SEER SUMMARY STAGING MANUAL - 2000
CODES AND CODING INSTRUCTIONS

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Publication History

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

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

Illustrations

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

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

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

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

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

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

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

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

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

This document is also available in electronic format from the SEER Web page:
http://seer.cancer.gov/Publications (under SEER Coding Manuals)

Training modules are available on line at:
http://training.seer.cancer.gov

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SUMMARY STAGING

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

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

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

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

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

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

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

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

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

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

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

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

The following illustration shows a tumor that has invaded past the basement membrane below the surface epithelium of the organ into the parenchyma or stroma.

Source: Adapted from an illustration by Brian Shellito of Scientific American, as printed in Cancer in Michigan, The Detroit News, Nov. 1-2, 1998.
Regional (code = 2-5)

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

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

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

Source: Adapted from an illustration by Brian Shellito of Scientific American, as printed in Cancer in Michigan, The Detroit News, Nov. 1-2, 1998.
Regional stage has several subcategories, each of which is described in detail below.

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

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

A. Invasion through entire wall of organ into surrounding organs and/or adjacent tissues (code 2, regional by direct extension or contiguous spread)

B. Tumor invasion of walls of lymphatics where cells can travel through lymphatic vessels to nearby lymph nodes where they are “filtered” out and begin to grow in the nodes (code 3, regional to lymph nodes)

C. A combination of direct extension and lymph node involvement (code 4, regional by direct extension and to regional nodes)

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

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

1) “Local” as in “carcinoma of the stomach with involvement of the local lymph nodes.” Local nodes are the first group of nodes to drain the primary. Unless evidence of distant spread is present, such a case should be staged as regional, not local.

2) “Metastases” as in “carcinoma of lung with peribronchial lymph node metastases.” Metastases in this sense means involvement by tumor. Such a case would still be regional. Learn the names of regional nodes for each primary site.
Regional Lymph Node Involvement

Regional lymph nodes are listed for each site.

1. Consider the farthest specific lymph node chain that is involved by tumor.

2. For lymphomas, any mention of lymph nodes is indicative of involvement and is used to determine the number and location of lymph node chains involved (see lymphoma scheme).

3. For solid tumors, the terms “fixed” or “matted” and “mass in the mediastinum, retroperitoneum, and/or mesentery” (with no specific information as to tissue involved) are considered involvement of lymph nodes.

4. Terms such as “palpable”, “visible swelling”, and “shotty” should be ignored. Look for a statement of involvement, either clinical or pathological. The terms “enlarged” and “lymphadenopathy” should be ignored for all sites except lung. For lung primaries, these terms are interpreted as regional lymph node involvement.

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

6. If the only indication of lymph node involvement in the record is the physician’s statement of an N category from the TNM staging system or a stage from a site-specific staging system, such as Dukes’ C, consider that information in considering regional lymph node involvement.

7. If there is a discrepancy between documentation in the medical record and the physician’s assignment of TNM, the documentation takes precedence. Cases of this type should be discussed with the physician who assigned the TNM (see General Guideline 9).

8. If a specific chain of lymph nodes is named, but not listed as regional, first determine if the name is synonymous with a listed lymph node. Otherwise, assume distant lymph node(s) are involved.

Note: Regional lymph nodes are not palpable for inaccessible sites such as bladder, kidney, prostate, esophagus, stomach, lung, liver, corpus uteri and ovary. The best description concerning regional lymph nodes will be the surgeon’s evaluation at the time of exploratory surgery or definitive surgery.
**Distant (code = 7)**

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

1) **Extension from primary organ beyond adjacent tissue into next organ:** for example, from the lung through the pleura into bone or nerve.

2) **Travel in lymph channels beyond the first (regional) drainage area.** Tumor cells can be filtered, trapped and begin to grow in any lymph nodes in the body.

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

4) **Spread through fluids in a body cavity.** Example: malignant cells rupture the surface of the primary tumor and are released into the thoracic or peritoneal cavity. They float in the fluid and can land on and begin to grow on any tissue reached by the fluid. This type of spread is also called implantation or seeding metastases. Some tumors form large quantities of fluid called ascites that can be removed, but the fluid rapidly re-accumulates. However, the presence of fluid or ascites does not automatically indicate dissemination. There must be cytologic evidence of malignant cells.
Common sites of distant spread are liver, lung, brain, and bones, but they are not listed specifically for each scheme. These organs receive blood flow from all parts of body and thus are a target for distant metastases. However, if the primary site is adjacent to the liver, lung, brain or bone, it is important to review the summary staging scheme for the primary site to assure that the stage is not regional by direct extension. An example would be liver involvement from a primary in the gallbladder. It is likely that this is regional by direct extension rather than distant stage, since the gallbladder is adjacent to liver. Read the diagnostic imaging reports to determine whether the cancer involves the surface of the secondary organ, which would be regional by direct extension, or whether the cancer is inside the secondary organ. If the latter is the case, the only way it could have developed in the secondary organ is if the tumor cells arrived there via the blood stream (distant hematogenous metastases). Another way to remember the difference between regional direct extension and distant metastases is whether the secondary site has tumor on the surface (most likely direct extension) or in the organ (blood-borne metastases). Hematopoietic, reticuloendothelial, immunoproliferative, and myeloproliferative neoplasms are considered distant except as noted in the staging scheme.

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

![Development of a metastasis](image)


**Unknown if Extension or Metastasis (code = 9)**

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

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

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

Death certificate only cases are coded to ‘9’, unknown.
General Instructions for Using the SEER Summary Staging Manual - 2000

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

General Guidelines

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

2. Summary stage should include all information available through completion of surgery(ies) in the first course of treatment or within four months of diagnosis in the absence of disease progression, whichever is longer.

3. Summary stage information obtained after treatment with radiotherapy, chemotherapy, hormonal therapy, or immunotherapy has begun may be included unless it is beyond the time frame given in guideline 2 above.

4. Exclude any metastasis known to have developed after the diagnosis was established.

5. Clinical information, such as description of skin involvement for breast cancer and distant lymph nodes for any site, can change the stage. Be sure to review the clinical information carefully to assure accurate summary stage. If the operative/pathology information disproves the clinical information, code the operative/pathology information.

6. All schemes apply to all histologies unless otherwise noted. Exceptions to this, for example, include all lymphomas and Kaposi sarcoma which should be staged using the histology schemes regardless of the primary site.

7. Autopsy reports are used in coding summary stage just as are pathology reports, applying the same rules for inclusion and exclusion.

8. Death Certificate Only cases and unknown primaries are coded ‘9’ for summary stage.

9. The summary stage may be described only in terms of $T$ (tumor), $N$ (node) and $M$ (metastasis) characteristics. In such cases, record the summary stage code that corresponds to the TNM information. If there is a discrepancy between documentation in the medical record and the physician’s assignment of TNM, the documentation takes precedence. Cases of this type should be discussed with the physician who assigned the TNM.

10. Site-specific guidelines take precedence over general guidelines. Always consider the information pertaining to a specific site.
GUIDELINES FOR SUMMARY STAGING

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

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

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

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

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

Unknown if Extension or Metastasis
13. If there is not enough information in the record to categorize a case, it must be recorded as unstageable.
HOW TO ASSIGN SUMMARY STAGE

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

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

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

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

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

4. **What are the stage and correct code for this cancer?**
   A. Open the SEER Summary Staging Manual 2000 to the staging scheme that includes the ICD-O-3 primary site/histology code identified earlier. Staging schemes for all primary sites are in ICD-O-3 code order with the exception of those that are based on histology.

   B. Review the staging scheme looking for the names of the structures and organs that were reported as involved. If more than one structure or organ is involved, select the highest category that includes an involved structure.

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

AJCC  American Joint Committee on Cancer
\( \text{cm} \) centimeter
FIGO Federation Internationale de Gynecologie et d’Obstetrique
\( \text{mm} \) millimeter
NOS Not Otherwise Specified
SEER Surveillance, Epidemiology and End Results
SSG Summary Staging Guide
TNM Primary Tumor, Regional Lymph Nodes, Distant Metastasis, the staging system developed by the American Joint Committee on Cancer (AJCC) and the Union Internationale Contra la Cancer (UICC).
UICC Union Internationale Contre le Cancer (International Union Against Cancer)
\(<\) less than
\(>\) greater than
\(<\) less than or equal to
\(>\) greater than or equal to
\(<>\) Laterality must be coded for this site. Laterality may be submitted for other sites.

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

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

Adjacent tissue(s), NOS
Connective tissue

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

Adjacent organs

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

Adjacent structures

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

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

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

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

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

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

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

*interpreted as involvement whether the description is clinical or operative/pathological

**interpreted as involvement of other organ or tissue**
DEFINITION OF ANATOMIC SITES WITHIN THE HEAD AND NECK

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

ORAL CAVITY AND ORAL PHARYNX (in ICD-O-3 sequence)
The oral cavity extends from the skin-vermilion junction of the lips to the junction of the hard and soft palate above and to the line of circumvallate papillae below.

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

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

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

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

BASE OF TONGUE (C01.9; base of tongue, root of tongue) consists of the less mobile portion of the tongue which extends inferiorly from the line of circumvallate papillae to the base of the epiglottis, the pharyngoepiglottic and glossoepiglottic folds (which bound the vallecula). The posterior one-third of tongue is part of the oropharynx in the AJCC staging system.

ANTERIOR 2/3 OF TONGUE (C02._; mobile or oral tongue) consists of the freely movable portion of the tongue which extends anteriorly from the line of circumvallate papillae to the root of the tongue at the junction of the floor of the mouth. It is composed of four areas: tip, lateral borders, dorsum, and undersurface or ventral surface (non-villous surface). The anterior two-thirds of tongue is part of the oral cavity in the AJCC staging system.

LINGUAL TONSIL (C02.4) the lymphoid tissue that is contained in the base of the tongue. In the Summary Stage system, lingual tonsil is coded using the same scheme as base of tongue; in the AJCC system it is included in the oropharynx scheme.
UPPER GUM (C03.0; upper alveolar ridge) is the covering mucosa of the alveolar process of the maxilla, extending from the line of attachment of mucosa in the upper gingival buccal gutter to the junction of the hard palate. Its posterior margin is the upper end of the pterygopalatine arch. The gingiva is part of the oral cavity in the AJCC staging system.

LOWER GUM (C03.1; lower alveolar ridge) includes the alveolar process of the mandible and its covering mucosa, which extends from the line of attachment of mucosa in the buccal gutter to the line of free mucosa of the floor of the mouth. Posteriorly it extends to the ascending ramus of the mandible (see retromolar trigone). The gingiva is part of the AJCC oral cavity staging system.

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

HARD PALATE (C05.0) consists of the semilunar area between the upper alveolar ridges and the mucous membrane covering the palatine process of maxillary palatine bones. It extends from the inner surface of the superior alveolar ridge to the posterior edge of the palatine bone. In the TNM system, the hard palate is part of the oral cavity staging scheme.

SOFT PALATE (C05.1) consists of mucosa covering the oral cavity side of the palatine muscles and extends from the posterior edge of the hard palate to the free border of the soft palate and includes the uvula. Its superior lateral margin is the pterygomandibular raphe. The inferior lateral margin completes the faucial arch (glossopalatine arch) and includes the anterior surface of the of the anterior tonsillar pillar. In the AJCC system, the soft palate is part of the oropharynx staging system.

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

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

CHEEK MUCOSA (C06.0) includes all the mucous membrane lining the inner surface of the cheek. In ICD-O-3 and the Summary Stage system, buccal mucosa includes the inner surface of the cheeks but not the inner mucosal surface of the lips. In the AJCC staging system, the inner mucosa of the lips is included with the buccal mucosa in the oral cavity scheme.
VESTIBULE OF MOUTH (C06.1; buccal sulcus, alveolar sulcus, labial sulcus) the space between the teeth and the lips or cheeks and the mucosa that covers it. In the Summary Stage system, the vestibule of mouth is included in the coding scheme for cheek (buccal) mucosa; in the AJCC staging system, it is included in the oral cavity scheme.

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

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

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

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

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

POSTERIOR WALL (C10.3) extends from the free borders of the soft palate to the tip of the epiglottis in the oropharynx.
NASOPHARYNX
The nasopharynx begins anteriorly at the posterior choana and extends along the plane of the airway to the level of the free border of the soft palate. It includes the vault, floor (superior surface of soft palate), posterior wall, lateral walls including the fossae of Rosenmüller and the mucosa covering the torus tubarius forming the eustachian tube orifice. According to the AJCC, the posterior margins of the choanal orifices and of the nasal septum are included in the nasal fossa (which has no TNM scheme), and are excluded from the nasopharynx staging system. However, all subsites listed above (except nasal fossa) are included in the nasopharynx Summary Stage scheme. Specific anatomic descriptions of major nasopharyngeal subsites include:

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>MUCOSA</th>
<th>SUBMUCOSA</th>
<th>MUSCULARIS PROPRIA</th>
<th>SEROSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lip (C00._)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Tongue (C01.<em>, C02.</em>)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Gum (C03._, C06.2)</td>
<td>Yes</td>
<td>Yes</td>
<td>No (muco-periosteum)</td>
<td>No</td>
</tr>
<tr>
<td>Floor of Mouth (C04._)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Buccal Mucosa (C06.0-C06.1)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hard Palate (C05.0)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Soft Palate (C05.1-C05.2)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other Mouth (C05.8-C05.9, C06.8-C06.9)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

For lip, oral cavity, and pharynx, if a tumor is described as “confined to mucosa,” determine if it is limited to the epithelium (in situ) or if it has penetrated the basement membrane to invade the lamina propria.
DISTINGUISHING “IN SITU” AND “LOCALIZED” TUMORS FOR LIP, ORAL CAVITY, AND PHARYNX

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

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

1) if the tumor is confined to the epithelium, in which case it is in situ, OR

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

The mucosa lining the oral cavity consists of:

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

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

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

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

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

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

There is no SEROSA on any of head and neck sites.
ANATOMIC DRAWINGS OF THE ORAL CAVITY

SAGITTAL CUT THROUGH THE ORAL CAVITY AND NASAL CAVITY

UPPER AND LOWER LIP

ANTERIOR ORAL CAVITY
ANATOMIC DRAWINGS OF THE ORAL CAVITY

SAGITTAL CUT THROUGH MANDIBLE

HARD AND SOFT PALATE (FROM BELOW)

ANTERIOR TONGUE AND ANATOMIC LANDMARKS TO THE EPIGLOTTIS
ANATOMIC DRAWINGS OF THE ORAL CAVITY

POSTERIOR ORAL CAVITY

SAGITTAL CUT THROUGH UPPER AND LOWER GINGIVA AND GUMS
LIP (Vermilion or Labial Mucosa)
C00.0-C00.6, C00.8-C00.9
C00.0 External upper lip (vermilion border)
C00.1 External lower lip (vermilion border)
C00.2 External lip, NOS (vermilion border)
C00.3 Mucosa of upper lip
C00.4 Mucosa of lower lip
C00.5 Mucosa of lip, NOS
C00.6 Commissure of lip
C00.8 Overlapping lesion of lip
C00.9 Lip, NOS (excludes skin of lip C44.0)

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

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to:
   Labial mucosa (inner lip)
   Lamina propria
   Multiple foci
   Musculature##
   Submucosa (superficial invasion)
   Vermilion surface
Superficial extension to:
   Skin of lip
   Subcutaneous soft tissue of lip

Localized, NOS

2 Regional by direct extension only

Extension to:
   Buccal mucosa (inner cheek)
   Commissure
   Gingiva
   Opposite (both) lip(s)
Lower lip/commissure:
   Mandible
Upper lip/commissure:
   Maxilla
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Facial, NOS:###
   Buccinator (buccal) for upper lip
   Nasolabial for upper lip
Internal jugular, NOS###
Deep cervical, NOS:
   Lower, NOS:
      Jugulo-omohyoid (supraomohyoid)
   Middle
   Upper, NOS:
      Jugulodigastric (subdigastric)
Mandibular for lower lip:
   Submandibular (submaxillary)
   Submental
Parotid:
   Infra-auricular for upper lip
   Preauricular for upper lip

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

Continued on next page
LIP (Vermilion or Labial Mucosa)
C00.0-C00.6, C00.8-C00.9

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

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

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

Upper lip/commissure:
   Nose**

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

### Considered regional in Historic Stage
#### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
### Considered distant in 1977 Summary Staging Guide
BASE OF TONGUE, LINGUAL TONSIL
C01.9, C02.4
C01.9 Base of tongue, NOS
C02.4 Lingual tonsil

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

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor on one side confined to posterior 1/3 of tongue:
Lamina propria
Musculature, intrinsic or NOS
Posterior 1/3 of tongue, NOS
Submucosa
Midline tumor
Tumor crosses midline##

Localized, NOS

2 Regional by direct extension only

Extension to:
Anterior 2/3 of tongue
Epiglottis, lingual (pharyngeal) surface
Floor of mouth
Gingiva, lower
Glossopharyngeal sulcus
Glossoepiglottic fold
Lateral pharyngeal wall
Pharyngoepiglottic fold
Soft palate, inferior surface/NOS#####
Sublingual gland
Tonsillar pillars and fossae
Tonsils
Vallecula

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Internal jugular, NOS:
Deep cervical, NOS:
   Lower, NOS:
      Jugulo-omohoid (supraomohoid)
Middle
Upper, NOS:
   Jugulodigastric (subdigastric)

Code 3 continued on next page
3 Regional lymph node(s) involved only (continued)

Mandibular, NOS:
   Submandibular (submaxillary)
   Submental
   Sublingual

Regional lymph node(s), NOS

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

   Codes (2) + (3)

5 Regional, NOS

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

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

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

   Further contiguous extension

   Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
### Considered distant in Historic Stage
** Considered regional in 1977 Summary Stage
*** Considered distant in 1977 Summary Stage
ANTERIOR 2/3 of TONGUE, TIP, BORDER, AND TONGUE, NOS
C02.0-C02.3, C02.8-C02.9
C02.0 Dorsal surface of tongue, NOS
C02.1 Border of tongue
C02.2 Ventral surface of tongue, NOS
C02.3 Anterior 2/3 of tongue, NOS
C02.8 Overlapping lesion of tongue
C02.9 Tongue, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor on one side confined to:
   Lamina propria
   Musculature, intrinsic or NOS
   Submucosa
Midline tumor
   Tumor crosses midline ##

   Localized, NOS

2 Regional by direct extension only

Extension to:
   Base of tongue
   Floor of mouth
   Gingiva, lower
   Lateral pharyngeal wall ####
   Retromolar trigone
   Soft palate, inferior surface ***
   Sublingual gland ###
   Tonsillar pillars and fossae ####
   Tonsils ####

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes
   Cervical, NOS
      Internal jugular, NOS:
      Deep cervical, NOS:
      Lower, NOS:
      Jugulo-omohoid (supraomohoid)
      Middle
      Upper, NOS:
      Jugulodigastric (subdigastric)
   Mandibular, NOS:
      Submandibular (submaxillary)
      Submental
      Sublingual
      Regional lymph node(s), NOS
ANTERIOR 2/3 of TONGUE, TIP, BORDER, AND TONGUE, NOS
C02.0-C02.3, C02.8-C02.9

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to:
  Mandible###
  Maxilla##
  Musculature, extrinsic:
    Genioglossus
    Geniohyoid
    Hyoglossus
    Mylohyoid
    Palatoglossus
    Styloglossus

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

### Considered regional in Historic Stage
#### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
GUM (Gingiva), RETROMOLAR AREA
C03.0-C03.1, C03.9, C06.2
C03.0 Upper gum
C03.1 Lower gum
C03.9 Gum, NOS
C06.2 Retromolar area

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

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

Localized, NOS

2 Regional by direct extension only

Extension to:
  Buccal mucosa (inner cheek)
  Deep muscle of tongue
  Facial muscle, NOS
  Labial mucosa (inner lip)
  Lateral pharyngeal wall
  Lip
  Soft palate
  Subcutaneous soft tissue of face
  Tonsillar pillars and fossae
  Tonsils

Upper gum only:
  Hard palate
  Maxilla

Lower gum/retromolar trigone only:
  Floor of mouth
  Mandible
  Tongue (mucosa)
  Uvula
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Facial, NOS:
  Buccinator (buccal)
  Nasolabial
Internal jugular, NOS:
  Deep cervical, NOS:
    Lower, NOS:
      Jugulo-omohyoid (supraomohyoid)
    Middle
    Upper, NOS:
      Jugulodigastric (subdigastric)
Mandibular, NOS:
  Submandibular (submaxillary)
  Submental
Retropharyngeal for upper gum

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to:
  Skin##
  Skull##

Upper gum only:
  Maxillary antrum (sinus)##
  Nasal cavity##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
**FLOOR OF MOUTH**  
C04.0-C04.1, C04.8-C04.9  
C04.0 Anterior floor of mouth  
C04.1 Lateral floor of mouth  
C04.8 Overlapping lesion of floor of mouth  
C04.9 Floor of mouth, NOS

**SUMMARY STAGE**

0  **In situ**: Noninvasive; intraepithelial

1  **Localized only**

   Invasive tumor on one side confined to:  
   Lamina propria  
   Musculature, extrinsic:  
      Genioglossus  
      Geniohyoid  
      Hyoglossus  
      Mylohyoid  
      Palatoglossus  
      Styloglossus  
   Submucosa  
   Tumor crosses midline##

   Localized, NOS

2  **Regional by direct extension only**

   Extension to:  
   Anterior 2/3 of tongue  
   Base of tongue  
   Epiglottis  
   Gingiva (alveolar ridge), lower  
   Glossopharyngeal sulcus  
   Glossopiglottic fold  
   Lateral pharyngeal wall  
   Mandible  
   Pharyngeal (lingual) surface  
   Pharyngopiglottic fold  
   Skin of undersurface of chin/neck  
   Soft tissue of chin/neck  
   Subcutaneous soft tissue  
   Sublingual gland, including ducts  
   Submandibular (submaxillary) glands, including ducts  
   Tonsillar pillars and fossae  
   Tonsils  
   Vallecula
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Internal jugular, NOS:
  Deep cervical, NOS:
    Lower, NOS:
      Jugulo-omohyoid (supraomohyoid)
    Middle
    Upper, NOS:
      Jugulodigastric (subdigastric)
Mandibular, NOS:
  Submandibular (submaxillary)
  Submental
  Sublingual

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

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

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
HARD PALATE
C05.0
C05.0 Hard Palate

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor on one side confined to mucoperiosteum (stroma)
Tumor crosses midline

Localized, NOS

2 Regional by direct extension only

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

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Internal jugular, NOS:
  Deep cervical, NOS:
    Lower, NOS:
      Jugulo-omohyoid (supraomohyoid)
      Middle
      Upper, NOS:
        Jugulodigastric (subdigastric)
Mandibular, NOS:
  Submandibular (submaxillary)
  Submental
  Retropharyngeal

Regional lymph node(s), NOS

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

Codes (2) + (3)
5 Regional, NOS

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

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

Extension to:
- Floor of nose
- Maxillary antrum (sinus)##
- Nasal cavity##
- Nasopharynx
- Pterygoid plate
- Sphenoid bone

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
SOFT PALATE, UVULA
C05.1-C05.2
C05.1 Soft palate, NOS
C05.2 Uvula

Note 1: AJCC includes inferior surface of the soft palate (C05.1) and uvula (C05.2) with oropharynx (C09.\_, C10\._).
Note 2: Soft palate excludes nasopharyngeal (superior) surface of soft palate (C11.3).

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

   Invasive tumor on one side confined to:
      Lamina propria
      Musculature
      Submucosa
   Tumor crosses midline##

   Localized, NOS

2 Regional by direct extension only

   Extension to:
      Buccal mucosa (inner cheek)
      Gum (gingiva), upper
      Hard palate
      Lateral pharyngeal wall
      Tonsillar pillars and fossae
      Tonsils

3 Regional lymph node(s) involved only

   REGIONAL Lymph Nodes

   Cervical, NOS
   Internal jugular, NOS:
      Deep cervical, NOS:
         Lower, NOS:
            Jugulo-omohyoid (supraomohyoid)
         Middle
         Upper, NOS:
            Jugulodigastric (subdigastric)
   Mandibular, NOS:
      Submandibular (submaxillary)
      Submental###
      Retropharyngeal###

   Regional lymph node(s), NOS
SOFT PALATE, UVULA
C05.1-C05.2

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to:
  Larynx
  Mandible##
  Maxilla##
  Maxillary antrum (sinus)
  Nasal cavity###
  Nasopharynx##
  Palatine bone (bone of hard palate)##
  Pterygoid muscle
  Tongue##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
CHEEK (Buccal) MUCOSA, VESTIBULE
C06.0-C06.1
C06.0 Cheek mucosa
C06.1 Vestibule of mouth

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

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

  Invasive tumor confined to:
    Lamina propria
    Musculature (buccinator)##
    Submucosa

    Localized, NOS

2 Regional by direct extension only

  Extension to:
    Gingiva
    Lateral pharyngeal wall
    Lip(s) including commissure
    Subcutaneous soft tissue of cheek
    Tonsillar pillars and fossae
    Tonsils

3 Regional lymph node(s) involved only

  REGIONAL Lymph Nodes

    Cervical, NOS
    Facial: Buccinator (buccal)
        Nasolabial
    Internal jugular, NOS:
        Deep cervical, NOS:
        Lower, NOS:
            Jugulo-omohyoid (supraomohyoid)
        Middle
        Upper, NOS:
            Jugulodigastric (subdigastric)
    Mandibular, NOS:
        Submandibular (submaxillary)
        Submental
    Parotid, NOS:
        Infra-auricular
        Preauricular

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to:
  Bone (cortical):
    Mandible##
    Maxilla##
  Hard palate
  Maxillary sinus
  Skin of cheek (WITH or WITHOUT ulceration)###
  Skull##
  Soft palate
  Tongue##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
** Considered regional in 1977 Summary Staging Guide
OTHER MOUTH
C05.8-C05.9, C06.8-C06.9
C05.8 Overlapping lesion of palate
C05.9 Palate, NOS
C06.8 Overlapping lesion of other and unspecified parts of mouth
C06.9 Mouth, NOS
C06.9 Minor salivary gland, NOS

SUMMARY STAGE

0 **In situ**: Noninvasive; intraepithelial

1 **Localized only**

   Invasive tumor confined to:
   Lamina propria
   Musculature
   Submucosa

   Localized, NOS

2 **Regional by direct extension only**

   Extension to:
   Adjacent oral cavity
   Oropharynx:
   Inferior surface of soft palate
   Lateral pharyngeal wall
   Lingual surface of epiglottis
   Vallecula

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

   REGIONAL Lymph Nodes

   Cervical, NOS
   Internal jugular, NOS:
   Deep cervical, NOS:
   Lower, NOS:
   Jugulo-omohyoid (supraomohyoid)
   Middle
   Upper, NOS:
   Jugulodigastric (subdigastric)
   Mandibular, NOS:
   Submandibular (submaxillary)
   Submental

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to adjacent structures:
  Mandible##
  Maxilla##
  Maxillary antrum##
  Nasal cavity##
  Skin of face/neck##
  Skull##
  Tongue##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
ANATOMIC DRAWINGS OF THE SALIVARY GLANDS

PAROTID GLAND AND SURROUNDING STRUCTURES

PRIMARY MUSCLES NEAR THE SALIVARY GLANDS

MASSETER MUSCLES
ANATOMIC DRAWINGS OF THE SALIVARY GLANDS

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

THE SALIVARY GLANDS
- Parotid gland
- Accessory parotid gland
- Sublingual gland
- Submandibular gland

PTERYGOID MUSCLE

Parotid gland
Parotid duct
Submandibular gland
Mandible
Accessory parotid gland
Sublingual gland
PAROTID GLAND, OTHER MAJOR SALIVARY GLANDS
C07.9, C08.0-C08.1, C08.8-C08.9
C07.9 Parotid gland <>
C08.0 Submandibular (submaxillary) gland <>
C08.1 Sublingual gland <>
C08.8 Overlapping lesion of major salivary glands
C08.9 Major salivary gland, NOS
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to gland/duct of origin
Multiple foci confined to substance of parotid gland
Localized, NOS

2 Regional by direct extension only

Extension to:
Another major salivary gland (parotid, submaxillary, sublingual)
Mandible
Periglandular soft/connective tissue
Skeletal muscle:
  Digastric
  Pterygoid
  Stylohyoid
Parotid gland only:
  Auricular nerve
  Blood vessel(s) (major):
    Carotid artery
    Facial artery or vein
    Jugular vein
    Maxillary artery
  External auditory meatus
  Mastoid/mastoid process
  Pharyngeal mucosa
  Skeletal muscle:
    Masseter
    Sternocleidomastoid
  Skin overlying gland

Code 2 continued on next page
PAROTID GLAND, OTHER MAJOR SALIVARY GLANDS
C07.9, C08.0-C08.1, C08.8-C08.9

2 Regional by direct extension only (continued)

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

**Sublingual gland or major salivary gland, NOS:**
- Blood vessel(s) (major):
  - Facial artery or vein
  - Maxillary artery
- Nerves: Facial (7th)
  - Lingual

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

**Parotid gland only:**
- Parotid node(s):
  - Infra-auricular
  - Intraparotid
  - Preauricular

**Submandibular gland only:**
- Internal jugular, NOS:
  - Deep cervical, NOS:
    - Middle
  - Upper, NOS:
    - Jugulodigastric (subdigastric)

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

- Regional lymph node(s), NOS
PAROTID GLAND, OTHER MAJOR SALIVARY GLANDS
C07.9, C08.0-C08.1, C08.8-C08.9

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to:
- Base of skull ###
- Skull, NOS###
- Spinal accessory nerve **

Parotid gland only:
- Facial (7th) nerve **

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
ANATOMIC DRAWINGS OF THE PHARYNX

SAGITTAL CUT THROUGH THE ORAL CAVITY AND NASAL CAVITY

PHARYNX (from behind)
ANATOMIC DRAWINGS OF THE PHARYNX

Skull
- Frontal sinus
- Sphenoid sinus
- Floor of orbit
- Ethmoid sinus
- Maxillary sinus

MAJOR SINUSES

Epiglottis
- Glossoepiglottic fold
- Vallecula
- Pharyngoepiglottic fold
- Palatine tonsil
- Tonsillar fossa
- Glossopharyngeal sulcus
- Tonsillar pillar

ANTERIOR TONGUE AND ANATOMIC LANDMARKS TO THE EPIGLOTTIS

Base of Tongue
- Anterior 2/3
- Midline of tongue
TONSIL, OROPHARYNX
C09.0-C09.1, C09.8-C09.9, C10.0-C10.4,C10.8-C10.9
C09.0 Tonsillar fossa <> C10.0 Vallecula
C09.1 Tonsillar pillar <> C10.1 Anterior surface of epiglottis
C09.8 Overlapping lesion of tonsil <> C10.2 Lateral wall of oropharynx
C09.9 Tonsil, NOS <> C10.3 Posterior wall of oropharynx
<> Laterality must be coded for this site C10.4 Branchial cleft
C10.8 Overlapping lesion of oropharynx
C10.9 Oropharynx, NOS

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

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

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

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to one of the following subsites:
   Anterior wall (including vallecula and lingual (anterior) surface of epiglottis)
   One lateral wall
   Posterior wall
Involvement of two or more subsites:##
   Anterior, lateral or posterior wall(s)

Localized, NOS

2 Regional by direct extension only

Extension to:
   Base of tongue
   Buccal mucosa (inner cheek)###
   Floor of mouth###
   Gum (gingiva)###
   Hypopharynx, NOS
   Larynx, NOS
   Nasopharynx, NOS###
   Posterior surface of epiglottis
   Prevertebral fascia or muscle
   Pterygoid muscle
   Pyriform sinus (pyriform fossa)
   Soft palate:
       Inferior surface
       Superior (nasopharyngeal) surface
       Uvula
   Soft tissue of neck

Fixation to adjacent tissues
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Internal jugular, NOS:
  Deep cervical, NOS:
    Middle
  Upper, NOS:
    Jugulodigastric (subdigastric)
Mandibular, NOS:
  Submandibular (submaxillary)####
  Submental#####
  Retropharyngeal###

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to:
  Anterior 2/3 of tongue
  Bone
  Extrinsic muscles of tongue:
    Genioglossus
    Geniohyoid
    Hyoglossus
    Mylohyoid
    Palatoglossus
    Styloglossus
  Hard Palate
  Mandible
  Parotid gland

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

### Considered regional in Historic Stage
#### Considered distant in Historic Stage
##### Considered distant in 1977 Summary Staging Guide
NASOPHARYNX
C11.0-C11.3, C11.8-C11.9
C11.0 Superior wall of nasopharynx
C11.1 Posterior wall of nasopharynx
C11.2 Lateral wall of nasopharynx
C11.3 Anterior wall of nasopharynx
C11.8 Overlapping lesion of nasopharynx
C11.9 Nasopharynx, NOS

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

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to one of the following subsites:
    Inferior wall (superior surface of soft palate)
    One lateral wall
    Posterior superior wall (vault)
Involvement of two or more subsites:
    Lateral wall extending into eustachian tube/middle ear
    Posterior, inferior, or lateral wall(s)

Localized, NOS

2 Regional by direct extension only

Extension to:
    Bone including skull
    Hard palate
    Nasal cavity
    Oropharynx
    Paranasal sinus
    Pterygopalatine fossa
    Soft palate, inferior surface

Tumor described only as FIXED
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Internal jugular, NOS:
  Deep cervical, NOS:
  Upper, NOS:
    Jugulodigastric (subdigastric)
Mandibular, NOS:
  Submandibular (submaxillary)###
  Submental####
Retropharyngeal
Spinal accessory (posterior cervical)

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to:
  Brain##
  Cranial nerves##
  Hypopharynx
  Infratemporal fossa
  Orbit**
  Soft tissues of neck

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

##  Considered regional in Historic Stage
###  Considered distant in Historic Stage
**  Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
PYRIFORM SINUS, HYPOPHARYNX, LARYNGOPHARYNX
C12.9, C13.0-C13.2, C13.8-C13.9
C12.9 Pyriform sinus
C13.0 Postcricoid region
C13.1 Hypopharyngeal aspect of aryepiglottic fold
C13.2 Posterior wall of hypopharynx
C13.8 Overlapping lesion of hypopharynx
C13.9 Hypopharynx, NOS
C13.9 Laryngopharynx

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

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to one of the following subsites:
  Laryngopharynx
  Postcricoid area
  Posterior pharyngeal wall
  Pyriform sinus (pyriform fossa)

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

Localized, NOS

2 Regional by direct extension only

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

Extension to:
  Carotid artery###
  Cricoid cartilage###
  Esophagus###
  Larynx
  Oropharynx
  Prevertebral fascia/muscle(s)
  Soft tissues of neck
  Thyroid cartilage###
  Thyroid gland###

Fixation of hemilarynx, larynx or oropharynx
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Internal jugular, NOS:
  Deep cervical, NOS:
  Lower, NOS:
    Jugulo-omohyoid (supraomohyoid)
  Middle
  Mandibular, NOS:
    Submandibular (submaxillary)
    Submental
Paratracheal
  Recurrent pharyngeal nerve chain
Prelaryngeal
  Delphian node
Retropharyngeal

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to:
  Base of tongue
  Floor of mouth
  Nasopharynx

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

### Considered regional in Historic Stage
#### Considered distant in Historic Stage
### Considered distant in 1977 Summary Staging Guide
PHARYNX, NOS AND OTHER ILL-DEFINED ORAL CAVITY SITES
C14.0, C14.2, C14.8
C14.0 Pharynx, NOS
C14.2 Waldeyer ring
C14.8 Overlapping lesion of lip, oral cavity and pharynx

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

   Invasive tumor confined to site of origin

   Localized, NOS

2 Regional by direct extension only

   Extension to adjacent structures (See definition of adjacent structures on page 14.)
More than one region of pharynx involved (oropharynx, nasopharynx, hypopharynx)
Pharynx and oral cavity involved

   Any of the above WITH fixation

3 Regional lymph node(s) involved only

   REGIONAL Lymph Nodes

   Cervical, NOS
   Internal jugular, NOS:
      Deep cervical, NOS:
      Lower, NOS:
         Jugulo-omohyoid (supraomohyoid)
      Middle
      Upper, NOS:
         Jugulodigastric (subdigastric)
   Mandibular, NOS:
      Submandibular (submaxillary)
      Submental
   Parapharyngeal
   Paratracheal
      Recurrent pharyngeal nerve chain
   Pterygoid
      Delphian node
   Retropharyngeal

   Regional lymph node(s), NOS
PHARYNX, NOS AND OTHER ILL-DEFINED ORAL CAVITY SITES
C14.0, C14.2, C14.8

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

Codes (2) + (3)

5 Regional, NOS

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

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

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis
LESSER AND GREATER OMENTUM

- Lesser omentum
- Greater omentum
- Nodes of greater omentum
- Stomach
- Liver
ANATOMIC DRAWINGS OF THE DIGESTIVE SYSTEM

THE INTESTINES

- Transverse colon
- Hepatic flexure
- Ascending colon ("right colon")
- Splenic flexure
- Descending colon ("left colon")
- Rectum
- Small intestines: (duodenum, jejunum, and ileum)
- Anus
### DIGESTIVE SYSTEM SITES
#### TABLE OF ANATOMIC STRUCTURES

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>MUCOSA</th>
<th>SUBMUCOSA</th>
<th>MUSCULARIS</th>
<th>SUBSEROSAL TISSUES</th>
<th>SEROSA</th>
<th>OUTSIDE THE SEROSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esophagus (C15.)</td>
<td>Yes B</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>See note 4.</td>
<td>No</td>
</tr>
<tr>
<td>Stomach (C16.)</td>
<td>Yes S</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Sm. Intestine (C17.)</td>
<td>Yes M</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Colon (C18._)</td>
<td>Yes E N</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>.0 Cecum</td>
<td>Yes T M</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>.1 Appendix</td>
<td>Yes T M</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>.2 Ascending</td>
<td>Yes T M</td>
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<td>Yes</td>
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<td>See note 5.</td>
</tr>
<tr>
<td>.3 Hepatic flex.</td>
<td>Yes E</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>.4 Transverse</td>
<td>Yes M</td>
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<tr>
<td>.5 Splenic flex.</td>
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<td>Yes</td>
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<tr>
<td>.6 Descending</td>
<td>Yes R A N</td>
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<td>Yes</td>
<td>Yes</td>
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<td>See note 5.</td>
</tr>
<tr>
<td>.7 Sigmoid</td>
<td>Yes A N E</td>
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<tr>
<td>.8 Overlapping</td>
<td>Yes A</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>.9 Colon, NOS</td>
<td>Yes N E</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Rectosigmoid (C19.9)</td>
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<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>Rectum (C20.9)</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

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

1) if the tumor is confined to the epithelium, in which case it is in situ, OR

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

The mucosa of the digestive tract consists of:

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

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

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

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

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

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

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

CROSS SECTION OF ESOPHAGUS

THE ESOPHAGUS
ESOPHAGUS
C15.0-C15.5, C15.8-C15.9
C15.0 Cervical esophagus
C15.1 Thoracic esophagus
C15.2 Abdominal esophagus
C15.3 Upper third of esophagus
C15.4 Middle third of esophagus
C15.5 Lower third of esophagus
C15.8 Overlapping lesion of esophagus
C15.9 Esophagus, NOS

Anatomic Limits of Esophagus:

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

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

Upper thoracic portion (C15.3): From the thoracic inlet to the level of the tracheal bifurcation (18-24 cm)
Mid-thoracic portion (C15.4): From the tracheal bifurcation midway to the gastroesophageal (GE) junction (24-32 cm).

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

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to:
Intramucosa, NOS
Lamina propia
Mucosa, NOS
Muscularis mucosae
Muscularis propria invaded
Submucosa

Localized, NOS
2 Regional by direct extension only

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

Extension to:

**Cervical esophagus (including first 18 cm of upper esophagus):**
- Blood vessel(s) (major):
  - Carotid artery
  - Jugular vein
  - Subclavian artery
- Carina
- Cervical vertebra(e)
- Hypopharynx
- Larynx
- Trachea
- Thyroid gland

**Intrathoracic:**
- Lung via bronchus
- Mediastinal structure(s)
- Pleura
- Rib(s)
- Thoracic vertebra(e)

**Intrathoracic, upper or mid-portion, esophagus:**
- Blood vessel(s) (major):
  - Aorta
  - Azygos vein
  - Pulmonary artery/vein
  - Vena cava
- Carina
- Diaphragm
- Main stem bronchus
- Trachea

**Intrathoracic, lower portion (abdominal), esophagus:**
- Blood vessel(s) (major):
  - Aorta
  - Gastric artery/vein
  - Vena cava
- Diaphragm
- Stomach, cardia (via serosa)

*Continued on next page*
ESOPHAGUS
C15.0-C15.5, C15.8-C15.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral)

Cervical only:
Cervical, NOS:
  Anterior deep cervical (laterotracheal) (recurrent laryngeal)
  Internal jugular, NOS:
    Deep cervical, NOS:
      Upper, NOS:
        Jugulodigastric (subdigastric)
  Peri-/paraesophageal
  Scalene (inferior deep cervical)####
  Supraclavicular (transverse cervical)####

Intrathoracic, upper thoracic or middle, only:
Internal jugular, NOS:
  Deep cervical, NOS:
    Lower, NOS:
      Jugulo-omohyoid (supraomohyoid)
    Middle
    Upper, NOS:
      Jugulodigastric (subdigastric)
Intrabronchial:
  Carinal (tracheobronchial) (tracheal bifurcation)
  Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)
  Peritracheal
  Left gastric (superior gastric):###
    Cardiac (cardial)
    Lesser curvature
    Perigastric, NOS
  Peri-/paraesophageal
  Posterior mediastinal (tracheoesophageal)###
  Superior mediastinal####

Intrathoracic, lower (abdominal), only:
Left gastric (superior gastric):
  Cardiac (cardial)
  Lesser curvature
  Perigastric, NOS
  Peri-/paraesophageal
  Posterior mediastinal (tracheoesophageal)

Regional lymph node(s), NOS
ESOPHAGUS  
C15.0-C15.5, C15.8-C15.9

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

Codes (2) + (3)  

5 Regional, NOS  

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

Adjacent structures:  
Cervical/upper esophagus:  
   Lung  
   Main stem bronchus  
   Pleura  
Thoracic/middle esophagus:  
   Pericardium **  
Abdominal/lower esophagus:  
   Diaphragm fixed  

Distant lymph node(s):  
   Celiac for intrathoracic esophagus  
   Cervical, NOS for intrathoracic esophagus  
   Para-aortic for lower/abdominal esophagus only  
   Scalene (inferior deep cervical) for intrathoracic esophagus only  
   Superior mediastinal for cervical esophagus only  
   Supraclavicular (transverse cervical node) for intrathoracic only  
   Other distant lymph node(s)  

Further contiguous extension  

Metastasis  

9 Unknown if extension or metastasis

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

### Considered distant in Historic Stage  
*** Considered regional in 1977 Summary Staging Guide  
** Considered regional in 1977 Summary Staging Guide  
### Considered distant in Historic Stage  
*** Considered distant in 1977 Summary Staging Guide
ANATOMIC DRAWINGS OF THE STOMACH

THE STOMACH

Distal esophagus
Cardiac orifice
Lesser curvature
Rugae (rugal folds)
Duodenum
Pyloric antrum
Angular notch

THE STOMACH (WITH CUT-OUT)

Left clavicle
Esophagus
Cardiac notch
Fundus
Body of stomach
Greater curvature
Pyloric antrum
Lesser curvature
Cardioesophageal junction

THE ESOPHAGUS AND STOMACH
STOMACH
C16.0-C16.6, C16.8-C16.9
C16.0 Cardia, NOS
C16.1 Fundus of stomach
C16.2 Body of stomach
C16.3 Gastric antrum
C16.4 Pylorus
C16.5 Lesser curvature of stomach, NOS
C16.6 Greater curvature of stomach, NOS
C16.8 Overlapping lesion of stomach
C16.9 Stomach, NOS

SUMMARY STAGE

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

1 Localized only

Invasive tumor confined to:
  Intramucosa, NOS
  Lamina propria
  Mucosa, NOS
  Muscularis mucosae
  Muscularis propria
  Perimuscular tissue invaded
  Polyp, NOS:
    Head of polyp
    Stalk of polyp
  Submucosa (superficial invasion)
  Subserosal tissue/(Sub)serosal fat

Extension through wall, NOS

Implants inside stomach
Intraluminal spread (only) to esophagus or duodenum###
Invasion through muscularis propria or muscularis, NOS
Linitis plastica (diffuse involvement of the entire stomach wall)**

Localized, NOS

2 Regional by direct extension only

Extension to:
  Adjacent tissue, NOS
  Connective tissue:
    Gastric artery
    Ligaments:
      Gastrocolic
      Gastrohepatic
      Gastroepiploic

SEER Summary Staging Manual - 2000
2 Regional by direct extension only (continued)

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

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

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Celiac  ****
Hepatic  ***
Left gastric (superior gastric), NOS:
  Cardial
  Cardioesophageal
  Gastric, left
  Gastropancreatic, left
  Lesser curvature
  Lesser omentum
  Paracardial
  Pancreaticosplenic (pancreaticolienal)
  Perigastric, NOS
  Peripancreatic
3 Regional lymph node(s) involved only (continued)

Right gastric (inferior gastric), NOS:
  Gastrocolic
  Gastroduodenal
  Gastroepiploic (gastro-omental), right or NOS
  Gastrohepatic
  Greater curvature
  Greater omental
  Infrapyloric
  Pancreaticoduodenal
  Pyloric, NOS:
    Infrapyloric (subpyloric)
    Suprapyloric
  Splenic (lienal), NOS:
    Gastroepiploic (gastro-omental), left
    Splenic hilar

Nodule(s) in perigastric fat

Regional lymph node(s), NOS

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

  Codes (2) + (3)

5 Regional, NOS

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

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

  Extension to:
    Abdominal wall
    Adrenal (suprarenal) gland
    Kidney
    Retroperitoneum

  Further contiguous extension

  Metastasis
9 Unknown if extension or metastasis

*  Considered localized in Historic Stage
** Considered regional in Historic Stage
*** Considered distant in Historic Stage
**  Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
ANATOMIC DRAWINGS OF THE SMALL INTESTINES

STOMACH AND SMALL INTESTINE WITH LYMPH NODES
Arrows show the direction of lymph node drainage
SMALL INTESTINE
C17.0-C17.3, C17.8-C17.9
C17.0 Duodenum
C17.1 Jejunum
C17.2 Ileum (excludes ileocecal valve, C18.0)
C17.3 Meckel diverticulum (site of neoplasm)
C17.8 Overlapping lesion of small intestine
C17.9 Small intestine, NOS

SUMMARY STAGE

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

1 Localized only

Invasive tumor confined to:
  Intramucosa
  Lamina propria
  Mucosa, NOS
  Muscularis mucosae
  Muscularis, NOS
  Muscularis propria
Polyp, NOS:
  Head of polyp
  Stalk of polyp
Submucosa (superficial invasion)
Subserosal tissue/(sub)serosal fat
Transmural, NOS
Wall, NOS

Extension through wall, NOS

Intraluminal to other segments of small intestine or cecum
Invasion through muscularis propria or muscularis, NOS

Localized, NOS
2 Regional by direct extension only

Extension to:

All small intestine sites:
- Abdominal wall
- Adjacent tissue(s), NOS
- Connective tissue:
  - Mesenteric fat
  - Mesentery
  - Nonperitonealized perimuscular tissue
  - Retroperitoneum
- Fat, NOS

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

Jejunum and Ileum:
- Colon including appendix

Other segments of small intestine via serosa

Code 2 continued on next page
SMALL INTESTINE
C17.0-C17.3, C17.8-C17.9

2 Regional by direct extension only (continued)

Invasion of/through:

All sites:
- Mesothelium\(*)
- Serosa\(*
- Tunica serosa\(*
- Visceral peritoneum\(*

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Pericholedochal (common bile duct)\(****\)

Duodenum:
- Duodenal
- Gastroduodenal\(***\)
- Hepatic\(***\)
- Infrapyloric (subpyloric)\(***\)
- Pancreaticoduodenal
- Pyloric\(***\)
- Superior mesenteric\(****\)

Jejunum and Ileum:
- Ileocolic \textbf{for terminal ileum only}
- Mesenteric, NOS
- Posterior cecal (retrocecal) \textbf{for terminal ileum only}
- Superior mesenteric\(****\)

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS
7 Distant site(s)/node(s) involved

Distant lymph node(s)

Jejunum and Ileum:
- Bladder##
- Fallopian tube(s)##
- Ovary(ies)##
- Uterus##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

# Considered localized in Historic Stage
## Considered regional in Historic Stage
### Considered distant in Historic Stage
* Considered localized in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
ANATOMIC DRAWINGS OF THE COLON

THE ALIMENTARY CANAL
ANATOMIC DRAWINGS OF THE COLON

COLON, RECTUM, AND ANUS

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

Transverse colon

Hepatic flexure

Para-(peri-) colic lymph nodes

IC = Ileocolic Lymph Nodes

Prececal lymph nodes

Retrocecal lymph nodes

Ileocecal valve

Cecum

Appendix

IC = Ileocolic Lymph Nodes

Splenic flexure

Left colic lymph nodes

Descending (left) colon

IC = Ileocolic Lymph Nodes

Inferior mesenteric lymph nodes

Superior rectal lymph nodes

COLON AND LYMPH NODES
**COLON**
C18.0-C18.9
C18.0 Cecum
C18.1 Appendix
C18.2 Ascending (right) colon
C18.3 Hepatic flexure of colon
C18.4 Transverse colon
C18.5 Splenic flexure of colon
C18.6 Descending (left) colon
C18.7 Sigmoid colon
C18.8 Overlapping lesion of colon
C18.9 Colon, NOS

**SUMMARY STAGE**

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

1 **Localized only**

   Invasive tumor confined to:
   - Intramucosa, NOS
   - Lamina propria
   - Mucosa, NOS
   - Muscularis mucosae
   - Muscularis propria
   - Perimuscular tissue invaded
   - Polyp, NOS:
     - Head of polyp
     - Stalk of polyp
   - Submucosa (superficial invasion)
   - Subserosal tissue/(sub)serosal fat
   - Transmural, NOS
   - Wall, NOS

   Confined to colon, NOS
   Extension through wall, NOS
   Invasion through muscularis propria or muscularis, NOS

   Localized, NOS

**Note:** Ignore intraluminal extension to adjacent segment(s) of colon/rectum or to the ileum from the cecum.
2 Regional by direct extension only

Extension to:

All colon sites:

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

Extension into/through:

Abdominal wall###

Adjacent tissue(s), NOS

Connective tissue

Fat, NOS

Greater omentum

Mesenteric fat

Mesentery

Mesocolon

Pericolic fat

Retroperitoneum (excluding fat)###

Small intestine

Ascending colon:

Kidney, right###

Liver, right lobe

Retroperitoneal fat###

Ureter, right###

Transverse colon and flexures:

Bile ducts###

Gallbladder###

Gastrocolic ligament

Kidney

Liver

Pancreas

Spleen

Stomach###

Descending colon:

Kidney, left###

Pelvic wall###

Retroperitoneal fat###

Spleen

Ureter, left

Sigmoid colon:

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

REGIONAL Lymph Nodes

All colon subsites:
Colic, NOS
Epicolic (adjacent to bowel wall)
Mesenteric, NOS
Paracolic/pericolic

Nodule(s) in pericolic fat

Cecum and Appendix:
Cecal, NOS
   Anterior (precesal)
   Posterior (retrocesal)
Ileocolic
Right colic

Ascending colon:
Ileocolic
Middle colic
Right colic

Transverse colon and flexures:
   Inferior mesenteric for splenic flexure only
   Left colic for splenic flexure only
   Middle colic
   Right colic for hepatic flexure only

Descending colon:
   Inferior mesenteric
   Left colic
   Sigmoid###

Sigmoid:
   Inferior mesenteric
   Sigmoidal (sigmoid mesenteric)
   Superior hemorrhoidal###
   Superior rectal###

Regional lymph node(s), NOS

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

Codes (2) + (3)
5 Regional, NOS

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

All colon sites unless included in code 2

Distant lymph node(s):
- Para-aortic
- Retroperitoneal
- Superior mesenteric $^g$
- Other distant lymph node(s)

Extension to:
- Adrenal (suprarenal) gland
- Bladder
- Diaphragm
- Fallopian tube $^f$
- Fistula to skin
- Gallbladder
- Other segment(s) of colon via serosa
- Ovary $^e$
- Uterus $^e$

Cecum and appendix:

Distant lymph node(s):
- Inferior mesenteric
- Other distant lymph node(s)

Extension to:
- Kidney, right
- Liver $^{##}$
- Ureter, right

Ascending colon:

Distant lymph node(s):
- Inferior mesenteric
- Other distant lymph node(s)

Transverse colon and flexures:

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

Extension to:
- Ureter

Sigmoid colon:

Extension to:
- Cul de sac (rectouterine pouch)
- Ureter

Further contiguous extension

Metastasis
9 Unknown if extension or metastasis

£  Considered regional for cecum, ascending, descending and sigmoid for Historic stage
§  Considered regional for cecum, appendix, ascending, hepatic flexure and transverse colon in 1977
   Summary Staging Guide
¥  Considered distant for splenic flexure in Historic stage

Note 1: Ignore intraluminal extension to adjacent segment(s) of colon/rectum and code depth of invasion or extracolonic spread as indicated.
Note 2: Terminology such as “Transmural, NOS” and “Extension through the wall, NOS” typically means that the tumor has invaded the muscularis propria but has not necessarily invaded the entire thickness of the colon wall.

#  Considered localized in Historic Stage
## Considered regional in Historic Stage
### Considered distant in Historic Stage
ANATOMIC DRAWING OF THE COLON AND RECTUM

Descending colon

Left colic nodes

Sigmoid mesenteric nodes

Perirectal nodes

Rectum

Sigmoid colon

LOWER COLON AND RECTUM
AND PRINCIPAL LYMPH NODES
RECTOSIGMOID JUNCTION, RECTUM
C19.9, C20.9
C19.9 Rectosigmoid junction
C20.9 Rectum, NOS

SUMMARY STAGE

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

1 Localized only

Invasive tumor confined to:
- Intramucosa, NOS
- Lamina propria
- Mucosa, NOS
- Muscularis mucosae
- Muscularis propria
- Perimuscular tissue invaded
- Polyp, NOS:
  - Head of polyp
  - Stalk of polyp
- Submucosa (superficial invasion)
- Subserosal tissue/(sub)serosa fat invaded
- Transmural, NOS

Extension through wall, NOS

Invasion through muscularis propria or muscularis, NOS

Localized, NOS

2 Regional by direct extension only

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

Extension to/through:
- Adjacent tissue(s), NOS
- Connective tissue
- Fat, NOS
- Perirectal fat

Rectosigmoid:
- Cul de sac (rectouterine pouch)
- Mesenteric fat
- Mesentery
- Mesocolon
- Pelvic wall
- Pericolic fat
- Small intestine

Code 2 continued on next page
2 Regional by direct extension only (continued)

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

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

Rectum:
- Hemorrhoidal, superior, middle or inferior
- Inferior mesenteric
- Internal iliac (hypogastric), NOS:###
  - Obturator
- Mesenteric, NOS
- Perirectal
- Rectal
- Sacral, NOS:###
  - Lateral (laterosacral)
  - Middle sacral (promontorial) (Gerota’s node)
  - Presacral
  - Sigmoidal (sigmoid mesenteric)
  - Nodule(s) in perirectal fat
  - Regional lymph node(s), NOS
RECTOSIGMOID JUNCTION, RECTUM
C19.9, C20.9

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s):
   Internal iliac (hypogastric), NOS: for rectosigmoid: **
      Obturator for rectosigmoid
      Left colic for rectum##
      Other distant lymph node(s)

Extension to:
   Rectosigmoid:
      Bladder##
      Colon via serosa##
      Fallopian tube(s)##
      Ovary(ies)##
      Prostate##
      Ureter(s)
      Uterus##

   Rectum:
      Bladder for females only##
      Bone(s) of pelvis##
      Urethra##
      Uterus###

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

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

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

# Considered localized in Historic Stage
## Considered regional in Historic Stage
### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
ANUS AND ANAL CANAL
ANUS AND ANAL CANAL
C21.0-C21.2, C21.8
C21.0 Anus, NOS
C21.1 Anal canal
C21.2 Cloacogenic zone
C21.8 Overlapping lesion of rectum, anus and anal canal

SUMMARY STAGE

0 **In situ:** Noninvasive; intraepithelial

1 **Localized only**

   Incidental finding of malignancy in hemorrhoid

   Invasive tumor confined to:
   - Intramucosa
   - Lamina propria
   - Mucosa, NOS
   - Muscularis mucosae
   - Muscularis propria (internal sphincter)
   - Submucosa (superficial invasion)

   Localized, NOS

2 **Regional by direct extension only**

   Extension to:
   - Ischiorectal fat/tissue
   - Perianal skin
   - Perineum
   - Rectal mucosa or submucosa
   - Skeletal muscles:
     - Anal sphincter (external)
     - Levator ani
   - Subcutaneous perianal tissue
   - Vulva

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

   REGIONAL Lymph Nodes

   Anorectal
   - Inferior hemorrhoidal
   - Internal iliac (hypogastric), NOS: for anus and anal canal
   - Obturator for anus and anal canal
   - Lateral sacral (laterosacral)
   - Perirectal
   - Superficial inguinal (femoral) for anus and anal canal
   - Regional lymph node(s), NOS
4 Regional by BOTH direct extension AND regional lymph node(s) involved

   Codes (2) + (3)

5 Regional, NOS

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

   Distant lymph node(s)

   Extension to:
   Bladder##
   Broad ligament(s)##
   Cervix uteri##
   Corpus uteri##
   Pelvic peritoneum
   Prostate##
   Urethra##
   Vagina##

   Further contiguous extension

   Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
### Considered distant in Historic Stage
*** Considered distant in 1977 Summary Staging Guide
ANATOMIC DRAWINGS OF THE BILIARY TRACT

ANTERIOR VIEW OF THE LIVER

UNDERSURFACE OF THE LIVER

A = Common bile duct
B = Hepatic artery
C = Portal vein
D = Cystic duct
E = Hepatic duct
ANATOMIC DRAWINGS OF THE BILIARY TRACT

THE PANCREAS

BODY AND TAIL OF PANCREAS
(arrows show direction of lymphatic drainage)
LIVER AND INTRAHEPATIC BILE DUCTS
C22.0-C22.1
C22.0 Liver
C22.1 Intrahepatic bile duct

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized

Confined to one lobe with or without vascular invasion
Multiple (satellite) nodules/tumors confined to one lobe

Confined to liver, NOS
Localized, NOS

2 Regional by direct extension only

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

Extension to:
Diaphragm
Extrahepatic bile duct(s)
Extrahepatic blood vessel(s):
   Hepatic artery
   Portal vein
   Vena cava
Gallbladder
Lesser omentum***
Ligament(s):***
   Coronary
   Falciform
   Round [of liver]
   Hepatoduodenal
   Hepatogastric
   Triangular
Peritoneum, NOS:***
   Parietal***
   Visceral***

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

Satellite nodules, NOS***
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Hepatic, NOS:
- Hepatic artery
- Hepatic pedicle
- Inferior vena cava
- Porta hepatis (portal) (hilar) [in hilus of liver]
- Periportal###

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph nodes:
- Aortic, NOS:
  - Lateral (lumbar)
  - Para-aortic
  - Periaortic
- Cardiac###
- Coronary artery###
- Diaphragmatic:
  - Pericardial (pericardiac)###
- Peripancreatic
- Posterior mediastinal (tracheoesophageal) including juxtaphrenic nodes###
- Renal artery###
- Retroperitoneal, NOS**
- Other distant lymph node(s)

Extension to:
- Pancreas
- Pleura##
- Stomach

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

### Considered regional in Historic Stage
#### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
GALLBLADDER, OTHER BILIARY, AND BILIARY, NOS
C23.9, C24.8-C24.9
C23.9 Gallbladder
C24.8 Overlapping lesion of biliary tract
C24.9 Biliary tract, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

   Invasive tumor confined to:
      Lamina propria
      Mucosa, NOS
      Muscularis propria
      Submucosa (superficial invasion)

      Localized, NOS

2 Regional by direct extension only

   Extension (in)to one of the following:
      Ampulla of Vater
      Duodenum
      Extrahepatic bile duct(s)
      Liver, NOS:
         \leq 2 \text{ cm into liver}
      Omentum, NOS:
         Greater
         Lesser###
      Pancreas
      Perimuscular connective tissue
      Small intestine, NOS

   Invasion of/through serosa**
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to one of the following:
- Blood vessel(s) (major):**
  - Cystic artery/vein
  - Hepatic artery
  - Portal vein
- Colon##
- Liver > 2 cm##
- Stomach##

Extension to two or more adjacent organs##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

# Considered localized in Historic Stage
## Considered regional in Historic Stage
### Considered distant in Historic Stage
* Considered localized in 1977 Summary Staging Guide
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
EXTRAHEPATIC BILE DUCT
C24.0
C24.0 Extrahepatic bile duct
(choledochal, common, cystic, and hepatic bile duct; sphincter of Oddi)

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

SUMMARY STAGE

0 In situ: Noninvasive, intraepithelial

1 Localized only

Invasive tumor of extrahepatic bile duct(s) (choledochal, common cystic, and hepatic) confined to:
- Lamina propria
- Mucosa, NOS
- Muscularis propria
- Submucosa

Localized, NOS

2 Regional by direct extension only

Extension to:
- Blood vessel(s) (major):
  - Hepatic artery
  - Portal vein
- Colon, NOS:
  - Transverse including flexures
  - Other parts of colon***
- Duodenum
- Gallbladder
- Liver including porta hepatis
- Omentum, NOS:
  - Greater***
  - Lesser
- Pancreas
- Periductal/fibromuscular connective tissue
- Stomach, NOS:
  - Distal
  - Proximal***
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

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

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

*** Considered distant in 1977 Summary Staging Guide
AMPULLA OF VATER
C24.1
C24.1 Ampulla of Vater

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

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

   Localized, NOS

2 Regional by direct extension only

   Extension to:
   Blood vessel(s) (major):
       Hepatic artery
       Portal vein
   Duodenum
   Extrahepatic bile ducts excluding sphincter of Oddi
   Gallbladder
   Hepatic flexure
   Lesser omentum
   Liver including porta hepatis
   Pancreas
   Stomach, NOS:
       Distal
       Proximal***
   Transverse colon
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

Lymph Nodes:
Anterior to ampulla of Vater
Inferior to ampulla of Vater
Posterior to ampulla of Vater
Superior to ampulla of Vater

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

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

Further contiguous extension:
Other adjacent organs

Metastasis

9 Unknown if extension or metastasis

### Considered distant in Historic Stage
*** Considered distant in 1977 Summary Staging Guide
PANCREAS: HEAD, BODY, AND TAIL
C25.0-C25.4
C25.0 Head of pancreas
C25.1 Body of pancreas
C25.2 Tail of pancreas
C25.3 Pancreatic duct
C25.4 Islets of Langerhans

SUMMARY STAGE

0 In situ: Noninvasive, intraepithelial

1 Localized only

   Confined to pancreas

   Localized, NOS

2 Regional by direct extension only

   Extension to:

   All sites:
      Ampulla of Vater
      Blood vessel(s) (major):
         Hepatic artery
         Portal vein
         Superior mesenteric artery/vein
      Duodenum
      Extrahepatic bile duct(s)
      Peripancreatic tissue, NOS
   Head of pancreas:
      Adjacent stomach
      Blood vessel(s) (major):
         Gastroduodenal artery
         Pancreaticoduodenal artery
      Body of stomach***
      Stomach, NOS
      Transverse colon, including hepatic flexure
   Body and/or tail of pancreas:
      Blood vessel(s) (major):
         Aortic artery
         Celiac artery
         Splenic artery/vein
      Spleen
      Splenic flexure
      Stomach

   Fixation to adjacent structures, NOS
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

Continued on next page
PANCREAS: HEAD, BODY, AND TAIL
C25.0-C25.4

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

Distant lymph node(s)

Extension to:

All sites:
- Gallbladder***
- Liver including porta hepatis****
- Mesenteric fat***
- Mesentery***
- Mesocolon***
- Peritoneum**

Head of pancreas:
- Adrenal
- Adrenal (suprarenal) gland
- Colon (other than transverse colon including hepatic flexure)
- Ileum
- Jejunum
- Kidney
- Omentum***
- Retroperitoneum
- Spleen
- Ureter

Body and/or tail of pancreas:
- Adrenal (suprarenal) gland **
- Adrenal, left***
- Adrenal, right
- Colon (other than splenic flexure)
- Diaphragm
- Ileum **
- Jejunum
- Kidney
- Kidney, left***
- Kidney, right
- Retroperitoneal soft tissue (retroperitoneal space)
- Ureter, left***
- Ureter, right

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note: Islets of Langerhans are distributed throughout the pancreas

## Considered regional in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
PANCREAS: OTHER AND UNSPECIFIED
C25.7-C25.9
C25.7 Other and unspecified parts of pancreas (neck)
C25.8 Overlapping lesion of pancreas
C25.9 Pancreas, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

   Invasive tumor confined to pancreas

   Localized, NOS

2 Regional by direct extension only

   Adjacent large vessel(s)
   Ampulla of Vater
   Colon
   Duodenum
   Extrahepatic bile duct(s)
   Peripancreatic tissue
   Spleen
   Stomach
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis
OTHER AND ILL-DEFINED DIGESTIVE ORGANS
C26.0, C26.8-C26.9
C26.0 Intestinal tract, NOS
C26.8 Overlapping lesion of digestive system
C26.9 Gastrointestinal tract, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only
   Invasion of submucosa
   Localized, NOS

2 Regional by direct extension only
   Extension to:
      Adjacent tissue(s), NOS
      Connective tissue
      See definition of connective tissue on page 14.
      Adjacent organs/structures
      See definition of adjacent organs/structures on page 14.

3 Regional lymph node(s) involved only
   REGIONAL Lymph Nodes
      Intra-abdominal
      Paracaval
      Pelvic
      Subdiaphragmatic
      Regional lymph node(s), NOS

4 Regional by BOTH direct extension AND regional lymph node(s) involved
   Codes (2) + (3)

5 Regional, NOS

7 Distant site(s)/lymph node(s) involved
   Distant lymph node(s)
   Further contiguous extension
   Metastasis

9 Unknown if extension or metastasis
ANATOMIC DRAWING OF THE RESPIRATORY TRACT

THE RESPIRATORY TRACT
ANATOMIC DRAWINGS OF THE NASAL CAVITY AND MIDDLE EAR

SAGITTAL CUT THROUGH THE NASAL AND ORAL CAVITIES

THE EAR AND MIDDLE EAR
NASAL CAVITY AND MIDDLE EAR
C30.0-C30.1
C30.0 Nasal Cavity (excludes nose, NOS C76.0)<>?
C30.1 Middle Ear (tympanic cavity) <>
<> Laterality must be coded for this site.
? For nasal cartilage and nasal septum laterality is coded 0.

SUMMARY STAGE

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

1 Localized only

Invasive tumor confined to:

Nasal cavity:
- Meatus (superior, middle, inferior)
- Nasal chonchae (superior, middle, inferior)
- Septum

Middle ear:
- Cochlea
- Incus
- Malleus
- Semicircular ducts, NOS:
  - Ampullae
  - Saccule
  - Utricle
- Septum
- Stapes
- Tympanic membrane

Localized, NOS

2 Regional by direct extension only

Extension to:

Nasal cavity:
- Bone of skull
- Choana
- Frontal sinus
- Hard palate
- Nasolacrimal duct
- Nasopharynx

Code 2 continued on next page
2 Regional by direct extension only (continued)

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

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Internal jugular, NOS:
  Deep cervical, NOS:
    Upper, NOS:
      Jugulodigastric (subdigastric)
Mandibular, NOS:
  Submandibular (submaxillary)
  Submental
Mastoid (post-/retro-auricular) for middle ear
  Retropharyngeal

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Middle ear:
  Meninges

Metastasis

9 Unknown if extension or metastasis
ANATOMIC DRAWING OF THE SINUSES

Skull

Frontal sinus

Sphenoid sinus

Floor of orbit

Ethmoid sinus

Maxillary sinus

THE MAJOR SINUSES
MAXILLARY SINUS
C31.0
C31.0 Maxillary sinus (antrum) <>
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to mucosa of maxillary antrum (sinus)

Localized, NOS

2 Regional by direct extension only

Extension to:
Base of skull
Cribiform plate
Ethmoid, NOS
Ethmoid sinus, anterior or posterior
Floor or medial wall of orbit
Floor or posterior wall of maxillary sinus
Frontal sinus
Infratemporal fossa
Maxilla, NOS
Middle nasal meatus
Nasal cavity, NOS:
  Floor
  Lateral wall
  Septum
  Turbinates
Nasopharynx
Orbital contents including eye
Palate, hard or soft
Palatine bone
Pterygoid plates
Pterygomaxillary or temporal fossa
Skin of cheek
Sphenoid
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Internal jugular, NOS:
  Deep cervical, NOS:
    Upper, NOS:
      Jugulodigastric (subdigastric)
Mandibular, NOS:
  Submandibular (submaxillary)
  Submental
  Retropharyngeal

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis
ETHMOID SINUS
C31.1
C31.1 Ethmoid sinus

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

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

Localized, NOS

2 Regional by direct extension only

Extension to:

More than one ethmoid sinus

Anterior orbit
Base of skull
Frontal sinus
Intracranial extension
Maxillary sinus
Nasal cavity, NOS:
    Floor
    Lateral wall
    Septum
    Turbinates
Nasopharynx
Orbital extension including apex of orbit
Skin of external nose
Sphenoid

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Internal jugular, NOS:
    Deep cervical, NOS:
        Upper, NOS:
            Jugulodigastric (subdigastric)
Mandibular, NOS:
    Submandibular (submaxillary)
    Submental
    Retropharyngeal

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis
ACCESSORY (Paranasal) SINUSES (excluding Maxillary and Ethmoid Sinuses)
C31.2-C31.3, C31.8-C31.9
C31.2 Frontal sinus <>
C31.3 Sphenoid sinus
C31.8 Overlapping lesion of accessory sinuses
C31.9 Accessory sinus, NOS
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to mucosa in one of the following:
  Frontal sinus
  Sphenoid sinus

Localized, NOS

2 Regional by direct extension only

Destruction/invasion of:
  Bone: Bony wall of sinus
  Facial bones
  Maxilla
  Orbital structures
  Pterygoid fossa
  Zygoma
  Brain
  Cranial nerves
  Muscles: Masseter
  Pterygoid
  Nasal cavity, NOS:
    Floor
    Lateral wall
    Septum
    Turbinates
  Nasopharynx
  Orbital contents including eye
  Palate
  Skin
  Soft tissue

More than one accessory sinus invaded
ACCESSORY (Paranasal) SINUSES (excluding Maxillary and Ethmoid Sinuses)
C31.2-C31.3, C31.8-C31.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical, NOS
Internal jugular, NOS:
  Deep cervical, NOS:
    Upper, NOS:
      Jugulodigastric (subdigastric)
Mandibular, NOS:
  Submandibular (submaxillary)
  Submental
  Retropharyngeal

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

  Distant lymph node(s)

  Further contiguous extension

  Metastasis

9 Unknown if extension or metastasis
ANATOMIC DRAWINGS OF THE LARYNX

ANTERIOR VIEW OF LARYNX

POSTERIOR VIEW OF LARYNX

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

THE VOCAL CORDS AS VIEWED THROUGH A LARYNGOSCOPE
Definition of Anatomical Limits of the Larynx

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

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

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

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supraglottic</td>
<td>Ventricular bands (false cords)</td>
</tr>
<tr>
<td></td>
<td>Arytenoids</td>
</tr>
<tr>
<td></td>
<td>Epiglottis (both lingual and laryngeal aspects)</td>
</tr>
<tr>
<td></td>
<td>Aryepiglottic folds</td>
</tr>
<tr>
<td></td>
<td>Infrahoid epiglottis</td>
</tr>
<tr>
<td>Supraglottis:</td>
<td>Supraglottis:</td>
</tr>
<tr>
<td></td>
<td>Left</td>
</tr>
<tr>
<td></td>
<td>Right</td>
</tr>
<tr>
<td>Supraglottis:</td>
<td>Suprahyoid epiglottis</td>
</tr>
<tr>
<td>Glottic</td>
<td>Glottic:</td>
</tr>
<tr>
<td></td>
<td>Anterior and posterior commissures</td>
</tr>
<tr>
<td></td>
<td>True vocal cords</td>
</tr>
<tr>
<td>Subglottic</td>
<td>Right and left walls of the subglottis</td>
</tr>
<tr>
<td></td>
<td>Subglottis (rima glottidis)</td>
</tr>
<tr>
<td></td>
<td>exclusive of the undersurface of the cords</td>
</tr>
</tbody>
</table>
LARYNX: GLOTTIS
C32.0 Glottis (intrinsic larynx, laryngeal commisure, true vocal cord, vocal cord, NOS)

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Confined to glottis, NOS
   Intrinsic larynx
   Laryngeal commissure(s):
      Anterior
      Posterior
   Vocal cord(s), NOS:
      True cord(s), NOS
      True vocal cord(s)

Invasive tumor WITH or WITHOUT normal vocal cord mobility:
   One vocal cord
   Both vocal cords

Tumor involves adjacent region(s) of larynx:
   Subglottis
   Supraglottis
      False vocal cord(s)

Tumor limited to larynx WITH vocal cord fixation

Involvement of intrinsic muscle(s):
   Aryepiglottic
      Corniculate tubercle
      Cuneiform tubercle
   Arytenoid
   Cricoarytenoid
   Cricothyroid
   Thyroarytenoid
   Thyroepiglottic
   Vocalis

Localized, NOS

2 Regional by direct extension only

Extension to:
   Base of tongue
   Hypopharynx, NOS
   Postcricoid area
   Pre-epiglottic tissues
   Pyriform sinus (pyriform fossa)
   Vallecula
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Anterior deep cervical (laterotracheal) (recurrent laryngeal):
   Paralaryngeal
   Paratracheal
   Prelaryngeal:
      Delphian node
   Pretracheal

Cervical, NOS

Internal jugular, NOS:
   Deep cervical, NOS:
      Lower, NOS:###
         Jugulo-omohyoid (supraomohyoid)
      Middle###
   Upper, NOS:
      Jugulodigastric (subdigastric)

Mandibular, NOS:
   Submandibular (submaxillary)#####
   Submental#######
   Retropharyngeal######

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

Continued on next page
LARYNX: GLOTTIS
C32.0

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

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

Extension to/through:
   Cervical (upper) esophagus
   Cricoid cartilage **
   Extrinsic (strap) muscles:
      Omohyoid
      Sternohyoid
      Sternothyroid
      Thyrohyoid
   Oropharynx
   Skin
   Soft tissues of neck
   Thyroid cartilage **
   Thyroid gland
   Trachea

   Further contiguous extension

   Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
### Considered distant in 1977 Summary Staging Guide
LARYNX: SUPRAGLOTTIS
C32.1
C32.1 Supraglottis (extrinsic larynx, laryngeal aspect of aryepiglottic fold, ventricular band, false vocal cord)

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

    Invasive tumor with normal vocal cord mobility confined to:
    Supraglottis (one subsite):
        Aryepiglottic fold
        Arytenoid cartilage
        Corniculate cartilage
        Cuneiform cartilage
        Epilarynx, NOS
        False cord(s):
            Ventricular band(s)
            Ventricular cavity
            Vestibular fold
        Infrahypoid epiglottis
        Laryngeal cartilage, NOS
        Laryngeal (posterior) surface of epiglottis
        Suprahypoid epiglottis (including tip, lingual {anterior} and laryngeal surfaces)

    Impaired vocal cord mobility##
    Tumor involves adjacent region(s) of larynx
    Tumor involves more than one subsite of supraglottis WITHOUT fixation or NOS
    Tumor limited to larynx WITH vocal cord fixation##

    Localized, NOS

2 Regional by direct extension only

    Extension to:
        Base of tongue including mucosa
        Cricoid cartilage
        Hypopharynx, NOS
        Postcricoid area
        Pre-epiglottic tissues
        Pyriform sinus (pyriform fossa)
        Vallecula
Tumor involves region outside the supraglottis

LARYNX: SUPRAGLOTTIS
C32.1

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Anterior deep cervical (laterotracheal) (recurrent laryngeal):
  Paralaryngeal
  Paratracheal
Prelaryngeal:
  Delphian node
  Pretracheal
Cervical, NOS
Internal jugular, NOS:
  Deep cervical, NOS:
    Middle###
    Upper, NOS:
      Jugulodigastric (subdigastric)
Mandibular, NOS:
  Submandibular (submaxillary)####
  Submental#####
  Retropharyngeal#####

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

Continued on next page
LARYNX: SUPRAGLOTTIS
C32.1

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

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

Extension to/through:
- Cervical esophagus
- Extrinsic (strap) muscles:
  - Omohyoid
  - Sternohyoid
  - Sternothyroid
  - Thyrohyoid
- Oropharynx
- Skin
- Soft tissues of neck
- Thyroid cartilage###
- Thyroid gland

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

### Considered regional in Historic Stage
### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
LARYNX: SUBGLOTTIS
C32.2
C32.2 Subglottis

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

- Invasive tumor with normal vocal cord mobility confined to subglottis
  - Tumor involves adjacent region(s) of larynx#
  - Vocal cords with normal or impaired mobility#

- Tumor limited to larynx WITH vocal cord fixation#
  - Localized, NOS

2 Regional by direct extension only

- Extension to/through:
  - Base of tongue###
  - Hypopharynx, NOS
  - Postericoid area
  - Pre-epiglottic tissues
  - Pyriform sinus (pyriform fossa)
  - Vallecula

3 Regional lymph node(s) involved only

- REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

  - Anterior deep cervical (laterotracheal) (recurrent laryngeal):
    - Paralaryngeal
    - Paratracheal
    - Prelaryngeal:
      - Delphian node
      - Pretracheal
  - Cervical, NOS
  - Internal jugular, NOS:
    - Deep cervical, NOS:
      - Lower, NOS:
        - Jugulo-omohyoid (supraomohyoid)
        - Middle***
  - Mandibular, NOS:
    - Submandibular (submaxillary)###***
    - Submental###***
    - Retropharyngeal#####

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to:
  Cervical esophagus
  Cricoid cartilage###
  Extrinsic (strap) muscles:
    Omohyoid
    Sternohyoid
    Sternothyroid
    Thyrohyoid
  Oropharynx
  Skin##
  Soft tissues of neck
  Thyroid cartilage**
  Thyroid gland
  Trachea##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
LARYNX: OVERLAPPING LESION OR NOS (including Laryngeal Cartilage)
C32.3, C32.8-C32.9
C32.3 Laryngeal cartilage
C32.8 Overlapping lesion of larynx
C32.9 Larynx, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to site of origin

Impaired vocal cord mobility
Tumor involves adjacent region(s) of larynx
Tumor involves more than one subsite without fixation or NOS
Tumor limited to larynx WITH vocal cord fixation

Localized, NOS

2 Regional by direct extension only

Extension to:
- Hypopharynx, NOS
- Postcricoid area
- Pre-epiglottic tissues
- Pyriform sinus (pyriform fossa)
- Vallecula

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Anterior deep cervical (laterotracheal) (recurrent laryngeal):
- Paralaryngeal
- Paratracheal
- Prelaryngeal:
  - Delphian node
- Pretracheal
- Cervical, NOS
- Internal jugular, NOS:
  - Deep cervical, NOS:
    - Lower, NOS:
      - Jugulo-omohyoid (supraomohyoid)
- Middle
- Upper, NOS:
  - Jugulodigastric (subdigastric)

Code 3 continued on next page
LARYNX: OVERLAPPING LESION OR NOS (including Laryngeal Cartilage)
C32.3, C32.8-C32.9

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

Mandibular, NOS:
   Submandibular (submaxillary)###***
   Submental###***
   Retropharyngeal###***

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

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

Extension to/through:
   Cervical esophagus
   Cricoid cartilage**
   Extrinsic (strap) muscles:
      Omohyoid
      Sternohyoid
      Sternothyroid
      Thyrohyoid
   Oropharynx
   Skin
   Soft tissues of neck
   ** Thyroid cartilage
   ** Thyroid gland
   Trachea

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
### Regional Lymph Nodes of the Lung

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

---

**ANATOMIC DRAWINGS OF THE TRACHEA, LUNGS AND BRONCHI**

- Nasal cavity
- Esophagus
- Trachea
- Carina
- Left upper lobe of lung
- Left lower lobe of lung
- Right upper lobe of lung
- Right middle lobe of lung
- Right lower lobe of lung
- Visceral pleura
- Pleura (pleural space)
- Mediastinum
- Diaphragm
- Parietal pleura

**REGIONAL LYMPH NODES OF THE LUNGS**
ANATOMIC DRAWING OF THE TRACHEA, LUNGS, AND BRONCHI

THE RESPIRATORY TRACT
TRACHEA
C33.9
C33.9 Trachea

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor confined to trachea

Localized, NOS

2 Regional by direct extension only

Extension to:

Adjacent tissue(s), NOS
Connective tissue:
  Arch of aorta
  Azygos vein, right
  Brachiocephalic vein
  Carotid sheath
  Common carotid artery(ies)
  Jugular arch
  Phrenic nerves
  Pretracheal fascia
  Subclavian artery(ies)
  Vagus nerve

Adjacent organs/structure(s):
  Cricoid cartilage
  Esophagus
  Pleura
  Right and left main bronchi
  Sternum
  Thymus
  Thyroid gland
  Vertebral column
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Mediastinal, NOS:
   Posterior (tracheoesophageal)
Paratracheal
Pretracheal
Tracheal, NOS

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

   Distant lymph node(s)

   Further contiguous extension

   Metastasis

9 Unknown if extension or metastasis
BRONCHUS AND LUNG
C34.0-C34.3, C34.8-C34.9
C34.0 Main bronchus (including carina, hilus of lung) <>
C34.1 Upper lobe (including lingula), lung <>
C34.2 Middle, lung <>
C34.3 Lower lobe, lung <>
C34.8 Overlapping lesion of lung <>
C34.9 Lung, NOS <>
<> Laterality must be coded for this site (except carina and hilus of lung).

SUMMARY STAGE

0  In situ: Noninvasive; intraepithelial

1  Localized

  Confined to carina
  Confined to hilus of lung
  Confined to the main stem bronchus ≥2.0 cm from carina
  Confined to the main stem bronchus, NOS
  Extension from other parts of the lung to main stem bronchus ≥2.0 cm from carina ##
  Extension from other parts of the lung to main stem bronchus, NOS ##
  Single tumor confined to one lung

  Localized, NOS
2 Regional by direct extension only

Atelectasis/obstructive pneumonitis

Extension to:

Blood vessel(s) (major):
- Aorta
- Azygos vein
- Pulmonary artery or vein
- Superior vena cava (SVC syndrome)
- Brachial plexus from superior sulcus
- Carina from lung
- Chest (thoracic) wall
- Diaphragm
- Esophagus
- Main stem bronchus <2.0 cm from carina
- Mediastinum, extrapulmonary or NOS

Nerve(s):
- Cervical sympathetic (Horner’s syndrome)
- Phrenic
- Recurrent laryngeal (vocal cord paralysis)
- Vagus
- Pancoast tumor (superior sulcus syndrome)
- Parietal (mediastinal) pleura
- Parietal pericardium
- Pericardium, NOS
- Pleura, NOS
- Pulmonary ligament
- Trachea
- Visceral pleura

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

Tumor of main stem bronchus <2.0 cm from carina

Continued on next page
3 Regional IPSILATERAL regional lymph node(s) involved only

REGIONAL Lymph Nodes

Aortic [above diaphragm], NOS:
   Peri/para-aortic, NOS:
      Ascending aorta (phrenic)
      Subaortic (aortico-pulmonary window)

Bronchial
Carinal (tracheobronchial) (tracheal bifurcation)
Hilar (bronchopulmonary) (proximal lobar) (pulmonary root)
Intrapulmonary, NOS:
   Interlobar
   Lobar
   Segmental
   Subsegmental

Mediastinal, NOS:
   Anterior
   Posterior (tracheoesophageal)

Pericardial
Peri/parabronchial
Peri/paraesophageal
Peri/paratracheal, NOS:
   Azygos (lower peritracheal)
Pre- and retrotracheal, NOS:
   Precarinal
   Pulmonary ligament
   Subcarinal

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS
7 Distant site(s)/node(s) involved

Distant lymph node(s):
- Cervical, NOS
- Contralateral/bilateral hilar (bronchopulmonary) (proximal lobar) (pulmonary root)
- Contralateral/bilateral mediastinal
- Scalene (inferior deep cervical), ipsilateral or contralateral
- Supraclavicular (transverse cervical), ipsilateral or contralateral
- Other distant lymph node(s)

Extension to:
- Abdominal organs
- Adjacent rib
- Contralateral lung
- Contralateral main stem bronchus
- Heart
- Pericardial effusion (malignant or NOS)
- Pleural effusion (malignant or NOS)
- Skeletal muscle
- Skin of chest
- Sternum
- Vertebrae
- Visceral pericardium

Further contiguous extension
- Separate tumor nodule(s) in different lobe
- Separate tumor nodule(s) in contralateral lung

Metastasis

9 Unknown if extension or metastasis

Note 1: “Bronchopneumonia” is not the same thing as “obstructive pneumonitis” and should not be coded as such.
Note 2: Assume tumor ≥2 cm from carina if lobectomy, segmental resection, or wedge resection is done.
Note 3: If no mention is made of the opposite lung on a chest x-ray, assume it is not involved.
Note 4: Ignore pleural effusion which is negative for tumor. Assume that a pleural effusion is negative if a resection is done.
Note 5: If at mediastinoscopy/x-ray, the description is “mass,” “adenopathy,” or “enlargement” of the mediastinum or of any of the lymph nodes listed under Regional Lymph Nodes (see page 150), assume that at least regional lymph nodes are involved.
Note 6: The words “no evidence of spread” and/or “remaining examination negative” are sufficient information to consider regional lymph nodes negative in the absence of any statement about nodes.
Note 7: “Vocal cord paralysis,” “superior vena cava syndrome,” and “compression of the trachea or the esophagus” are classified as mediastinal lymph node involvement unless there is a statement of involvement by direct extension from the primary tumor.
HEART, MEDIASTINUM
C38.0-C38.3, C38.8
C38.0 Heart
C38.1 Anterior mediastinum
C38.2 Posterior mediastinum
C38.3 Mediastinum, NOS
C38.8 Overlapping lesion of heart, mediastinum and pleura

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

SUMMARY STAGE

1 Localized only

Invasive tumor confined to site of origin

Localized, NOS

2 Regional by direct extension only

Extension to:
   Adjacent tissue(s), NOS
   Connective tissue
   See definition of connective tissue on page 14.

Adjacent organs/structures:
   See definition of adjacent organs and structures on page 14.

Heart:
   Ascending aorta
   Pericardium, NOS:
      Parietal
      Visceral (epicardium)
   Vena cava

Mediastinum:
   Descending aorta
   Esophagus
   Large (named) artery(ies)
   Large (named) vein(s)
   Pericardium, NOS:
      Parietal
      Visceral (epicardium)
   Phrenic nerve(s)
   Pleura, NOS:
      Parietal
      Visceral
   Sternum
   Sympathetic nerve trunk(s)
   Thoracic duct
   Thymus
   Trachea
   Vertebra(e)
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Aortic [above diaphragm], NOS:
  Peri/para-aortic, NOS:
    Ascending aorta (phrenic)
    Subaortic (aortico-pulmonary window)
Carinal (tracheobronchial) (tracheal bifurcation)
Mediastinal, NOS:
  Anterior
  Posterior (tracheoesophageal)
Pericardial
Peri/paraesophageal
Peri/paratracheal, NOS:
  Azygos (lower peritracheal)
Pre- and retrotracheal, NOS:
  Precarinal
Pulmonary ligament
Subcarinal

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note: Code 0 is not applicable for this scheme.
PLEURA
C38.4
C38.4 Pleura, NOS (including visceral and parietal) <>
<> Laterality must be coded for this site.

SUMMARY STAGE

1 Localized only

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

Localized, NOS

2 Regional by direct extension only

Extension to adjacent organs/structure:
  Chest wall
  Connective tissue
  Diaphragm
  Endothoracic fascia
  Heart muscle
  Lung involvement, NOS
  Mediastinal organs or tissues
  Pericardium
  Rib

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

Continued on next page
3 Regional IPSILATERAL lymph nodes involved only

REGIONAL Lymph Nodes

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

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

Continued on next page
PLEURA
C38.4

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

Distant lymph node(s):
   Contralateral/bilateral hilar (bronchopulmonary) (proximal lobar) (pulmonary root)
   Contralateral/bilateral mediastinal
   Scalene (inferior deep cervical), ipsilateral or contralateral
   Supraclavicular (transverse cervical), ipsilateral or contralateral
   Other distant lymph node(s)

Extension to:
   Cervical (neck) tissues
   Contralateral lung
   Contralateral pleura
   Intra-abdominal organs
   Peritoneum
   Mesothelioma WITH malignant pleural fluid
   Pleural effusion

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

Note 1: Code 0 is not applicable for this scheme.
Note 2: Ignore pleural effusion which is negative for tumor.
OTHER AND ILL-DEFINED RESPIRATORY
SITES AND INTRATHORACIC ORGANS
C39.0, C39.8-C39.9
C39.0 Upper respiratory tract, NOS
C39.8 Overlapping lesion of respiratory system and intrathoracic organs
C39.9 Ill-defined sites within respiratory system

SUMMARY STAGE

1 Localized only

Invasive tumor confined to site of origin

Localized, NOS

2 Regional by direct extension only

Extension to:
Adjacent tissue(s), NOS
Connective tissue
See definition of connective tissue on page 14.

Adjacent organs/structures:
Descending aorta
Esophagus
Large (named) artery(ies)
Large (named) vein(s)
Pericardium, NOS:
  Parietal
  Visceral (epicardium)
Phrenic nerve(s)
Pleura, NOS:
  Parietal
  Visceral
Sternum
Sympathetic nerve trunk(s)
Thoracic duct
Thymus
Trachea
Vertebra(e)
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

   Regional lymph node(s), NOS

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

   Codes (2) + (3)

5 Regional, NOS

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

   Distant lymph node(s)

   Further contiguous extension

   Metastasis

9 Unknown if extension or metastasis

   Note: Code 0 is not applicable for this scheme.
ANATOMIC DRAWINGS OF THE BONE

FEMUR BONE AND BONE DETAIL

Neck of femur
Greater trochanter
Head of femur
Cortex
Shaft of femur
Nutrient artery
Periosteum
Lateral epicondyle
Medial epicondyle
Patellar surface
ANATOMIC DRAWINGS OF THE BONE

HUMERUS

- Head of humerus
- Nutrient artery
- Periosteum
- Cortex
- Olecranon fossa
- Epicondyle
BONES, JOINTS, AND ARTICULAR CARTILAGE
C40.0-C40.3, C40.8-C40.9, C41.0-C41.4, C41.8-C41.9
C40.0 Long bones of upper limb, scapula and associated joints <>
C40.1 Short bones of upper limb and associated joints <>
C40.2 Long bones of lower limb and associated joints <>
C40.3 Short bones of lower limb and associated joints <>
C40.8 Overlapping lesion of bones, joints and articular cartilage of limbs
C40.9 Bone of limb, NOS
C41.0 Bones of skull and face and associated joints
C41.1 Mandible
C41.2 Vertebral column
C41.3 Rib, sternum, clavicle and associated joints <>+
C41.4 Pelvic bones, sacrum, coccyx and associated joints <>++
C41.8 Overlapping lesion of bones, joints and articular cartilage
C41.9 Bone, NOS (including articular cartilage)
<> Laterality must be coded for this site.
+ For sternum, laterality is coded 0.
++ For sacrum, coccyx, and symphysis pubis laterality is coded 0.

SUMMARY STAGE

1 Localized only

Invasive tumor confined to cortex of bone

Extension beyond cortex to periosteum (no break in periosteum)

Localized, NOS

2 Regional by direct extension only

Extension beyond periosteum to surrounding tissues:
   Adjacent bone/cartilage
   Adjacent skeletal muscle(s)

3 Regional lymph node(s) involved only

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS
7 Distant site(s)/node(s) involved

Distant lymph node(s)

Extension to:
  Skin###

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

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

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

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

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

### Considered regional in Historic Stage
### Relationship Between Thickness, Depth of Invasion, and Clark’s Level

*(Use Only for Melanoma of the Skin, Vulva, Penis, and Scrotum)*

<table>
<thead>
<tr>
<th>Summary Stage</th>
<th>Thickness/Depth</th>
<th>Clark’s Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Situ</td>
<td>In Situ</td>
<td>Level I</td>
</tr>
<tr>
<td>Localized</td>
<td>&lt; or = 0.75 mm</td>
<td>Level II</td>
</tr>
<tr>
<td></td>
<td>0.76 to 1.50 mm</td>
<td>Level III</td>
</tr>
<tr>
<td></td>
<td>&gt; 1.50 mm</td>
<td>Level IV</td>
</tr>
<tr>
<td>Regional Direct</td>
<td>Thru entire dermis</td>
<td>Level V</td>
</tr>
<tr>
<td>Satellite nodules</td>
<td>&lt; or = 2 cm from primary</td>
<td></td>
</tr>
<tr>
<td>Regional LN</td>
<td>(See LNs by primary site)</td>
<td></td>
</tr>
<tr>
<td>Distant</td>
<td>Underlying cartilage, bone, muscle, or metastatic (generalized) skin lesions</td>
<td></td>
</tr>
</tbody>
</table>
SKIN EXCEPT EYELID [excluding Melanoma (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and Other Lymphomas (page 278)]
C44.0, C44.2-C44.9
C44.0 Skin of lip, NOS (excludes vermilion border C00._)
C44.2 External ear <>
C44.3 Skin of other and unspecified parts of face <>
C44.4 Skin of scalp and neck
C44.5 Skin of trunk <>
C44.6 Skin of upper limb and shoulder <>
C44.7 Skin of lower limb and hip <>
C44.8 Overlapping lesion of skin
C44.9 Skin, NOS
<> Laterality must be coded for this site.
Note: Skin of eyelid has a separate scheme. See page 170.
For codes C44.3 and C44.5, if the tumor is midline (e.g., chin) code as 9 (midline) in the laterality field.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
Bowen disease; intraepidermal

1 Localized only

Lesion(s) confined to dermis
  Stratum corneum
  Stratum spinosum
  Subcutaneous tissue (through entire dermis)##
  Arrector muscle

Localized, NOS

2 Regional by direct extension only

Extension to underlying cartilage, bone, skeletal muscle ***
SKIN EXCEPT EYELID [excluding Melanoma (page 172), Kaposi Sarcoma (page 274),
Mycosis Fungoides (page 176), Sezary Disease (page 176), and Other Lymphomas (page 278 )]
C44.0, C44.2-C44.9

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes by primary site

**Head and neck**:
All head and neck subsites:
  Cervical, NOS
Lip:
  Facial, NOS:
    Buccinator (buccal)
    Nasolabial
  Mandibular, NOS:
    Submandibular (submaxillary)
    Submental
  Parotid, NOS:
    Infra-auricular
    Preauricular
External ear/auditory canal:
  Mastoid (post-/retro-auricular)
  Preauricular
Face, Other (cheek, chin, forehead, jaw, nose and temple):
  Facial, NOS:
    Buccinator (buccal)
    Nasolabial
  Mandibular, NOS:
    Submandibular (submaxillary)
    Submental
  Parotid, NOS:
    Infra-auricular
    Preauricular
Scalp:
  Mastoid (post-/retro-auricular)
  Parotid, NOS:
    Infra-auricular
    Preauricular
  Spinal accessory (posterior cervical)
Neck:
  Axillary
  Mandibular, NOS:
    Submental
  Mastoid (post-/retro-auricular)
  Parotid, NOS:
    Infra-auricular
    Preauricular
  Spinal accessory (posterior cervical)
    Supraclavicular (transverse cervical)

**Code 3 continued on next page**
SKIN EXCEPT EYELID [excluding Melanoma (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and Other Lymphomas (page 278)]
C44.0, C44.2-C44.9

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

Upper trunk:
   Axillary
   Cervical
   Internal mammary
   Supraclavicular (transverse cervical)

Lower trunk:
   Superficial inguinal (femoral)

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

Leg/hip:
   Popliteal for heel and calf
   Superficial inguinal (femoral)

All sites:
   Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s):

   Metastatic skin lesion(s)

   Further contiguous extension

   Metastasis

9 Unknown if extension or metastasis

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

Note 2: Skin ulceration does not alter the Summary Stage

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

## Considered regional in Historic Stage
### Considered distant in Historic Stage
*** Considered distant in 1977 Summary Staging Guide
SKIN OF EYELID [excluding Melanoma (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and Other Lymphomas (page 278)]

C44.1 Eyelid <>

<> Laterality must be coded for this site.

SUMMARY STAGE

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

1 Localized only

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

  Localized, NOS

2 Regional by direct extension only

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

3 Regional lymph node(s) involved only

  REGIONAL Lymph Nodes

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

    Regional lymph node(s), NOS
SKIN OF EYELID [excluding Melanoma (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and Other Lymphomas (page 278)]

C44.1

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Metastatic skin lesion(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

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

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

### Considered regional in Historic Stage

#### Considered distant in 1977 Summary Staging Guide
MELANOMA OF SKIN, VULVA, PENIS, AND SCROTUM
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-8720-8790)

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

<> Laterality must be code for this site.
See also Note 1.
For codes C44.3 and C44.5, if the tumor is midline (e.g., chin) code as 9 (midline) in the laterality field.

SUMMARY STAGE

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

1 Localized only

- Papillary dermis invaded
  Clark’s level II

- Papillary-reticular dermal interface invaded
  Clark’s level III

- Reticular dermis invaded
  Clark’s level IV

Skin/dermis, NOS
Localized, NOS

2 Regional by direct extension only

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

Satellite nodule(s), NOS
  Satellite nodule(s) ≤ 2 cm from primary tumor
MELANOMA OF SKIN, VULVA, PENIS, AND SCROTUM
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-8720-8790)

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes by primary site

**Head and neck**:
All head and neck subsites:
  Cervical, NOS
Lip:
  Facial, NOS:###***
    Buccinator (buccal)#####
    Nasolabial###***
  Mandibular, NOS:
    Submandibular (submaxillary)
    Submental#####
  Parotid, NOS:#####
    Infra-auricular###***
    Preauricular###***
Eyelid/canthus:
  Facial, NOS:
    Buccinator (buccal)
    Nasolabial
  Mandibular, NOS:
    Submandibular (submaxillary)
    Submental#####
  Parotid, NOS:
    Infra-auricular
External ear/auditory canal:
  Mastoid (post-/retro-auricular)
  Preauricular
Face, Other (cheek, chin, forehead, jaw, nose and temple):
  Facial, NOS:
    Buccinator (buccal)
    Nasolabial
  Mandibular, NOS:
    Submandibular (submaxillary)
    Submental#####
  Parotid, NOS:
    Infra-auricular
    Preauricular
Scalp:
  Mastoid (post-/retro-auricular)
  Parotid, NOS:
    Infra-auricular
    Preauricular
  Spinal accessory (posterior cervical)

**Code 3 continued on next page**
MELANOMA OF SKIN, VULVA, PENIS, AND SCROTUM
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-8720-8790)

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

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

   Upper trunk:
       Axillary
       Cervical
       Internal mammary
       Supraclavicular (transverse cervical)

   Lower trunk:
       Superficial inguinal (femoral)

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

   Leg/hip:
       Popliteal for heel and calf
       Superficial inguinal (femoral)

   Vulva/penis/scrotum:
       Deep inguinal, NOS:
       Node of Cloquet or Rosenmüller (highest deep inguinal)
       Superficial inguinal (femoral)

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

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

   Codes (2) + (3)

5 Regional, NOS
7 Distant site(s)/lymph node(s) involved

Distant lymph node(s):

Further contiguous extension:
   Underlying cartilage, bone, skeletal muscle

Metastasis:
   Metastasis to skin or subcutaneous tissue beyond regional lymph nodes
   Visceral metastasis

9 Unknown if extension or metastasis

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

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

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

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

### Considered distant in Historic Stage
* Considered localized in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
MYCOSIS FUNGOIDES AND SEZYARY DISEASE OF SKIN, VULVA, PENIS, SCROTUM
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-9700-9701)
C44.0 Skin of lip, NOS (excludes vermillion border C00._) C51.0 Labium majus
C44.1 Eyelid <> C51.1 Labium minus
C44.2 External ear <> C51.2 Clitoris
C44.3 Skin of other and unspecified parts of face <> C51.8 Overlapping lesion of vulva
C44.4 Skin of scalp and neck C51.9 Vulva, NOS
C44.5 Skin of trunk <> C60.0 Prepuce
C44.6 Skin of upper limb and shoulder <> C60.1 Glans penis
C44.7 Skin of lower limb and hip <> C60.8 Overlapping lesion of penis
C44.8 Overlapping lesion of skin C60.9 Penis, NOS
C44.9 Skin, NOS C63.2 Scrotum, NOS
<> Laterality must be coded for this site. For codes C44.3 and C44.5, if the tumor is midline (e.g., chin),
code as 9 (midline) in the laterality field.

SUMMARY STAGE

1 Localized only

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

<10% of skin surface, no tumors
Limited plaques
MFCG Stage I

≥10% of skin surface, no tumors
Generalized plaques
MFCG Stage II

% of body surface not stated, no tumors
Skin involvement, NOS: extent not stated, no tumors
Localized, NOS

2 Regional by direct extension only

Tumor Stage

One or more tumors (tumor stage)

Generalized erythroderma (>50% of body involved with diffuse redness)
Sezary syndrome
MFCG Stage III
MYCOSIS FUNGOIDES AND SEZARY DISEASE OF SKIN, VULVA, PENIS, SCROTUM
C44.0-C44.9, C51.0-C51.2, C51.8-C51.9, C60.0-C60.1, C60.8-C60.9, C63.2 (M-9700-9701)

3 Lymph node(s) involved only

Lymph Nodes:

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

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

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

Lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

7 Distant site(s) involved

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

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

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

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

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

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

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

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

SUMMARY STAGE

1 Localized only

Invasive tumor confined to site/tissue of origin

Localized, NOS

2 Regional by direct extension only

Extension to:
  Adjacent tissue(s), NOS
  Connective tissue

  See definition of adjacent connective tissue on page 14.

  Adjacent organs/structures including bone/cartilage

  See definition of adjacent organs/structures on page 14.

Continued on next page
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes by primary site

**Head and neck**: All head and neck subsites:
- Cervical, NOS

Lip:
- Facial, NOS:
  - Buccinator (buccal)
  - Nasolabial
- Mandibular, NOS:
  - Submandibular (submaxillary)
  - Submental
- Parotid, NOS:
  - Infra-auricular
  - Preauricular

Eyelid/canthus:
- Facial, NOS:
  - Buccinator (buccal)
  - Nasolabial
- Mandibular, NOS:
  - Submandibular (submaxillary)
  - Submental
- Parotid, NOS:
  - Infra-auricular

External ear/auditory canal:
- Mastoid (post-/retro-auricular)
- Preauricular

Face, Other (cheek, chin, forehead, jaw, nose and temple):
- Facial, NOS:
  - Buccinator (buccal)
  - Nasolabial
- Mandibular, NOS:
  - Submandibular (submaxillary)
  - Submental
- Parotid, NOS:
  - Infra-auricular
  - Preauricular

Scalp:
- Mastoid (post-/retro-auricular)
- Parotid, NOS:
  - Infra-auricular
  - Preauricular
  - Spinal accessory (posterior cervical)

*Code 3 continued on next page*
PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM; CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES
C47.0-C47.6, C47.8-C47.9, C49.0-C49.6, C49.8-C49.9

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

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

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

Leg/hip:
        Popliteal for heel and calf
        Superficial inguinal (femoral)

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

Abdomen:
        Celiac
        Iliac
        Para-aortic

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

Upper trunk:
        Axillary
        Cervical
        Internal mammary
        Supraclavicular (transverse cervical)

Lower trunk:
        Superficial inguinal (femoral)

All sites:
        Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS
7 Distant site(s)/lymph node(s) involved

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

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

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

Note 3: If an involved vessel has a name, for example, brachial artery or recurrent laryngeal nerve, consider it an adjacent structure, and code as regional by direct extension.
RETROPERITONEUM AND PERITONEUM
C48.0-C48.2, C48.8
C48.0 Retroperitoneum
C48.1 Specified parts of peritoneum including omentum and mesentery
C48.2 Peritoneum, NOS
C48.8 Overlapping lesion of retroperitoneum and peritoneum

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

SUMMARY STAGE

1 Localized only

Tumor confined to site of origin

Localized, NOS

2 Regional by direct extension only

Extension to:
Adjacent tissue(s), NOS
Connective tissue
See definition of connective tissue on page 14.

Adjacent organs/structures including bone/cartilage:

Retroperitoneum:
Adrenal (suprarenal) gland
Aorta
Ascending colon
Descending colon
Kidney
Pancreas
Vena cava
Vertebra

Peritoneum:
Colon (except ascending and descending colon)
Esophagus
Gallbladder
Liver
Small intestine
Spleen
Stomach
3 Regional lymph node(s) involved only

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

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

   Codes (2) + (3)

5 Regional, NOS

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

   Distant lymph node(s)

   Further contiguous extension

   Metastasis

9 Unknown if extension or metastasis

Note 1: Code 0 is not applicable for this scheme.
ANATOMIC DRAWINGS OF THE BREAST

THE BREAST AND AXILLA

BREAST CONTENTS
BREAST
C50.0-C50.6, C50.8-C50.9
C50.0 Nipple <>
C50.1 Central portion of breast (subareolar) <>
C50.2 Upper-inner quadrant of breast <>
C50.3 Lower-inner quadrant of breast <>
C50.4 Upper-outer quadrant of breast <>
C50.5 Lower-outer quadrant of breast <>
C50.6 Axillary tail of breast <>
C50.8 Overlapping lesion of breast <>
C50.9 Breast, NOS <>
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

   Intraductal WITHOUT infiltration
   Lobular neoplasia
   Noninfiltrating

   In situ Paget disease

1 Localized only

   Confined to breast tissue and fat including nipple and/or areola
   Paget disease WITH or WITHOUT underlying tumor

   Localized, NOS

Continued on next page
2 Regional by direct extension only

Attachment or fixation to pectoral muscle or underlying tissue
Deep fixation
Extensive skin involvement:
  En cuirasse
  Erythema
  Inflammation of skin
  Lenticular nodule(s)
  Peau d’orange (skin of orange)
  “Pigskin”
  Satellite nodule(s) in skin of primary breast
  Skin edema
  Ulceration of skin of breast
Inflammatory carcinoma, including diffuse (beyond that directly overlying the tumor) dermal lymphatic permeation or infiltration##
Invitation of (or fixation to):
  Chest wall
  Intercostal muscle(s)
  Pectoral fascia or muscle(s)
  Rib(s)
  Serratus anterior muscle(s)
  Subcutaneous tissue

Local infiltration of dermal lymphatics adjacent to primary tumor involving skin by direct extension

Skin infiltration of primary breast including skin of nipple and/or areola

3 Ipsilateral regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

Regional lymph node(s), NOS
BREAST
C50.0-C50.6, C50.8-C50.9

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

Codes (2) + (3)

5 Regional, NOS

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

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

Further contiguous extension:
  Skin over:
    Axilla
    Contralateral (opposite) breast
    Sternum
    Upper abdomen

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

9 Unknown if extension or metastasis

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

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

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

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

### Considered distant in Historic Stage

*** Considered distant in 1977 Summary Staging Guide
ANATOMIC DRAWINGS OF THE FEMALE GENITAL SYSTEM

The “broad ligament” is like drapery that covers the uterus and ovaries and fallopian tubes.

THE UTERUS, RIGHT FALLOPIAN TUBE, AND RIGHT OVARY

THE UTERUS, VAGINA, LEFT FALLOPIAN TUBE, AND LEFT OVARY
ANATOMIC DRAWINGS OF THE FEMALE GENITAL SYSTEM

SAGITTAL CUT THROUGH THE FEMALE PELVIS

VULVA
VULVA (including Skin of Vulva) [excluding Melanoma (page 172),
Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176),
and Other Lymphomas (page 278)]
C51.0-C51.2, C51.8-C51.9
C51.0 Labium majus
C51.1 Labium minus
C51.2 Clitoris
C51.8 Overlapping lesion of vulva
C51.9 Vulva, NOS

SUMMARY STAGE

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

1 Localized only

Invasive cancer WITH or WITHOUT stromal invasion confined to:
Musculature
Submucosa
Vulva including skin

Localized, NOS

2 Regional by direct extension only

Extension to perineum

Extension to:
Anus
Bladder, NOS excluding mucosa####
Bladder wall#####
Perianal skin
Rectal wall, NOS#####
Rectum, NOS excluding mucosa#####
Urethra
Vagina

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

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including bilateral or contralateral nodes)

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

Regional lymph node(s), NOS

Bilateral/contralateral regional lymph node(s)
FIGO Stage IVA

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s):
  Iliac, NOS:
    Common
    External**
    Internal (hypogastric), NOS:
      Obturator
  Pelvic, NOS
  Other distant lymph node(s)

Extension to:
  Bladder mucosa
  Pelvic bone (pubic bone)
  Perineal body##
  Rectal mucosa##
  Upper urethral mucosa

Further contiguous extension

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

9 Unknown if extension or metastasis

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

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

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

### Considered regional in Historic Stage
#### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
VAGINA
C52.9
C52.9 Vagina, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

   Invasive cancer confined to submucosa (stroma##)
   FIGO Stage I
   Musculature involved##
   Localized, NOS

2 Regional by direct extension only

   Extension to:
   - Bladder, NOS excluding mucosa#####
   - Bladder wall#####
   - Cervix
   - Cul de sac (rectouterine pouch)###
   - Paravaginal soft tissue
   - Rectal wall, NOS######
   - Rectum, NOS excluding mucosa#####
   - Rectovaginal septum
   - Vesicovaginal septum
   - Vulva
   FIGO Stage II

   Extension to pelvic wall#####
   FIGO Stage III

3 Regional lymph node(s) involved only

   REGIONAL Lymph Nodes

   All parts of vagina:
   Pelvic lymph nodes:
   - Iliac, NOS:
     - Common
     - External
     - Internal (hypogastric), NOS:
     - Obturator
     - Middle sacral (promontorial) (Gerota’s node)

   Code 3 continued on next page
3 Regional lymph node(s) involved only (continued)

Lower third of vagina:
   Ipsilateral or bilateral:
      Inguinal, NOS:###***:
         Superficial (femoral)###***
Upper two-thirds of vagina:
   Pelvic, NOS###***

Regional lymph node(s), NOS
FIGO Stage III

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

Codes (2) + (3)

5 Regional, NOS

FIGO Stage III, NOS

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

Distant lymph node(s):
   Aortic, NOS:
      Lateral (lumbar)
      Para-aortic
      Periaortic
   Inguinal for upper two-thirds of the vagina only
   Retroperitoneal, NOS
   Other distant lymph node(s)

Extension to:
   Bladder mucosa (excluding bullous edema)##
   Rectal mucosa##
   FIGO Stage IVA

Extension beyond true pelvis:
   Extension to urethra
   FIGO Stage IVA, not further specified

Further contiguous extension

Metastasis:
   FIGO Stage IVB

FIGO Stage IV, NOS

9 Unknown if extension or metastasis

Note: “Frozen pelvis” is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as regional by direct extension.
CERVIX UTERI
C53.0-C53.1, C53.8-C53.9
C53.0 Endocervix
C53.1 Exocervix
C53.8 Overlapping lesion of cervix uteri
C53.9 Cervix uteri

SUMMARY STAGE

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

CIN (Cervical intraepithelial neoplasia) Grade III

1 Localized only

Invasive cancer confined to cervix uteri:

Minimal microscopic stromal invasion ≤ 3 mm in depth and ≤ 7 mm in horizontal spread
FIGO Stage IA1

“Microinvasion”
Tumor WITH invasive component > 3 mm and ≤ 5 mm in depth, taken from the base of the epithelium, and ≤ 7 mm in horizontal spread
FIGO Stage IA2

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

FIGO Stage I, not further specified

Localized, NOS:
Confined to cervix uteri
Confined to uterus, NOS (except corpus uteri, NOS)

2 Regional by direct extension only

Extension to/involvement of:
Corpus uteri
Cul de sac (rectouterine pouch)
Upper 2/3 of vagina including fornices
Vagina, NOS
Vaginal wall, NOS
FIGO Stage IIA

Code 2 continued on next page
2 Regional by direct extension only (continued)

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

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

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

Tumor causes hydronephrosis or nonfunctioning kidney
FIGO Stage IIIB

FIGO Stage III, NOS

3 Regional lymph node(s) involved only

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

Regional lymph node(s), NOS
CERVIX UTERI
C53.0-C53.1, C53.8-C53.9

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

   Codes (2) + (3)

5 Regional, NOS

   FIGO Stage III, NOS

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

   Distant lymph node(s):
      Aortic, NOS:
         Lateral (lumbar)
         Para-aortic
         Periaortic
      Inguinal
      Mediastinal
      Other distant lymph node(s)

   Extension to:
      Bladder mucosa (excluding bullous edema)##
      Rectal mucosa##

   Further contiguous extension beyond true pelvis:
      Sigmoid colon
      Small intestine

   Metastasis

   FIGO Stage IV, IVA, IVB

9 Unknown if extension or metastasis

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

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

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

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

## Considered regional in Historic Stage
### Considered distant in Historic Stage
*** Considered distant in 1977 Summary Staging Guide
CORPUS UTERI

The endometrium (mucosa) consists of:

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

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

The LAMINA PROPIA, 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.

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>ENDOMETRIUM (mucosa)</th>
<th>MYOMETRIUM (3 layers)</th>
<th>SEROSA (tunica serosa)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corpus Uteri (C54._)</td>
<td>Columnar Epithelium</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<td>Yes</td>
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</tr>
</tbody>
</table>

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.
CORPORUS UTERI; UTERUS, NOS
C54.0-C54.3, C54.8-C54.9, C55.9
C54.0 Isthmus uteri
C54.1 Endometrium
C54.2 Myometrium
C54.3 Fundus uteri
C54.8 Overlapping lesion of corpus uteri
C54.9 Corpus uteri
C55.9 Uterus, NOS

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

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
            Preinvasive
            FIGO Stage 0

1 Localized only

Confined to endometrium (stroma)
FIGO Stage IA

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

Localized, NOS
FIGO Stage I not further specified

2 Regional by direct extension only

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

Endocervical glandular involvement only
FIGO Stage IIA

Cervical stromal invasion
FIGO Stage IIB

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

Code 2 continued on next page
2 Regional by direct extension only (continued)

- Ovary(ies)
- Parametrium
- Pelvic serosa###
- Pelvic tunica serosa###
- Ureter***
- Vulva***
  
  Cancer cells in ascites
  Cancer cells in peritoneal washings
  FIGO Stage IIIA

  Extension or metastasis: ***###:
  - Bladder, NOS excluding mucosa
  - Bladder wall
  - Bowel wall, NOS
  - Rectum, NOS excluding mucosa***
  - Vagina
  - Pelvic wall(s)###
  FIGO Stage IIIB

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

  FIGO Stage IIIC

  Regional lymph node(s), NOS
CORPUS UTERI; UTERUS, NOS
C54.0-C54.3, C54.8-C54.9, C55.9

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

Codes (2) + (3)

5 Regional, NOS

FIGO Stage III, NOS

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

Distant lymph node(s):
  Inguinal, NOS:
    Deep, NOS:
      Node of Cloquet or Rosenmuller (highest deep inguinal)
      Superficial inguinal (femoral)**
    Other distant lymph node(s)

Extension to:
  Bladder mucosa (excluding bullous edema)##
  Bowel mucosa##
  FIGO Stage IVA

Further contiguous extension:##
  Abdominal serosa (peritoneum)
  Cul de sac (rectouterine pouch)
  Sigmoid colon
  Small intestine

Metastasis
  FIGO Stage IVB

Continued on next page
9 Unknown if extension or metastasis

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

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

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

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

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

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

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

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

## Considered regional in Historic Stage
### Considered distant in Historic Stage
* Considered localized in 1977 Summary Staging Guide
** Considered regional in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
OVARY
C56.9
C56.9 Ovary <>
<>Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
          Preinvasive

1 Localized only

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

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

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

    Localized, NOS
    FIGO Stage I, not further specified

2 Regional by direct extension only

  Implants on ovary(ies)###
  Tumor limited to ovary(ies), capsule(s) ruptured##
  Tumor limited to ovary(ies) WITH malignant cells in ascites or peritoneal washingsa
  Tumor on ovarian surface####
  FIGO Stage IC

  Extension to or implants##### on:
    Adnexa b
    Fallopian tube(s) b
    Uterus ***
  FIGO Stage IIA

Code 2 continued on next page
2 Regional by direct extension only (continued)

Extension to or implants on:
   Pelvic tissue:
      Adjacent peritoneum
      Ligament(s):
         Broad^b
         Ovarian
         Round
         Suspensory
         Mesovarium^b
   Pelvic wall
FIGO Stage IIB

Extension to pelvic tissues or pelvic wall WITH malignant cells in ascites or peritoneal washings^a
FIGO Stage IIC
Extension *** or discontinuous metastasis *** to:
   Bladder
   Bladder serosa
   Cul de sac (rectouterine pouch)
   Parametrium
   Rectosigmoid
   Rectum
   Sigmoid colon
   Sigmoid mesentery
   Ureter (pelvic portion)
   Uterine serosa
FIGO Stage II, not further specified

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Aortic, NOS:###
   Lateral (lumbar)
   Para-aortic
   Periaortic
Iliac, NOS:
   Common
   External
   Internal (hypogastric), NOS:
      Obturator
   Inguinal***
   Lateral sacral (laterosacral)***
Pelvic, NOS
Retroperitoneal, NOS###

Regional lymph node(s), NOS
OVARY
C56.9

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

Codes (2) + (3)

5 Regional, NOS

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

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

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

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

Peritoneal implants, NOS
FIGO Stage III, not further specified

Distant lymph node(s)

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

Metastasis, including:
  Liver parenchymal metastasis
  Pleural fluid (positive cytology)
FIGO Stage IV
**9 Unknown if extension or metastasis**

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

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

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

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

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

# Considered localized in Historic Stage
### Considered distant in Historic Stage
* Considered localized in 1977 Summary Staging Guide
*** Considered distant in 1977 Summary Staging Guide
FALLOPIAN TUBE
C57.0
C57.0 Fallopian tube<>
<>Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial
FIGO Stage 0

1 Localized only

Confined to fallopian tube(s)
Extension onto or through tubal serosa
Malignant ascitesa
Malignant peritoneal washingsa
FIGO Stage I

Localized, NOS

2 Regional by direct extension only

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

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Aortic, NOS###:
  Lateral (lumbar)
  Para-aortic
  Periaortic

Code 3 continued on next page
3 Regional lymph node(s) involved only (continued)

Iliac, NOS:
   Common
   External
   Internal (hypogastric), NOS:
      Obturator

Inguinal***

Lateral sacral (laterosacral)###***

Pelvic, NOS

Retroperitoneal, NOS###

Regional lymph node(s), NOS
FIGO Stage IIIC

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

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

FIGO Stage IIIA, IIIB, III NOS; IV

9 Unknown if extension or metastasis

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

### Considered distant in Historic Stage

*** Considered distant in 1977 Summary Staging Guide
BROAD AND ROUND LIGAMENTS, PARAMETRIUM, UTERINE ADNEXA
C57.1-C57.4
C57.1 Broad ligament
C57.2 Round ligament
C57.3 Parametrium
C57.4 Uterine adnexa

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Confined to tissue or organ of origin

Localized, NOS

2 Regional by direct extension only

Extension to:
Corpus uteri
Fallopian tube for ligaments
Mesosalpinx, ipsilateral
Ovary, ipsilateral
Peritoneum
Uterus, NOS

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Aortic, NOS:
Lateral (lumbar)
Para-aortic
Periaortic
Iliac, NOS:
Common
External
Internal (hypogastric), NOS:
Obturator
Inguinal
Lateral sacral (laterosacral)
Pelvic, NOS
Retroperitoneal, NOS

Regional lymph node(s), NOS
BROAD AND ROUND LIGAMENTS, PARAMETRIUM, UTERINE ADNEXA
C57.1-C57.4

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Extension to:##
  Cervix uteri
  Cul de sac (rectouterine pouch)
  Omentum
  Ovary, contralateral
  Rectosigmoid
  Sigmoid
  Small intestine

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS
C57.7-C57.9
C57.7 Other specified parts of female genital organs
C57.8 Overlapping lesion of female genital organs
C57.9 Female genital tract, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only
   Confined to site of origin
   Localized, NOS

2 Regional by direct extension only
   Extension to:
   Adjacent tissue(s), NOS
   Connective tissue
   See definition of connective tissue on page 14.
   Adjacent organs/structures
   Female genital organs:
   Adnexa
   Broad ligament(s)
   Cervix uteri
   Corpus uteri
   Fallopian tube(s)
   Ovary(ies)
   Parametrium
   Round ligament(s)
   Uterus, NOS
   Vagina

3 Regional lymph node(s) involved only
   Regional lymph node(s), NOS

4 Regional by BOTH direct extension AND regional lymph node(s) involved
   Codes (2) + (3)

5 Regional, NOS
OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS
C57.7-C57.9

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

Distant lymph node(s)

Further contiguous extension:
   Other organs of pelvis

Metastasis

9 Unknown if extension or metastasis
PLACENTA
C58.9
C58.9 Placenta

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Confined to placenta

Localized, NOS

2 Regional by direct extension only

Extension to:
Adjacent connective tissue

Other genital structures:
Broad ligament(s)
Cervix uteri
Corpus uteri
Fallopian tube(s)
Ovary(ies)
Uterus, NOS
Vagina

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Aortic, NOS:
Lateral (lumbar)
Para-aortic
Peri-aortic
Iliac, NOS:
Common
External
Internal (hypogastric), NOS:
Obturator
Parametrial
Pelvic, NOS
Sacral:
Lateral (laterosacral)
Middle (promontorial) (Gerota’s node)
Presacral
Uterosacral

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

   Codes 2 + 3

5 Regional, NOS

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

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

   Further contiguous extension

   Metastasis:
      Lung

9 Unknown if extension or metastasis
ANATOMIC DRAWINGS OF THE MALE GENITAL SYSTEM

SAGITTAL CUT THROUGH THE MALE PELVIS

THE MALE UROGENITAL SYSTEM

RCG = Right Cowper’s Gland
ANATOMIC DRAWINGS OF THE MALE GENITAL SYSTEM

- Glans
- Urethral orifice
- Corpus cavernosum
- Corpus spongiosum
- Ischiocavernosus muscle
- Ischial tuberosity (of pelvic bone)
- Bulbospongiosus muscle
- Superficial transverse perineal muscle
- Perineal membrane

UNDERSIDE OF AN ERECT PENIS

- Dorsal vein
- Dorsal artery
- Dorsal nerve
- Circumflex nerve
- Circumflex artery and vein
- Corpus cavernosum
- Tunica albuginea:
  - inner circular layer
  - outer longitudinal layer
- Bulbourethral vein
- Corpus spongiosum
- Urethra

CROSS SECTION THROUGH SHAFT OF THE PENIS
ANATOMIC DRAWINGS OF THE MALE GENITAL SYSTEM

CROSS SECTION OF TESTICLE

EPIDIDYMIS AND TESTICLE

AD = Aberrant ductules
PENIS (including Skin of Penis) [excluding Melanoma of Skin (C60.0, C60.1, C60.8, C60.9) (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and other Lymphomas (page 278)]
C60.0-C60.2, C60.8-C60.9
C60.0 Prepuce
C60.1 Glans penis
C60.2 Body of penis
C60.8 Overlapping lesion of penis
C60.9 Penis, NOS (skin of penis)

SUMMARY STAGE

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

1 Localized only

All subsites except body of penis:
Invasive tumor limited to subepithelial connective tissue, but not involving corpus spongiosum or cavernosum
Tunica albuginea

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

Body of penis:
Confined to corpus cavernosum
Confined to corpus spongiosum
Tunica albuginea

Localized, NOS

2 Regional by direct extension only

Extension to:
Corpus cavernosum except body of penis
Corpus spongiosum except body of penis
Muscle, NOS:
Bulbosphongiosus
Ischiocavernosus
Superficial transverse perineal
Prostate###

Skin:
Abdominal
Perineal
Pubic
Scrotal
Urethra

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

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Iliac, NOS###:
  - External
  - Internal (hypogastric), NOS:
    - Obturator

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

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

  - Further contiguous extension:
    - Testis
    - Metastasis

9 Unknown if extension or metastasis

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

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

### Considered distant in Historic Stage
PROSTATE GLAND
C61.9
C61.9 Prostate gland

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

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Clinically inapparent tumor:
   Stage A
   T1a, T1b, T1c
Confined to the prostate:
   Involvement of one lobe, NOS
   T2a

   More than one lobe involved
   T2b

   Confined to the prostate, NOS
   T2, NOS

Arising in prostatic apex
Extension to prostatic apex##

Invasion into (but not beyond) prostatic capsule##

Intracapsular involvement only

Stage B

Localized, NOS
2 Regional by direct extension only

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

No extracapsular extension, but margins involved#*

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

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

- Regional lymph node(s), NOS

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

- Codes (2) + (3)

5 Regional, NOS
PROSTATE GLAND
C61.9

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

Distant lymph node(s):
Aortic, NOS:###
   Lateral (lumbar)
   Para-aortic
   Periaortic
Cervical
Common iliac**
Inguinal, NOS:
   Deep, NOS:
      Node of Cloquet or Rosenmuller (highest deep inguinal)
      Superficial (femoral)
   Retroperitoneal, NOS
   Scalene (inferior deep cervical)
   Supraclavicular (transverse cervical)
Other distant lymph node(s)

Extension to or fixation to:
   Pelvic wall or pelvic bone

Further extension to bone, soft tissue or other organs (Stage D2):
   Penis
   Sigmoid colon
   Other direct extension

Metastasis (Stage D2)

Stage D, not further specified

9 Unknown if extension or metastasis

Note 1: Involvement of prostatic urethra does not alter the Summary Stage code.
Note 2: “Frozen pelvis” is a clinical term which means tumor extends to pelvic sidewall(s).
Note 3: Some of the AUA stages and AJCC fifth edition T categories are provided as guidelines in coding this field in the absence of more specific information in the medical record.
Note 4: Do not code using T category if metastases are present (code to distant, “7”).

References:
The American Urological Association (AUA) Staging System (A-D)
AJCC Cancer Staging Manual, Fifth Edition, American Joint Committee on Cancer

#  Considered localized in Historic Stage
###  Considered regional in Historic Stage
####  Considered distant in Historic Stage
*  Considered localized in 1977 Summary Staging Guide
**  Considered regional in 1977 Summary Staging Guide
***  Considered distant in 1977 Summary Staging Guide
TESTIS
C62.0-C62.1, C62.9
C62.0 Undescended testis <>
C62.1 Descended testis <>
C62.9 Testis, NOS <>
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Invasive tumor with/without vascular invasion limited to:
   Body of testis
   Rete testis
   Tunica albuginea
   Surface implants
   Tunica, NOS
   Tunica vaginalis involved

Localized, NOS

2 Regional by direct extension only

Extension to:
   Dartos muscle, ipsilateral
   Epididymis with/without vascular/lymphatic invasion
   Scrotum, ipsilateral
   Spermatic cord, ipsilateral
   Vas deferens###

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

Aortic, NOS###:
   Lateral (lumbar)
   Para-aortic
   Periaortic
   Retroaortic
   External iliac
Pericaval, NOS:####
   Interaortocaval
   Paracaval
   Precaval
   Retrocaval
Pelvic, NOS
   Retropitoneal, NOS
Spermatic vein

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s):
   Inguinal, NOS:
      Deep, NOS:
         Node of Cloquet or Rosenmuller (highest deep inguinal)
         Superficial (femoral)
      Other distant lymph node(s)

Extension to:
   Contralateral scrotum ##
   Penis ##

Ulceration of scrotum ##

Further contiguous extension

Metastasis:
   Adrenal (surprarenal) gland
   Kidney
   Retroperitoneum
   Testis, bilateral

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
### Considered distant in Historic Stage
#### Considered distant in 1977 Summary Staging Guide
OTHER AND UNSPECIFIED MALE GENITAL ORGANS (including Skin of Scrotum)
(excluding the following malignancies of the Scrotum: Melanoma (page 172), Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176), and Other Lymphomas (page 278))
C63.0-C63.2, C63.7-C63.9
C63.0 Epididymis <>
C63.1 Spermatic cord <>
C63.2 Scrotum, NOS
C63.7 Other specified parts of male genital organs
C63.8 Overlapping lesion of male genital organs
C63.9 Male genital organs, NOS
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Confined to site of origin

Localized, NOS

2 Regional by direct extension only

Extension to:
Adjacent tissue(s), NOS
Connective tissue
See definition of connective tissue on page 14.
Adjacent organs/structures:
Male genital organs:
Penis
Prostate
Testis
Sites in this scheme which are not the primary

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Iliac, NOS:
External
Internal (hypogastric), NOS:
Obturator
Inguinal, NOS:
Deep, NOS
Node of Cloquet or Rosenmuller (highest deep inguinal)
Superficial inguinal (femoral)
Pelvic, NOS

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

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Other organs and structures in male pelvis:
   Bladder
   Rectum
   Urethra

Metastasis

9 Unknown if extension or metastasis

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

Note 2: Mycosis fungoides (M-9700) or Sezary disease (M-9701) of scrotum is included in the mycosis fungoides scheme.
ANATOMIC DRAWING OF THE URINARY SYSTEM

Adrenal gland, right
Adrenal gland, left
Kidney, right
Kidney, left
Ureter, left
Ureter, right
Urethra
Urinary bladder

THE URINARY SYSTEM
**BLADDER, RENAL PELVIS, and URETERS**

The mucosa of the urinary tract consists of:

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

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

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

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

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

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

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

**BLADDER, RENAL, PELVIS and URETERS**

**TABLE OF ANATOMIC STRUCTURES**

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>MUSCOSA</th>
<th>MUSCULARIS PROPRIA</th>
<th>SEROSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Epithelium</td>
<td>Lamina Propria</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Submucosa</td>
<td></td>
</tr>
<tr>
<td><strong>Bladder (C67.9)</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, on superior surface</td>
</tr>
<tr>
<td><strong>Renal pelvis (C65.9)</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Ureter(s) (C66.9)</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
KIDNEY (Renal) PARENCHYMA
C64.9
C64.9 Kidney, NOS (Kidney parenchyma) <>
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

   Invasive cancer confined to kidney cortex and/or medulla
   Invasion of renal capsule
   Renal pelvis or calyces involved
   Separate focus of tumor in renal pelvis/calyx
   Localized, NOS

2 Regional by direct extension only

   Extension to:
      Adrenal (suprarenal) gland, ipsilateral
      Ascending colon from right kidney
      Blood vessel(s) (major):
         Extrarenal portion of renal vein
         Hilar blood vessel
         Perirenal vein
         Renal artery
         Renal vein, NOS
         Tumor thrombus in a renal vein, NOS
         Vena cava
      Descending colon from left kidney
      Diaphragm
      Duodenum from right kidney
      Perirenal (perinephric) tissue/fat
      Peritoneum
      Psoas muscle***
      Renal (Gerota’s) fascia
      Retroperitoneal soft tissue
      Tail of pancreas
      Ureter, including implant(s), ipsilateral
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral and bilateral)

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

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension:
   Aorta
   Contralateral:
      Adrenal (suprarenal) gland
      Kidney
      Ureter
   Liver
   Ribs##
   Spleen
   Stomach

Other direct extension

Metastasis

9 Unknown if extension or metastasis

Note: The parenchyma of the kidney includes the following structures: cortex (outer layer of kidney) and renal columns; medulla, medullary rays, renal pyramids, and renal papillae; nephrons (renal corpuscle, loops of Henle, proximal and distal tubules, collecting duct); glomerulus, and Bowman’s capsule. The most common site for renal parenchymal cancer to develop is in the proximal convoluted tubule. Tumor extension from one of these structures into another would be coded to localized unless there were further signs of involvement.
RENAL PELVIS AND URETER
C65.9, C66.9
C65.9 Renal pelvis <>
C66.9 Ureter <>
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

Carcinoma in situ, NOS
Papillary noninvasive carcinoma

1 Localized only

Muscularis invaded
Subepithelial connective tissue (lamina propria, submucosa) invaded

Localized, NOS

2 Regional by direct extension only

Extension to:
Adjacent tissue(s), NOS:
Connective tissue
Peripelvic/periureteric tissue
Retroperitoneal soft/connective tissue
Adrenal (suprarenal) gland from renal pelvis ###
Bladder from ureter
Blood vessel(s) (major):###
Aorta
Renal artery/vein
Tumor thrombus in a renal vein, NOS
Vena cava (inferior)
Duodenum from right renal pelvis or right ureter ###
Implants in ureter
Ipsilateral kidney parenchyma and kidney, NOS from renal pelvis
Psoas muscle from ureter
Ureter from renal pelvis
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral and bilateral)

Renal Pelvis:
- Aortic, NOS##:
  - Lateral (lumbar)
  - Para-aortic
  - Periaortic
- Paracaval
- Renal hilar
- Retroperitoneal, NOS

Regional lymph node(s), NOS

Ureter:
- Iliac, NOS:
  - Common
  - External
  - Internal (hypogastric), NOS:
    - Obturator
- Lateral aortic (lumbar)
- Paracaval
- Pelvic, NOS
- Periureteral
- Renal hilar
- Retroperitoneal, NOS

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS
RENAL PELVIS AND URETER
C65.9, C66.9

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

Distant lymph node(s)

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

Further contiguous extension

Ureter:
   Prostate
   Uterus

Other direct extension

Metastasis

9 Unknown if extension or metastasis

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

## Considered regional in Historic Stage
### Considered distant in Historic Stage
ANATOMIC DRAWINGS OF THE BLADDER

THE URINARY SYSTEM
ANATOMIC DRAWINGS OF THE BLADDER

-- Lumen --

Mucosa
Submucosa
Muscular layer
Subserosa
Serosa

-- Adventitia --

BLADDER WALL

Urachus
Dome
Posterior wall
Anterior wall
Ureteral orifice
Neck of bladder
Prostate

Trigone
The trigone of the urinary bladder is an area of mucous membrane that is bounded by the internal orifice of the urethra and the postero-lateral orifices (right and left) of the ureters.

BLADDER AND PROSTATE
(bladder and prostate are cut open)
DISTINGUISHING NONINVASIVE AND INVASIVE BLADDER CANCER

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

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

1) If the tumor is confined to the epithelium, then it is noninvasive.

2) If the tumor has penetrated the basement membrane to invade the lamina propria, then it is invasive. The terms lamina propria, submucosa, stroma, and subepithelial connective tissue are used interchangeably.

3) Only if this distinction cannot be made should the tumor be coded to “confined to mucosa.”

<table>
<thead>
<tr>
<th>For Bladder Cases Only</th>
<th>For Bladder Cases Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definite Statements of Noninvasion</strong></td>
<td><strong>Inferred Description of Noninvasion</strong></td>
</tr>
<tr>
<td>Non-infiltrating; noninvasive</td>
<td>No involvement of muscularis propria and no mention of subepithelium/submucosa</td>
</tr>
<tr>
<td>No evidence of invasion</td>
<td>No statement of invasion (microscopic description present)</td>
</tr>
<tr>
<td>No extension into lamina propria</td>
<td>(Underlying) Tissue insufficient to judge depth of invasion</td>
</tr>
<tr>
<td>No stromal invasion</td>
<td>No invasion of bladder wall; no involvement of muscularis propria</td>
</tr>
<tr>
<td>No extension into underlying supporting tissue</td>
<td>Benign deeper tissue</td>
</tr>
<tr>
<td>Negative lamina propria and superficial muscle</td>
<td>Microscopic description problematic for pathologist</td>
</tr>
<tr>
<td>Negative muscle and (subepithelial) connective tissue</td>
<td>(noninvasion versus superficial invasion)</td>
</tr>
<tr>
<td>No infiltrative behavior/component</td>
<td>Frond surfaced by transitional cells</td>
</tr>
<tr>
<td></td>
<td>No mural infiltration</td>
</tr>
<tr>
<td></td>
<td>No evidence of invasion (no sampled stroma)</td>
</tr>
</tbody>
</table>
**BLADDER**
C67.0-C67.9
C67.0 Trigone of bladder
C67.1 Dome of bladder
C67.2 Lateral wall of bladder
C67.3 Anterior wall of bladder
C67.4 Posterior wall of bladder
C67.5 Bladder neck
C67.6 Ureteric orifice
C67.7 Urachus
C67.8 Overlapping lesion of bladder
C67.9 Bladder, NOS

**SUMMARY STAGE**

0 **In situ**: Noninvasive; intraepithelial

- Carcinoma in situ, NOS

- Noninvasive papillary (transitional) cell carcinoma
- Papillary non-infiltrating
- Papillary transitional cell carcinoma, stated to be noninvasive
- Papillary transitional cell carcinoma, with inferred description of noninvasion

- Sessile (flat) (solid) carcinoma in situ
- Transitional cell carcinoma in situ

- Jewett-Strong-Marshall Stage 0
- TNM/AJCC Ta

- Jewett-Strong-Marshall CIS
- TNM/AJCC Tis

1 **Localized only**

- Invasive tumor confined to:
  - Mucosa, NOS
  - Muscle (muscularis)##:
    - Deep muscle—outer half
    - Extension through full thickness of bladder wall
    - Superficial muscle—inner half
    - NOS
  - Submucosa:
    - Lamina propria
    - Stroma
    - Subepithelial connective tissue
    - Tunica propria
  - Subserosa
  - Jewett-Strong-Marshall Stage A
  - TNM/AJCC T1, T2

- Localized, NOS
2 Regional by direct extension only

Bladder FIXED

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

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral and bilateral)

Iliac, NOS:
  External
  Internal (hypogastric), NOS:
    Obturator
Pelvic, NOS
Perivesical
Sacral, NOS###:
  Lateral (laterosacral)
  Middle (promontorial) (Gerota’s node)
  Presacral

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS
BLADDER
C67.0-C67.9

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

Distant lymph node(s):
  Common iliac**
  Other distant lymph node(s)

Extension to:
  Abdominal wall
  Bone
  Colon
  Pelvic wall
  Rectum

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

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

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

Note 3: Statements Meaning Confined to Mucosa, NOS
  Confined to mucosal surface
  Limited to mucosa, no invasion of submucosa and muscularis
  No infiltration/invasion of fibromuscular and muscular stroma
  Superficial, NOS

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

### Considered regional in Historic Stage
#### Considered distant in Historic Stage
** Considered regional in 1977 Summary Staging Guide
### Considered distant in 1977 Summary Staging Guide
URETHRA, PARAURETHRAL GLAND, AND UNSPECIFIED URINARY ORGANS
C68.0-C68.1, C68.8-C68.9
C68.0 Urethra (including transitional cell carcinoma of prostatic urethra {M8120-8130})
C68.1 Paraurethral gland
C68.8 Overlapping lesion of urinary organs
C68.9 Urinary system, NOS

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

Carcinoma in situ, NOS
Noninvasive papillary, polypoid, or verrucous carcinoma

1 Localized only

Muscularis invaded
Subepithelial connective tissue (lamina propria, submucosa) invaded

Localized, NOS

2 Regional by direct extension only

Extension beyond the prostatic capsule

Extension to:
  Bladder neck
  Corpus cavernosum
  Corpus spongiosum
  Periurethral muscle (sphincter)
  Prostate
  Vagina, anterior or NOS

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral and bilateral)

Iliac, NOS:
  Common
  External
  Internal (hypogastric), NOS:
    Obturator
Inguinal, NOS:
  Deep, NOS:
    Node of Cloquet or Rosenmuller (highest deep inguinal)
    Superficial (femoral)
Pelvic, NOS
Presacral
Sacral, NOS

Regional lymph node(s), NOS
URETHRA, PARAURETHRAL GLAND, AND UNSPECIFIED URINARY ORGANS
C68.0-C68.1, C68.8-C68.9

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Extension to:
   Bladder (excluding bladder neck)##
   Seminal vesicle(s)##
   Other adjacent organs##

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

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

## Considered regional in Historic Stage
CONJUNCTIVA [excluding Melanoma (page 252)]
C69.0
C69.0 Conjunctiva <>
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Intraocular extension
Tumor confined to conjunctiva

Localized, NOS

2 Regional by direct extension only

Adjacent extraocular extension
Eyelid
Orbit

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis
MELANOMA OF CONJUNCTIVA
C69.0
C69.0 Conjunctiva <>
<> Lability must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Tumor(s) of bulbar conjunctiva

Tumor involves:
  Caruncle
  Conjunctival fornix
  Palpebral conjunctiva

Localized, NOS

2 Regional by direct extension only

Extension to:
  Cornea
  Eyelid
  Orbit

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis
CORNEA, RETINA, CHOROID, CILIARY BODY (Iris, Lens, Sclera, Uveal Tract), EYEBALL, OVERLAPPING AND OTHER EYE [excluding Melanoma (page 256) and Retinoblastoma (page 258)]
C69.1-C69.4, C69.8-C69.9 (M-8720-8790)
C69.1 Cornea <>
C69.2 Retina <>
C69.3 Choroid <>
C69.4 Ciliary body (eyeball, iris, lens, sclera, uveal tract) <>
C69.8 Overlapping lesion of eye and adnexa <>
C69.9 Eye, NOS <>
<> Laterality must be coded for this site.

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

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Tumor confined to site of origin

Intraocular extension

Localized, NOS

2 Regional by direct extension only

Adjacent extraocular extension:

Eyelid

Orbit

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical
Mandibular, NOS:

Submandibular (submaxillary)

Parotid, NOS:

Infra-auricular

Preauricular

Regional lymph node(s), NOS

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

Codes (2) + (3)
CORNEA, RETINA, CHOROID, CILIARY BODY (Iris, Lens, Sclera, Uveal Tract), EYEBALL, OVERLAPPING AND OTHER EYE [excluding Melanoma (page 256) and Retinoblastoma (page 258)]
C69.1-C69.4, C69.8-C69.9 (M-8720-8790)

5 Regional, NOS

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

   Distant lymph node(s)

   Further contiguous extension

   Metastasis

9 Unknown if extension or metastasis
MELANOMA OF THE CORNEA, RETINA, CHOROID, CILIARY BODY (Iris, Lens, Sclera, Uveal Tract), EYEBALL, AND OVERLAPPING AND OTHER EYE
C69.1-C69.4, C69.8-C69.9 (M-8720-8790)
C69.1 Cornea <>
C69.2 Retina <>
C69.3 Choroid <>
C69.4 Ciliary body (eyeball, iris, lens, sclera, uveal tract) <>
C69.8 Overlapping lesion of eye and adnexa <>
C69.9 Eye, NOS <>

<> Laterality must be coded for this site.

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

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Iris:
Tumor confined to iris

Tumor invades into:
  Anterior chamber angle
  Choroid
  Ciliary body
  Other parts of eye

Ciliary Body:
Tumor limited to ciliary body

Tumor invades into:
  Anterior chamber
  Choroid
  Iris
  Other parts of eye

Choroid and Other Parts of Eye:
Tumor limited to choroid or other part of eye with or without intraocular extension

Localized, NOS

2 Regional by direct extension only

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

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

   Distant lymph node(s)

   Further contiguous extension

   Metastasis

9 Unknown if extension or metastasis
RETINOBLASTOMA
C69.2, C69.9 (M-9510-9514)
C69.2 Retina ＜＞
C69.9 Eye, NOS ＜＞

＜＞ Laterality must be coded for this site.

SUMMARY STAGE

1 Localized only

Tumor(s) confined to retina

Tumor cells in the vitreous body

Tumor extends to:
   Anterior chamber
   Optic disc
   Optic nerve as far as lamina cribrosa
   Sclera
   Uvea

Intraocular extension, NOS

Localized, NOS

2 Regional by direct extension only

Extension to:
   Optic nerve beyond lamina cribrosa or optic nerve, NOS

   Other adjacent extraocular extension

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

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

Note 2: There was no separate staging scheme in either the Historic Stage or the 1977 Summary Staging Guide for retinoblastoma.
LACRIMAL GLAND
C69.5
C69.5 Lacrimal gland <>
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Tumor confined to lacrimal gland/duct

Localized, NOS

2 Regional by direct extension only

Extension to:
Bone (adjacent)
Globe
Optic nerve
Orbital soft tissues
Periosteum of fossa of lacrimal gland/duct

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

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

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis
SUMMARY STAGE

0 **In situ**: Noninvasive; intraepithelial

1 **Localized only**
   Tumor confined to orbit
   Localized, NOS

2 **Regional by direct extension only**
   Extension to:
   - Adjacent paranasal sinuses
   - Cranium
   - Diffuse invasion of orbital tissues and/or bony walls

3 **Regional lymph node(s) involved only**
   REGIONAL Lymph Nodes
   - Cervical
   - Mandibular, NOS:
     - Submandibular (submaxillary)
   - Parotid, NOS:
     - Infra-auricular
     - Preauricular
   Regional lymph node(s), NOS

4 **Regional by BOTH direct extension AND regional lymph node(s) involved**
   Codes (2) + (3)

5 **Regional, NOS**

7 **Distant site(s)/lymph node(s) involved**
   Distant lymph node(s)
   Further contiguous extension
   Metastasis

9 **Unknown if extension or metastasis**
ANATOMIC DRAWINGS OF THE BRAIN AND CENTRAL NERVOUS SYSTEM

SAGITTAL CUT THROUGH THE BRAIN AND BRAIN STEM

C = Corpus colossum
H = Hypothalamus
T = Thalamus
The cerebrum is comprised of the:
1  Frontal lobe
2  Parietal lobe
3  Temporal lobe
4  Occipital lobe

Other parts of the brain include:
5  Pons
6  Medulla (oblongata)
7  Cerebellum
8  Tentorium (cerebelli)
ANATOMIC DRAWINGS OF THE BRAIN AND CENTRAL NERVOUS SYSTEM

SAGITTAL CUT THROUGH THE HUMAN HEAD

Internal anatomy of the brain:
A Inner surface of right hemisphere of cerebrum
B Corpus callosum
C Velum interpositum
D Middle commissure
E Third ventricle
F Fourth ventricle

Other parts of the brain (as on previous drawing):
5 Pons
6 Medulla (oblongata)
7 Cerebellum
8 Tentorium (cerebelli)
BRAIN AND CEREBRAL MENINGES
C70.0, C71.0-C71.9
Supratentorial (S) or Infratentorial (I)
C70.0 Cerebral meninges
C71.0 Cerebrum ? (S)
C71.1 Frontal lobe (S)
C71.2 Temporal lobe (S)
C71.3 Parietal lobe (S)
C71.4 Occipital lobe (S)
C71.5 Ventricle, NOS (S)
C71.6 Cerebellum, NOS (I)
C71.7 Brain stem (I)
C71.8 Overlapping lesion of brain ?
C71.9 Brain, NOS ?
? See Note 1.

SUMMARY STAGE

1 Localized only

Supratentorial tumor confined to:
Cerebral hemisphere (cerebrum) or meninges of cerebral hemisphere on one side:
- Frontal lobe
- Occipital lobe
- Parietal lobe
- Temporal lobe

More than one lobe in same hemisphere

Infratentorial tumor confined to:
Cerebellum or meninges of cerebellum on one side:
- Vermis:
  - Lateral lobes
  - Median lobe of cerebellum

Brain stem or meninges of brain stem on one side:
- Medulla oblongata
- Midbrain (mesencephalon)
- Pons

Both cerebellum and brain stem involved WITH tumor on one side
- Hypothalamus
- Thalamus

Confined to brain, NOS
Confined to meninges, NOS
Confined to ventricles
Tumor invades or encroaches upon ventricular system
5 Regional, NOS

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

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

Distant lymph node(s)

Extension to:
  Nasal cavity
  Nasopharynx
  Posterior pharynx

Outside central nervous system (CNS)

Circulating cells in cerebral spinal fluid (CSF)

Further contiguous extension

Metastasis:
  “Drop” metastasis

9 Unknown if extension or metastasis

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

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

Note 2: This scheme is compatible with the AJCC Cancer Staging Manual, Fourth Edition for brain. The AJCC opted not to recommend a TNM scheme for brain in the fifth edition.
OTHER PARTS OF CENTRAL NERVOUS SYSTEM
C70.1, C70.9, C72.0-C72.5, C72.8-C72.9
C70.1 Spinal meninges
C70.9 Meninges, NOS
C72.0 Spinal cord
C72.1 Cauda equina
C72.2 Olfactory nerve
C72.3 Optic nerve
C72.4 Acoustic nerve
C72.5 Cranial nerve, NOS
C72.8 Overlapping lesion of brain and central nervous system
C72.9 Nervous system, NOS

SUMMARY STAGE

1 Localized only
   Tumor confined to tissue or site of origin
   Localized, NOS

5 Regional, NOS
   Adjacent connective/soft tissue
   Adjacent muscle
   Brain for cranial nerve tumors
   Major blood vessel(s)
   Meningeal tumor infiltrates nerve
   Nerve tumor infiltrates meninges (dura)
   Sphenoid and frontal sinuses (skull)

7 Distant site(s)/lymph node(s) involved
   Distant lymph node(s)
   Bone other than skull
   Brain except for cranial nerve tumors
   Eye
   Further contiguous extension
   Metastasis

9 Unknown if extension or metastasis

Note: Codes 0, 2, 3, and 4 are not applicable for this scheme.
ANATOMIC DRAWING OF THE ENDOCRINE SYSTEM

ENDOCRINE ORGANS OF THE HUMAN BODY

- Hypothalamus
- Pituitary
- Parathyroid (bi-lobed)
- Thyroid (bi-lobed)
- Thymus
- Adrenal glands
- Pancreas
- Ovary
- Testicle
THYROID GLAND
C73.9
C73.9 Thyroid gland

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

Single or multifocal invasive tumor(s) confined to thyroid

Into or through thyroid capsule, but not beyond##

Localized, NOS

2 Regional by direct extension only

Extension to:
Blood vessel(s) (major):
  Carotid artery
  Jugular vein
  Thyroid artery or vein
Cricoid cartilage
Esophagus
Larynx
Nerves:
  Recurrent laryngeal
  Vagus
Parathyroid
Pericapsular soft/connective tissue
Sternocleidomastoid muscle
Strap muscle(s):
  Omohyoid
  Sternohyoid
  Sternothyroid
Thyroid cartilage
Tumor is described as “FIXED to adjacent tissues”

3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Anterior deep cervical (laterotracheal) (recurrent laryngeal):
  Paralaryngeal
  Paratracheal
  Prelaryngeal:
    Delphian node###
  Pretracheal

Code 3 continued on next page
3 Regional lymph node(s) involved only (continued)

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

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s):
  Mandibular, NOS:
    Submandibular (submaxillary)##
    Submental##
  Other distant lymph node(s)

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

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis

## Considered regional in Historic Stage
### Considered distant in Historic Stage
###*** Considered distant in 1977 Summary Staging Guide
THYMUS, ADRENAL (Suprarenal) GLAND, AND OTHER ENDOCRINE GLANDS
C37.9, C74.0-C74.1, C74.9, C75.0-C75.5, C75.8-C75.9
C37.9 Thymus
C74.0 Cortex of adrenal (suprarenal) gland <>
C74.1 Medulla of adrenal gland <>
C74.9 Adrenal (suprarenal) gland, NOS <>
C75.0 Parathyroid gland
C75.1 Pituitary gland
C75.2 Craniopharyngeal duct
C75.3 Pineal gland
C75.4 Carotid body <>
C75.5 Aortic body and other paraganglia
C75.8 Overlapping lesion of endocrine glands and related structures
C75.9 Endocrine gland, NOS
<> Laterality must be coded for this site.

SUMMARY STAGE

0 In situ: Noninvasive; intraepithelial

1 Localized only

   Invasive carcinoma confined to gland of origin

   Localized, NOS

2 Regional by direct extension only

   Extension to:
   Adjacent tissue(s), NOS
   Connective tissue
       See definition of connective tissue on page 14.

   Adjacent organs/structures

   Thymus and aortic body:
       Organs/structures in mediastinum
   Adrenal (suprarenal):
       Kidney
       Retroperitoneal structures
   Parathyroid:
       Thyroid
       Thyroid cartilage
   Pituitary and craniopharyngeal duct:
       Cavernous sinus
       Infundibulum
       Pons
       Sphenoid body and sinuses
   Pineal:
       Infratentorial and central brain
   Carotid body:
       Upper neck
3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

Cervical for carotid body and parathyroid only
Mediastinal for aortic body and thymus only
Retroperitoneal for adrenal (suprarenal) gland only

Not applicable, for the following sites:
Craniopharyngeal duct (C75.2)
Pituitary gland (C75.1)
Pineal gland (C75.3)

Regional lymph node(s), NOS

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

Codes (2) + (3)

5 Regional, NOS

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

Distant lymph node(s)

Further contiguous extension

Metastasis

9 Unknown if extension or metastasis
KAPOSI SARCOMA OF ALL SITES
(M-9140)

SUMMARY STAGE

1 Localized only

Single lesion or multiple lesions in ONE of the following:
  Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)
  Skin
  Viscera (e.g., pulmonary, gastrointestinal tract, spleen, other)

2 Regional by direct extension only

Multiple lesions in any TWO of the following:
  Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)
  Skin
  Viscera (e.g., pulmonary, gastrointestinal tract, spleen, other)

3 Lymph node(s) involved only

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

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

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

Lymph node(s), NOS

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

Codes (2) + (3)

7 Distant site(s) involved

Lesions in ALL THREE of the following:
  Mucosa (e.g., oral cavity, anus, rectum, vagina, vulva)
  Skin
  Viscera (e.g., pulmonary, gastrointestinal tract, spleen, other)

Further contiguous extension

Metastasis
KAPOSI SARCOMA OF ALL SITES
(M-9140)

9 Unknown if extension or metastasis

Multiple lesions, NOS

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

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

### ABOVE AND BELOW THE DIAPHRAGM

#### ABOVE the Diaphragm

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

#### BELOW the Diaphragm

Celiac  
Colic  
Femoral (superficial inguinal)  
Gastric  
Hepatic  
Ileocolic  
Iliac  
Inguinal  
Internal iliac (hypogastric)  
Mesenteric  
Obturator  
Pancreatic  
Para-aortic  
Peyer’s patches  
Popliteal  
Porta hepatis (portal)  
Pyloric  
Retroperitoneal  
Sacral  
Spleen  
Splenic (lienal)
HODGKIN AND NON-HODGKIN LYMPHOMAS OF ALL SITES
[excluding Mycosis Fungoides and Sézary Disease of sites listed on page 176] (M-9590-9591, 9596, 9650-9655, 9659, 9661-9665, 9667, 9670-9671, 9673, 9675, 9678-9680, 9684, 9687, 9689-9691, 9695, 9698-9702, 9705, 9708-9709, 9714, 9716-9719, 9727-9729, 9823)

SUMMARY STAGE

1 Localized

Stage I
   Involvement of a single lymph node region

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

Stage IS
   Localized involvement of spleen only

5 Regional, NOS

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

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

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

Stage IIES
   Involvement of spleen PLUS localized involvement of a single extralymphatic organ/site BELOW the diaphragm WITH/WITHOUT involvement of lymph node(s) BELOW the diaphragm
HODGKIN AND NON-HODGKIN LYMPHOMAS OF ALL SITES
[excluding Mycosis Fungoides and Sezary Disease of sites listed on page 176]
(M-9590-9591, 9596, 9650-9655, 9659, 9661-9665, 9667, 9670-9671, 9673, 9675, 9678-9680, 9684, 9687, 9689-9691, 9695, 9698-9702, 9705, 9708-9709, 9714, 9716-9719, 9727-9729)

7 Distant

Stage III
Involvement of lymph node regions on BOTH sides of the diaphragm

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

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

Stage IIIES
Involvement of the spleen PLUS involvement of lymph node region(s) ABOVE the diaphragm PLUS involvement of a single extralymphatic organ/site on either side of the diaphragm
Involvement of the spleen PLUS a single extralymphatic organ/site ABOVE the diaphragm WITH OR WITHOUT involvement of lymph node(s)

Stage IV
Disseminated involvement of ONE OR MORE extralymphatic organ(s)/site(s)
(Multifocal) involvement of MORE THAN ONE extralymphatic organ/site

Metastases
Bone marrow
Liver

9 Unstaged; not stated

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

Note 2: S = Spleen involvement

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

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

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

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

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

This scheme includes the following*:

9731 = Plasmacytoma, NOS
9732 = Multiple myeloma
9733 = Plasma cell leukemia
9734 = Plasmacytoma, extramedullary
9740 = Mast cell sarcoma
9741 = Malignant mastocytosis
9742 = Mast cell leukemia
9750 = Malignant histiocytosis
9751 = Langerhans cell histiocytosis, NOS
9752 = Langerhans cell histiocytosis, unifocal
9753 = Langerhans cell histiocytosis, multifocal
9754 = Langerhans cell histiocytosis disseminated
9755 = Histiocytic sarcoma
9756 = Langerhans cell sarcoma
9757 = Interdigitating dendritic cell sarcoma
9758 = Follicular dendritic cell sarcoma
9760 = Immunoproliferative disease, NOS
9761 = Waldenstrom macroglobulinemia
9762 = Heavy chain disease, NOS
9764 = Immunoproliferative small intestinal disease
9765 = Monoclonal gammopathy of undetermined significance
9766 = Angiocentric immunoproliferative lesion
9767 = Angioimmunoblastic lymphadenopathy
9768 = T-gamma lymphoproliferative disease
9769 = Immunoglobulin deposition disease
9800 = Leukemia, NOS
9801 = Acute leukemia, NOS
9805 = Acute biphenotypic leukemia
9820 = Lymphoid leukemia, NOS
9823 = B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma
9826 = Burkitt cell leukemia
9827 = Adult T-cell leukemia/lymphoma (HTLV-1 positive)
9831 = T-cell large granular lymphocytic leukemia
9832 = Prolymphocytic leukemia, NOS
9833 = Prolymphocytic leukemia, B-cell type
9834 = Prolymphocytic leukemia, T-cell type
9835 = Precursor cell lymphoblastic leukemia, NOS
9836 = Precursor B-cell lymphoblastic leukemia
9837 = Precursor T-cell lymphoblastic leukemia
9840 = Acute myeloid leukemia, M6 type
9860 = Myeloid leukemia, NOS
9861 = Acute myeloid leukemia, NOS
9863 = Chronic myeloid leukemia, NOS
9866 = Acute promyelocytic leukemia
9867 = Acute myelomonocytic leukemia
9870 = Acute basophilic leukemia
9871 = Acute myeloid leukemia with abnormal marrow eosinophils
9872 = Acute myeloid leukemia, minimal differentiation
9873 = Acute myeloid leukemia without maturation
9874 = Acute myeloid leukemia with maturation
9875 = Chronic myelogenous leukemia, BCR/ABL positive
9876 = Atypical chronic myeloid leukemia BCR/ABL negative
9891 = Acute monocytic leukemia
9895 = Acute myeloid leukemia with multilineage dysplasia
9896 = Acute myeloid leukemia, t(8;21)(q22;q22)
9897 = Acute myeloid leukemia, 11q23 abnormalities
9910 = Acute megakaryoblastic leukemia
9920 = Therapy-related acute myeloid leukemia, NOS
9930 = Myeloid sarcoma
9931 = Acute panmyelosis with myelofibrosis
9940 = Hair cell leukemia
9945 = Chronic myelomonocytic leukemia, NOS
9946 = Juvenile myelomonocytic leukemia
9948 = Aggressive NK-cell leukemia
9950 = Polycythemia vera
9960 = Chronic myeloproliferative disease, NOS
9961 = Myelosclerosis with myeloid metaplasia
9962 = Essential thrombocythemia
9963 = Chronic neutrophilic leukemia
9964 = Hypereosinophilic syndrome
9970 = Lymphoproliferative disorder, NOS
9975 = Myeloproliferative disease, NOS
9980 = Refractory anemia, NOS
9981 = Refractory anemia with sideroblasts
9982 = Refractory anemia with excess blasts
9983 = Refractory anemia with excess blasts in transformation
9984 = Refractory cytopenia with multilineage dysplasia
9985 = Myelodysplastic syndrome with 5q deletion (5q–) syndrome
9986 = Therapy-related myelodysplastic syndrome, NOS
9987 = Therapy-related myelodysplastic syndrome, NOS
9989 = Myelodysplastic syndrome, NOS

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

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

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

SUMMARY STAGE

1 Localized (isolated/mono-ostotic/single/solitary/unifocal for M-9731/3, 9734/3, 9750/3, 9751/3, 9752/3)
2 Distant (polyostotic); disease disseminated at diagnosis
9 Death certificate only case
Unknown

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SEER Summary Staging Manual - 2000
OTHER AND ILL-DEFINED SITES, UNKNOWN PRIMARY SITE
C76.0-C76.5, C76.7-C76.8, C80.9
C42._ and C77._, Other than hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms (page 280), Hodgkin and non-Hodgkin lymphoma (page 278), and Kaposi sarcoma (page 274).

C42.0 Blood
C42.1 Bone marrow
C42.2 Spleen
C42.3 Reticuloendothelial system, NOS
C42.4 Hematopoietic system, NOS

Other and ill-defined sites of:
C76.0 Head, face or neck, NOS
C76.1 Thorax, NOS
C76.2 Abdomen, NOS
C76.3 Pelvis, NOS
C76.4 Upper limb, NOS
C76.5 Lower limb, NOS
C76.7 Other ill-defined sites
C76.8 Overlapping lesion of ill-defined sites

Lymph nodes of:
C77.0 Head, face and neck
C77.1 Intrathoracic
C77.2 Intra-abdominal
C77.3 Axilla or arm
C77.4 Inguinal region or leg
C77.5 Pelvic
C77.8 Lymph nodes of multiple regions
C77.9 Lymph node, NOS

C80.9 Unknown primary site

9 Unknown if extension or metastasis; unstageable

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

Code

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

Laterality at diagnosis describes this primary site only.

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

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

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

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

Example 3  Patient has a melanoma just above the umbilicus excised as an outpatient.
   Use laterality code ‘9,’ midline.
Appendix II: Suggested Electronic Edits for SEER Summary Stage - 2000

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

2. For every “death certificate only” case, SEER Summary Stage 2000 must be coded 9.

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

3. For cases of “hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms” SEER Summary Stage 2000 must be coded 1 or 7.

4. For cases of “hematopoietic, reticuloendothelial, immunoproliferative and myeloproliferative neoplasms” with SEER Summary Stage 2000 coded “1,” the histology (ICD-O-3) must be one of the following: M-9731/3, 9734/3, 9750/3, 9751/3, 9752/3.

5. If primary site is C77.8 (multiple lymph node chains) and it is a lymphoma, SEER Summary Stage 2000 must not be coded 1.

6. If primary site is C50._ and histology (ICD-O-3) is M-8530, SEER Summary Stage 2000 must not be coded 0, 1, 3, or 5.

7. If behavior is coded 2 (in situ), SEER Summary Stage 2000 must be coded 0.

8. If histology (ICD-O-3) is in the range: M-8800 to M-9055, M-9110 to M-9136, M-9141 to M-9508, or M-9520 to M-9582, SEER Summary Stage 2000 must not be coded to 0.

9. If primary site is C75.1-C75.3 and not a lymphoma or hematopoietic, reticuloendothelial, immunoproliferative or myeloproliferative neoplasm, SEER Summary Stage 2000 must not be coded 3 or 4.
Appendix III: Lymph Node Synonyms Used in this Manual

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

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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>C00.0</td>
<td>External upper lip (vermilion border)</td>
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<td>C00.1</td>
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<td>External lip, NOS (vermilion border)</td>
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<td>C00.3</td>
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<td>C00.5</td>
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<td>C00.6</td>
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<td>C00.9</td>
<td>Lip, NOS (excludes skin of lip C44.0)</td>
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<td>Border of tongue</td>
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<td>Minor salivary gland, NOS</td>
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<td>Mouth, NOS</td>
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<td>glands</td>
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