SUMMARY STAGING GUIDE

Edited by

Evelyn W. Shambaugh, M.A.
SEER Program
Demographic Analysis Section
Surveillance and Operations Research Branch
National Cancer Institute
Bethesda, Maryland

Wildred A. Weiss, B.A.
UCLA Tumor Registry
University of California at Los Angeles
Los Angeles, California

Medical Consultants

Robert F. Ryan, M.D., Chairman
Department of Surgery
Tulane University School of Medicine
New Orleans, Louisiana

Charles E. Platz, M.D.
Department of Pathology
College of Medicine
University of Iowa
Iowa City, Iowa
FOREWARD

For ease in coding, the SEER Program favors the expanded extent of disease schemes. They act as a guide to complete reporting, and they indicate the usual progression of disease patterns. Often, however, comparisons are necessary with historical or other series for which only general staging categories are available. Therefore, this staging guide was developed which summarizes the expanded extent of disease categories into three general staging groups (i.e., localized, regional, and distant). Sometimes a series is so small that only general categories produce enough cases for a meaningful analysis. Many conditions may be grouped together which may seem incongruous, but such groupings are unavoidable if the extent of disease codes are to be summarized into three or four staging categories. Stage categories are based on a combination of clinical observations and operative-pathological evaluations. The priority order is pathologic, operative, clinical.

In order to make the staging groups, insofar as we are able, consistent with categories developed by the American Joint Committee for Cancer Staging and End Results Reporting (AJC) and by the International Union Against Cancer (UICC) and to give consideration to the prognostic significance (survival probability) of various factors, a grouping subdividing the localized, regional, and distant categories was necessary. The subdivisions can always be summarized into the three familiar
stage categories—localized, regional, and distant, or other alternative groupings. For example, for colon and rectum "confined to the mucosa" is coded L. These cases can then be included with either the "in situ" or the "localized" stage of disease depending on the rules of the series with which the comparison is being made. For melanoma, localized cases are subdivided into four groups (L through L) in order to indicate Clark's levels of invasion. Sites considered to be distant involvement by direct extension are coded D as distinct from D or D which are reserved for metastatic involvement.
TABLE OF CONTENTS

FOR

SUMMARY STAGING GUIDE

Page

Organization of Summary Staging Guide

Site-Specific Staging Guides for:

Upper lip (400, 403) 9
Lower lip (401, 404) 11
Commissure of lip (406) 13
Base of tongue (410) 15
Anterior 2/3 tongue (411-414, 416) 17
Parotid gland (420) 19
Submandibular gland (421) 21
Upper gum (430) 23
Lower gum and retromolar trigone (431, 436) 25
Floor of mouth (440, 441, 448, 449) 27
Cheek mucosa and vestibule of mouth (450, 451) 31
Hard palate (452) 33
Soft palate and uvula (453, 454) 35
Oropharynx (460-469) 39
Nasopharynx (470-473, 478-479) 43
Hypopharynx (480-483, 488-489) 45
Cervical or upper esophagus (500, 503) 47
Thoracic or middle esophagus (501, 504) 49
<table>
<thead>
<tr>
<th>Location</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal or lower esophagus (502, 505)</td>
<td>51</td>
</tr>
<tr>
<td>Stomach, (excluding cardioesophageal Junction) (510-516, 518-519)</td>
<td>53</td>
</tr>
<tr>
<td>Duodenum (520)</td>
<td>57</td>
</tr>
<tr>
<td>Jejunum and ileum (521, 522)</td>
<td>61</td>
</tr>
<tr>
<td>Cecum (534)</td>
<td>63</td>
</tr>
<tr>
<td>Ascending colon (536)</td>
<td>65</td>
</tr>
<tr>
<td>Transverse colon, including hepatic and splenic flexures (530, 531, 537)</td>
<td>59</td>
</tr>
<tr>
<td>Descending colon (532)</td>
<td>73</td>
</tr>
<tr>
<td>Sigmoid colon (533)</td>
<td>75</td>
</tr>
<tr>
<td>Rectosigmoid Junction (540)</td>
<td>79</td>
</tr>
<tr>
<td>Rectum (541)</td>
<td>83</td>
</tr>
<tr>
<td>Anal canal and anus, NOS (542, 543)</td>
<td>87</td>
</tr>
<tr>
<td>Liver and intrahepatic bile duct (550, 551)</td>
<td>88</td>
</tr>
<tr>
<td>Gallbladder (560)</td>
<td>91</td>
</tr>
<tr>
<td>Extrahepatic bile duct (561, 562)</td>
<td>92</td>
</tr>
<tr>
<td>Head of pancreas (570)</td>
<td>93</td>
</tr>
<tr>
<td>Body and tail of pancreas (571, 572)</td>
<td>94</td>
</tr>
<tr>
<td>Larynx (610-612)</td>
<td>97</td>
</tr>
<tr>
<td>Bronchus and lung, excluding carina (622-625, 628-629)</td>
<td>99</td>
</tr>
<tr>
<td>Bone (700-709)</td>
<td>102</td>
</tr>
<tr>
<td>Malignant melanoma of skin (730-737, 841-844, 871-872, 874; histology 872 thru 879)</td>
<td>105</td>
</tr>
<tr>
<td>Skin other than melanoma (730-737)</td>
<td>107</td>
</tr>
<tr>
<td>Breast (740-749, 759)</td>
<td>111</td>
</tr>
<tr>
<td>Cervix uteri (800-801, 808-809)</td>
<td>115</td>
</tr>
<tr>
<td>Corpus uteri (820-821, 828)</td>
<td>117</td>
</tr>
<tr>
<td>Ovary (830)</td>
<td>119</td>
</tr>
<tr>
<td>Content</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Fallopian tube (832)</td>
<td>120</td>
</tr>
<tr>
<td>Vagina (840)</td>
<td>121</td>
</tr>
<tr>
<td>Vulva, including skin of vulva (841-844)</td>
<td>123</td>
</tr>
<tr>
<td>Prostate (859)</td>
<td>125</td>
</tr>
<tr>
<td>Testis (860, 869)</td>
<td>129</td>
</tr>
<tr>
<td>Penis, including skin of penis (871, 872, 874)</td>
<td>130</td>
</tr>
<tr>
<td>Bladder (880-886, 888-889)</td>
<td>133</td>
</tr>
<tr>
<td>Kidney (renal) parenchyma (890)</td>
<td>135</td>
</tr>
<tr>
<td>Renal (kidney) pelvis (891)</td>
<td>136</td>
</tr>
<tr>
<td>Ureter (892)</td>
<td>138</td>
</tr>
<tr>
<td>Thyroid gland (939)</td>
<td>139</td>
</tr>
<tr>
<td>Lymph nodes and lymphoid tissue (960-969, 416, 460, 471, 491, 640, 692; histology 959 thru 969, 975)</td>
<td>141</td>
</tr>
</tbody>
</table>
ORGANIZATION OF SUMMARY STAGING GUIDE

I. Summary staging definitions

IN_SITU: Intraepithelial, noninvasive, noninfiltrating

LOCALIZED: Within organ
   a. Invasive cancer confined to the organ of origin
   b. Intraluminal extension where specified
      For example, intraluminal extension to immediately contiguous segments of the large bowel is coded L unless the invaded segment has an identifiably different pattern of lymph node drainage.

REGIONAL: Beyond the organ of origin
   a. By direct extension to adjacent organs/tissues
   b. To regional lymph nodes
   c. (a) and (b)

DISTANT: Direct extension or metastasis
   a. Direct continuity to organs other than above
   b. Discontinuous metastasis
   c. To distant lymph nodes
II. Site definitions

The international Classification of Diseases for Oncology (ICD-0) codes are included at the top of the page for each scheme, however, the first digit (1) has been dropped in compliance with the practice of the SEER program.

III. Summary staging guide

A. Site-Specific staging schemes (See pages 8 through 141)

B. Nonspecific staging scheme

In situ
Localized
Regional, direct extension only
Regional, nodes only
Regional, direct extension and regional nodes
Regional, NOS
Non-localized, NOS
Distant
Unstaged

This nonspecific staging scheme applies to the following primary sites:

<table>
<thead>
<tr>
<th>ICD-0 Number</th>
<th>PRIMARY SITE CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>405</td>
<td>Mucosa of lips, NOS</td>
</tr>
<tr>
<td>408</td>
<td>Two or more categories of lip</td>
</tr>
<tr>
<td>409</td>
<td>Lips, NOS</td>
</tr>
<tr>
<td>415</td>
<td>Junctional zone of tongue</td>
</tr>
<tr>
<td>418</td>
<td>Two or more categories of tongue</td>
</tr>
<tr>
<td>419</td>
<td>Tongue, NOS</td>
</tr>
<tr>
<td>422</td>
<td>Sublingual gland</td>
</tr>
<tr>
<td>428</td>
<td>Two or more categories of major salivary glands</td>
</tr>
<tr>
<td>429</td>
<td>Major salivary gland, NOS</td>
</tr>
<tr>
<td>438</td>
<td>Two or more categories of gum</td>
</tr>
<tr>
<td>439</td>
<td>Gum, NOS</td>
</tr>
<tr>
<td>455</td>
<td>Palate, NOS</td>
</tr>
<tr>
<td>458</td>
<td>Two or more categories of other parts of mouth</td>
</tr>
<tr>
<td>459</td>
<td>Oral cavity</td>
</tr>
<tr>
<td>Page</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>490</td>
<td>Pharynx, NOS</td>
</tr>
<tr>
<td>491</td>
<td>Waldeyer's ring, NOS</td>
</tr>
<tr>
<td>498</td>
<td>Neoplasms of lip, oral cavity and pharynx whose point of origin cannot be assigned to any one of the categories 40 through 48</td>
</tr>
<tr>
<td>499</td>
<td>Ill-defined sites in lip, oral cavity, and pharynx</td>
</tr>
<tr>
<td>508</td>
<td>Junctions of esophagus</td>
</tr>
<tr>
<td>509</td>
<td>Esophagus, NOS</td>
</tr>
<tr>
<td>510</td>
<td>Cardioesophageal junction (excluding cardia of stomach)</td>
</tr>
<tr>
<td>523</td>
<td>Meckel's diverticulum</td>
</tr>
<tr>
<td>528</td>
<td>Two or more categories of the small intestine</td>
</tr>
<tr>
<td>529</td>
<td>Small intestine, NOS</td>
</tr>
<tr>
<td>535</td>
<td>Appendix</td>
</tr>
<tr>
<td>538</td>
<td>Two or more categories of colon</td>
</tr>
<tr>
<td>539</td>
<td>Colon, NOS</td>
</tr>
<tr>
<td>548</td>
<td>Other parts of rectum</td>
</tr>
<tr>
<td>568</td>
<td>Two or more categories of gallbladder and extrahepatic bile ducts</td>
</tr>
<tr>
<td>569</td>
<td>Biliary tract, NOS</td>
</tr>
<tr>
<td>573</td>
<td>Pancreatic duct</td>
</tr>
<tr>
<td>574</td>
<td>Islets of Langerhans</td>
</tr>
<tr>
<td>578</td>
<td>Two or more categories of pancreas</td>
</tr>
<tr>
<td>579</td>
<td>Pancreas, NOS</td>
</tr>
<tr>
<td>580</td>
<td>Retroperitoneum</td>
</tr>
<tr>
<td>588</td>
<td>Specified parts of peritoneum</td>
</tr>
<tr>
<td>589</td>
<td>Peritoneum, NOS</td>
</tr>
<tr>
<td>590</td>
<td>Intestinal tract</td>
</tr>
<tr>
<td>598</td>
<td>Neoplasms of digestive organs and peritoneum whose points of origin cannot be assigned to any one of the categories 50- through 58-</td>
</tr>
<tr>
<td>599</td>
<td>Gastrointestinal tract, NOS</td>
</tr>
<tr>
<td>600-605, 608, 609</td>
<td>Nasal cavities, accessory sinuses, middle ear, inner ear</td>
</tr>
<tr>
<td>Page</td>
<td>Code</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>613</td>
<td>Laryngeal cartilage</td>
</tr>
<tr>
<td>618</td>
<td>Two or more categories of larynx</td>
</tr>
<tr>
<td>619</td>
<td>Larynx, NOS</td>
</tr>
<tr>
<td>620</td>
<td>Trachea</td>
</tr>
<tr>
<td>622</td>
<td>Carina (excluding main bronchus)</td>
</tr>
<tr>
<td>630</td>
<td>Parietal pleura</td>
</tr>
<tr>
<td>631</td>
<td>Visceral pleura</td>
</tr>
<tr>
<td>638</td>
<td>Two or more categories of pleura</td>
</tr>
<tr>
<td>639</td>
<td>Pleura, NOS</td>
</tr>
<tr>
<td>640–643, 646, 649</td>
<td>Thymus and mediastinum (excluding histology 959 thru 969)</td>
</tr>
<tr>
<td>650, 658, 659</td>
<td>Other and ill-defined sites within respiratory system and intrathoracic organs</td>
</tr>
<tr>
<td>690–691, 695</td>
<td>Blood, bone marrow (hematopoietic system)</td>
</tr>
<tr>
<td>692</td>
<td>Spleen (excluding histology 959 thru 969, 975)</td>
</tr>
<tr>
<td>693</td>
<td>Reticuloendothelial system, NOS</td>
</tr>
<tr>
<td>710, 712–719</td>
<td>Connective tissue and other soft tissue</td>
</tr>
<tr>
<td>738</td>
<td>Two or more categories of skin (melanotic and nonmelanotic)</td>
</tr>
<tr>
<td>739</td>
<td>Skin, NCS (melanotic and nonmelanotic)</td>
</tr>
<tr>
<td>799</td>
<td>Uterus, NOS</td>
</tr>
<tr>
<td>819</td>
<td>Placenta</td>
</tr>
<tr>
<td>833</td>
<td>Broad ligament</td>
</tr>
<tr>
<td>834</td>
<td>Parametrium</td>
</tr>
<tr>
<td>835</td>
<td>Round ligament</td>
</tr>
<tr>
<td>838</td>
<td>Other uterine adnexa</td>
</tr>
<tr>
<td>839</td>
<td>Uterine adnexa</td>
</tr>
<tr>
<td>846</td>
<td>Two or more categories of other and unspecified female genital organs</td>
</tr>
<tr>
<td>849</td>
<td>Female genital tract, NOS</td>
</tr>
<tr>
<td>873</td>
<td>Body of penis</td>
</tr>
<tr>
<td>875</td>
<td>Epididymis</td>
</tr>
<tr>
<td>876</td>
<td>Spermatic cord</td>
</tr>
<tr>
<td>877</td>
<td>Scrotum, NOS</td>
</tr>
<tr>
<td>878</td>
<td>Other parts of male genital organs</td>
</tr>
<tr>
<td>879</td>
<td>Male genital tract, NOS</td>
</tr>
</tbody>
</table>
887 Urachus
893 Urethra
894 Paraurethral gland
898 Two or more categories of other urinary organs
899 Urinary system, NOS

900-909
Eye and lacrimal gland

910-919
Brain

920-923, 928, 929
Other and unspecified parts of nervous system

940, 941, 943-946, 948, 949
Other endocrine glands

950-955, 958 Other ill-defined sites

999 Unknown primary site
IV. Definition of Anatomic Sites Within The Oral Cavity
According To The American Joint Committee on Cancer Staging

LIPS, upper and lower, form the upper and lower anterior wall of the oral cavity. They consist of an exposed surface of modified epidermis commonly referred to as the vermillion surface, which extends from commissure to commissure and the mucous membrane lining the inner surface of the lips.

COMMISURE OF LIP is the point of union of upper and lower lips (corner of mouth).

POSTERIOR ONE-THIRD OF TONGUE (base 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 glossopiglottic folds (which bound the vallecula).

ANTERIOR TWO-THIRDS OF 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: (1) Tip, (2) Lateral borders, (3) Dorsum, and (4) Undersurface (non-villous surface).

FLOOR OF MOUTH consists of a semilunar shaped space over the mylohyoid and hypoglossus muscles, extending from the inner surface of the lower alveolar ridge to the root 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.

LOWER GINGIVA 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 (retromolar trigone).

UPPER GINGIVA is the covering mucosa of the upper alveolar ridge, extending from the line of attachment of mucosa in the upper gingival buccal gutter to the junction with the hard palate. Its posterior margin is the upper end of the pterygopalatine arch.

BUCCAL MUCOSA includes all the mucous membrane lining the inner surface of the cheek.

HARD PALATE 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.

SOFT PALATE 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 anterior tonsillar pillar.
NASOPHARYNX

Posterior Superior Wall (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 extends from the base of the skull on each side to the level of the free border of the soft palate. It includes Rosenmüller's fossae (pharyngeal recesses).

OROPHARYNX

Posterior Wall extends from the free borders of the soft palate to the tip of the epiglottis.

Lateral Wall includes the tonsillar pillars, tonsillar fossae, and tonsils.

Anterior Wall consists of the lingual (anterior) surface of the epiglottis, and the pharyngoepiglottic and glossoepiglottic folds which bound the vallecula.

HYPOPHARYNX

Pyriform Sinus extends from the pharyngoepiglottic fold to the upper edge of the esophagus, between the inner surface of the thyroid cartilage and the posterior lateral surface of the arytenoid and cricoid cartilages.

Post-Cricoid Area extends from the posterior surface of the arytenoid cartilages and their connecting folds to the inferior surface of the cricoid. The lateral margin is the anterior part of the pyriform sinus.

Posterior Pharyngeal Wall extends from the level of the tip of the epiglottis to the inferior margin of the cricoid cartilage, and laterally to the posterior margins of the pyriform sinus.
VERMILION SURFACE OF UPPER LIP

REGIONAL NODES
1. Facial
2. Parotid
3. Submental
4. Submaxillary

Vermilion surface

Maxilla

Mandible

Commissure

Lower lip

Subcutaneous tissue
Muscle
Labial mucosa
Gingiva

Skin
IN SITU: noninvasive

LOCALIZED

Vermilion surface
Skin of lip
Labial mucosa (inner lip)
Musculature
Multiple foci

Localized, NCS

REGIONAL. Direct Extension

$R_1$ if:
Commisures(s) of lips
Lower lip

$R_2$ if:
Buccal mucosa (inner cheek)
Gingiva, upper

$R_3$ if:
Maxilla
Nose

REGIONAL, Lymph Nodes

Facial: buccinator
Parotid: infra-auricular, preauricular
Submental
Submandibular (submaxillary)

DISTANT. Direct Extension or Metastasis

DISTANT. Lymph Nodes

Internal jugular
Upper cervical (including cervical, NOS)
Supraclavicular (transverse cervical)
Other distant nodes
LOWER LIP

REGIONAL NODES
1. Facial
2. Submental
3. Submandibular
IN-SITU: noninvasive

LOCALIZED

Versilicon surface
Skin of lip
Labial mucosa (inner lip)
Musculature
Multiple foci

Localized, NOS

REGIONAL, Direct Extension

R_1 if:
Commissure(s) of lips
Upper lip

R_2 if:
Buccal mucosa (inner cheek)
Gingiva, lower

R_3 if:
Mandible

REGIONAL, Lymph Nodes

Facial: mandibular
Submental
Submandibular (submaxillary)

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Internal Jugular
Upper cervical (including cervical, NOS)
Supraclavicular (transverse cervical)
Other distant nodes
COMMISSURE OF LIPS

REGIONAL NODES
1. Facial
2. Parotid
3. Submental
4. Submandibular

Subcutaneous tissue
Muscle
Labial mucosa
Upper gingiva

Skin
Lower gingiva

Maxilla
Mandible

Vermilion
Upper lip
Lower lip
IN SITU: noninvasive

LOCALIZED

Vermilion surface
Skin of lip
Labial mucosa (inner lip)
Musculature

Localized, NOS

REGIONAL. Direct Extension

$E_1$ if:
Both lips

$E_2$ if:
Buccal mucosa (inner cheek)
Gingiva

$E_3$ if:
Maxilla
Mandible
Nose

REGIONAL. Lymph Nodes

Facial: mandibular
Parotid: infra-auricular, preauricular
Submental
Submandibular (submaxillary)

DISTANT. Direct Extension or Metastasis

DISTANT. Lymph Nodes

Internal jugular
Upper cervical (including cervical, NOS)
Supraclavicular (transverse cervical)
Other distant nodes
BASE OF TONGUE

REGIONAL NODES
1. Submandibular
2. Upper cervical
3. Internal jugular
In situ: noninvasive

Localized
L if:
1
Confined to posterior 1/3 of tongue on one side

L if:
2
Midline tumor; tumor has crossed midline

L if:
X
Localized, NOS

Regional. Direct Extension

R if:
1
Anterior 2/3 of tongue
Gingiva, lower
Sublingual gland

R if:
2
Vallecula, including pharyngoepiglottic and glossoepiglottic folds
Epiglottis, lingual (pharyngeal) surface
Floor of mouth
Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)

Regional. Lymph Nodes

Submandibular (submaxillary)
Internal jugular: subdigastric
Upper cervical (including cervical, NOS)

Distant. Direct Extension or Metastasis

D if extension to:
1
Mandible
Larynx
Hypopharynx
Soft palate, including uvula

D if:
2
Other distant involvement

Distant. Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
ANTERIOR ⅔ OF TONGUE

REGIONAL NODES
1. Submandibular
2. Submental
3. Upper cervical
4. Internal jugular
5. Sublingual
IN_SITU: noninvasive

LOCALIZED
L if:
1
Confined to anterior 1/3 of tongue on one side
with or without invasion of musculature
L if:
2
Midline tumor; tumor has crossed midline
L if:
 x
Localized, NOS

REGIONAL, Direct Extension
R if:
1
Floor of mouth
Base of tongue
Sublingual gland
R if:
2
Gingiva, lower
R if:
3
Mandible

REGIONAL, Lymph Nodes

Submandibular (submaxillary)
Submental
Internal jugular: subdigastric, supraomohyoid
Upper cervical (including cervical, NOS)
Sublingual

DISTANT, Direct Extension or Metastasis
D if extension to:
1
Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)
Soft palate, including uvula
Maxilla
D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
PAROTID GLAND

- Preauricular area
- External auditory meatus
- Mastoid process
- Subauricular area
- Submandibular gland
- Mandible
- Parotid gland
- Pterygoid muscle
- Masseter muscles
- Facial nerve
- Facial artery
- Maxillary artery
- Carotid artery
- Jugular vein
- Sternocleidomastoid muscle
- Stylohyoid muscle
IN_SITU: noninvasive

LOCALIZED

Entirely within benign tumor capsule
Substance of parotid gland invaded
Multiple foci but confined to substance of parotid gland

Localized, NOS

REGIONAL, Direct Extension

\[
\text{R if:} \\
1. \text{Periglandular soft tissue} \\
\text{Nerve(s): facial, auricular, spinal accessory} \\
\text{Skeletal muscle(s): digastric, sternocleidomastoid, masseter, pterygoid, styloid} \\
\text{Periosteum of mandible} \\
\text{Pharyngeal mucosa} \\
\text{Submandibular (submaxillary) gland} \\
2. \text{Skin} \\
3. \text{Mandible} \\
\text{Major blood vessel(s): carotid artery, facial artery or vein, maxillary artery, jugular vein} \\
\text{Mastoid process} \\
\text{External auditory meatus} \\
\text{Skull}
\]

REGIONAL, Lymph Nodes

Parotid: intra-parotid, infra-auricular, preauricular
Submandibular (submaxillary)

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Upper cervical (including cervical, NOS)
Supraclavicular (transverse cervical)
Other distant nodes
SUBMANDIBULAR GLAND

MUSCLES

Pterygoid
Styloglossus
Mylohyoid
Diastatic
Hyoglossus

Submandibular gland

REGIONAL NODES
1. Submandibular
2. Submental
3. Cervical, NOS
4. Upper jugular
IN SITU; noninvasive

LOCALIZED

Entirely within benign tumor capsule
Substance of parotid gland invaded
Multiple foci but confined to substance of submandibular gland

Localized, NOS

REGIONAL, Direct Extension

R if:
1 Periglandular soft tissue
Skeletal muscle(s): digastric, mylohyoid, stylohyoid, hyoglossus, styloglossus; pterygoid
Periosteum of mandible
Parotid gland
Sublingual gland

R if:
2 Nerve(s)
Major blood vessel(s): facial artery or vein, maxillary artery
Mandible

REGIONAL, Lymph Nodes

Submental
Submandibular (submaxillary)
Internal jugular (subdigastic)
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
UPPER GUM (GINGIVA)

Buccal mucosa

Upper gingiva

Hard palate
Soft palate

Uvula

Muscle
Submucosa
Gingival mucosa
Labial mucosa

Floor of orbit
Maxillary antrum
Nasal cavity

REGIONAL NODES
1. Facial
2. Submandibular
3. Retropharyngeal
4. Internal jugular
5. Upper cervical
IN_SITU: noninvasive

LOCALIZED

L if:
1
Confined to mucosa

L if invading:
2
Lamina propria (mucoperiosteum)

L if:

x
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Maxilla
Ward and/or soft palate
Buccal mucosa (inner cheek)
Labial mucosa, upper lip

R if:
2
Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)
Soft tissue of face

REGIONAL, Lymph Nodes

Facial: mandibular
Submandibular (submaxillary)
Retropharyngeal
Internal jugular
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Skin
Nasal cavity
Maxillary antrum (sinus)
Skull, including floor of orbit

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
LOWER GUM (GINGIVA)

- Buccal mucosa
- Mucosa
- Floor of mouth
- Lower gingiva
- Labial mucosa
- Sublingual gland
- Submucosa
- Palatine tonsil
- Tonsillar fossa
- Tonsillar pillar

REGIONAL NODES

1. Facial
2. Submandibular
3. Submental
4. Internal jugular
5. Upper cervical
LOWER GUM (GINGIVAE) April, 1977
AND RETROMOLAR TRIGONE
431,456

IN SITU: noninvasive

LOCALIZED

L if:
1 Confined to mucosa

L if invading:
2 Lamina propria (mucoperiosteum)

L if:
\[X\]
Localized, NOS

REGIONAL. Direct Extension

R if:
1 Mandible; periosteum of mandible
Floor of mouth
Buccal mucosa (inner cheek)
Labial mucosa, lower lip
Tongue

R if:
2 Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)
Soft palate, including uvula
Soft tissue of face

REGIONAL. Lymph Nodes

Facial: mandibular
Submandibular (submaxillary)
Submental
Internal jugular: subdi gastric, supraomohyoid
Upper cervical (including cervical, NOS)

DISTANT. Direct Extension or Metastasis

D if extension to:
1 Skin
Skull

D if:
2 Other distant involvement

DISTANT. Lymph Nodes

Supraventricular (transverse cervical)
Other distant nodes
FLOOR OF MOUTH

- Alveolar ridge
- Mucosa
- Submucosa
- Sublingual gland
- Submandibular gland

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

Hard Palate
- Soft Palate
- Uvula
- Glossopalatine arch
- Pharyngopalatine arch

Midline

Regional Nodes
1. Submental
2. Submandibular
3. Sublingual
4. Internal jugular
5. Cervical, NOS
IN_SITU: noninvasive

LOCALIZED

L if:
1 Confined to mucosa on one side

L if:
2 Confined to one side:
   Submucosa invaded
   Musculature invaded

L if:
3 Midline tumor; tumor has crossed midline

L if:
X Localized, NOS

REGIONAL, Direct Extension

R if:
1 Gingiva, lower
   Anterior 2/3 of tongue
   Submandibular (submaxillary) gland(s)
   Sublingual gland
   Periosteum of mandible

R if:
2 Mandible
   Base of tongue
   Vallecula, including pharyngoepiglottic and glossoepiglottic folds

R if:
3 Epiglottis, pharyngeal (lingual) surface
   Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)
   Underlying soft tissues

R if:
4 Skin
REGIONAL, Lymph Nodes

Submandibular (submaxillary)
Submental
Sublingual
Internal jugular: subdigastric, supraomohyoid
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
CHEEK (BUCCAL) MUCOSA

Vermillion surface
Upper gingiva
Labial mucosa
Hard palate
Soft palate
Uvula

Buccal mucosa

Vermillion surface

SKULL

Zygoma
Maxilla
Mandible

REGIONAL NODES
1. Facial
2. Parotid
3. Submandibular
4. Submental
5. Internal jugular
6. Upper cervical
CHEEK ( Buccal) MUCOSA  April, 1977
VESTIBULE OF MOUTH
450, 451

IN SITU: noninvasive

LOCALIZED

L if:
1
Confined to mucosa
Submucosa invaded

Localized, NOS

REGIONAL, Direct Extension

R if:
1
Soft tissue of cheek (including muscle)
Gingiva
Lip(s)
Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)

R if:
2
Skin

REGIONAL, Lymph Nodes

Facial: buccinator, mandibular
Parotid: preauricular, infra-auricular
Submandibular (submaxillary)
Internal jugular: subdigastric
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Base or anterior 2/3 of tongue
Hard or soft palate
Bone: maxilla, mandible, skull

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
HARD PALATE

1. Hard palate
2. Soft palate
3. Uvula
4. Nasal cavity
5. Palatine bone
6. Upper gingiva

REGIONAL NODES
1. Submandibular
2. Retropharyngeal
3. Internal jugular
4. Cervical, NOS
IN SITU: noninvasive

LOCALIZED

L if:
1 Confined to mucosa on one side

L if:
2 Midline tumor; tumor has crossed midline

L if:
X Localized, NOS

REGIONAL, Direct Extension

R if:
1 Soft palate, including uvula
Gingiva, upper
Palatine bone
Maxilla

R if:
2 Buccal mucosa (inner cheek)

REGIONAL, Lymph Nodes

Submandibular (submaxillary)
Retropharyngeal
Internal Jugular: subdigastric
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

D if extension to:
1 Nasal cavity; floor of nose
Maxillary antrum (sinus)
Nasopharynx

D if:
2 Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
SOFT PALATE AND UVULA

Hard Palate
Soft Palate
Uvula

Nasal cavity floor
Nasopharynx
Palatine bone
Lower gingiva
Floor of mouth
Mandible

Upper gingiva
Buccal mucosa
Tonsillar fossa
Palatine tonsil
Tonsillar pillar

REGIONAL NODES
1. Submandibular
2. Retropharyngeal
3. Internal jugular
4. Upper cervical
IN SITU: noninvasive

LOCALIZED

L if:
1
Confinned to mucosa on one side

L if:
2
Submucosa and/or musculature invaded on one side

L if:
3
Midline tumor; tumor has crossed midline

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Hard palate, mucosa
Gingiva, upper
Lateral pharyngeal wall (tonsillar pillars, tonsillar fossae, tonsils)

R if:
2
Buccal mucosa (inner cheek)
Nasal cavity floor

REGIONAL, Lymph Nodes

Submandibular (submaxillary)
Retropharyngeal
Internal Jugular: subdigastric
Upper cervical (including cervical, NOS)
DISTANT, Direct Extension or Metastasis

D if extension to:

1
Tongue
Nasopharynx
Palatine bone
Maxilla
Maxillary antrum (sinus)
Mandible

D if:

2
Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
OROPHARYNX

REGIONAL NODES
1. Retropharyngeal
2. Internal jugular
3. Cervical, NOS

PHARYNX (from behind)
IN SITU; noninvasive

LOCALIZED (Tumor is not fixed)

L if confined to:

1 Posterior wall
One lateral wall
Anterior wall (including laryngeal (anterior) surface of epiglottis, vallecula epiglottis, and junctional region of oropharynx)

L if tumor involves:

2 Lateral wall(s) and posterior (or anterior) wall

L if:

x Localized, NOS

REGIONAL, Direct Extension

R if:

1 Tumor is not fixed, but extends into:

Soft tissue of neck
Prevertebral fascia
Base of tongue
Larynx
Pyriform sinus
Hypopharynx, NOS

Soft palate, including uvula
Nasopharynx
Floor of mouth
Gum (gingiva), posterior
Buccal mucosa (inner cheek)

R if:

2 Tumor is described as "fixed to adjacent tissues"

REGIONAL, Lymph Nodes

Retropharyngeal
Internal jugular: subdigastric, supraomohyoid
Upper cervical (including cervical, NOS)
Distant, Direct Extension or Metastasis

D if extension to:
1. Both lateral walls involved via soft palate or base of tongue
2. Anterior 2/3 of tongue
3. Hard palate
4. Mandible
5. Parotid gland

D if:
2. Other distant involvement

Distant, Lymph Nodes

Submandibular
Supraclavicular (transverse cervical)
Other distant nodes
NASOPHARYNX

Nasal cavity
Nasopharynx
Eustachian tube
Posterior wall
Lateral wall
Anterior wall
Oropharynx
Soft palate
Uvula
Hypopharynx

SKULL

Frontal sinus
Floor of orbit
Sphenoid sinus
Ethmoid sinus
Maxillary sinus

REGIONAL NODES
1. Retropharyngeal
2. Internal jugular
3. Cervical, NOS

- 42 -
IN_SITU: noninvasive

LOCALIZED (Tumor is not fixed)

L if confined to:
1
Posterior superior wall (vault)
One lateral wall (including aryepiglottic fold, NOS)

L if tumor involves:
2
Posterior superior wall (vault) and lateral wall(s)
Lateral wall into eustachian tube/ middle ear

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Tumor is not fixed, but extends into:
Oropharynx; nasal cavity
Skull, including floor of orbit
Pterygopalatine fossa
Soft palate, including uvula

R if:
2
Tumor is described as "fixed to adjacent tissues"

REGIONAL, Lymph Nodes

Retropharyngeal
Internal Jugular
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Brain, including cranial nerves
Accessory sinus: maxillary, sphenoid, ethmoid, frontal
Hard palate
Hypopharynx
Soft tissues of neck

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Supravclicular (transverse cervical)
Submandibular
Other distant nodes
HYOPHARYNX

Nasopharynx

Prevertebral muscles

Posterior wall

Hypopharynx

Pyriform sinus

Postcricoid area

Esophagus

Oropharynx

Larynx

Cricoid cartilage

PHARYNX (posterior view)

Nasopharynx

Oropharynx

Base of tongue

Larynx

Hypopharynx

Posterior wall

Pyriform sinus

Esophagus

REGIONAL NODES

1. Retropharyngeal
2. Internal jugular
3. Cervical, NOS
IN_SITU: noninvasive

LOCALIZED (Tumor is not fixed)

  L if confined to:
  1
  1. Pyriform sinus
  2. Postcricoid area
  3. Posterior pharyngeal wall

  L if tumor involves:
  2
  1. Pyriform sinus and postcricoid area
  2. Pyriform sinus and posterior pharyngeal wall
  3. Postcricoid area and posterior pharyngeal wall
  4. Pyriform sinus, postcricoid area and posterior pharyngeal wall

  L if:
  x
  Localized, NOS

REGIONAL, Direct Extension

  P if:
  1
  Tumor is not fixed, but extends into:
  1. Oropharynx; larynx
  2. Soft tissues of neck
  3. Prevertebral muscle(s)
  4. Upper esophagus

  R if:
  2
  Tumor is described as "fixed to adjacent tissues"

REGIONAL, Lymph Nodes

  Retropharyngeal
  Internal jugular: subdigastic, supraomohyoid
  Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

  D if extension to:
  1
  1. Nasopharynx
     Base of tongue
     Floor of mouth

  D if:
  2
  Other distant involvement

DISTANT, Lymph Nodes

  Supraclavicular (transverse cervical)
  Other distant nodes
Upper or Cervical Esophagus

Upper esophagus
Middle esophagus
Lower esophagus

Hypopharynx
Vertebrae
Thyroid
Larynx

Mucosa
Submucosa
Circular m.
Muscularis
Longitudinal m.
Lumen

Trachea
Aorta
Carina
Esophagus

Upper deep jugular
Upper cervical
Lower "
Sup. mediastinal
Esophageal

Lymph Nodes

- 46 -
IN SITU: noninvasive

LOCALIZED

L if confined to:
1
Mucosa of upper esophagus
Mucosa but extends to middle esophagus

L if tumor invades:
2
Muscularis

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Adventitia and/or soft tissues of neck
Major blood vessel(s): carotid artery, subclavian artery, jugular vein
Thyroid gland
Esophagus is described as "fixed"

R if:
2
Hypopharynx; larynx
Trachea, including carina
Cervical vertebra(e)

REGIONAL, Lymph Nodes

Paraesophageal
Internal Jugular
Anterior deep cervical: laterotracheal (recurrent)
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Main stem bronchus
Lung and/or pleura

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Posterior mediastinal
Supraclavicular (transverse cervical)
Other distant nodes
MIDDLE OR THORACIC ESOPHAGUS
THORACIC OR MIDDLE April, '1977
ESOPHAGUS
501, 504

IN_SITU: noninvasive

LOCALIZED

L if confined to:
  1
Mucosa of middle esophagus
Mucosa but extends to upper and/or lower esophagus
  L if tumor involves:
    2
Muscularis
  L if:
    x
Localized, NOS

REGIONAL, Direct Extension

R if:
  1
Adventitia and/or soft tissues
Major blood vessel(s): aorta, pulmonary artery or vein, vena cava
Trachea
Carina
Main stem bronchus
Esophagus is described as "fixed"
  R if:
    2
Lung via bronchus
Pleura
Pericardium
Mediastinal structure(s) NOS
Rib(s)
Thoracic vertebra(e)
Diaphragm

REGIONAL, Lymph Nodes

Paraesophageal
Tracheobronchial: peritracheal, carinal (bifurcation), hilar
(pulmonary roots)
Posterior mediastinal
Internal jugular
Left gastric: cardiac, lesser curvature
Upper cervical (including cervical, NOS)

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Supraclavicular (transverse cervical)
Other distant nodes
In Situ; noninvasive

Localized

L if confined to:
1. Mucosa of lower esophagus
2. Mucosa but extends to middle esophagus

L if tumor involves:
1. Muscularis

L if:
1. Localized, NOS

Regional, Direct Extension

R if:
1. Adventitia and/or soft tissues
   Esophagus is described as "fixed"

R if:
2. Diaphragm
   Cardia of stomach
   Major blood vessel(s): aorta, gastric artery or vein, vena cava

Regional, Lymph Nodes

Paraesophageal
Left gastric: cardiac, lesser curvature, perigastric, NOS
Posterior mediastinal

Distant, Direct Extension or Metastasis

D if:
1. "Diaphragm is fixed" (indicates phrenic nerve involved by tumor)

D if:
2. Other distant involvement

Distant, Lymph Nodes

Celiac
Para-aortic
Other distant nodes
IN-SITU: noninvasive

LOCALIZED
L if:
1
Confined to mucosa (lamina propria or muscularis mucosae; intramusosal)

L if:
2
Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:
3
Muscularis propria invaded
Invasion through muscularis propria
Subserosal tissue invaded (including extension through the wall, NOS)

L if:
4
Implants inside the stomach

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1
Perigastric fat
Lesser omentum
Ligaments: gastrocolic, gastrohepatic, gastrosplenic
Gastric artery

R if:
2
Invasion of (through) serosa*
Diffuse involvement of entire thickness of stomach wall
(limitis plastica)

R if extension to:
3
Esophagus (intraluminal)
Duodenum (intraluminal)

R if extension to:
4
Spleen
Omentum (greater)
Transverse colon (including hepatic and splenic flexures)
Diaphragm

*Invasion of serosa may be considered localized in historical comparisons.
STOMACH (excluding cardioesophageal junction)
510-516, 518-519

R if extension to:
5 Esophagus via serosa
Duodenum via serosa
Liver
Pancreas
Jejunum, ileum

REGIONAL, Lymph Nodes

 Inferior gastric:
Gastrocolic
Gastroepiploic, right or NOS
Greater curvature
Greater omentum
Infrapyloric
Pyloric
Subpyloric

 Superior gastric:
Cardiac
Cardioesophageal
Gastrohepatic
Left gastric
Lesser curvature
Lesser omentum
Paracardial

Splenic hilar:
Left gastroepiploic
Pancreaticocolienal
Peripancreatic
Splenic

Perigastric, NOS

Nodule(s) in perigastric fat

DISTANT, Direct Extension or Metastasis

 D if extension to:
1 Left Kidney
Adrenal gland(s)
Retroperitoneum
Abdominal wall
Ovary (Krukenberg tumor)

 D if:
2 Other distant involvement

DISTANT, Lymph Nodes

Celiac
Hepatic
Mesenteric, superior or inferior
Para-aortic
Portal
Retroperitoneal
Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if:
1
Invasive cancer confined to a polyp
Confined to submucosa

L if:
2
Muscularis and/or serosa invaded

L if:
3
Intraluminal to jejunum

x
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Periduodenal tissue
Mesentery, including mesenteric fat
Stomach
Extrahepatic bile duct(s), including ampulla of Vater
Pancreas, including pancreatic duct

R if:
2
Greater omentum
Major blood vessel(s): aorta, superior mesenteric artery or vein,
vena cava, portal vein, renal vein, gastro-
duodenal artery

R if:
3
Small intestine via serosa
Transverse colon, including hepatic flexure
Right and/or quadrate lobe of liver
Gallbladder
Right kidney
Right ureter
Diaphragm
Abdominal wall
Retroperitoneum
REGIONAL, Lymph Nodes

Hepatic: pancreaticoduodenal, infrapyloric, gastroduodenal

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Superior mesenteric
Other distant nodes
IN SITU; noninvasive

LOCALIZED

L if:
1 Invasive cancer confined to a polyp
Confined to submucosa

L if:
2 Muscularis and/or serosa invaded

L if:
3 Intraluminal to ileocecal valve or cecum from ileum
Intraluminal to duodenum from jejunum

L if:
X
Localized, NOS

REGIONAL. Direct Extension

R if:
1 Mesentery, including mesenteric fat

R if:
2 Abdominal wall
Retroperitoneum
Small intestine via serosa
Large intestine, including appendix

REGIONAL. Lymph Nodes

Posterior cecal (terminal ileum only)
Ileocolic (terminal ileum only)
Superior mesenteric

DISTANT. Direct Extension or Metastasis

Bladder
Uterus
Ovary
Fallopian tube
Other distant involvement

DISTANT. Lymph Nodes
IN SITU: noninvasive

LOCALIZED

L if:
1 Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)

L if:
2 Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:
3 Muscularis propria invaded
Invasion through muscularis propria
Subserosal tissue invaded (including extension through the wall, N03)

L if:
4 Intraluminal to appendix, cecum or ileocecal valve, ileum, ascending colon
Implants inside the cecum

L if:
X Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1 Mesentery, including mesenteric fat
Pericolic (pericecal) fat
Adjacent tissue(s), NOS

R if:
2 Invasion of (through) serosa*

R if extension to:
3 Greater omentum
Retroperitoneum
Abdominal wall
Small intestine, other than ileum

*Invasion of serosa may be considered localized in historical comparisons.
REGIONAL, Lymph Nodes

Epiploic
Paracolic
Cecal
Ileocolic
Right colic (including colic, NOS)
Mesenteric, superior or NOS

Node(s) in pericolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:

1. Uterus
   Ovary
   Fallopian tube
   Urinary bladder
   Gallbladder
   Right kidney or ureter
   Liver
   Other segment of colon via serosa

D if:

2. Other distant involvement

DISTANT, Lymph Nodes

Inferior mesenteric
Para-aortic
Retroperitoneal
Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if:
1 Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)
L if:
2 Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion
L if:
3 Muscularis propria invaded
Invasion through muscularis propria
Subserosal tissue invaded (including extension through the wall, NOS)
L if:
4 Intraluminal to cecum, appendix, ileocecal valve, transverse colon
Implants inside the ascending colon
L if:
x Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1 Pericolic fat
Retroperitoneal fat
Adjacent tissue(s), NOS
R if:
2 Invasion of (through) serosa*

R if extension to:
3 Greater omentum
Retroperitoneum
Abdominal wall
Small intestine
Right ureter
Right kidney
Liver, right lobe

*Invasion of serosa may be considered localized in historical comparisons.
REGIONAL, Lymph Nodes

Epicolic
Paracolic
Ileocolic
Right colic (including colic, NOS)
Middle colic
Mesenteric, superior or NOS

Nodule(s) in pericolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:

1

Uterus
Ovary
Fallopian tube
Urinary bladder
Gallbladder
Other segment of colon via serosa

D if:

2

Other distant involvement

DISTANT, Lymph Nodes

Inferior mesenteric
Para-aortic
Retroperitoneal
Other distant nodes
IN_SITU; noninvasive

LOCALIZED

L if:
1
Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)

L if:
2
Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:
3
Muscularis propria invaded
Invasion through muscularis propria
Subserosal tissue invaded (including extension through the wall, NOS)

L if:
4
Intraluminal to ascending or descending colon

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1
Mesentery (including mesenteric fat); mesocolon
Pericolic fat
Greater omentum; gastrocolic ligament
Adjacent tissue(s), NOS

R if:
2
Invasion of (through) serosa*

R if extension to:
3
Stomach
Small intestine
Liver
Spleen
Pancreas
Retroperitoneum
Gallbladder/bile ducts
Kidney
Abdominal wall

*Invasion of serosa may be considered localized in historical comparisons.
REGIONAL, Lymph Nodes

Epicolic
Paracolic
Right colic for hepatic flexure only
Middle colic
Colic, NOS
Left colic for splenic flexure only
Inferior mesenteric for splenic flexure only
Superior mesenteric for hepatic flexure and transverse colon only
Mesenteric, NOS

Node(s) in pericolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Other segment of colon via serosa
Diaphragm
Ureter
Adrenal gland
Ovary

D if:

2
Other distant involvement

DISTANT, Lymph Nodes

Para-aortic or retroperitoneal

Inferior mesenteric for hepatic flexure and transverse colon only
Superior mesenteric for splenic flexure only
IN_SITU: noninvasive

LOCALIZED

L if:
1
Confined to mucosa (lamina propria or muscularis mucosae)

L if:
2
Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:
3
Muscularis propria invaded
Invasion through muscularis propria
Subserosal tissue invaded (including extension through the wall, NOS)

L if:
4
Intraluminal to splenic flexure, transverse colon, sigmoid colon

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1
Pericolic fat, NOS
Retroperitoneal fat
Adjacent tissue(s), NOS

R if:
2
Invasion of (through) serosa*

R if extension to:
3
Small intestine
Retroperitoneum
Greater omentum
Abdominal or pelvic wall
Left ureter
Left kidney
Spleen

*Invasion of serosa may be considered localized in historical comparisons.
REGIONAL, Lymph Nodes

Epicolic
Paracolic
Left colic (including colic, NOS)
Mesenteric, inferior or NOS

Nodule(s) in pericolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Uterus
Ovary
Fallopian tube
Other segment of colon via serosa

D if:

2
Other distant involvement

DISTANT, Lymph Nodes

Para-aortic
Retroperitoneal
Superior mesenteric
Other distant nodes
IN SITU; noninvasive

LOCALIZED

L if:
1
Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)

L if:
2
Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:
3
Muscularis propria invaded
Invasion through muscularis propria
Subserosal tissue invaded (including extension through the wall, NOS)

L if:
4
Intraluminal to descending colon, rectosigmoid, or rectum

L if:
X
Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1
Mesentery (including mesenteric fat); mesosigmoid
Pericolic fat
Adjacent tissue(s), NOS

R if:
2
Invasion of (through) serosa

R if extension to:
3
Greater omentum
Abdominal or pelvic wall
Small intestine

*Invasion of serosa may be considered localized in historical comparisons.

- 75 -
REGIONAL, Lymph Nodes

- Epicolic
- Paracolic
- Celiac, NOS
- Sigmoidal
  - Superior hemorrhoidal
  - Superior rectal
  - Mesenteric, inferior or NOS
- Nodule(s) in pericolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:

1. Uterus
   - Cul de sac (rectouterine pouch)
   - Ovary
   - Fallopian tube
   - Ureter
   - Urinary bladder
   - Other segment of colon via serosa

D if:

2. Other distant involvement

DISTANT, Lymph Nodes

- Para-aortic
- Retroperitoneal
- Superior mesenteric
- Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if:
1 Confined to mucosa (lamina propria or muscularis mucosae; intramucosal)

L if:
2 Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:
3 Muscularis propria invaded
Invasion through muscularis propria
Subserosal tissue invaded (including through the wall, NOS)

L if:
4 Intraluminal to sigmoid colon or rectum

X Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1 Mesentery, including mesenteric fat
Pericolic (perirectal) fat
Adjacent tissue(s), NOS

R if:
2 Invasion of (through) serosa*

R if extension to:
3 Small intestine
Cul de sac (rectouterine pouch)
Pelvic wall/pelvic plexuses

*Invasion of serosa may be considered localized in historical comparisons.
REGIONAL, Lymph Nodes

Paracolic (including colic, NOS)
Pararectal
Hemorrhoidal, superior or middle
Sigmoidal
Internal iliac (hypogastric)
Mesenteric, inferior or NOS

Node(s) in paracolic fat

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Uterus
Vagina
Urinary bladder and/or ureter
Prostate
Skeletal muscles of pelvic floor
Fallopian tube
Ovary
Other segment of colon via serosa

D if:

2
Other distant involvement

DISTANT, Lymph Nodes

Para-aortic
Retroperitoneal
Superior mesenteric
Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if:
1 Confined to mucosa (lamina propria or muscularis mucosae)

L if:
2 Submucosa invaded (thru muscularis mucosae)
Stalk invaded (if polyp)
Superficial invasion

L if:
3 Muscularis propria invaded
Invasion through muscularis propria (including extension through wall, NOS)

L if:
X Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1 Perirectal fat
Rectovaginal septum
Adjacent tissue(s), NOS

R if:
2 Invasion of (through) serosa*

R if extension to:
3 Intraluminal to rectosigmoid or anus

R if extension to:
4 Colon, anus (except intraluminal)
Vagina
Cul de sac (rectouterine pouch)

*Invasion of serosa may be considered localized in historical comparisons.
RECTUM  April, 1977
541

R if extension to:

5
Urinary bladder/rectovesical fascia, male
Prostate
Seminal vesicle
Ductus deferens
Skeletal muscle of pelvic floor
Pelvic wall

REGIONAL, Lymph Nodes

Pararectal
Hemorrhoidal, superior or middle
Sacral
Sigmoidal
Mesenteric, inferior or NOS
Internal iliac (hypogastric)

Nodule(s) in perirectal fat

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Uterus
Urinary bladder, female
Sacrum
Sacral plexus
Bones of pelvis
Ovary
Urethra
Perineum; perianal skin

D if:

2
Other distant involvement.

DISTANT Lymph Nodes

Para-aortic
Retroperitoneal
Superior mesenteric

Inguinal
Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if:

1 Incidental finding of malignancy in hemorrhoid
Invasive cancer confined to submucosa

L if:

2 Muscularis (internal sphincter)

L if:

x Localized, NOS

REGIONAL, Direct Extension

R if:

1 Rectal mucosa or submucosa
Perianal skin
Skeletal muscle(s): anal sphincter (external), levator ani
Ishiorectal fat/tissue

R if:

2 Perineum
Vulva

REGIONAL, Lymph Nodes

Anorectal; pararectal
Internal iliac (hypogastric) for anal canal only
Lateral sacral for anal canal only
Superficial inguinal for anus only

DISTANT, Direct Extension or Metastasis

D if extension to:

1 Prostate
Peritoneum of pelvic floor
Bladder
Urethra
Vagina

D if:

2 Other distant involvement

DISTANT, Lymph Nodes

NOTE: Melanoma of the anus is classified according to the staging
scheme for melanoma.
LOCALIZED

Confined to one lobe
Satellite nodule(s) confined to one lobe

Localized, NOS

REGIONAL, Direct Extension

R if:
1 More than one lobe involved by contiguous growth
   Gallbladder from right lobe of liver

R if:
2 Extrahepatic blood vessel(s): hepatic artery, vena cava, portal vein
   Extrahepatic bile duct(s)
   Diaphragm
   Peritoneum
   Ligament(s): falciform, coronary, triangular, hepatogastric, hepatoduodenal
   Lesser omentum

REGIONAL, Lymph Nodes

Cardiac
   Diaphragmatic: pericardial
   Posterior mediastinal
Hepatic: hepatic pedicle, inferior vena cava, hepatic artery
   Lateral aortic (retroperitoneal): coronary, renal artery

DISTANT, Direct Extension or Metastasis

D if:
1 Satellite nodules in more than one lobe of liver, surface or parenchymal

D if extension to:
2 Pleura
   Pancreas
   Stomach

D if:
3 Other distant involvement

DISTANT, Lymph Nodes
LYMPHATICS OF THE GALLBLADDER

Fig. 504. Schematic representation of the lymphatics of the gallbladder showing the pathways to, 1, cystic node; 2, node of anterior border of foramen of Winslow; and, 3, superior retropancreaticoduodenal node.

IN SITU; noninvasive

LOCALIZED

L  if:
   1
   Invasive cancer confined to submucosa

L  if:
   2
   Muscularis and/or serosa invaded

L  if:
   x
   Localized, NOS

REGIONAL, Direct Extension

R  if:
   1
   Right lobe of liver
   Gallbladder is replaced by tumor (indicate extension to liver)
   Extrahepatic bile duct(s), including ampulla of Vater

R  if:
   2
   Blood vessels: cystic artery/vein, hepatic artery, portal vein
   Pancreas via extrahepatic bile ducts
   Greater omentum
   Lesser omentum
   Duodenum

REGIONAL, Lymph Nodes

Cystic (node of the neck of the gallbladder)
Node of the foramen of Winslow
Hepatic: periportal, pancreaticoduodenal

DISTANT, Direct Extension or Metastasis

D  if extension to:
   1
   Pancreas (other than above)
   Large intestine
   Stomach

   D  if:
   2
   Other distant involvement

DISTANT, Lymph Nodes

Mesenteric
Para-aortic
Other distant nodes
IN SITU: noninvasive

LOCALIZED

Confined to bile duct(s): cystic, hepatic, common, ampulla of Vater

Localized, NOS

REGIONAL, Direct Extension

R if:
1
Duodenum
Galbladder
Pancreas
Liver, porta hepatis
Lesser omentum

R if:
2
Transverse colon, including hepatic flexure
Distal stomach
Blood vessels: portal vein, hepatic artery

REGIONAL, Lymph Nodes

Cystic (node of the neck of the gallbladder)
Node of the foramen of Winslow
Hepatic: periportal, pancreaticoduodenal

DISTANT, Direct Extension or Metastasis

DISTANT, Lymph Nodes

Mesenteric
Para-aortic
Other distant nodes
LOCALIZED

Confined to head of pancreas
Body of pancreas involved
With obstruction, but no invasion, of extrahepatic bile duct(s)

Localized, NOS

REGIONAL, Direct Extension

R if:
1
Extrahepatic bile duct(s), including ampulla of Vater
Duodenum
Stomach adjacent to head of pancreas, including stomach NOS

R if:
2
Liver
Major blood vessel(s): hepatic, pancreaticoduodenal and/or gastro-
duodenal arteries, superior mesenteric artery or vein, portal vein
Transverse colon, including hepatic flexure
Peritoneum
Mesentery, mesocolon, mesenteric fat
Greater and/or lesser omentum
Gallbladder

R if:
3
Tumor is described as "fixed to adjacent tissues"

REGIONAL, Lymph Nodes

Peripancreatic
Hepatic: pancreaticoduodenal, infrapyloric (subpyloric)
Superior mesenteric
Lateral aortic (retroperitoneal)
Celiac

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Body of stomach
Kidney
Ureter
Adrenal gland
Retroperitoneum
Jejunum
Ileum

D if:
2
Other distant involvement

DISTANT, Lymph Nodes
LOCALIZED

Confined to body and/or tail of pancreas
Head of pancreas involved

Localized, NOS

REGIONAL, Direct Extension

R if:
1
Left kidney
Left ureter
Left adrenal gland
Retropitoneal soft tissues (retroperitoneal space)

R if:
2
Spleen
Stomach
Liver, porta hepatitis
Gallbladder

Small intestine
Splenic flexure
Peritoneum
Mesentery, mesocolon, mesenteric fat
Major blood vessel(s): aorta, celiac artery, hepatic artery, splenic artery or vein, superior mesenteric artery or vein, portal vein

REGIONAL, Lymph Nodes

Spleen: suprapancreatic, splenic hilum, pancreaticocolenal
Superior mesenteric
Lateral aortic (retroperitoneal)

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Right kidney
Right ureter
Right adrenal gland
Diaphragm
Large intestine (other than splenic flexure)

D if:
2
Other distant involvement

DISTANT, Lymph Nodes
LYMPH NODES OF THE PELVIS AND ABDOMEN

Fig. 5. Principal Lymph Node Groups of the Pelvis and Abdomen

Source: Taylor, G. W., Lymph Node Metastases, p. 44
DEFINITION OF ANATOMICAL LIMITS OF THE LARYNX ACCORDING TO THE AMERICAN JOINT COMMITTEE ON CANCER STAGING

**Anterior Limit** is constituted 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 constituted by the tip and the lateral border of the epiglottis.

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supraglottic</td>
<td>Ventricular bands (false cords), right and left</td>
</tr>
<tr>
<td></td>
<td>Arytenoids, right and left</td>
</tr>
<tr>
<td></td>
<td>Epiglottis (both lingual and laryngeal aspects)</td>
</tr>
<tr>
<td></td>
<td>Suprahyoid epiglottis</td>
</tr>
<tr>
<td></td>
<td>Infrahoid epiglottis</td>
</tr>
<tr>
<td></td>
<td>Aryepiglottic folds</td>
</tr>
<tr>
<td>Glottic</td>
<td>True vocal cords, right and left</td>
</tr>
<tr>
<td></td>
<td>Anterior and posterior commissures</td>
</tr>
<tr>
<td>Subglottic</td>
<td>Right and left walls of the subglottis, exclusive of the undersurface of the cords</td>
</tr>
</tbody>
</table>
IN SITU: noninvasive

LOCALIZED

L if:

1 Tumor limited to one area within a region

Supraglottic region
- Laryngeal (posterior) surface of epiglottis
- Arytenoid
- Aryepiglottic fold
- Ventricular band (false cord, vestibular fold)
- Ventricular cavity

Glottic region (normal mobility)
- Vocal cord, one side
- Commissure

Subglottic region on one side

L if:

2 Tumor extends to adjacent area(s) within a region

Supraglottic region
- More than one of the above areas

Glottic region (normal mobility)
- Cord and commissure
- Both vocal cords

Subglottic region on both sides

L if:

3 Glottic region: Fixation of cord(s)

L if:

4 Tumor involves adjacent region(s)

Supraglottic region
- Glottic region (with or without fixation)
- Subglottic region

Involves intrinsic muscle(s): aryepiglottic, arytenoid, cricoarytenoid, cricothyroid, thyroepiglottic, thyroarytenoid, vocalis

L if:

x Localized, NOS
REGIONAL, Direct Extension

R if:
1
Pyriform sinus
Posterior area
Hypopharynx NOS
Vallecula, including pharyngoepiglottic and glossoepiglottic folds
Base of tongue from laryngeal surface of epiglottis

R if:
2
Extends into cricoid and/or thyroid cartilage

REGIONAL, Lymph Nodes

Internal jugular: subdigastric
Anterior deep cervical: prelaryngeal, pretracheal, laterotracheal
(recurrent)
Cervical, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Extrinsic muscle(s): omohyoid, sternohyoid, sternothyroid, thyrohyoid
strap muscles)
Soft tissues of neck
Thyroid
Skin
Trachea
Upper esophagus

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Supraclavicular
Submandibular
Other distant nodes
IN SITU: noninvasive

LOCALIZED

Single tumor > 2 cm. from carina and confined to one lung and/or main stem bronchus

L if:
1 Tumor size is 3.0 cm. or less
2 Tumor size > 3.0 cm.
3 Tumor size is unknown

L if:
4 Single tumor of any size < 2 cm. from carina and confined to one lung and/or main stem bronchus

L if:
5 Multiple masses confined to one lung and/or main stem bronchus

L if:
6 Localized, NOS
REGIONAL, Direct Extension

R if extension to:
1.
Pleura, visceral/NOS
Pericardium, parietal/NOS
Pulmonary ligament

R if tumor involves:
2.
Carina
Trachea
Esophagus

Nerve(s):
- Recurrent laryngeal
- Vagus
- Phrenic
- Cervical sympathetic (Horner's syndrome)

Major blood vessel(s):
- Pulmonary artery or vein
- Azygos vein
- Superior vena cava

R if:
x
Extrapulmonary mediastinal extension, NOS

REGIONAL, Lymph Nodes

Intrapulmonary
Hilar (bronchial; parabronchial; pulmonary root)
Subcarinal; carinal

Mediastinal (paratracheobronchial; paratracheal; pericardial;
para-esophageal; para-aortic-above diaphragm)
DISTANT, Direct Extension or Metastasis

D if extension to:
1
Brachial plexus from superior sulcus or Pancoast tumor
Lung and/or main stem bronchus, contralateral
Pericardium, visceral
Heart
Pleura, parietal

D if extension to:
2
Ribs, sternum, vertebra
Chest (thoracic) wall
Skeletal muscle
Skin of chest
Diaphragm
Abdominal organs

D if:
3
Other distant involvement

DISTANT, Lymph Nodes

Contralateral hilar or mediastinal (including bilateral)
Supraclavicular (transverse cervical)
Scalene
Cervical, NOS
Other distant nodes
LOCALIZED

Confined to bone
Tumor has broken through periosteum but not beyond
Abnormal configuration of bone

Localized, NOS

REGIONAL, Direct Extension

Surrounding tissues, including skeletal muscle(s)
Adjacent bone

REGIONAL, Lymph Nodes

First chain of nodes involved in the area of the
tumor

DISTANT, Direct Extension or Metastasis

Skin
Other distant involvement

DISTANT, Lymph Nodes
Fig. 100 Lymphatics of the skin of the face and upper and lower extremities.

IN SITU; intraepidermal (Clark's Level 1)

LOCALIZED

L₁ if tumor invades:
Papillary dermis (Clark's Level 2)
OR
Thickness/Depth of invasion \( \leq 0.75 \text{ mm} \)

L₂ if tumor invades:
Papillary- reticular dermal interface (Clark's Level 3)
OR
Thickness/Depth of invasion \( 0.76 - 1.50 \text{ mm} \)

L₃ if tumor invades:
Reticular dermis (Clark's Level 4)
OR
Thickness/Depth of invasion \( > 1.50 \text{ mm} \)

L₄ if:
Subcutaneous tissue (through entire dermis) (Clark's Level 5)

Lₓ if:
Localized, NOS; confined to skin/dermis, NOS

REGIONAL

R₁ if:
Satellite nodule(s) within immediate area (\( \leq 2 \text{ cm from the primary lesion} \))

R₂ if:
Intransit metastasis directed toward regional lymph nodes
(including satellite nodule(s) > 2 cm from the primary lesion)

NOTE 1: Skin ulceration does not alter the classification.

NOTE 2: Clark's level takes precedence over thickness/depth of invasion in case of discrepancy
REGIONAL, Lymph Nodes (by primary site)

Parotid: preauricular, infra-auricular
Forehead
Temporal region
Malar region
Lateral half of eyelids
Outer canthus
Anterior half of ear

Submandibular (submaxillary)
Midline of forehead
Medial half of eyelids
Inner canthus
Nose
Cheeks, Nose

Cervical
Occipital scalp, posterior ear
Head and neck tumors, any location
Scapula, above transverse line

Supraclavicular (transverse cervical)
Chest wall, anterior and posterior
Neck

Popliteal

Heel
Posterior leg

DISTANT, Direct Extension or Metastasis

D1 if:
Underlying cartilage, bone, muscle

D2 if:
Metastatic (generalized) skin lesions

D3 if:
Other distant involvement

DISTANT, Lymph Nodes

Other than above
SKIN OTHER THAN MELANOMA Revised July, 1983
730-737

NOTE: For skin of vulva, use 841-844 schemes;
    for penis, use 871, 872, 874 schemes.

IN SITU: intraepidermal

LOCALIZED

Single lesion confined to dermis
Skin ulceration
Subcutaneous tissues (through entire dermis)
Localized, NOS

REGIONAL. Lymph Nodes (by primary site)

Parotid: preauricular, infra-auricular Axillary

<table>
<thead>
<tr>
<th>Forehead</th>
<th>Arm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporal region</td>
<td>Hand</td>
</tr>
<tr>
<td>Malar region</td>
<td>Shoulder</td>
</tr>
<tr>
<td>Lateral half of eyelids</td>
<td>Chest wall, anterior and</td>
</tr>
<tr>
<td>Outer canthus</td>
<td>posterior</td>
</tr>
<tr>
<td>Anterior half of ear</td>
<td>Scapula (upper back),</td>
</tr>
<tr>
<td></td>
<td>below transverse line</td>
</tr>
</tbody>
</table>

Submandibular (submaxillary)  Epitrochlear

<table>
<thead>
<tr>
<th>Midline of forehead</th>
<th>Hand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medial half of eyelids</td>
<td>forearm</td>
</tr>
<tr>
<td>Inner canthus</td>
<td>Superficial inguinal</td>
</tr>
<tr>
<td>Nose</td>
<td>Lumbar region (lower back)</td>
</tr>
<tr>
<td>Lips</td>
<td>Abdominal wall,</td>
</tr>
<tr>
<td>Cheeks</td>
<td>anterior and posterior</td>
</tr>
<tr>
<td></td>
<td>Perineum</td>
</tr>
<tr>
<td></td>
<td>Perianal region</td>
</tr>
</tbody>
</table>

Cervical                      Femoral

| Occipital scalp, posterior   | Lower extremities           |
|     ear                     | (excluding heel)            |
| Head and neck tumors, any   | Perineum                    |
|     location                | Perianal region              |
| Scapula, above transverse   | Popliteal                   |
|     line                    | Heel                         |
|                               | Posterior leg                |

- 107 -
DIStANT. Direct Extension or Metastasis

D₁ if:
Underlying cartilage, bone, and muscle

D₂ if:
Metastatic (generalized) skin lesions

D₃ if:
Other distant involvement

DIStANT. Lymph Nodes

Other than above
Fig. 669. Lymphatics of the breast leading to: 1, axillary nodes which are distributed over a large area from the lateral aspects of the breast proper to the axillary vessels; 2, interpectoral chain leading to interpectoral node (circle detail) and to high nodes in the axilla; 3, chain of the internal mammary leading frequently to nodes in second interspace and to supraclavicular and cervical nodes. The lymphatics of the breast may empty into the opposite axillary nodes.

IN SITU (including noninfiltrating, intraductal without infiltration)

LOCALIZED

Confined to breast, including nipple and/or areola:

L₁ if tumor size is < 2 cm  
L₂ if tumor size is 2-4.9 cm  
L₃ if tumor size is ≥ 5 cm  
L₄ if tumor size is unknown  
Lₓ Localized, NOS

Note: Skin changes such as dimpling, tethering, attachment, fixation, induration and thickening or Paget's disease of nipple do not alter the classification.

REGIONAL, Direct Extension

R₁ if tumor of any size with:
- Invasion of subcutaneous tissue
- Skin infiltration of primary breast
- Skin edema, peau d'orange, "pigskin"
- En curraise, lenticular nodules
- Inflammation of skin, erythema
- Ulceration of skin of breast
- Satellite nodules in skin of primary breast
- Pectoral fascia or pectoral muscle involvement

R₂ if:
- Invasion of (or fixation to) chest wall, ribs, intercostal or serratus anterior muscles
REGионаl. Lymph Nodes

Axillary (low, adjacent to tail of breast; mid, central, interpectoral, Rotter's node; high, subclavicular, axillary vein nodes, apical)

Internal mammary (paraesternal)

Nodules in axillary fat

DiSTaNt. Direct ExtensiOn or Metastasis

D₁ if
Skin over sternum, upper abdomen, axilla or opposite breast
Satellite nodule(s) in skin other than primary breast

D₂ if tumor involves:
Breast, contralateral

D₃ if:
Other distant involvement

DiSTaNt. Lymph Nodes

Infraclavicular
Supraclavicular (transverse cervical)
Cervical, NOS
Axillary and/or internal mammary, contralateral
Other distant nodes
Fig. 519. Schematic representation of the lymphatics of the uterus showing 1, the uterine-ovarian pedicle; 2, the external iliac pedicle; and 3, the round ligament pedicle leading to the inguinal lymph nodes.

IN-SITU

Non-invasive, pre-invasive, intras epithelial
League of Nations Stage 0

LOCALIZED

L if:
1
Minimal stromal invasion; "microinvasion"

L if:
2
Invasive cancer confined to cervix

L if:
League of Nations Stage I

REGIONAL, Direct Extension

R if extension to:
1
Corpus uteri (body of uterus)

R if extension to:
2
Upper 2/3 of vaginal wall (including fornices and vagina, NOS)
Parametrium
Ligaments: broad, uterosacral, cardinal
League of Nations Stage II

R if extension to:
3
Lower 1/3 of vaginal wall
Pelvic wall(s)
League of Nations Stage III

R if extension to:
4
Rectal and/or bladder wall (excluding mucosa)
Bullous edema of bladder mucosa
Cul de sac (rectouterine pouch)
REGIONAL, Lymph Nodes

Hypogastric
Iliac (common, internal, external)
Obturator
Paracervical
Parametrial/pelvic, NOS
Sacral (lateral sacral, presacral, sacral promontory, uterosacral)

DISTANT, Direct Extension or Metastasis

D if extension to:

Bladder mucosa
Rectal mucosa
Ureter
Urethra
Sigmoid colon
Small intestine
Vulva
Ovary and/or fallopian tube

D if:

2 "Frozen pelvis"

D if:

3 Other distant involvement

D if:

x League of Nations Stage IV

DISTANT, Lymph Nodes

Aortic (para-aortic, periaortic, lumbar)
Inguinal
Other distant nodes
IN_SITU, pre-invasive, non-invasive

LOCALIZED

L if:
1
Invasive cancer confined to endometrium

L if:
2
Myometrium/serosa (perimetrium) invaded

Invasive cancer confined to corpus, clinically:
(Depth of invasion unknown)

L if:
3
Sounding of uterine cavity is ≤ 8 cm. from cervical os

L if:
4
Sounding of uterine cavity is > 8 cm. from cervical os

L if:
x
Localized, NOS

REGIONAL, Direct Extension

R if extension to:
1
Cervix uteri, including endocervix

R if extension to:
2
Parametrium
Ligaments: broad, round, uterosacral

R if extension to:
3
Pelvic wall(s)
Ovary and/or fallopian tube(s)

R if extension to:
4
Rectal and/or bladder wall (excluding mucosa)
REGIONAL, Lymph Nodes

Hypogastric
Iliac (common, internal, external)
Obturator
Paracervical
Paratubal/pelvic, NOS
Sacral (laterosacral, sacral promontory, presacral, uterosacral)
Superficial inguinal
Lateral aortic, presaortic

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Vagina
Vulva
Cul de sac (rectouterine pouch)
Rectum or bladder mucosa
Ureter
Sigmoid colon
Small intestine
Serosa of abdominal organs

D if:
2
"Frozen pelvis"

D if:
3
Other distant involvement

DISTANT, Lymph Nodes
LOCALIZED

Confined to ovarian tissue--one ovary or, if not specified to be metastatic, both ovaries

Localized, NOS

REGIONAL, Direct Extension

Peritoneum (pelvic; immediately adjacent, not implants)
Broad ligament, ipsilateral
Mesovarium, ipsilateral
Fallopian tube, ipsilateral
Adnexa, ipsilateral

REGIONAL, Lymph Nodes

Aortic (lateral and preaortic)
Hypogastric
Iliac (common, internal, external)
Obturator
Retroperitoneal/pelvic, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Sigmoid
Omentum
Cul de sac (rectouterine pouch)
Uterus
Rectosigmoid, rectum
Small intestine
Bladder, ureter

D if:

2
Implants on ovary, fallopian tube, cul de sac (rectouterine pouch), peritoneum, omentum
Metastatic to contralateral ovary and/or fallopian tube

D if:

3
Other distant involvement

DISTANT, Lymph Nodes

Inguinal
Other distant nodes
LOCALIZED

Confinement to fallopian tube(s) (specify bilateral involvement)

Localized, NOS

REGIONAL, Direct Extension

Peritoneum
Broad ligament, ipsilateral
Mesosalpinx, ipsilateral
Ovary, ipsilateral
Uterus (endometrium), ipsilateral

REGIONAL, Lymph Nodes

Aortic (lateral and preaortic)
Hypogastric
Iliac (common, internal, external)
Obturator
Retroperitoneal/pelvic, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:

1. Omentum
   Cul de sac (rectouterine pouch)
   Sigmoid
   Rectosigmoid
   Ovary, contralateral
   Small intestine

D if:

2. Other distant involvement

DISTANT, Lymph Nodes

Inguinal
Other distant nodes
IN SITU: noninvasive

LOCALIZED

L if:
1 Invasive cancer confined to submucosa (stroma)

L if:
2 Musculature invaded

L IF:
x Localized, NOS

REGIONAL, Direct Extension

Cervix
Vulva
Cul de sac (rectouterine pouch)
Vesicovaginal septum (paracystium)
Rectovaginal septum

REGIONAL, Lymph Nodes

External iliac
Internal iliac (hypogastric)
Common iliac (sacral promontory)

DISTANT, Direct Extension or Metastasis

D if extension to:
1 Urethra
Bladder
Rectum

D if:
2 "Frozen pelvis"

DISTANT, Lymph Nodes

Inguinal
Periaortic
Other distant lymph nodes
LYMPHATICS OF THE VULVA

Fig. 662. Lymphatics of the vulva leading to: 1, the superficial inguinal lymph nodes; 2, the superficial femoral nodes; 3, the deep inguinal nodes through the main clearing station; 4, the node of Cloquet; 5, the external iliac nodes.

IN SITU: noninvasive; Bowen's disease

LOCALIZED

Invasive cancer confined to submucosa
Confined to skin of vulva
Musculation invaded

Localized, NOS

REGIONAL, Direct Extension

Vaginal wall or orifice
Urethral orifice
Perineum
Perianal skin
Anus

REGIONAL, Lymph Nodes

Superficial inguinal
Deep inguinal: Rosenmuller's or Cloquet's node
External iliac

DISTANT, Direct Extension or Metastasis

D if extension to:

1
Perineal body
Rectal mucosa

D if:

2
Other distant involvement

DISTANT, Lymph Nodes

*Except melanomas which are classified according to the staging scheme for melanoma.
LYMPHATICS OF THE PROSTATE

Fig. 542. Schematic representation of lymphatics of the prostate showing, 1, external iliac pedicle; 2, hypogastric pedicle; and 3, posterior pedicle. The inferior pedicle which follows a downward direction and ends in hypogastric nodes is not illustrated here.

IN_SITU: noninvasive

LOCALIZED

L if:
1
Invasive cancer confined to prostatic capsule (intra-capsular)

L if:
2
Invasion of prostatic capsule

L if:
3
Prostatic urethra involved

L if:
x
Localized, NOS

REGIONAL, Direct Extension

R if extension:
1
Periprostatic tissues
Seminal vesicle(s)

R if:
2
Through prostatic capsule, including "fixation"

R if extension to:
3
Rectovesical (Denonvillier's) fascia
Bladder
Rectum
Extraprostatic urethra (membranous urethra)
REGIONAL, Lymph Nodes

Hypogastric
Iliac (common, internal, external)
Obturator
Periprostatic/pelvic, NOS
Sacral (lateral sacral, sacral promontory, presacral)

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Skeletal muscles: levator ani
Pelvic bone
Pelvic wall
Ureter
Sigmoid colon
Penis

D if:
2
"Frozen pelvis"

D if:
3
Other distant involvement

DISTANT, Lymph Nodes

Aortic (para-aortic, periaortic, lumbar)
Inguinal
Other distant nodes
Fig. 562. Schematic representation of the lymphatics of the testis showing main drainage in the para-aortic lymphatics and further lymphatic extension by way of the thoracic duct. The left supraclavicular node is fairly frequently involved. The lymphatics of the epididymis drain into the external iliac lymph nodes.

LOCALIZED

Confined to tunica albuginea (encapsulated tumor)
Tunica vaginalis involved

Localized, NOS

REGIONAL, Direct Extension

Epididymis
Scrotum, ipsilateral
Spermatic cord, ipsilateral
Vas deferens

REGIONAL, Lymph Nodes

Aortic, below level of renal arteries
External iliac
Retroperitoneal/pelvic, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:
1
Ulceration of scrotum
Scrotum, contralateral
Testis, bilateral
Penis

Kidney
Adrenal gland
Retroperitoneum

D if:
2
Other distant involvement

DISTANT, Lymph Nodes

Inguinal
Other distant nodes
IN_SITU: noninvasive (Bowen's Disease)

LOCALIZED

Invasive cancer confined to skin of penis, prepuce and/or glans

Localized, NOS

REGIONAL, Direct Extension

R if:
1
Corpus cavernosum

R if:
2
Urethra
Satellite nodule(s) on prepuce or glans
Skin: pubic, scrotal, abdominal, perineum

REGIONAL, Lymph Nodes

External iliac
Internal iliac (hypogastric)
Superficial inguinal
Deep inguinal: Rosenmuller's or Cloquet's node

DISTANT, Direct Extension or Metastasis

Testis
Other distant involvement

DISTANT LYMPH NODE

*Except melanomas which are classified according to the staging scheme for melanoma.
Fig. 554. Anatomic sketch of the lymphatics of the bladder drained mainly by, 1, the external iliac nodes but also by, 2, hypogastric and, 3, common iliac nodes.

**IN SITU**: noninvasive; intraepithelial

**LOCALIZED**

L if:
- 1
  Confined to mucosa

L if:
- 2
  Submucosa (subepithelial connective tissue; tunica propria; lamina propria) invaded

L if:
- 3
  Superficial muscle (less than one half way through the muscle coat)

L if:
- 4
  Deep muscle (half-way or more through the muscle coat)

L if:
  x
  Localized, NOS; no detailed information of above

**REGIONAL, Direct Extension**

R if:
- 1
  Invasion of perivesical fat
  Invasion of (through) serosa; peritoneum
  Surrounding connective tissue (including periprostatic tissue); adjacent tissue, NOS

R if extension to:
- 2
  Prostate, including prostatic urethra
  Ureter
  Vas deferens
  Seminal vesicle
  Rectovesical (Denonvillier's) fascia

R if extension to:
- 3
  Rectum, male
  Parametrium and uterus, female
  Bladder is "fixed"
  Vagina
  Pubic Bone
  Urethra, female
REGIONAL, Lymph Nodes

Perivesical
Hypogastric
Iliac (common, internal, external)
 Obturator
Sacral (lateral, presacral, sacral promontory)
Pelvic, NOS; regional, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:
1 Tumor fixed to (invading) pelvic wall
Abdominal wall
Rectum, female
Bones, excluding pubic bone
Sigmoid

D if:
2 Other distant involvement

DISTANT, Lymph Nodes

Aortic (para-aortic, periaortic, lumbar)
Inguinal
Other distant node(s)


LOCALIZED

L  if tumor confined to:
   1
   Kidney cortex
   Kidney medulla

   L  if:
   2
   Renal pelvis or calyces involved

   L  if:
   x
   Localized, NOS

REGIONAL, Direct Extension

R  if:
   1
   Perirenal tissue (fat)
   Renal (Gerota's) fascia
   Retroperitoneal soft tissues (retroperitoneal space)
   Blood vessels: perirenal veins, extrarenal portion of renal
   vein, aorta, renal artery, hilar blood vessels, vena cava
   Adrenal gland, ipsilateral
   Ureter, including implant(s), ipsilateral

   R  if:
   2
   Peritoneum
   Diaphragm
   Tail of pancreas
   Ascending colon from right kidney
   Descending colon from left kidney
   Duodenum from right kidney

REGIONAL, Lymph Nodes

Hilar (small nodes at renal pelvis)
Lateral aortic (retroperitoneal)
DISTANT, Direct Extension or Metastasis

D if extension to:
  1
   Kidney, bilateral
   Ureter, contralateral
   Adrenal gland, contralateral
   Ribs
   Stomach
   Spleen
   Liver

D if:
  2
Other distant involvement

DISTANT, Lymph Nodes
**IN SITU**: noninvasive; intraepithelial

**LOCALIZED**

Invasive cancer confined to:
- Submucosa
- Musculature

Localized, NOS

**REGIONAL, Direct Extension**

- Peripelvic tissue
- Retroperitoneal soft tissue (retroperitoneal space)
- Major blood vessel(s): aorta, renal artery or vein, vena cava
- Ureter, including implants
- Kidney parenchyma
- Adrenal gland
- Duodenum from right renal pelvis

**REGIONAL, Lymph Nodes**

- Hilar (renal hilus)
- Lateral aortic (retroperitoneal)

**DISTANT, Direct Extension or Metastasis**

- D if extension to:
  - Bladder
  - Spleen
  - Pancreas
  - Liver
  - Descending colon

- D if:
  - Other distant involvement

**DISTANT, Lymph Nodes**
IN_SITU: noninvasive; intraepithelial

LOCALIZED

Invasive cancer confined to:
- Submucosa
- Musculature

Localized, NOS

REGIONAL, Direct Extension

- Periurethral tissue
- Retroperitoneal soft tissue (retroperitoneal space)
- Psoas muscle

Implant(s) distal in ureter
- Bladder
- Kidney, ipsilateral

Duodenum from right ureter
- Ascending colon from right ureter
- Descending colon from left ureter

REGIONAL, Lymph Nodes

- Periureteral
- Hypogastric
- Iliac (common, internal, external)
- Lateral aortic
- Retroperitoneal/pelvic, NOS

DISTANT, Direct Extension or Metastasis

D if extension to:
- Uterus
- Pancreas
- Implants in bladder
- Prostate

D if:
- Other distant involvement

DISTANT, Lymph Nodes
IN SITU: noninvasive

LOCALIZED

L if:
1
Confined to one lobe and/or isthmus

L if:
2
Both lobes involved
Thyroid gland capsule involved
Multiple foci but confined to thyroid gland

L if:
3
Through capsule of gland, but not beyond

L if:
x
Localized, NOS

REGIONAL, Direct Extension

R if:
1
Pericapsular tissues
Strap muscle(s): sternothyroid, omohyoid, sternohyoid
Nerve(s): recurrent laryngeal, vagus

R if:
2
Major blood vessel(s): carotid artery, thyroid artery or vein,
jugular vein
Soft tissues of neck
Esophagus
Larynx, including thyroid and cricoid cartilages
Sternocleidomastoid muscle
Tumor is described as "fixed to adjacent tissues"

REGIONAL, Lymph Nodes

Anterior deep cervical: prelaryngeal, pretracheal, laterotracheal
(recurrent)
Internal Jugular: subdigastric
Retropharyngeal
Cervical, NOS
Distant, Direct Extension or Metastasis

D if extension to:
1. Trachea
   Mediastinal tissues
   Skeletal muscle, other than strap muscles and sternocleidomastoid
   Bone

D if:
2. Other distant involvement

Distant, Lymph Nodes

Submandibular (submaxillary)
Submental
Other distant nodes
LYMPH NODES AND LYMPHOID TISSUE Revised July, 1983
960-969, 416, 460
471, 491, 640, 692
Histology: 959 thru 969, 975

Stage I (Localized)

Confined to one lymphatic region above or below
the diaphragm

Stage II (Regional)

Involvement of more than one lymphatic region on only
one side of the diaphragm

Stage III (Distant 1)

Involvement of lymphatic regions on both sides of the
diaphragm

Stage IV (Distant 2)

Bone
Bone marrow
Lung and/or pleura
Liver
Kidney
Gastrointestinal tract (but not primary G.I.)
Skin lesions or subcutaneous nodules (but not primary skin)

SYSTEMIC SYMPTOMS

Night sweats
Unexplained fever
Pruritis
Unexplained weight loss

NOTE: Lymphoid tissue includes spleen, lingual and palatine tonsils
adenoids (pharyngeal tonsils), thymus and Waldeyer's ring, NOS.
HODGKIN'S DISEASE and NON-HODGKIN'S LYMPHOMA** Revised July, 1983
Histology: 959 thru 969, 975
(Applicable to all primary site codes)

Stage I (Localized)

Confined to one lymphatic region above or below the diaphragm

OR

Confined to a single extranodal organ or site

Stage II (Regional)

Involvement of more than one lymphatic region on only one side of the diaphragm

OR

Involvement of an extranodal organ or site with

(1) direct extension to adjacent organs or tissues, or
(2) involvement of one or more lymphatic regions on the same side of the diaphragm, or (3) both (1) and (2)

Stage III (Distant)

Involvement of lymphatic regions on both sides of the diaphragm

OR

Involvement of an extranodal organ or site with involvement of lymphatic regions on opposite or both sides of the diaphragm

Stage IV (Distant)

Diffuse or disseminated involvement of one or more metastatic sites with or without associated lymph node enlargement

Bone
Bone marrow
Liver and/or pleura
Kidney

Gastrointestinal tract
Skin lesions or subcutaneous nodules
Brain
Eye

SYSTEMIC SYMPTOMS

Night sweats
Unexplained fever

Pruritis
Unexplained weight loss

**An alternative scheme for ONLY those hospitals wishing to stage lymphoma of extranodal sites. This scheme will not be used in the Certification Examination.