

RESPIRATORY TRACT AND THORAX

TRACHEA

8000-8700, 8720-8790

C339

C339 Trachea

Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>

Note 2: Other Summary Stage Chapters with Trachea sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

Note 3: Only staging system

- Summary Stage is the only applicable staging system for this site/histology/schema.

SUMMARY STAGE

0 In situ, intraepithelial, noninvasive

1 Localized only (localized, NOS)

- Invasive tumor confined to trachea

2 Regional by direct extension only

- Adjacent connective tissue
 - Arch of aorta
 - Azygos vein, right
 - Brachiocephalic vein
 - Carotid sheath
 - Common carotid artery(ies)

- Jugular arch
- Phrenic nerves
- Pretracheal fascia
- Recurrent laryngeal nerve
- Subclavian artery(ies)
- Vagus nerve
- Adjacent organ(s)/structure(s)
 - Cricoid cartilage
 - Esophagus
 - Pleura, NOS
 - Parietal
 - Visceral
 - Right and left main bronchi
 - Sternum
 - Thymus
 - Thyroid gland
 - Vertebral column

3 Regional lymph node(s) involved only

- Mediastinal, NOS
 - Posterior (tracheoesophageal)
- Paratracheal
- Pretracheal
- Tracheal, NOS
- Regional lymph node(s), NOS
 - Lymph node(s), NOS

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

- Codes (2) + (3)

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

- Distant site(s) (including further contiguous extension)
- Distant lymph node(s), NOS
- Distant metastasis, NOS
 - Carcinomatosis
 - Distant metastasis WITH or WITHOUT distant lymph node(s)

9 Unknown if extension or metastasis

THYMUS

8000-8700, 8720-8790

C379

C379 Thymus

Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 35 *Thymus*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

Note 2: Other Summary Stage Chapters with Thymus sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

SUMMARY STAGE

0 In situ: noninvasive, intraepithelial

1 Localized only (localized, NOS)

- Confined to thymus, NOS
- No mediastinal or pleura involvement or UNKNOWN if involved

2 Regional by direct extension only

- Brachiocephalic vein
- Chest wall
- Confined to thymus WITH mediastinal or pleural involvement
- Direct invasion of pericardium
- Extrapericardial pulmonary artery or vein
- Lung
- Phrenic nerve
- Superior vena cava

3 Regional lymph node(s) involved only

- Ascending aorta
- Cervical (low anterior)
- Hilar
- Internal mammary
- Lower jugular
- Mediastinal (lower, middle, NOS)
- Para-aortic
- Paratracheal (lower, upper, NOS)
- Peri-thymic
- Peri-thyroid
- Pericardial
- Phrenic (inferior, superior)
- Precricoid/delphian
- Pretracheal
- Prevascular
- Subaortic/aortopulmonary window
- Subcarinal
- Supraclavicular/venous angle: confluence of internal jugular and subclavian vein
- Regional lymph node(s), NOS
 - Lymph node(s), NOS

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

- Codes (2) + (3)

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

- Distant site(s) (including further contiguous extension)
 - Extrathoracic sites
 - Separate pleural or pericardial nodule(s)
- Distant lymph node(s), NOS
- Distant metastasis, NOS
 - Carcinomatosis
 - Distant metastasis WITH or WITHOUT distant lymph node(s)
 - OR with pleural or pericardial nodule(s) metastasis

9 Unknown if extension or metastasis

LUNG

8000-8700, 8720-8790, 8972, 8980

C340-C343, C348-C349

C340 Main bronchus

C341 Upper lobe, lung

C342 Middle lobe, lung

C343 Lower lobe, lung

C348 Overlapping lesion of lung

C349 Lung, NOS

Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 36 *Lung*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

Note 2: Other Summary Stage Chapters with Lung sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Pleural Mesothelioma:** 9050-9053
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-8971, 8973-8975, 8981-9045, 9054-9138, 9141-9582

Note 3: Ground glass opacities (GGO), ground glass nodules (GGN), and ground/glass lepidic (GG/L)

- Ground glass opacities (GGO), ground glass nodules (GGN), and ground/glass lepidic (GG/L) are frequently observed on CT and are increasingly detected with the advancements in imaging and are described as an area of hazy increased lung opacity. GGO, GGN, and GG/L can be observed in both benign and malignant lung conditions along with pre-invasive lesions (adenocarcinoma in situ, minimally invasive adenocarcinoma, and lepidic carcinoma).
- They are often associated with early stage lung cancer but not necessarily malignancies themselves.
- For staging purposes, these are **not to be counted as separate tumor nodules**

Note 4: Bronchopneumonia and Obstructive pneumonitis

- Bronchopneumonia is not the same thing as obstructive pneumonitis and should not be coded as such.
 - **Bronchopneumonia** is an acute inflammation of the walls of the bronchioles, usually a result of spread of infection from the upper to the lower respiratory tract
 - **Obstructive pneumonitis** is a combination of atelectasis, bronchiectasis with mucous plugging, and parenchymal inflammation that develops distal to an obstructing endobronchial lesion

Note 5: Atelectasis

- Atelectasis is the failure of the lung to expand (inflate) completely
- This may be caused by a blocked airway, a tumor, general anesthesia, pneumonia or other lung infection, lung disease, or long-term bed rest with shallow breathing. Sometimes called a collapsed lung.
 - For staging purposes, atelectasis must present with an obstructing tumor (code 2)

Note 6: Visceral pleural invasion

- Specific information about visceral pleura invasion (PL1 or PL2) or parietal pleural invasion (PL3) are coded as regional (code 2). Elastic layer involvement has prognostic significance for lung cancer.

Note 7: Separate ipsilateral tumor nodules

- Separate ipsilateral tumor nodules of the same histopathological type (intrapulmonary metastases) are coded either regional (code 2) for same lobe or distant (code 7) for different ipsilateral lobe or contralateral lung.

Note 8: "Vocal cord paralysis" or "Superior vena cava syndrome"

- "Vocal cord paralysis," "superior vena cava syndrome," and "compression of the trachea or the esophagus" are classified as either direct extension from the primary tumor or mediastinal lymph node involvement
- If these manifestations are caused by direct extension of the primary tumor, code as primary tumor involvement (code 2)
- If the primary tumor is peripheral and clearly unrelated to vocal cord paralysis, SVC obstruction, or compression of the trachea, or the esophagus, these manifestations are secondary to lymph node involvement; code as mediastinal lymph node involvement (code 3)
- If unable to determine if these manifestations are due to direct extension or mediastinal lymph node involvement, record as mediastinal lymph node involvement (code 3)

Note 9: Pleural and pericardial effusions

- Most pleural and pericardial effusions with lung cancer are due to tumor
- In a few patients, however, multiple cytopathological examinations of pleural and/or pericardial fluid are negative for tumor, and the fluid is non-bloody and is not an exudate. Where these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element.

Note 10: Occult carcinoma

- Occult carcinoma occurs when tumor is proven by the presence of malignant cells in sputum or bronchial washings, but there is no other evidence of the tumor
- These cases are coded as unknown (code 9).

SUMMARY STAGE

0 In situ, intraepithelial, noninvasive

- Adenocarcinoma in situ (AIS): adenocarcinoma with pure lepidic pattern, less than or equal to 3 cm in greatest dimension
- Squamous cell carcinoma in situ (SCIS)

1 Localized only (localized, NOS)

- Adjacent ipsilateral lobe
- Confined to carina, NOS
- Confined to hilus
- Confined to lung, NOS
- Main stem bronchus, NOS (without involvement of the carina)
 - Including extension from other part of lung
- Minimally invasive adenocarcinoma
 - Adenocarcinoma tumor WITH predominantly lepidic pattern (AIS) measuring less than or equal to 3 cm in greatest dimension
 - WITH invasive component measuring less than or equal to 5 mm in greatest dimension
- Superficial tumor, WITH invasive component limited to bronchial wall
 - WITH or WITHOUT proximal extension to main stem bronchus

2 Regional by direct extension only

- Atelectasis/obstructive pneumonitis
 - Extends to hilar region, involving part or all of lung
- Blood vessel(s) (major)
 - Aorta
 - Azygos vein
 - Pulmonary artery or vein
 - Superior vena cava (SVC syndrome)
- Brachial plexus
- Carina from lung
- Chest wall (thoracic wall)
- Compression of esophagus or trachea not specified as direct extension
- Diaphragm (separate lesion-see code 7)
- Esophagus
- Mediastinum, extrapulmonary or NOS
- Nerve(s)
 - Cervical sympathetic (Horner's syndrome)
 - Recurrent laryngeal (vocal cord paralysis)
 - Vagus
- Pancoast tumor (superior sulcus syndrome), NOS
- Parietal pericardium
- Parietal pleura (PL3)
- Pericardium, NOS
- Phrenic nerve
- Pleura, NOS
- Pulmonary ligament
- Separate tumor nodule(s) in the same lobe as the primary
- Visceral pleura invasion (PL1, PL2, or NOS)
- Trachea

3 Regional lymph node(s) involved only

- IPSILATERAL nodes only
 - Bronchial
 - Peri/parabronchial
 - Carinal (tracheobronchial) (tracheal bifurcation)
 - Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)
 - Intrapulmonary
 - Interlobar
 - Lobar
 - Segmental
 - Subsegmental
 - Mediastinal, NOS
 - Anterior

- Aortic (above diaphragm), NOS
 - Peri/para-aortic, NOS
 - Ascending aorta (phrenic)
 - Subaortic (aortic-pulmonary window)
- Inferior mediastinal
 - Paraesophageal
 - Pulmonary ligament
 - Subcarinal
- Periesophageal
- Pericardial
- Posterior (tracheoesophageal)
- Precarinal
- Pretracheal, NOS
- Superior mediastinal
 - Paratracheal (left, right, upper, low, NOS)
 - Azygos (lower paratracheal)
 - Prevascular
 - Retrotracheal
- Regional lymph node(s), NOS
 - Lymph node(s), NOS

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

- Codes (2) + (3)

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

- Distant site(s) (including further contiguous extension)
 - Abdominal organs
 - Adjacent rib
 - Contralateral lung/main stem bronchus
 - Heart
 - Inferior vena cava
 - Neural foramina
 - Pericardial nodules or pleural effusion (malignant) (ipsilateral, contralateral, bilateral, NOS)
 - Pleural tumor foci or nodules on ipsilateral lung (separate from direct extension) or contralateral lung
 - Rib
 - Separate tumor nodule(s) in contralateral lung
 - Separate tumor nodule(s) in a different ipsilateral lobe
 - Skeletal muscle
 - Skin of chest
 - Sternum

- Vertebra(e) (vertebral body)
 - Visceral pericardium
- Distant lymph node(s), NOS
 - IPSILATERAL or CONTRALATERAL
 - Low cervical
 - Proximal root
 - Scalene (inferior deep cervical)
 - Sternal notch
 - Supraclavicular (transverse cervical)
 - CONTRALATERAL/BILATERAL nodes
 - Bronchial
 - Peri/parabronchial
 - Carinal
 - Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)
 - Intrapulmonary
 - Interlobar
 - Lobar
 - Segmental
 - Subsegmental
 - Superior mediastinal
 - Paratracheal (left, right, upper, low, NOS)
 - Azygos (lower paratracheal)
- Distant metastasis, NOS
 - Carcinomatosis
 - Distant metastasis WITH or WITHOUT distant lymph node(s)

9 Unknown if extension or metastasis

PLEURAL MESOTHELIOMA

9050-9053

C340-C343, C348-C349, C384

C340 Main bronchus

C341 Upper lobe, lung

C342 Middle lobe, lung

C343 Lower lobe, lung

C348 Overlapping lesion of lung

C349 Lung, NOS

C384 Pleura

Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>
- Chapter 37 *Malignant Pleural Mesothelioma*, in the AJCC Cancer Staging Manual, Eighth Edition (2017) published by Springer International Publishing. Used with permission of the American College of Surgeons, Chicago, Illinois.

Note 2: Pleural effusions

- Most pleural effusions are due to tumor. When the cytopathological examinations of pleural fluid are negative for tumor, the effusion should be excluded as a staging element and the tumor should not be classified as metastasis.
 - The physician statement of pleural effusion can be used to code this data item
- If the physician feels the pleural effusion is due to tumor, despite negative cytology, the physician's assessment can be used.
 - If pleural fluid cytology is described as suspicious/suspicious for mesothelioma, code 7

SUMMARY STAGE

0 In situ, intraepithelial, noninvasive

1 Localized only (localized, NOS)

- Confined to pleura, NOS
- Invasive tumor (mesothelioma) confined to pleura, NOS
- Ipsilateral pleural (diaphragmatic, parietal, mediastinal, and viscera) involved WITHOUT involvement of fissure

2 Regional by direct extension only

Locally advanced, technically unresectable tumor

Extension of/invasion to

- Adjacent (connective) tissue, NOS
- Chest wall
- Confluent visceral pleural tumor (including any involvement of interlobar fissure)
- Diaphragmatic muscle
- Endothoracic fascia
- Fissure
- Lung parenchyma, or lung involvement, NOS
- Mediastinal fat (mediastinal tissues) invasion
- Nodule(s) beneath visceral pleural surface (ipsilateral pleura)
- Pericardium (extension through the internal surface) (non-transmural, NOS) WITHOUT pericardial effusion
- “Psum > 30 mm WITH or WITHOUT” involvement of adjacent sites (clinical evaluation only)
- Pulmonary parenchyma (visceral pleural extension)
- Rib

3 Regional lymph node(s) involved only

- Aortic (above diaphragm), NOS
 - Ascending aorta (phrenic)
 - Peri/para-aortic
 - Subaortic (aortico-pulmonary window)
- Carinal (tracheobronchial) (tracheal bifurcation)
- Hilar (ipsilateral)
 - Bronchopulmonary
 - Proximal lobar
 - Pulmonary root
- Intercostal
- Internal mammary (parasternal)
- Intrapulmonary
 - Interlobar
 - Lobar
 - Segmental
 - Subsegmental
- Mediastinal, NOS (ipsilateral)
 - Anterior
 - Posterior (tracheoesophageal)
- Pericardial
- Peri/parabronchial

- Peri/paraesophageal (below carina)
- Peri/paratracheal (lower [azygos], upper, NOS)
- Pretracheal and retrotracheal (precarinal), NOS
- Prevascular
- Pulmonary ligament
- Subcardial
- Subcarinal
- Regional lymph node(s), NOS
 - Lymph node(s), NOS

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

- Codes (2) + (3)

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

- Distant site(s) (including further contiguous extension)
 - Brachial plexus
 - Cervical (neck) tissues
 - Contralateral lung
 - Contralateral pleura (direct contiguous extension)
 - Contralateral pleura/chest wall (discontinuous involvement)
 - Heart muscle
 - Intra-abdominal organs
 - Mediastinal organs (direct contiguous extension or discontinuous involvement)
 - Esophagus
 - Great vessels
 - Heart (muscle)
 - Myocardium
 - Spine
 - Trachea
 - Mesothelioma WITH malignant pleural fluid
 - Pericardial effusion, malignant
 - Pericardium WITH pericardial effusion
 - Peritoneum (direct transdiaphragmatic extension of tumor)
 - Peritoneum (discontinuous extension of tumor)
 - Pleural effusion (see Note 2)
- Distant lymph node(s), NOS
 - Hilar (contralateral, bilateral)
 - Bronchopulmonary
 - Proximal lobar
 - Pulmonary root
 - Mediastinal (contralateral, bilateral)
 - Anterior

- Posterior (tracheoesophageal)
- Peridiaphragmatic (ipsilateral, contralateral)
 - Mediastinal
- Scalene (ipsilateral, contralateral)
 - Inferior deep cervical
- Supraclavicular (ipsilateral or contralateral)
 - Transverse cervical
- Distant metastasis, NOS
 - Carcinomatosis
 - Distant metastasis WITH or WITHOUT distant lymph node(s)

9 Unknown if extension or metastasis

RESPIRATORY OTHER

8000-8700, 8720-8790

C390, C398-C399

C390 Upper respiratory tract, NOS

C398 Overlapping lesion of respiratory system and intrathoracic organs

C399 Ill-defined sites within respiratory system

Note 1: Sources used in the development of this chapter

- SEER Extent of Disease 1988: Codes and Coding Instructions (3rd Edition, 1998) (<https://seer.cancer.gov/archive/manuals/EOD10Dig.3rd.pdf>)
- SEER Summary Staging Manual-2000: Codes and Coding Instructions (<https://seer.cancer.gov/tools/ssm/ssm2000/>)
- Collaborative Stage Data Collection System, version 02.05: <https://cancerstaging.org/cstage/Pages/default.aspx>

Note 2: Other Summary Stage Chapters with other Respiratory sites

- **GIST:** 8935-8936
- **Kaposi Sarcoma:** 9140
- **Mycosis Fungoides:** 9700-9701
- **Soft Tissue:** 8710-8714, 8800-8934, 8940-9138, 9141-9582

Note 3: Only staging system

- Summary Stage is the only applicable staging system for this site/histology/schema.

SUMMARY STAGE

0 In situ, intraepithelial, noninvasive

1 Localized only (localized, NOS)

- Confined to site of origin

2 Regional by direct extension only

- Adjacent organ(s)/structure(s)/adjacent connective tissue
 - Descending aorta
 - Esophagus
 - Large (named) artery(ies)
 - Large (named) vein(s)
 - Pericardium (parietal, visceral [pericardium])

- Phrenic nerve(s)
- Pleura (parietal, visceral, NOS)
- Sternum
- Sympathetic nerve trunk(s)
- Thoracic duct
- Thymus
- Trachea
- Vertebra(e)

3 Regional lymph node(s) involved only

- Aortic (above diaphragm), NOS
 - Peri/para-aortic, NOS
 - Ascending aorta (phrenic)
 - Subaortic (aortico-pulmonary window)
- Carinal (tracheobronchial) (tracheal bifurcation)
- Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)
- Intrapulmonary, NOS
 - Interlobar
 - Lobar
 - Segmental
 - Subsegmental
- Mediastinal, NOS
 - Anterior
 - Posterior (tracheoesophageal)
- Peri/parabronchial
- Pericardial
- Peri/paraesophageal
- Peri/paratracheal, NOS
 - Azygos (lower peritracheal)
- Pre- and retrotracheal, NOS:
 - Precarinal
- Pulmonary ligament
- Subcarinal
- Regional lymph node(s), NOS
 - Lymph node(s), NOS

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

- Codes (2) + (3)

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

- Distant site(s) (including further contiguous extension)
- Distant lymph node(s), NOS
- Distant metastasis, NOS
 - Carcinomatosis
 - Distant metastasis WITH or WITHOUT distant lymph node(s)

9 Unknown if extension or metastasis