SIZE OF PRIMARY TUMOR

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

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

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

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

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

LYMPH NODES

O No lymph node involvement ---------REGIONAL Lymph Nodes Submandibular (submaxillary) Internal jugular (upper and lower deep cervical): jugulodigastric jugulo-omohyoid Retropharyngeal **Note:** If laterality is not specified, assume nodes are Cervical, NOS Regional lymph node(s), NOS ipsilateral. 1 One positive ipsilateral node ≤3 cm in greatest diameter 2 One positive ipsilateral node >3-6 cm in greatest diameter 3 Multiple positive ipsilateral nodes ≤6 cm 4 Ipsilateral, node size not stated 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated 6 Any positive node(s), at least one >6 cm DISTANT Lymph Nodes 7 Other than above 8 Lymph Nodes, NOS

9 UNKNOWN; not stated

DIGESTIVE SYSTEM SITES

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

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

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

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

The mucosa of the digestive tract consists of:

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

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

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

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

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

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

DIGESTIVE SYSTEM SITES

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

DIGESTIVE SYSTEM SITES

PRIMARY SITE		M	JCOSA		 SUB- MUCOSA	 MUSCULARIS PROPRIA	SEROSA
	 Epithelium		 Lamina Propria	 Muscularis Mucosae	 		
 Esophagus (150)	•	: B A	Yes	Yes	Yes	Yes	No
 Stomach (151)	Yes	S E M	•	Yes	Yes	Yes	Yes
Sm. Intestine (152)	j i	E N T		Yes	Yes	Yes	Yes
(152) Colon (153)		: M E		Yes	Yes	Yes	Yes
Rectosigmoid	Yes	M B	Yes	Yes	Yes	Yes	Yes
(154.0) Rectum	Yes	R A N	Yes	Yes	Yes	Yes	No
(154.1)	} []	E :			! { 1	<u> </u> 	

ESOPHAGUS

150.0-150.5, 150.8-150.9

SIZE OF PRIMARY TUMOR/LENGTH OF INVOLVED ESOPHAGUS

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

000 001	Microsco	opic	focus			only
002 003	<u>mm</u> ≤2 3	<u>cm</u> ≤0.2				
• • •						
009 010	9 10	0.9				
099 100	99 100	9.9 10.0				
• • •						
990	990+	99.0	+			
998 999	Entire Not sta		umfere	ence	•	

Anatomic Limits of Esophagus

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

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

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

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

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

Invasive tumor confined to:

10 Mucosa, NOS (incl. intramucosal)

11 Lamina propria12 Muscularis mucosae

16 Submucosa

20 Muscularis propria invaded

30 Localized, NOS

40 Adventitia and/or soft tissue invaded; esophagus is described as "FIXED"

60 Cervical esophagus:

Major blood vessel(s): Carotid
 and subclavian arteries,
 jugular vein
Thyroid gland

Intrathoracic, upper or mid-portion, esophagus:

Major blood vessel(s): Aorta, pulmonary artery/vein, vena cava, azygos vein Trachea, incl. carina Main stem bronchus

Intrathoracic, lower portion (abdominal), esophagus:

Major blood vessel(s): Aorta,
 gastric artery/vein,
 vena cava
Diaphragm
Stomach, cardia

65 Cervical esophagus:

Hypopharynx
Larynx
Trachea, incl. carina
Cervical vertebra(e)

Intrathoracic esophagus:

Lung via bronchus
Pleura
Mediastinal structure(s), NOS
Rib(s); thoracic vertebra(e)

EXTENSION (cont'd)

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

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

LYMPH NODES

- O No lymph node involvement
- 1 REGIONAL Lymph Nodes (incl. contralateral or bilateral)

Cervical only:

Peri-/paraesophageal
Superior mediastinal
Internal jugular (upper
deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS

Intrathoracic, upper or middle, only:

Peri-/Paraesophageal
Internal jugular (upper and lower deep cervical):
 jugulodigastric
 jugulo-omohyoid
Cervical, NOS

Intratracheobronchial:
 peritracheal, carinal
 (bifurcation), hilar
 (pulmonary roots)
Left gastric: Cardiac, lesser
 curvature, perigastric, NOS
Posterior mediastinal

Intrathoracic, lower (abdominal), only:

Peri-/Paraesophageal
Left gastric: Cardiac, lesser
curvature, perigastric, NOS
Posterior mediastinal

Regional lymph node(s), NOS

DISTANT Lymph Nodes

- 6 Supraclavicular lymph nodes
- 7 Other than above

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

STOMACH

151.0-151.6, 151.8-151.9

SIZE OF PRIMARY TUMOR

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

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

	mm	cm	
002 003	<u>≤2</u> 3	≤0.2 0.3	
• • •			
009 010	9 10	0.9 1.0	
099 100	99 100	9.9 10.0	
• • •			
990	990+	99.0+	
998			espread; 3/4's or tis plastica
999	Not st		ors prascrea

Note: Ignore intraluminal extension to esophagus and duodenum; code depth of invasion through stomach wall.

EXTENSION

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

Invasive tumor confined to:

- 10 Mucosa, NOS (incl. intramucosal)
 11 Lamina propria
- Muscularis mucosae
- 13 Head of polyp14 Stalk of polyp
- 15 Polyp, NOS
- 16 Submucosa (superficial invasion)
- 20 Muscularis propria invaded
- 30 Localized, NOS
- 40 Invasion through muscularis
 propria or muscularis, NOS
 Extension through wall, NOS
 Perimuscular tissue invaded
 (Sub)serosal tissue/fat invaded
- 45 Extension to adjacent (connective) tissue:

Perigastric fat Omentum, lesser, greater, NOS Ligaments: Gastrocolic, gastrohepatic, gastrosplenic Gastric artery

- 50 Invasion of/through serosa (mesothelium)
- 55 (45) + (50)

NOS

60 Spleen
Transverse colon (incl.
flexures)
Liver
Diaphragm
Pancreas
Esophagus via serosa
Duodenum via serosa or NOS
Jejunum, ileum, small intestine,

ı

1

EXTENSION (cont'd)

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

LYMPH NODES

1

O No lymph node involvement
REGIONAL Lymph Nodes

Inferior (R) gastric:

Greater curvature
Greater omental
Gastroduodenal
Gastrocolic
Gastroepiploic, right or NOS
Gastrohepatic
Pyloric, incl. sub-/infrapyloric
Pancreaticoduodenal

Splenic:

Gastroepiploic, left Pancreaticolienal Peripancreatic Splenic hilar

Superior (L) gastric:

Lesser curvature
Lesser omentum
Gastropancreatic, left
Gastric, left
Paracardial; cardial
Cardioesophageal

Perigastric, NOS Nodule(s) in perigastric fat

- 1 Perigastric nodes ≤3 cm from the primary tumor
- 2 Perigastric nodes >3 cm from the primary tumor
- 4 Celiac Hepatic (excl. gastrohepatic)
- 5 Regional lymph node(s), NOS
 DISTANT Lymph Nodes
- 7 Other than above

.

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

SMALL INTESTINE

152.0-152.3, 152.8-152.9

SIZE OF PRIMARY TUMOR

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

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

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

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

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- O5 (Adeno)carcinoma in head of polyp, stalk not invaded

Invasive tumor confined to:

- 10 Mucosa, NOS (incl. intramucosal)
 11 Lamina propria
 12 Muscularis mucosae
 13 Head of polyp
 14 Stalk of polyp
 15 Polyp, NOS
 16 Submucosa (superficial invasion)
- 20 Muscularis propria invaded
- 30 Localized, NOS
- 40 Invasion through muscularis
 propria or muscularis, NOS |
 Extension through wall, NOS |
 Perimuscular tissue invaded |
 (Sub)serosal tissue/fat invaded |
- 45 Adjacent connective tissue | Mesentery, incl. mesenteric fat |
- 50 Invasion of/through serosa (mesothelium)
- 55 (45) + (50)
- 60 Duodenum:

Extrahepatic bile ducts, incl. ampulla of Vater Pancreas Pancreatic duct

1

46

EXTENSION (cont'd)

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

gastroduodenal artery

Jejunum and Ileum:

Large intestine, incl. appendix

- 66 Duodenum: Stomach
- 67 All small intestine sites: Abdominal wall Retroperitoneum
- 68 All small intestine sites: Small intestine via serosa 9 UNKNOWN; not stated
- 70 Jejunum and Ileum: Bladder Uterus Ovary; fallopian tube
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

O No lymph node involvement ______ 1 REGIONAL Lymph Nodes Duodenum: Hepatic: Pancreaticoduodenal Infrapyloric Gastroduodenal Jejunum and Ileum: Posterior cecal (terminal ileum) Ileocolic (terminal ileum) Superior mesenteric; mesenteric, NOS Regional lymph node(s), NOS DISTANT Lymph Nodes 7 Other than above

- 8 Lymph Nodes, NOS

COLON (incl. Flexures and Appendix)
153.0-153.9

SIZE OF PRIMARY TUMOR

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

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

	mm	<u>cm</u>		
002 003	<u>≤2</u> 3	≤0.2 0.3		
• • •				
009 010	9 10	0.9 1.0		
		2.0		
099 100	99 100	9.9 10.0		
 990	990+	99.0+		
998			iple polyposis	
999	•	(M-8220/8221) Not stated		

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

EXTENSION

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

Invasive tumor confined to:

- 10 Mucosa, NOS (incl. intramucosal) |
 11 Lamina propria
 12 Muscularis mucosae
 13 Head of polyp
 14 Stalk of polyp
 15 Polyp, NOS
 16 Submucosa (superficial invasion)
- 20 Muscularis propria invaded
- 30 Localized, NOS/confined to colon, NOS
- 40 Invasion through muscularis
 propria or muscularis, NOS
 Extension through wall, NOS
 Perimuscular tissue invaded
 (Sub)serosal tissue/fat invaded
- 45 Extension to adjacent (connective) tissue:

Mesentery (incl. mesenteric fat, mesocolon)--all colon sites

Retroperitoneal fat--ascend-ing and descending colon

Creater amontum gestresolic

Greater omentum; gastrocolic ligament--transverse colon Pericolic fat--all colon sites

- 50 Invasion of/through serosa (mesothelium)
- 55 (45) + (50)
- Greater omentum--cecum,appendix, ascending, descending and sigmoid colon

 Spleen--descending colon
 Pelvic wall--descending colon/sigmoid
 Liver, right lobe--ascending colon

EXTENSION (cont'd)

Transverse colon and flexures:

Stomach
Spleen; liver
Pancreas
Gallbladder/bile ducts
Kidney

All colon sites: Small intestine

65 All colon sites:
Abdominal wall
Retroperitoneum (excl. fat)

66 Ureter/kidney
Right--ascending colon
Left--descending colon

70 Cecum, appendix, ascending, descending, and sigmoid colon:
Uterus
Ovary; fallopian tube

75 All colon sites:
 Urinary bladder
 Gallbladder
 Adrenal gland
 Diaphragm
 Other segment(s) of colon
 via serosa
 Fistula to skin

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

LYMPH NODES

O No lymph node involvement

REGIONAL Lymph Nodes

1 All colon subsites:
 Epicolic (adjacent to bowel wall)
 Paracolic/pericolic
 Colic, NOS
 Nodule(s) in pericolic fat

2 Cecum and Appendix:

Cecal, anterior, posterior, NOS Ileocolic Right colic

Ascending colon:

Ileocolic Right colic Middle colic

Transverse colon and flexures:

Middle colic
Right colic for hepatic flexure
only
Left colic for splenic flexure
only
Inferior mesenteric for splenic
flexure only

Descending colon:

Left colic Sigmoid Inferior mesenteric

Sigmoid:

Sigmoidal (sigmoid mesenteric)
Superior hemorrhoidal
Superior rectal
Inferior mesenteric

3 Mesenteric, NOS
 Regional lymph node(s), NOS

DISTANT Lymph Nodes

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

RECTOSIGMOID, RECTUM

154.0-154.1

SIZE OF PRIMARY TUMOR

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

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

	<u>mm</u>	<u>cm</u>	
002 003	<u>≤2</u> 3	≤0.2 0.3	
• • •			
009 010	9 10	0.9 1.0	
099 100	99 100	9.9 10.0	
• • •			
990	990+	99.0+	
998		ial/multipl 3220/8221)	e polyposis
999	Not st	•	

EXTENSION

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

Invasive tumor confined to:

- Mucosa, NOS (incl. 10 intramucosal) 11 Lamina propria 12 Muscularis mucosae 13 Head of polyp 14 Stalk of polyp 15 Polyp, NOS 16 Submucosa (superficial invasion) 20 Muscularis propria invaded
- 30 Localized, NOS
- 40 Invasion through muscularis propria or muscularis, NOS Extension through wall, NOS Perimuscular tissue invaded (Sub)serosal tissue/fat invaded |
- 45 Extension to adjacent (connective) tissue: Mesentery (incl. mesenteric | fat, mesocolon)--rectosigmoid Pericolic fat--rectosigmoid Rectovaginal septum--rectum Perirectal fat--all sites
- 50 Invasion of/through serosa (mesothelium)
- 55 (45) + (50)

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

EXTENSION (cont'd) LYMPH NODES 60 Rectosigmoid: O No lymph node involvement Small intestine - - - - - - - - - - - - - - - -Cul de sac (rectouterine REGIONAL Lymph Nodes pouch) Pelvic wall 1 Rectosigmoid: Paracolic/pericolic İ Rectum: Perirectal ١ Rectovesical fascia, male Nodule(s) in pericolic fat Bladder, male Prostate Rectum: Ductus deferens Perirectal Seminal vesicle(s) Nodule(s) in perirectal fat Cul de sac (rectouterine 2 Rectosigmoid: pouch) Hemorrhoidal, superior or Pelvic wall middle Skeletal muscle of pelvic Left colic (incl. colic, NOS) floor Superior rectal Sigmoidal (sigmoid mesenteric) 70 Rectosigmoid: Inferior mesenteric Prostate Uterus Rectum: Ovary; fallopian tube Sigmoidal (sigmoid mesenteric) Bladder Inferior mesenteric Hemorrhoidal, superior or Ureter Colon via serosa inferior Sacral (lateral, presacral, Rectum: sacral promontory (Gerota's), | Uterus or NOS) Bladder, female Internal iliac (hypogastric) Urethra Bones of pelvis 3 Mesenteric, NOS Regional lymph node(s), NOS 80 FURTHER extension ______ DISTANT Lymph Nodes 85 Metastasis 7 Other than above 99 UNKNOWN if extension or metastasis 8 Lymph Nodes, NOS 9 UNKNOWN; not stated

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

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

	intraepithelial	
10	<pre>Invasive tumor confined to: Mucosa, NOS (incl. intramucosal</pre>	-
11 12 16	Lamina propria Muscularis mucosae Submucosa (superficial invasio	on)
20	Muscularis propria (internal sphincter)	
30	Localized, NOS	
40	Rectal mucosa or submucosa Subcutaneous perianal tissue Perianal skin Skeletal muscles: Anal sphincter (external), levator ani Ischiorectal fat/tissue	1
60	Perineum Vulva	1
70	Bladder Urethra Vagina	I
75	Prostate Cervix Uteri Corpus Uteri Broad ligament(s)	l

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

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

LYMPH NODES

- O No lymph node involvement
 REGIONAL Lymph Nodes
- 1 Anorectal; perirectal
- 2 Internal iliac (hypogastric) and lateral sacral, unilateral
- 3 Superficial inguinal (femoral), unilateral
- 4 (3) plus (1) or (2)
- 5 Bilateral internal iliac
 (hypogastric), lateral
 sacral, and/or superficial
 inguinal (femoral)
- 7 Other than above

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

LIVER, INTRAHEPATIC BILE DUCT(S) 155.0-155.1

SIZE OF PRIMARY TUMOR

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

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

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

- 00 IN SITU: Noninvasive
- 10 Single lesion (one lobe) WITHOUT intrahepatic vascular invasion, incl. NOS
- 20 Single lesion (one lobe) WITH intrahepatic vascular invasion
- 30 Multiple tumors (one lobe) WITHOUT intrahepatic vascular invasion, incl. NOS
- 40 Multiple tumors (one lobe) WITH intrahepatic vascular invasion
- 50 Confined to liver, NOS Localized, NOS
- 60 More than one lobe involved by contiguous growth (single lesion) Extension to extrahepatic blood | vessel(s): hepatic artery, vena cava, portal vein
- 65 Multiple (satellite) nodules in more than one lobe of liver or on surface of parenchyma Satellite nodules, NOS
- 70 Extrahepatic bile duct(s) Diaphragm
- 75 Parietal peritoneum Gallbladder Ligament(s): Falciform, coronary, hepatogastric, hepatoduodenal, triangular Lesser omentum
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LIVER, INTRAHEPATIC BILE DUCT(S) 155.0-155.1

LYMPH NODES

0	No lymph node involvement
REC	GIONAL Lymph Nodes
1	Hepatic: Hepatic pedicle, inferior vena cava, hepatic artery, porta hepatis (hilar)
5	Regional lymph node(s), NOS
DIS	STANT Lymph Nodes
6	Cardiac Diaphragmatic: Pericardial Posterior mediastinal, incl. juxtaphrenic nodes Aortic (para-, peri-, lateral) Retroperitoneal, NOS
7	Other than above

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

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

SIZE OF PRIMARY TUMOR

mm

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

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

<u>cm</u>

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

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to:
 Mucosa, NOS
 Lamina propria
 Submucosa (superficial invasion)
- 20 Muscularis propria
- 30 Localized, NOS
- 40 Perimuscular connective tissue
- 50 Invasion of/through serosa
- 55 (40) + (50)
- 60 Extension into liver, NOS
- 61 Extension into liver ≤2 cm
- 62 Extension to one of the following:
 Extrahepatic bile duct(s), incl.
 ampulla of Vater
 Pancreas
 Omentum
 Duodenum; small intestine, NOS
- 65 Extension to one of the following:
 Large intestine
 Stomach
- 70 Extension into liver >2 cm
 Extension to two or more
 adjacent organs listed above
 in code 62 and/or code 65, OR |
 liver involvement with any
 organ above in code 62 and/or |
 code 65
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

1

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

LYMPH NODES

O No lymph node involvement REGIONAL Lymph Nodes
<pre>1 Cystic duct (node of the neck of the gallbladder) Pericholedochal (node around common bile duct) Hilar (in hilus of liverin hepatoduodenal ligament) Node of the foramen of Winslow</pre>
<pre>Periportal, periduodenal, peripancreatic (near head of pancreas only)</pre>
3 Regional lymph node(s), NOS
5 Celiac
6 Mesenteric, superior
7 Other than above
8 Lymph Nodes, NOS

9 UNKNOWN; not stated

EXTRAHEPATIC BILE DUCT(S)

156.1

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

00	IN SITU: Noninvasive	
10	Invasive tumor of bile duct(s) (cystic, hepatic, and common) confined to: Mucosa, NOS Lamina propria Submucosa	
20	Muscle wall (muscularis propria)	1
30	Localized, NOS	
4 0	Periductal/perimuscular connective tissue	1
60	Duodenum Gallbladder Pancreas Liver, porta hepatis	ļ
65	Blood vessels: Portal vein, hepatic artery Stomach Colon Omentum	1

80 FURTHER extension

85 Metastasis

99 UNKNOWN if extension or metastasis

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

EXTRAHEPATIC BILE DUCT(S) 156.1

LYMPH NODES

O No lymph node involvement REGIONAL Lymph Nodes 1 Cystic duct (node of the neck of the gallbladder) Pericholedochal (node around common bile duct) Node of the foramen of Winslow Hilar (in the hepatoduodenal ligament) 2 Hepatic: Periportal, periduodenal, peripancreatic (near head of pancreas only) 3 Regional lymph node(s), NOS 5 Celiac 6 Mesenteric, superior DISTANT Lymph Nodes 7 Other than above 8 Lymph Nodes, NOS 9 UNKNOWN; not stated

AMPULLA OF VATER

156.2

SIZE OF PRIMARY TUMOR

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

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

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

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to ampulla of Vater
- 30 Localized, NOS
- 40 Duodenum }
 Extrahepatic bile ducts
- 50 Tumor invasion into pancreas, incl. pancreatic duct, ≤2 cm
- 60 Tumor invasion into pancreas >2 cm
- 70 Other adjacent organs
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

O No lymph node involvement
1 REGIONAL Lymph Nodes
Peripancreatic
Hepatic
Infrapyloric
Subpyloric
Celiac
Pancreaticoduodenal
Superior mesenteric
Retroperitoneal
Lateral aortic
Regional lymph node(s), NOS DISTANT Lymph Nodes
7 Other than above
8 Lymph Nodes, NOS
9 UNKNOWN; not stated

PANCREAS: HEAD, BODY, AND TAIL 157.0-157.4

SIZE OF PRIMARY TUMOR

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

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

	mm	<u>c</u> m	
002 003	<u><</u> 2 3	<0.2 0.3	
• • •			
009 010	9 10	0.9 1.0	
• • •			
099 100	99 100	9.9 10.0	
• • •			
990	990+	99.0+	
999	Not st	tated	

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

EXTENSION

- 00 IN SITU: Noninvasive
- 10 Confined to pancreas
- 30 Localized, NOS
- 40 Extension to peripancreatic tissue, NOS Fixation to adj. structures/NOS

1

- 45 Extrahepatic bile ducts (includes external right and left hepatic ducts, common hepatic duct, and common bile duct)

 Ampulla of Vater

 Duodenum
- 60 Head of pancreas: Stomach
 Body and/or tail of pancreas:

 Left kidney; kidney, NOS
 Left ureter
 Spleen
 Left adrenal (suprarenal) gland
 Retroperitoneal soft tissue
 (retroperitoneal space)

65 Head of pancreas:

Major blood vessel(s): Hepatic,
pancreaticoduodenal and/or
gastroduodenal arteries,
superior mesenteric
artery/vein, portal vein
Transverse colon, incl. hepatic
flexure
Peritoneum, mesentery, mesocolon,
mesenteric fat
Greater/lesser omentum

Body and/or tail of pancreas:

Splenic flexure
Ileum and jejunum
Peritoneum, mesentery,
mesocolon, mesenteric fat
Major blood vessel(s): Aorta,
celiac artery, hepatic artery,
splenic artery/vein,
superior mesenteric
artery/vein, portal vein

EXTENSION (cont'd) LYMPH NODES Stomach from body and tail O No lymph node involvement Liver (incl. porta hepatis) 1 REGIONAL Lymph Nodes 67 Gallbladder Peripancreatic 70 Head of pancreas Hepatic Kidney Infrapyloric (head only) Ureter Subpyloric (head only) Celiac (head only) Adrenal gland Retroperitoneum Superior mesenteric Jejunum Ileum Pancreaticolienal (body and tail only) Splenic (body and tail only) Body and/or tail of pancreas | Right kidney/right ureter Retroperitoneal Right adrenal gland Lateral aortic Diaphragm Large intestine (other Regional lymph node(s), NOS than splenic flexure) ______ 80 FURTHER extension DISTANT Lymph Nodes 85 Metastasis 7 Other than above 99 UNKNOWN if extension or metastasis 8 Lymph Nodes, NOS

9 UNKNOWN; not stated

PANCREAS, UNSPECIFIED

157.8-157.9

SIZE OF PRIMARY TUMOR

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

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

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

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

PANCREAS, UNSPECIFIED 157.8-157.9

LYMPH NODES

0	No	lyr	nph	node	in	volve	ment		
1	REC	3101	NAL	Lymr	h N	odes			
			ipar atio	crea	tic				
	F	Reti	rope	r me rito aor	nea	teric l			
	I	Regi	iona	1 13	mph	node	(s),	nos	
_ DI	 STA1	 NT I	- -	 h No	 des				٠
7	Otl	ner	tha	n ak	ove				

9 UNKNOWN; not stated

RETROPERITONEUM AND PERITONEAL SITES 158.0, 158.8-158.9

SIZE OF PRIMARY TUMOR

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

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

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

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

RETROPERITONEUM AND PERITONEAL SITES 158.0, 158.8-158.9

LYMPH NODES

O No lymph node involvement
1 REGIONAL Lymph Nodes
Subdiaphragmatic
Intra-abdominal
Paracaval
Pelvic
Regional lymph node(s), NOS
Regional Tymph hode(s), Nos
Dramating v at a second
DISTANT Lymph Nodes
7 Other than above
8 Lymph Nodes, NOS
9 UNKNOWN; not stated

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

SIZE OF PRIMARY TUMOR

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

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

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

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

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

LYMPH NODES

- O No lymph node involvement

 REGIONAL Lymph Nodes

 Subdiaphragmatic
 Intra-abdominal
 Paracaval
 Pelvic
 Regional lymph node(s), NOS

 DISTANT Lymph Nodes

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

NASAL CAVITY, MIDDLE EAR

160.0, 160.1

SIZE OF PRIMARY TUMOR

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

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

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

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

NASAL CAVITY, MIDDLE EAR 160.0, 160.1

LYMPH NODES

0	No	lymph	node	invo	lve	men	t			
1	REC	IONAL	Lympl	n Nod	les	~ -	-	-	-	•
7	DIS	TANT	Lymph	Node	· :s		-	-	-	•
-					_		-	-	_	-

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

MAXILLARY SINUS

160.2

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

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

l

LYMPH NODES

O No lymph node involvement REGIONAL Lymph Nodes Submental Submandibular (submaxillary) Internal jugular (upper and lower deep cervical): jugulodigastric jugulo-omohyoid Retropharyngeal Cervical, NOS Regional lymph node(s), NOS 1 One positive ipsilateral node ≤3 cm in greatest diameter 2 One positive ipsilateral node >3-6 cm in greatest diameter 3 Multiple positive ipsilateral nodes ≤6 cm 4 Ipsilateral, node size not stated 5 Bilateral and/or contralateral positive nodes ≤6 cm or size not stated 6 Any positive node(s), at least one >6 cm DISTANT Lymph Nodes 7 Other than above 8 Lymph Nodes, NOS

9 UNKNOWN; not stated

ACCESSORY (Paranasal) SINUSES

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

SIZE OF PRIMARY TUMOR

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

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

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

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive tumor confined to mucosa in one of the following:

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

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

LYMPH NODES

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

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

DISTANT Lymph Nodes

7 Other than above

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

LARYNX

161.0-161.3, 161.8-161.9

SIZE OF PRIMARY TUMOR

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

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

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

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

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

LYMPH NODES

O No lymph node involvement

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

Internal jugular (upper and
 lower deep cervical) for glottic
 and supraglottic:
 jugulodigastric
 jugulo-omohyoid
Anterior cervical: Prelaryngeal,
 pretracheal, paratracheal,
 laterotracheal (recurrent
 laryngeal)
Submaxillary
Submental
Cervical, NOS
Regional lymph node(s), NOS

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

_ _ _ _ _ _ _

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

Note: If laterality is not

specified, assume nodes are

ipsilateral.

TRACHEA

162.0

SIZE OF PRIMARY TUMOR

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

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

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

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

LYMPH NODES

0	No lymph node involvement	
1	REGIONAL Lymph Nodes	•
- 7	DISTANT Lymph Nodes	•
-		

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

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

SIZE OF PRIMARY TUMOR

(from pathology report; operative report; endoscopic examin- |
ation; radiographic report--in
priority order)

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

003	<u>mm</u> ≤3	<u>cm</u> <0.3	
009 010	9 10	0.9 1.0	
099 100	99 100	9.9 10.0	
990	990+	99.2+	

998 Diffuse (entire lobe or lung) 999 Not stated

Note 1: Assume tumor ≥ 2 cm from carina if lobectomy is done.

Note 2: If no mention is made of the opposite lung on a chest x-ray, assume it is not involved.

Note 3: "Bronchopneumonia" is not the same thing as "obstructive pneumonitis" and should not be coded as such.

Note 4: Ignore pleural effusion which is negative for tumor.

Note 5: If at mediastinoscopy/xray the description is mediastinal mass/adenopathy, assume that |
it is mediastinal nodes.

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

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Tumor confined to one lung (excl. primary in MSB)
- 20 Tumor involving main stem bronchus ≥2 cm from carina (primary in lung or MSB)
- 30 Localized, NOS
- 40 Extension to:
 Pleura, visceral or NOS
 Pulmonary ligament
 Atelectasis/obstructive
 pneumonitis involving
 <entire lung (or NOS)
 WITHOUT pleural effusion
- 50 Tumor of/involving main stem bronchus <2.0 cm from carina; or primary in the carina
- Chest (thoracic) wall
 Parietal pericardium or NOS
 Parietal (mediastinal) pleura
 Brachial plexus from superior
 sulcus or Pancoast tumor
 (superior sulcus syndrome)
 Diaphragm
 Atelectasis/obstructive pneumonitis involving entire lung

١

EXTENSION (cont'd)

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

LYMPH NODES

- O No lymph node involvement

 REGIONAL Lymph Nodes (Ipsilateral)
- 1 Intrapulmonary
 Hilar (pulmonary root)
 Peribronchial
- 2 Subcarinal; carinal
 Mediastinal, anterior,
 posterior, NOS
 Paratracheal; pretracheal
 Paraesophageal
 Aortic (para-, peri-) (above diaphragm)
- 5 Regional lymph node(s), NOS
- 6 Contralateral hilar or mediastinal (incl. bilateral) Supraclavicular (transverse cervical) Scalene

DISTANT Lymph Nodes

1

- 7 Other than above (incl. cervical |
 neck nodes)
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

Note 7: AJCC (TNM) classifies the lymph nodes in code 6 to N3.

PLEURA

163.0-163.1, 163.8-163.9

SIZE OF PRIMARY TUMOR

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

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

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

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

PLEURA

163.0-163.1, 163.8-163.9

LYMPH NODES

O No lymph node involvement

1 REGIONAL Lymph Nodes

7 DISTANT Lymph Nodes

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

HEART, MEDIASTINUM

164.1-164.3, 164.8-164.9

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

- 10 Invasive tumor confined to site of origin
- 30 Localized, NOS
- 40 Adjacent connective tissue

l

- 60 Adjacent organs/structures
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

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

HEART, MEDIASTINUM 164.1-164.3, 164.8-164.9

LYMPH NODES

0	No lymph node involvement
1	REGIONAL Lymph Nodes
- 7	DISTANT Lymph Nodes
_	

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

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

SIZE ()F	PRIM	ARY	TUMOR
--------	----	------	-----	-------

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

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

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

EXTENSION

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

ı

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

LYMPH NODES

- O No lymph node involvement

 REGIONAL Lymph Nodes

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

BONE

170.0-170.9

SIZE OF PRIMARY TUMOR

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

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

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

- 10 Invasive tumor confined to cortex of bone
- 20 Extension beyond cortex to periosteum (no break in periosteum)
- 30 Localized, NOS
- 40 Extension beyond periosteum to surrounding tissues, incl. adjacent skeletal muscle(s)
- 60 Adjacent Bone
- 70 Skin
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

)	No lymph node involvement
1	REGIONAL Lymph Nodes
- 7	DISTANT Lymph Nodes
-	

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

CONNECTIVE AND OTHER SOFT TISSUE 171.0, 171.2-171.9

SIZE OF PRIMARY TUMOR

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

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

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

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

LYMPH NODES

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

Head and Neck - All subsites: Cervical

Lip: Preauricular, facial, submental, submandibular

Eyelid/canthus: Preauricular, facial, submandibular, infra-auricular

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

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

Scalp/neck:

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

LYMPH NODES (cont'd)

Upper trunk

Cervical, supraclavicular, Internal mammary, axillary

Lower trunk

Femoral (superficial inguinal)

Arm/shoulder

Axillary

Spinal accessory for shoulder Epitrochlear for hand/forearm

Leg/hip

Femoral (superficial inguinal)
Popliteal for heel and calf

All Sites

Regional lymph node(s), NOS

DISTANT Lymph Nodes

7 Other than above

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

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

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

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

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

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

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

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

LYMPH NODES

- O No lymph node involvement
- 1 REGIONAL by primary site (bilateral or contralateral for head, neck, trunk)
 - Head and Neck All subsites:
 Cervical
 - Lip: Preauricular, facial, submental, submandibular
 - Eyelid/canthus:
 Preauricular, facial, submandibular, infra-auricular
 - External ear/auditory canal:
 Pre-/post-auricular
 (mastoid)
 - Face, Other (cheek, chin,
 forehead, jaw, nose and
 temple): Preauricular, fa cial, submental, subman dibular
 - Scalp/neck:

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

LYMPH NODES (cont'd)

Upper trunk

Cervical, supraclavicular, internal mammary, axillary

Lower trunk

Femoral (superficial inguinal)

Arm/shoulder

Axillary

Spinal accessory for shoulder Epitrochlear for hand/forearm

Leq/hip

Femoral (superficial inguinal)
Popliteal for heel and calf

All sites

Regional lymph node(s), NOS

DISTANT Lymph Nodes

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

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

<pre>MEASURED THICKNESS (Depth)* OF TUMOR (Breslow's measurement)</pre>		[EXTENSION	
Recor fro	d Actual Measurement (in mm) m Pathology Department	•	00	intraepithelial Clark's level I Basement membrane of the
000	No mass; no tumor found			epidermis is intact.
001	mm		10	Papillary dermis invaded Clark's level II
001 002	0.01 0.02		11	(10) WITH ulceration
	0.74 0.75 0.76		20	Papillary-reticular dermal interface invaded Clark's level III
			21	(20) WITH ulceration
103 104 105	1.03 1.04 1.05		30	Reticular dermis invaded Clark's level IV
• • •	1.03		31	(30) WITH ulceration
	9.90+		40	Skin/dermis, NOS Localized, NOS
999	Not stated		41	(40) WITH ulceration
		1	50	Subcutaneous tissue invaded (through entire dermis) Clark's level V
w.m. i a	lenga NOW size is soded		51	(50) WITH ulceration
#INIC	kness, NOT size, is coded.		60	Satellite nodule(s), NOS
other	For melanoma of sites than those above, use specific schemes.	1	62	Satellite nodule(s), ≤2 cm from primary tumor
PT CG-	specific schemes.	J	64	(50-51) plus (60) or (62)
			70	Underlying cartilage, bone, skeletal muscle
			80	FURTHER extension
			85	Metastasis to skin or subcutaneous tissue beyond regional lymph nodes
			87	Visceral metastasis; metastasis, NOS
			99	UNKNOWN if extension or metastasis

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

LYMPH NODES

O No lymph node involvement

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

Head and Neck - All subsites:
 Cervical

Lip: Preauricular, facial, submental, submandibular

Eyelid/canthus: Preauricular,
 facial, submandibular,
 infra-auricular

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

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

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

LYMPH NODES (cont'd)

Upper trunk
 Cervical, supraclavicular,
 internal mammary, axillary

Lower trunk Femoral (superficial inguinal)

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

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

<u>Vulva/penis/scrotum</u>

Femoral (superficial inguinal)

Deep inguinal

All sites Regional, NOS

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

4 (2) plus (3)

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

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

PERIPHERAL BLOOD INVOLVEMENT

000 No peripheral blood involvement

Atypical circulating cells in peripheral blood:

001 <5% 002 >5% 003 % not stated 999 Not applicable

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

EXTENSION

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

10	<10% of skin surface, no tumors	
20	≥10% of skin surface, no tumors	1
25	<pre>% of body surface not stated, no tumors</pre>	1

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

50 One or more tumors (tumor stage)

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

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

99 UNKNOWN; not stated

Source: Developed by the Mycosis | Fungoides Cooperative Group |

1

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

LYMPH NODES

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

REGIONAL Lymph Nodes

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

DISTANT Lymph Nodes

7 Other than above

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

BREAST

174.0-174.6, 174.8-174.9, 175.9

SIZE OF PRIMARY TUMOR

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

000 No mass; no tumor found; no
Paget's disease
001 Microscopic focus or foci only
002 Mammography/xerography diagnosis only with no size
given (tumor not clinically
palpable)

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

997 Paget's Disease of nipple
 with no demonstrable tumor
 998 Diffuse; widespread: 3/4's or
 more of breast; inflam matory carcinoma
 999 Not stated

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

Note 2: Consider adherence, attachment, fixation, induration, and thickening as clinical evidence of extension to skin or subcutaneous tissue; code '20'.

Note 3: Consider "fixation, NOS"
as involvement of pectoralis
muscle; code '30'.

EXTENSION

- 00 IN SITU: Noninfiltrating; intraductal WITHOUT infiltration; lobular neoplasia
- O5 Paget's disease (WITHOUT underlying tumor)
- 10 Confined to breast tissue and fat including nipple and/or areola
- 20 Invasion of subcutaneous tissue
 Skin infiltration of primary
 breast including skin of nipple
 and/or areola
 Local infiltration of dermal lymphatics adjacent to primary
 tumor involving skin by
 direct extension
- 30 Invasion of (or fixation to) pectoral fascia or muscle; deep fixation; attachment or fixation to pectoral muscle or underlying tissue
- 40 Invasion of (or fixation to) chest wall, ribs, intercostal or serratus anterior muscles
- 50 Extensive skin involvement:
 Skin edema, peau d'orange,
 "pigskin," en cuirasse, lenticular nodule(s), inflammation
 of skin, erythema, ulceration
 of skin of breast, satellite
 nodule(s) in skin of primary
 breast
- 60 (50) plus (40)
- 70 Inflammatory carcinoma, incl.
 diffuse (beyond that directly
 overlying the tumor) dermal
 lymphatic permeation or
 infiltration

Note 4:

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

EXTENSION (cont'd)

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

LYMPH NODES

O No lymph node involvement

REGIONAL Lymph Nodes (ipsilateral)
Axillary
Level I/low: Adjacent to
tail of breast
Level II/mid: Central, interpectoral, (Rotter's node)
Level III/high: Subclavicular,
apical

Intramammary
Nodule(s) in axillary fat

Size of largest axillary node, ipsilateral (codes 1-4):

- 1 Micrometastasis (≤0.2 cm)
- 2 >0.2-<2.0 cm, no extension beyond
 capsule</pre>
- 3 <2.0 cm WITH extension beyond capsule
- 4 \geq 2.0 cm
- 5 Fixed/matted ipsilateral axillary nodes
- 6 Axillary/regional lymph nodes, NOS Lymph nodes, NOS
- 7 Internal mammary node(s), ipsilateral

DISTANT Lymph Nodes

- 8 Cervical, NOS
 Contralateral/bilateral axillary
 and/or internal mammary
 Infraclavicular
 Supraclavicular (transverse
 cervical)
 Other than above
- 9 UNKNOWN; not stated

CERVIX UTERI

180.0-180.1, 180.8-180.9

SIZE OF PRIMARY TUMOR

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

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

	990 Smil	~~
	mm	<u>cm</u>
002	<u>≤</u> 2 3	<u><</u> 0.2
003	3	0.3
• • •		
009	9	0.9
010	10	1.0
	00	0.0
099	99	9.9
100	100	10.0
• • •		
990	990+	99.0+
	550	2210
999	Not st	tated

- Note 1: Involvement of anterior and/or posterior septum is coded as involvement of the vaginal wall.
- Note 2: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as 65.
- Note 3: If the clinician says "adnexa palpated" but doesn't mention lymph nodes, assume lymph nodes are not involved.
- Note 4: If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.

- OO IN SITU: Preinvasive;
 noninvasive; intraepithelial
 Cancer in situ WITH endocervical gland involvement
 FIGO Stage O
- 01 CIN* Grade III
- ll Minimal microscopic stromal invasion FIGO Stage IAl
- 20 Invasive cancer confined to cervix and tumor larger than that in code 12 FIGO Stage IB
- 30 Localized, NOS; confined to cervix uteri or uterus, NOS
- 31 FIGO Stage I, not further specified
- 35 Corpus uteri
- 40 Extension to:

 Upper 2/3's of vagina |

 (incl. fornices and

 vagina/vaginal wall, NOS)

 Cul de sac (rectouterine pouch)

 FIGO Stage IIA |
- 50 Extension to:
 Parametrium (paracervical soft tissue)
 Ligaments: Broad, uterosacral, cardial
 FIGO Stage IIB
- *CIN = Cervical intraepithelial neoplasia

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

metastasis

CORPUS UTERI

DISTINGUISHING "IN SITU" AND "LOCALIZED" TUMORS FOR THE CORPUS UTERI

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

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

The endometrium (mucosa) consists of:

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

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

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

There is NO MUSCULARIS MUCOSAE or SUBMUCOSA in the endometrium.

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

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

CORPUS UTERI

PRIMARY SITE	ENDOMETRIUM (mucosa)			 MYOMETRIUM (3 layers)	 SEROSA
	Columnar Epithelium	B A S E			
Corpus Uteri (182)	Yes	: M E M	Yes	Yes	Yes

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

SIZE OF PRIMARY	/ <u>TUMOR</u> ogy report; operative	EXI	<u>rension</u>
report; endos	scopic examination;	00	IN SITU: Preinvasive,
physical exam			noninvasive
priority orde	er)		FIGO Stage 0
000 No mass; r	no tumor found		No sounding done; sounding, NOS
001 Microscopi	ic focus or foci only	10	FIGO Stage I not further
			specified
mm	<u>Cm</u>	11	Confined to endometrium (stroma)
002 <u><</u> 2 <u><</u> 0	0.2		(SCIOMA)
	0.3		Extension to:
• • •		12	Myometriuminner half
• • •		13	Myometriumouter half
	0.9	14	MyometriumNOS
	1.0	15	Serosa
• • •			Sounding of uterine cavity is ≤ 8.0
	9.9		cm in length
	0.0	20	FIGO Stage IA not further
• • •			specified
• • •		21	Confined to endometrium
990 990+ 99	9.0+		(stroma)
999 Not state	ed		Extension to:
		22	Myometriuminner half
		23	Myometriumouter half
		24	MyometriumNOS
		25	Serosa
			Sounding of uterine cavity is >8.0
			cm in length
		30	FIGO Stage IB not further
			specified
	=tubes, ovaries and	31	Confined to endometrium
ligament(s)			(stroma)
Note 2: "Frozen	n pelvis" is a clin-		Extension to:
ical term which		32	Myometriuminner half
tends to pelv	ric sidewall(s). In	33	Myometriumouter half
the absence of	a statement of in-	34	MyometriumNOS
volvement, code	as 60.	35	Serosa
	clinician says "ad-	40	Localized, NOS
nexa palpated"	but doesn't mention	5 0	Campin phani inal andersonin
<pre>are not involve</pre>	assume lymph nodes	50	Cervix uteri, incl. endocervix invaded
are not involve	u.		FIGO Stage II
Note 4: If eith	er exploratory/de-		E100 Brage II
	y is done with no		
mention of ly			
nodes are negat			

1

EXTENSION (cont'd)

- Parametrium
 Ligaments: Broad, round,
 uterosacral
 Pelvic wall(s)
 Ovary(ies) and/or fallopian |
 tube(s)
 Rectal and/or bladder wall
 or NOS
 Vagina
 FIGO Stage III
- 70 Extension to rectal or bladder <u>mucosa</u>
 FIGO Stage IVA
- 80 Extension beyond true pelvis FIGO Stage IVA, not further specified
- 85 Metastasis FIGO Stage IVB
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

- O No lymph node involvement

 REGIONAL Lymph Nodes
- - External
 Pelvic, NOS
 Sacral (lateral, presacral,
 sacral promontory (Gerota's),
 uterosacral, or NOS)
- 2 Aortic (para-, peri-, lateral)
- 5 Regional Lymph Nodes, NOS

 DISTANT Lymph Nodes
- 6 Superficial inguinal
- 7 Other than above (incl. deep inguinal)
- 8 Lymph Nodes, NOS
- 9 UNKNOWN; not stated

SIZE OF PRIMARY TUMOR

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

SIZE

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

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

- Note 1: Code size of tumor, not size of the cyst.
- Note 2: Ascites WITH malignant cells changes FIGO Stages I and II to IC and IIC, respectively. Ascites, NOS is considered negative.
- Note 3: Peritoneal implants outside the pelvis (codes 70-72) must be microscopically confirmed.

EXTENSION

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

1

EXTENSION (cont'd)

- 65 FIGO Stage II, not further specified
- 70 Microscopic peritoneal implants
 beyond pelvis, including
 peritoneal surface of liver
 FIGO Stage IIIA
- 71 Macroscopic peritoneal implants
 beyond pelvis, ≤2 cm in
 diameter, including peritoneal surface of liver
 FIGO Stage IIIB
- 72 Peritoneal implants beyond pelvis, >2 cm in diameter, including peritoneal surface of liver FIGO Stage IIIC
- 75 Peritoneal implants, NOS FIGO Stage III, not further specified
- 80 FURTHER extension
- 85 Metastasis, including:
 Liver parenchymal metastasis
 Pleural fluid (positive
 cytology)
 FIGO Stage IV
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

- O No lymph node involvement

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

Lateral sacral Pelvic, NOS

- 2 Aortic (para-, peri-, lateral)
 Retroperitoneal, NOS
- 3 Inguinal
- 4 (2) plus (1) and/or (3)
- 5 Regional Lymph Nodes, NOS

DISTANT Lymph Nodes

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

Note 4: If implants are mentioned, determine whether they are in the pelvis or in the abdomen and code appropriately (60-62) or (70-72). If the location is not specified, code as outside the pelvis (70-72 or 75).

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

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

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

l

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

LYMPH NODES

O No lymph node involvement REGIONAL Lymph Nodes
<pre>1 Iliac: Common</pre>
2 Aortic (para-, peri-, lateral) Retroperitoneal, NOS
3 Inguinal
4 (2) plus (1) and/or (3)
5 Regional Lymph Nodes, NOS DISTANT Lymph Nodes
7 Other than above
8 Lymph Nodes, NOS

9 UNKNOWN; not stated

VAGINA 184.0

SIZE OF PRIMARY TUMOR

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

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

	w	Çm	
002 003	<u>≤2</u> 3	≤0.2 0.3	
• • •			
009 010	9 10	0.9 1.0	
099 100	99 100	9.9 10.0	
990	990+	99.0+	
999	Not st	tated	

EXTENSION

- 00 IN SITU: Noninvasive; intraepithelial
- 10 Invasive cancer confined to:
 Submucosa (stroma)
 FIGO Stage I

1

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

Note: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as 60.

LYMPH NODES
O No lymph node involvement
REGIONAL Lymph Nodes
Upper two-thirds of vagina:
<pre>1 Pelvic lymph nodes: Iliac: Common</pre>
Lower third of vagina:
<pre>2 Ipsilateral inguinal lymph node(s)</pre>
<pre>3 Bilateral inguinal lymph node(s)</pre>
Both parts of vagina:
5 Regional lymph node(s), unknown whether primary is in upper or lower vagina
DISTANT Lymph Nodes
6 Inguinal (upper two-thirds only) Aortic (para-, peri-, lateral) Retroperitoneal, NOS

8 Lymph Nodes, NOS

7 Other than above

9 UNKNOWN; not stated

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

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

- 00 IN SITU: Noninvasive; Bowen's disease, intraepidermal FIGO Stage 0
- 10 Invasive cancer confined to:
 Submucosa
 Musculature

FIGO Stage I if size ≤2.0 cm
FIGO Stage II if size >2.0 cm

- 30 Localized, NOS
- 70 Rectal mucosa Perineal body
- 75 Extension to:
 Upper urethral mucosa
 Bladder mucosa
 Pelvic bone
 FIGO Stage IVA
- 80 FURTHER extension
- 85 Metastasis FIGO Stage IVB
- 99 UNKNOWN if extension or metastasis

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

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

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

LYMPH NODES

- O No lymph node involvement

 REGIONAL Lymph Nodes (incl. contra- | lateral or bilateral)
- Superficial inguinal (femoral)
 Deep inguinal, Rosenmuller's
 or Cloquet's node
 Regional lymph nodes, NOS
- 2 (1) WITH fixation or ulceration
- 3 External iliac Internal iliac (hypogastric) Pelvic, NOS
- 4 (3) WITH fixation or ulceration
 DISTANT Lymph Nodes
- 7 Other than above

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

OTHER FEMALE GENITAL ORGANS 184.8-184.9

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

00	IN	SITU:	Noninvasive;
	i	ntraer	oithelial

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

114

OTHER FEMALE GENITAL ORGANS 184.8-184.9

LYMPH NODES

O No lymph node involvement

REGIONAL Lymph Nodes

7 DISTANT Lymph Nodes

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

SIZE OF PRIMARY TUMOR

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

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

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

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

Note 2: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as 70.

Note 3: If D1-D2 is based on involvement of lymph nodes only, code under lymph nodes and not extension.

Note 4: B can be further classi-| fied: Bl, Small, discrete nod-| ule(s) ≤1.5 cm, and B2 Nodule(s) | >1.5 cm or in more than one lobe.

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

EXTENSION

00 IN SITU: Noninvasive; intraepithelial

Incidentally found microscopic carcinoma (latent)

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

Fixation, NOS

EXTENSION (cont'd)

- 70 Pelvic bone Pelvic wall(s)
- 80 FURTHER extension to bone, soft tissue or other organs (D2)
- 85 Metastasis (D2)
 D, not further specified
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

1

O No lymph node involvement ------REGIONAL Lymph Nodes (incl. contra- | lateral or bilateral nodes) Periprostatic Iliac: Internal (hypogastric): Obturator External Iliac, NOS 1 Pelvic, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS) Regional lymph node(s), NOS 1 Single lymph node ≤2 cm Single lymph node >2-5 cm OR multiple nodes, none greater than 5 cm 3 Lymph node(s), at least one >5 cm 5 Size not stated DISTANT Lymph Nodes 6 Aortic (para-, peri-, lateral, lumbar) Retroperitoneal, NOS Common iliac Inguinal, superficial (femoral) and/or deep 7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

TESTIS

186.0, 186.9

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

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

LYMPH NODES

O No lymph node involvement _ . _ _ . . . _ REGIONAL Lymph Nodes (incl. contralateral or bilateral nodes) Paracaval Aortic (para-, peri-, lateral) External iliac Retroperitoneal, NOS Pelvic, NOS Regional lymph node(s), NOS 1 Single lymph node ≤2 cm 2 Single lymph node >2-5 cm OR multiple nodes, none greater than 5 cm 3 Lymph node(s), at least one >5 cm 5 Size not stated DISTANT Lymph Nodes Inguinal nodes, superficial (femoral) and/or deep 7 Other than above 8 Lymph Nodes, NOS 9 UNKNOWN; not stated

Note: Regardless of previous inguinal or scrotal surgery, involvement of inguinal nodes is always considered distant by SEER. PREPUCE, PENIS NOS, AND GLANS PENIS (excl. Malignant Melanoma, Kaposi's Sarcoma, Mycosis Fungoides, Sezary's Disease, and Other Lymphomas) 187.1-187.2, 187.4

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

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

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

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

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

LYMPH NODES

O No lymph node involvement REGIONAL Lymph Nodes			
<pre>1 SINGLE superficial inguinal (femoral)</pre>			
<pre>2 Multiple OR bilateral superficial inguinal (femoral)</pre>			
<pre>3 Deep inguinal: Rosenmuller's or Cloquet's node</pre>			
5 Regional lymph node(s), NOS			
6 External iliac Internal iliac (hypogastric) Pelvic nodes, NOS			
DISTANT Lymph Nodes			
7 Other than above			

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

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

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

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

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

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

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

LYMPH NODES

O No lymph node involvement
1 REGIONAL Lymph Nodes
External iliac
Internal iliac (hypogastric)
Superficial inguinal
(femoral)
Deep inguinal: Rosenmuller's
or Cloquet's node
Regional lymph node(s), NOS
Regional lymph node(b), Nob
DICENNE I week Nodes
DISTANT Lymph Nodes
m
7 Other than above
8 Lymph Nodes, NOS
9 UNKNOWN: not stated

URINARY BLADDER, RENAL PELVIS and URETERS

DISTINGUISHING "IN SITU" AND "LOCALIZED" TUMORS FOR URINARY SITES

Careful attention must be given to the use of the term "confined to mucosa" for urinary bladder.

Historically, carcinomas described as "confined to mucosa" have been coded as localized. However, pathologists almost uniformly use this designation for non-invasive tumor as well. In order to provide greater specificity and to rule out the possibility of classifying noninvasive tumors in this category, abstractors should determine:

- 1) if the tumor is confined to the epithelium, in which case it is in situ, OR
- 2) if the tumor has penetrated the basement membrane to invade the lamina propria, in which case it is localized and is coded to invasion of the lamina propria. Only if this separation cannot be made should the tumor be coded to "confined to mucosa."

The mucosa of the urinary tract consists of:

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

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

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

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

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

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

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URINARY BLADDER, RENAL PELVIS and URETERS

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

URINARY BLADDER, RENAL PELVIS and URETERS

PRIMARY SITE	MUCOSA		 MUSCULARIS PROPRIA	SEROSA
	Epithelium	B A Lamina Propria/ S <u>Submucosa</u> E		
Urinary Bladder (188)	Yes	: Yes M	Yes	Yes, on supe- rior surface
Renal pelvis (189.1) 	Yes	M Yes B R	Yes	No
Ureter(s) (189.2) 	Yes	A Yes N E E E E E E E E E E E E E E E E E E E	Yes	No

URINARY BLADDER

188.0-188.9

SIZE OF PRIMARY TUMOR

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

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

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

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

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

Note 3:

,,,,,	
If extension	Behavior code
code is:	must be:
00 or 05	2
10	2 or 3
15+	3

EXTENSION

- OO Sessile carcinoma-IN SITU; Carcinoma-IN SITU, NOS
- 05 Noninvasive papillary (transitional) carcinoma
- 10 Confined to mucosa, NOS
- 15 Invasive tumor confined to:
 Subepithelial connective
 tissue (tunica propria,
 lamina propria, submucosa,
 stroma)

Muscle (muscularis) invaded

20	NOS
21	Superficial muscleinner half
22	Deep muscleouter half
23	Extension through full thickness of bladder wall

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- 30 Localized, NOS
- 40 Subserosal tissue Perivesical fat
- 50 Extension to/through serosa (mesothelium); peritoneum
- 60 Prostate
 Urethra, including prostatic
 urethra
 Ureter
- 65 Vas deferens; seminal vesicle
 Rectovesical/Denonvilliers'
 fascia
 Parametrium
 Uterus
 Vagina

EXTENSION (cont'd)

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

LYMPH NODES

O No lymph node involvement REGIONAL Lymph Nodes (incl. contralateral and bilateral) Perivesical Iliac: Internal (hypogastric): Obturator External Iliac, NOS Sacral (lateral, presacral, sacral promontory (Gerota's), or NOS) Pelvic, NOS Regional lymph node(s), NOS 1 Single lymph node ≤2 cm 2 Single lymph node >2-5 cm OR multiple nodes, none greater than 5 cm 3 Lymph node(s), at least one >5 cm 5 Size not stated DISTANT Lymph Nodes 6 Common iliac 7 Other than above

8 Lymph Nodes, NOS

9 UNKNOWN; not stated

KIDNEY (Renal) **PARENCHYMA** 189.0

SIZE OF PRIMARY TUMOR

mm

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

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

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

EXTENSION

- 00 IN SITU
- 10 Invasive cancer confined to kidney cortex and/or medulla
- 20 Renal pelvis or calyces involved Invasion of renal capsule
- 30 Localized, NOS
- 40 Perirenal (perinephric) tissue/ |
 fat
 Renal (Gerota's) fascia
 Adrenal gland, ipsilateral
 Retroperitoneal soft tissue |
- 60 Extension to:
 Blood vessels:
 Extrarenal portion of renal
 vein; renal vein, NOS
 Inferior vena cava
 Tumor thrombus in a renal vein,
 NOS

Tail of pancreas
Ascending colon from right
kidney
Descending colon from left

kidney
Duodenum from right kidney
Peritoneum

- Diaphragm
- 70 Ribs
- 75 Spleen Liver Stomach
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

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LYMPH NODES

O No lymph node involvement ------REGIONAL Lymph Nodes (incl. contralateral and bilateral) Renal hilar Paracaval Aortic (para-, peri-, lateral) Retroperitoneal, NOS Regional lymph node(s), NOS 1 Single lymph node ≤2 cm 2 Single lymph node >2-5 cm OR multiple nodes, none greater than 5 cm 3 Lymph node(s), at least one >5 cm 5 Size not stated DISTANT Lymph Nodes 7 Other than above

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

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

SIZE OF PRIMARY TUMOR

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

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

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

Note:

<u> </u>			
If extension	Behavior code must be:		
code is:			
00 or 05	2		
10+	3		

EXTENSION

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

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

EXTENSION (cont'd)

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

LYMPH NODES

Renal Pelvis:

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

Ureter:

Renal hilar
Iliac: Common
Internal (hypogastric)
External
Paracaval

Paracaval
Periureteral
Pelvic, NOS
Regional lymph node(s), NOS

- 1 Single lymph node ≤2 cm
- 2 Single lymph node >2-5 cm OR
 multiple nodes, none
 greater than 5 cm
- 3 Lymph node(s), at least one >5 cm
- 7 Other than above

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

URETHRA AND PARAURETHRAL GLAND 189.3-189.4

SIZE OF PRIMARY TUMOR (from pathology report; operative report; endoscopic examination; radiographic reportin priority order)		EXTENSION			
		00	Carcinoma-IN SITU, NOS		
		05	Noninvasive papillary, polypoid, or verrucous carcinoma		
000	No mas	s; no tumor	found		
001	Micros	copic focus	or foci only	10	Subepithelial connective tissue (lamina propria, submucosa)
	mm	<u>cm</u>			invaded
002	<i>c</i> 2	<0.2		20	Muscularis invaded
003	<u>≤</u> 2 3	0.3		20	Musculails invaded
• • •	-	- • •		30	Localized, NOS
009	9	0.9		40	Periurethral muscle
010	10	1.0			(sphincter)
					Corpus spongiosum
					Prostate
099	99	9.9			
100	100	10.0		60	
• • •					Vagina
990	990+	99.0+			Bladder neck
990	フランマ	フフ・ ひて			Seminal vesicle(s)

70 Other adjacent organs

99 UNKNOWN if extension or metastasis

80 FURTHER extension

85 Metastasis

Note:	1
If extension	Behavior code
code is:	must be:
00 or 05	2
10+	3

999 Not stated

URETHRA AND PARAURETHRAL GLAND 189.3-189.4

LYMPH NODES

O No lymph node involvement
REGIONAL Lymph Nodes (incl. contra- lateral and bilateral)
Iliac: Common Internal (hypogastric): Obturator External
Inguinal (superficial or deep) Presacral, sacral NOS
Pelvic, NOS
Regional lymph node(s), NOS
1 Single lymph node ≤2 cm
2 Single lymph node >2-5 cm OR multiple nodes, none greater than 5 cm
3 Lymph node(s), at least one >5 cm
5 Size not stated
7 Other than above
8 Lymph Nodes, NOS
9 UNKNOWN; not stated

EYE AND LACRIMAL GLAND 190.0-190.9

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

- 00 IN SITU
- 10 Tumor confined to site of origin: Iris Ciliary body Choroid Retina Lacrimal gland Cornea Conjunctiva Soft tissue of orbit (sarcomas) 20 Intraocular extension 30 Localized, NOS 40 Extraocular extension (excl. conjunctiva): Paranasal sinuses Cranium/skull Eyelid Optic nerve
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

Invading orbit--conjunctiva

EYE AND LACRIMAL GLAND 190.0-190.9

LYMPH NODES

O No lymph node involvement

REGIONAL Lymph Nodes

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

DISTANT Lymph Nodes

Lymph Nodes, NOS

9 UNKNOWN; not stated

BRAIN AND CEREBRAL MENINGES

191.0-191.9, 192.1

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

- 00 IN SITU
- 10 Supratentorial tumor confined to
 CEREBRAL HEMISPHERE (cerebrum)
 on one side:
 Frontal lobe
 Temporal lobe
 Parietal lobe

Occipital lobe

- 11 Infratentorial tumor confined to CEREBELLUM on one side:

 Vermis: Median lobe of cerebellum

 Lateral lobes
- 12 Infratentorial tumor confined to BRAIN STEM on one side:
 Thalamus, hypothalamus
 Midbrain (mesencephalon)
 Pons
 Medulla oblongata
- 20 Infratentorial tumor: Both cerebellum and brain stem involved WITH tumor on one side
- 30 Confined to ventricles or tumor invades or encroaches upon ventricular system
- 40 Tumor crosses the midline, involves corpus callosum (incl. splenium), or contralateral hemisphere
- 50 Supratentorial tumor extends infratentorially to involve cerebellum or brain stem
- 51 Infratentorial tumor extends supratentorially to involve cerebrum (cerebral hemisphere)
- 60 Tumor invades:
 Bone (skull)
 Meninges (dura)
 Major blood vessel(s)
 Nerves--cranial nerves;
 spinal cord/canal

EXTENSION (cont'd)

70 Extension to: Nasopharynx Posterior pharynx Nasal cavity Outside central nervous system (CNS) Circulating cells in cerebral spinal fluid (CSF)

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

LYMPH NODES

9 Not Applicable

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

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

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

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

LYMPH NODES

9 Not Applicable

THYROID GLAND

193.9

SIZE OF PRIMARY TUMOR

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

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

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

EXTENSION

- 00 IN SITU: Noninvasive
- 10 Single invasive tumor confined to thyroid
- 20 Multiple foci confined to thyroid
- 30 Localized, NOS
- 40 Into thyroid capsule, but not beyond
- 50 Pericapsular soft/connective tissue Parathyroid Strap muscle(s): Sternothyroid, omohyoid, sternohyoid Nerves: Recurrent laryngeal, vagus
- 60 Extension to:
 Major blood vessel(s): Carotid
 artery, thyroid artery or
 vein, jugular vein
 Sternocleidomastoid muscle
 Esophagus
 Larynx, incl. thyroid and
 cricoid cartilages
 Tumor is described as "FIXED to
 adjacent tissues"
- 70 Trachea
 Skeletal muscle, other than
 strap or sternocleidomastoid muscle
 Bone
- 80 FURTHER extension
- 85 Metastasis
- 99 UNKNOWN if extension or metastasis

LYMPH NODES

O No lymph node involvement
REGIONAL Lymph Nodes
Delphian node Anterior cervical: prelaryngeal, laterotracheal, pretracheal (recurrent laryngeal nerve chain) Internal jugular (upper and lower deep cervical): jugulodigastric jugulo-omohyoid Retropharyngeal Cervical, NOS
1 Ipsilateral cervical nodes
2 Bilateral, contralateral, or midline cervical nodes
3 Mediastinal nodes
5 Regional lymph node(s), NOS
DISTANT Lymph Nodes
6 Submandibular (submaxillary) Submental
7 Other than above
8 Lymph Nodes, NOS
9 UNKNOWN; not stated

THYMUS AND OTHER ENDOCRINE GLANDS

164.0, 194.0-194.1, 194.3-194.6, 194.8-194.9

SIZE OF PRIMARY TUMOR

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

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

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

<u>EXTENSION</u>

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

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

LYMPH NODES

O No lymph node involvement

1 REGIONAL Lymph Nodes

7 DISTANT Lymph Nodes

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

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

ASSOCIATED WITH HTLV-4 (AIDS)

001 Yes 002 No

999 Unknown

EXTENSION

SINGLE LESION

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

MULTIPLE LESIONS

- 21 Skin
- 22 Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)
- 24 (21) plus (22)
- 25 (21) plus (23)
- 26 (22) plus (23)
- 27 (21) plus (22) plus (23)
- 29 Multiple lesions, NOS
- 99 UNKNOWN; not stated

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

LYMPH NODES

O No lymph node involvement (No clinical adenopathy and either pathologically negative or no pathological statement)	
REGIONAL Lymph Nodes	
<pre>1 Clinically enlarged palpable regional lymph node(s) (adenopathy), and either pathologically negative regional nodes or no patho- logical statement</pre>	
2 No clinically enlarged palpable regional lymph nodes(s) (adenopathy); pathologically positive regional lymph node(s)	
3 Both clinically enlarged palpable lymph node(s) (adenopathy) and pathologically positive regional lymph nodes	L
7 DISTANT Lymph Nodes	
8 Lymph Nodes, NOS	ĺ

9 UNKNOWN; not stated

HODGKIN'S DISEASE AND NON-HODGKIN'S LYMPHOMA OF ALL SITES (excl. Mycosis Fungoides and Sezary's Disease)

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

SIZE OF PRIMARY TUMOR

999 Not applicable

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

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

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

Note 2: S = Spleen involvement

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

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

EXTENSION

- 10 Involvement of a single lymph node region Stage I
- 11 Localized involvement of a single extralymphatic organ or site Stage IE

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

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

SYSTEMIC SYMPTOMS AT DIAGNOSIS

- O No B symptoms (Asymptomatic)
- 1 Any B symptom:
 Night sweats
 Unexplained fever (above 38°C)
 Unexplained weight loss (generally >10% loss of body
 weight in the six months
 before admission)
 B symptoms, NOS
- 2 Pruritus (if recurrent and unexplained)
- 3 1 plus 2

9 UNKNOWN if symptoms; insufficient information

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HEMATOPOIETIC, RETICULOENDOTHELIAL, IMMUNOPROLIFERATIVE, and MYELOPROLIFERATIVE NEOPLASMS

(M-9720, 9722-9723, 9730-9731, 9760-9764, 9800-9940, 9950-9980)

SIZE OF PRIMARY TUMOR

EXTENSION

999 Not applicable

10 Localized disease: Solitary plasmacytoma only

80 Systemic Disease: All others

This scheme includes the following:

9720 = Malignant histiocytosis

Histiocytic medullary reticulosis

9722 = Letterer-Siwe's disease

9723 = True histiocytic lymphoma

9730 = Multiple myeloma

Myeloma, NOS

Myelomatosis

9731 = Plasmacytoma, NOS

Extramedullary plasmacytoma

Solitary myeloma/plasmacytoma

9760 = Immunoproliferative disease, NOS

9761 = Waldenstrom's macroglobulinemia

9762 = Gamma heavy chain disease

Franklin's disease

9763 = Immunoproliferative small intestinal disease

9764 = Malignant monoclonal gammopathy

9800 = Leukemia, NOS

9801 = Acute leukemia, NOS

Blast cell leukemia

Undifferentiated leukemia

9802 = Subacute leukemia, NOS

9803 = Chronic leukemia, NOS

9804 = Aleukemic leukemia, NOS

9820 = Lymphoid Leukemia, NOS

Lymphocytic leukemia, NOS

9821 = Acute lymphoblastic leukemia

Acute lymphocytic leukemia

Acute lymphoid leukemia

Acute lymphatic leukemia

9822 = Subacute lymphoid leukemia

9823 = Chronic lymphocytic leukemia

9824 = Aleukemic lymphoid leukemia

9825 = Prolymphocytic leukemia

9830 = Plasma cell leukemia

Plasmacytic leukemia

HEMATOPOIETIC, RETICULOENDOTHELIAL, IMMUNOPROLIFERATIVE, AND MYELOPROLIFERATIVE NEOPLASMS

(M-9720, 9722-9723, 9730-9731, 9760-9764, 9800-9940, 9950-9980)

LYMPH NODES

9 Not applicable

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

UNKNOWN AND ILL-DEFINED PRIMARY SITES

199.9, 195.0-195.5, 195.8

169._ and 196._, Other than hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms,

Hodgkin's disease and non-Hodgkin's lymphoma, and

Kaposi's sarcoma

SIZE OF PRIMARY TUMOR

EXTENSION

999 Not applicable

99 Not Applicable

UNKNOWN AND ILL-DEFINED PRIMARY SITES

LYMPH NODES

9 Not Applicable

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